

Kore Associates Limited

Bluebird Care South Somerset

Inspection report

Vincent Chambers
25-26 Market Street
Yeovil
Somerset
BA20 1HZ

Tel: 01935584184

Website: www.bluebirdcare.com

Date of inspection visit:

16 March 2017

24 March 2017

Date of publication:

30 May 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 16 March 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Bluebird Care South Somerset provides personal care and a range of support services to people living in their own homes around Wincanton, Yeovil, Somerton and Chard. At the time of the inspection there were approximately 150 people being supported by 70 staff. This was the care provider's first inspection since they re-registered at their new address. The inspection was carried out by one adult social care inspector.

During our inspection the registered manager and the registered provider were present. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. This was reflected within the management systems and running of the service, and people, relatives and staff all highly recommended the service. There were many examples of where staff had gone above and beyond, providing an outstanding service, treating people as individuals and taking pride in their work, recognising the 'little things' that made people feel valued in the community.

The service used innovative ways to manage people's risk and keep people safe, whilst ensuring they had a full and meaningful life. For example, enabling one couple living with dementia to enjoy an independent lunch in the community, whilst ensuring good communication with the venue and family. This showed the service balanced real risk and promoted independence and choice. People felt safe, had trust in the staff who visited them, building strong, caring relationships that mattered to people who knew who to contact if they were worried about their safety. One person said, "They make sure I have my call pendant on before they leave as I have fallen in the past, so they added this task to my care to ensure I am ok." Another person said, "I do feel very safe with them. I had a problem with my tablets and they just sorted it out." Relatives also commented on the relief they felt at being able to trust the service. One person said, "My daughter can look on the electronic care system from work and see what is recorded so she will know if I'm not feeling well." A relative said, "I'm confident they know what they are doing. I'm very pleased with them, I can't think of anything they could do better."

Staff were able to recognise different forms of abuse, understood the provider's safeguarding and whistle blowing procedures and knew who to contact if they had any concerns, which was reflected in safeguarding records.

The registered manager and provider were very visible and accessible to all staff and people using the service who knew who they were. One person wrote in a thank you card, "I really do need to see them everyday, thank you so much. You [the provider] must be very good and kind to have such wonderful staff." The registered manager and provider provided outstanding leadership and were committed, innovative, knowledgeable and organised. They provided clear and confident guidance and demonstrated strong values in all aspects of their role, that was embedded within the staff team. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

Staff consistently told us they felt extremely well supported and valued and they were very happy at work. The culture at the service was open, transparent and welcoming, encouraging care workers to share ideas that benefitted people. The provider said, "You need to value staff and help them believe they are good at what they do. We try to match people and staff personalities at the beginning and start out with the mind set of doing our best." The provider and management team instilled pride in care workers becoming a 'Bluebird' [care worker] and that passing the robust recruitment process was special. One care worker told us, "Bluebird are really, really good. They provide amazing support and the managers and director go above and beyond and get involved. You can talk to anyone and they were very understanding of my personal issues too." Another care worker said, "It's not a company that seeks profits. We are about providing high quality care at home and enabling people to stay at home for as long as possible." The registered provider was passionate about their work and told us they felt proud to be part of the team, seeing the service as a community company and a community asset.

There was a real sense of the service sitting within the community it served. The service continually reached out to relevant organisations in the community and sign posted people in their care to ensure they lived the best quality life they could at home. For example, accessing shopmobility (help to travel into the town) and craft groups. The provider was keen to raise awareness in the community of issues that affected local people receiving care. A monthly community grant, for example, was awarded to local organisations addressing loneliness or supporting elderly people. They also provided 'Dementia Friends' information sessions, (training 387 dementia friends so far), which raised awareness of dementia for relatives alleviating their anxiety, local organisations and schools to further enable people to be supported in the community. Dementia Friends is a national campaign to encourage people to learn a little more about what it is like to live with dementia and turn that understanding into action. Staff also involved people and their family networks in their care, training relatives who wished to assist and feel useful delivering care safely, and writing care records that were meaningful for people and relatives to access electronically at any time. They also sponsored community engagement events that brought organisations together to promote awareness and easy access to services available. For example, people receiving a service and staff were invited to enjoy teas and cake and a choir performance.

The service actively built links with the local community that enhanced people's sense of wellbeing, value and quality of life. Staff not only looked at people's care needs as tasks but at people's place as a whole within the community, showing outstanding care. For example, relatives told us how care workers and supervisors rang them if they were visiting a person in hospital to see if they would like a lift due to their rural settings or minimal family support. Where people had particular interests they could no longer enjoy, staff thought 'outside the box' to bring activities to people. For example, one person had enjoyed a visit from their favourite birds of prey, organised by staff with a local bird sanctuary. Staff recognised where people in the same street could no longer visit each other easily and posted letters between them. Staff brought people items they could not access such as fresh pancakes to the person's home on pancake day. The service ensured each person received a birthday card written by hand. The provider said it was not unusual for them to see no other cards on the mantelpiece in some people's homes and that the 'little things' were

so important. They had also recognised where a person was suffering with a mental health condition and had personally visited them for support and assistance with accessing further help.

There were sufficient, competent and knowledgeable staff at the service to provide care and support to people. The service used an electronic system to show which staff were available and only took on new packages when they could be sure of good quality, consistent care for people. For example, a link with the county 'end of life hub', enabled the service to quickly accept new packages for people at the end of their lives. Good communication and organisation enabled people receiving end of life care to return home from hospital to their preferred place as quickly and safely as possible. The service also worked closely with competitors which further helped people find appropriate care packages.

Appropriate recruitment checks were undertaken before staff started work, followed by clear induction and supervision programmes to ensure new staff were confident and competent in their role. Training programmes were on-going and up to date. Care staff worked in small local teams managed and supported by a supervisor which meant less travel, high staff retention and continuity of care. The provider said they hoped to encourage staff to be the best they could be, even if they moved on in the future, as it was a good investment to ensure a well trained staff team. One member of the Bluebird team had been nominated in the outstanding ancillary worker category for the Care Focus (South West) Care Awards 2017. These are nationally recognised annual awards open to all care providers to recognise excellence in care.

Health professionals spoke highly of the service saying they knew care would be good and telling us how pro-active the service was in accessing additional training depending on people's needs, such as stoma care. The community end of life team commented on how helpful staff were in the office. They said how attentive staff were, noting when people's health was deteriorating and required further care, or phoning hospitals to chase up a discharge package to enable people to go home as soon as possible. A district nurse team leader had reported how impressed they were with care workers when visiting a person at home. They said how caring and interested the staff were in the person and were some of the best carers they had seen.

Care was planned and delivered in a way that was personalised to each person using a comprehensive electronic system. Care plans included information about peoples' likes, interests and background and provided staff with sufficient information to enable them to provide care effectively. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence. Changes were made immediately on the electronic system so care needs were always accessible and up to date ensuring good communication. People were at the centre of decision making about their care. People told us, "I requested a female care worker and that was no problem", "They noticed I had a blister and checked with me to see if I had rung the district nurse. They suggest different ways of doing things, like when I got breathless. They always run it past me" and "They always try to please me and if I want something extra they always do it." People confirmed they received regular support from staff they knew well.

All staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. For example, when someone may need to receive a mental capacity assessment and who to report this to. A care worker said, "I work with several people living with dementia. I try to give them as much independence as possible. You can't force people to do something they don't want to, we work with them. I can always call my supervisor for advice."

There were robust systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns. The provider

and registered manager demonstrated an excellent understanding of the importance of effective quality monitoring. The systems in place enabled regular checks of the service provided to people, and to ensure they were able to express their views so improvements could be made. The service was a franchise and in addition to in-house systems they were supported as a whole from Bluebird head office, who also visited and carried out checks regularly.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was very effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People felt staff were very caring and went out of their way to make sure they had a good quality of life and wellbeing.

People benefitted from a service which demonstrated a very strong and visible person centred culture and was committed to providing a service which put people at the heart of everything they did within their own communities.

People were supported by a small team of staff who they were able to build caring relationships with.

People's privacy and dignity was respected and staff were

conscious of the need to maintain confidentiality

People were involved in decisions about their care and support.

People received excellent end of life care that enabled them to remain in their preferred place.

Is the service responsive?

Outstanding 

The service was very responsive.

Staff supported people to ensure they received extremely responsive care and support in accordance with their needs and preferences.

People were fully supported in innovative ways to remain part of the community, follow their interests and take part in social activities.

Care plans were regularly reviewed to ensure they reflected people's current needs.

The service was extremely flexible to make sure people received support that was person centred and met their changing needs and wishes.

Arrangements were in place to deal with people's concerns and complaints which were used as positive learning to improve the service.

Is the service well-led?

Outstanding 

The service was extremely well-led.

The provider, registered manager and staff team were committed to providing people with a high quality service. The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

People benefitted from a highly motivated, dedicated and valued staff team who worked openly with relevant community organisations and health professionals to support people as individuals in a person centred way.

People benefitted from a service that was continuously finding ways to improve and by actively involving people and staff in how it was run.

There was a focus on continuous improvement through regular

assessment and monitoring of the quality of service provided, whilst raising awareness of wider issues affecting the people they served.

There were robust contingency plans in place to deal with emergency situations to ensure continuity of safe and effective care.

Bluebird Care South Somerset

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. This was the first inspection of this service since re registration in 2016 following a change of address.

During the inspection we visited and spoke with four people and three relatives in their individual homes with their permission. We spoke to eight people and three relatives on the telephone. We also met with the provider, registered manager, three supervisors and five staff members, speaking to a further seven staff on the telephone. We also received 18 emails from staff commenting on their experiences working for Bluebird and those of the people they cared for. We spoke to two external health professionals. We looked at documentation relating to four people who used the service, three staff recruitment and training records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe and were supported in a relaxed and unhurried manner. People received their care from regular staff who knew the people they supported well. Staff spoke with pride about the service and about the focus on promoting people's wellbeing. The service used innovative ways to manage people's risk and keep people safe, whilst ensuring they had a full and meaningful life. For example, enabling one couple living with dementia to enjoy an independent lunch in the community, whilst ensuring good communication with the venue and family. This showed the service balanced real risk and promoted independence and choice.

People felt safe and had trust in the staff who visited them. Staff built strong, caring relationships that mattered to people, who knew who to contact if they were worried about their safety. One person said, "They make sure I have my call pendant on before they leave as I have fallen in the past, so they added this task to my care to ensure I am ok." Another person said, "I do feel very safe with them. I had a problem with my tablets and they just sorted it out." Relatives also commented on the relief they felt at being able to trust the service. One person said, "My daughter can look on the electronic care system from work and see what is recorded, so she will know if I'm not feeling well." A relative said, "I'm confident they know what they are doing. I'm very pleased with them, I can't think of anything they could do better."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the service until all checks had been carried out. Staff completed shadow shifts until they felt confident to deliver care to people on their own and were competent to do so. The provider told us how important it was for staff to feel special becoming 'Bluebirds', and how they ensured new staff were 'right' for the role. We saw the weekly update for customers and staff showing which new staff had started and those who had not been 'suitable for the role'. This showed recruiting a strong, competent team was important, to ensure people received the best care possible.

People said they were happy with care workers timekeeping and confirmed staff always arrived when they were supposed to. Care workers confirmed that people's needs were met promptly. They felt there were sufficient staff numbers to meet people needs in a consistent way and never felt rushed. One member of staff told us, "We can access the electronic care system from our mobile phones so we know what needs doing, and have access to up to date risk assessments." The service used a spreadsheet to ensure staff lived near the area they worked to ensure an effective service, and visit timings included travel time.

People said the service always informed them if a care worker was running late. The care co-ordinators said they had an alert on the electronic system which identified any late visits, as all care workers signed in when they arrived at a person's home and when they left. They could then call the person. No-one said they had had a missed visit. For example, during the inspection an electronic alert in the office prompted a call. The care worker had already phoned the person and the care co-ordinator could also see the input from an

earlier visit. They were also able to check that the person had had their breakfast which was an issue included in their care file. They said the person was pleased they knew this detail and were concerned about them. People received staff rotas every week detailing who would be visiting them. One person said how they received a staff rota of visit times every week even though they did not change, so they always knew who was coming.

The provider had a business continuity plan in place to protect people in the event of a crisis which might impact on the service people would receive. For example, what the service would do in the event of failure of the telephone system and the loss of key staff. This gave clear instructions for each staff role and a contingency planning impact assessment. This detailed customer assessments and their needs such as shopping, medication and personal care to ensure those identified as at higher risk were prioritised, and contained a comprehensive list of emergency contact numbers. Staff had an enabling attitude that encouraged people to remain safe and to identify risks. Each person receiving care had a risk assessment stating whether they could be flexible with visits, and what family support they had in an emergency.

There were out of office hours arrangements in place which enabled care workers and people using the service to ask for support outside of office hours. When external health professionals used the same electronic care system they could also access and input information. A care worker said, "There is good out of hours support. A supervisor covers and they will pick up their phone even if they aren't working, and will come out if a carer is stuck." Another care worker said, "I can ask the provider to pop over with some gloves for example, if I've run out. I always know what I'm supposed to be doing. We are all pro-active in supporting each other."

The provider continually reviewed the service and its projected staffing needs and did not undertake new packages until they had enough care workers to deliver the service. The electronic system enabled care co-ordinators to see immediately where any free care staff hours were available. When potential new clients phoned the office, an appointment was made for an assessment. For example, a recent call record showed detailed information had been gathered advising that the person was living with dementia, and their spouse preferred not to tell them of the care package until they were ready, to prevent their agitation.

When people were away from their homes they were still able to be supported. For example if people needed to stay in hospital the provider continued to offer the care package, with staff sometimes going above and beyond their contracted hours, visiting the person in hospital. There was a daily on-call report showing staff sickness and shifts to cover, and when people had cancelled a call. One care worker said, "We are kept well informed, they email us every day and let us know about any changes, like if someone has gone to hospital or passed away. They let us know how people are getting on which is important to us." One relative told us how easy it was to ask care workers to change a visit, for example if they were going to a hospital appointment. They said the care worker came early to ensure their loved one was ready to go out.

The provider supported people to stay safe in their own homes, respected their diverse needs and challenged discrimination, whilst minimising restrictions on their freedom and human rights. For example, each person had robust risk assessments including about their care needs and their home environment. Risk assessments were very detailed including comprehensive information about how to move and handle people safely, or how their dementia affected them. One person's risk assessment detailed the risks of using soap, cross contamination from flannels and details such as, "I roll better to the right side" giving clear information for care workers about the person's medical history, body shape, size and restrictions. Risk assessments also included details about each item of equipment used such as a tilting shower chair, and hoists reminding staff to check they were charged and ready to use with details about how to do this to ensure safely. For people who required assistance with meals, risk assessments detailed how to manage this

safely such as checking food dates and safe storage.

Internal and external environmental risk assessments were also comprehensive, detailing where gas meters were located, for example, escape routes for use in an emergency, and how to adjust heating controls. This showed the service cared for people in a safe, holistic way in their own environment.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One care worker said, "If I had safeguarding concerns I would report them straightaway. We did whistleblowing in our induction and I would feel confident. The main thing is the protection of our customers."

Where allegations or concerns had been brought to the registered manager's attention they had worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. For example, one safeguarding alert had been made to ensure a person received support with their mental health needs. The provider went out to visit the person to ensure they were safe and accessing relevant support systems, researching those available in the local area. Another alert raised by the service identified issues relating to family relationships, and arrangements were put in place with liaison with the local safeguarding team to protect the person and also staff.

People benefitted from staff who were able to support them to manage their medication safely. Where appropriate, care workers offered guidance and prompts to ensure people had taken their medication. Each care file contained information about medication management. For example, who collected prescriptions and when, how medication was stored and preferred chemist contact details. People were informed that medication would not be given if decanted into pots, for example, to ensure safe administration. All staff had received training in the safe management and administration of medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "I'm confident they [care workers] know what they are doing." Another person said, "They are marvellous [care workers], I can't fault them in any way" and "The staff are always going for training. If a new carer has done an extra part of a course the supervisors come to observe them. The staff always ask for my consent and explain what they are observing and why."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. The induction required new care workers to be supervised by more experienced members of staff to ensure they were safe and competent to carry out their roles before working alone. New staff received weekly supervision visits during their 12 week induction and supervisors carried out regular 'spot checks' including ensuring new staff were happy using the electronic system. A Bluebird supervisor visited one new staff member in their previous place of work to explain their new role and how the company worked. They said this meant the transition from their previous job went really smoothly. The provider had implemented the national skills for Care Certificate for all new care workers employed at the service. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. One new member of staff said, "I had a very good induction. It was very helpful." And another care worker said, "They made sure I was happy with everything before being sent out on my own. We have a spot check by a supervisor then go to the office to talk it through and about how we are feeling. Everyone is so friendly in the office and very approachable." Staff who were leaving the service also attended an exit interview to feedback what the service was doing well and where they could make improvements. One record relating to a care worker leaving due to health reasons stated, "[Supervisor's name] helped me a lot, they were really fantastic. We rectified what we could [for my health]."

People received support from staff who received on-going training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. There was a proactive support system in place for staff that developed their knowledge and skills and motivated them to provide a quality service. The service explored what interested and motivated staff. One care worker said they were completing a more thorough course in end of life care, with support from an assessor, for example. Care staff worked in small local teams managed and supported by a supervisor, which meant less travel, high staff retention and continuity of care. The provider said they hoped to encourage staff to be the best they could be, even if they moved on in the future, as it was a good investment to ensure a well trained staff team. One member of the Bluebird team had been nominated in the outstanding ancillary worker category for the Care Focus (South West) Care Awards 2017. These are nationally recognised annual awards open to all care providers to recognise excellence in care. The newsletter highlighted the 16 point career compass showing how staff were supported to climb the career ladder saying, "You might even discover qualities about yourself you never knew you had." Staff told us how they felt proud of their pin badges showing length of service and qualification level. They had received good feedback from people using the service too.

Staff received supervisions and annual appraisals. All were confident they could contact the registered

manager or supervisor if there were any issues they wished to discuss before their supervision was due. Supervisions also occurred if there had been an issue such as a medication error. A medication quality assurance tool was then used with a spot check visit to quality assure handling of medication. Further training was completed and the issues recorded and discussed in full. We saw disciplinary processes were followed as appropriate such as a written warning, and details about what needed to improve, which was followed up in the next supervision session. Disciplinary meetings were minuted and actions shown, such as a care worker returning to shadowing shifts. This showed issues were identified and acted upon to ensure the service continued to be effective. .

Before people received any care and treatment they were asked for their consent. Care workers acted in accordance with their wishes. For example, how they wanted their personal care delivered. One person commented: "They [care staff] always ask for my consent before they do anything. The staff always ask how I am and suggest different ways of doing things. I found it difficult to stand so they changed how they did things and run it past me first." Another person said, "They know my routine so don't always need to ask" and "They [staff] always try to please me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and their codes of practice. One care worker said, "I work with several people living with dementia. I try to give them as much independence as possible. You can't force people to do something they don't want to do. If I had any concerns I could talk to the supervisor to work out how to manage a situation in people's best interests."

The provider monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person said, "They noticed I had a blister and reminded me to ring the district nurse and checked the next day. I know they would call my GP if needed." Another person said, "They always know where to put my creams. They [staff] give me time to do my own eye drops properly and help me with my eye cream".

Health professionals spoke highly of the service saying they knew care would be good and how pro-active the service was in accessing additional training depending on people's needs, such as stoma care. The community end of life team commented on how helpful staff were in the office. They said how attentive care staff were, noting when people's health was deteriorating and required further care, or phoning hospitals to chase up a discharge package to enable people to go home as soon as possible. Staff had recognised when one person required help accessing funding for end of life care. The provider had worked with external agencies to ensure the person received the care they needed. The service also worked with 'health coaches' in GP surgeries and used them for advice to minimise GP call outs. A health coach is a practitioner based in GP surgeries for advice with the aim to enable people to stay out of hospital or reduce the need for face to face care. For example, they noticed one person was finding it difficult to swallow their medication, so this was reviewed with speech and language therapy input. There were other examples where staff had identified concerns. A record of serious concerns was completed that showed the service had liaised with external agencies, for example prompting medication reviews if changes in mood were seen, or identifying areas where an additional visit would alleviate stress and anxiety for people's family carers. This showed the

service was effective in delivering holistic care for people within the environment and community settings they lived in.

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the service and the staff who supported them. People valued their relationships with the staff team and felt they would help them in any way they could. Everybody said the staff went above and beyond what was expected of them. People's comments included, "I'm lucky, all the girls are nice and I like a laugh and a joke with them. With Bluebird there are no complaints", "I have a male care worker. I was apprehensive to have a male but they were so gentle. They made sure my nightie was over my head before they removed my jumper completely. I am so pleased they respected my dignity", "I would definitely recommend them, they are so bubbly and always ask how I am" and "They are kind and courteous and look after me so well." People said the care workers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice.

Staff were very enthusiastic about ensuring the care they provided was personalised and individualised. Staff said, "Bluebird is a brilliant company. It's not a company that seeks profits. We are all about providing high quality care at home and enabling customers to stay at home for as long as possible", "We work locally which is nice, we get to know people and you feel for them as if they are your family. You get close to family members. We don't just go there and do care, we make friendships while still getting a professional job done" and "There is nothing Bluebird could do better. I love my job and if anything is a problem they try and sort it out straightaway."

A district nurse team leader had reported to the service how impressed they were with care workers when visiting a person at home. They said how caring and interested the staff were in the person and were some of the best carers they had seen. People all said how they usually had the same group of care workers and they enjoyed the visits. One person said, "I can only say how impressed I am by the service."

Staff were highly motivated, interactions were warm, spontaneous and respectful, laughter and playful dialogue was witnessed throughout our visits and described when we spoke with people. One person had very limited communication, staff knew exactly what their body language was saying and addressed their conversation directly to them rather than only their relative. There was clearly a deeply caring relationship with the supervisor and care worker attending them.

Care workers sent us examples of how they went the extra mile when asked. They were proud to tell us how they viewed the job saying, "It's about building good relationships, stepping up and supporting people. It's the little things like taking the time to listen. You actually have to care in this role and that's what makes a difference and putting people first. I love my work." Other comments included, "My satisfaction is in seeing the person's needs met and leaving them happier", "It's the simplest things people don't think of asking that are important and they are so appreciative" and "It's the small tasks such as folding washing, sweeping the floor and opening and closing windows. It takes us seconds but means so much to people." Staff all felt that if something made the person and their families smile it made them happy too.

The enthusiasm from staff was tangible and translated into the care that they provided to people. Examples

of how staff in all roles went the extra mile included: staff remembering to pick up a pint of milk before a visit sometimes in their breaks, clearing up dog mess from a carpet, changing light bulbs, taking eggs for a person who had a poor appetite but knowing they loved egg on toast and taking someone fish and chips to eat together, as this had become a regular tradition for someone who had little company. The care worker said they really enjoyed this time, as it was time to get to know the person who looked forward to their visit, and they giggled over silly things. There were other examples where care staff stayed extra time as they knew people got lonely.

Particular examples of outstanding care for individuals showed how people were valued and thought about by staff. One care worker knew the person loved pancakes they took the person some on pancake day. Another care worker went out of their way to ensure a couple were ok, sourcing a new microwave for them. They took tools to their house to replace a broken latch, replaced an outside security light and fitted a new security box to help out. They also ordered and picked up continence equipment that would help a person maintain their dignity.

A care worker told us how they had supported a person after a fall. They waited for assistance after calling for help. Since the incident the person had great trust in the care worker, and the relative said the person waited for that care worker to shave them. The care worker told us they did not feel like an employee but like part of the Bluebird family. They said the company had opened their eyes to so many new goals and always had a hand on their back to guide them. One care worker was visiting someone who got a call asking them out. The care worker helped the person choose clothes and get ready for their night out. They also phoned the office to cancel the night visit for them. Another care worker ensured they picked up a newspaper to brighten up the morning for a person whose wife who had passed away, to let them forget their sorrow for a while. Care workers said they tried to make the visits feel like they had popped in for a 'cuppa and chat' like old friends, rather than work.

Supervisors were proud of the work their team of care workers did. They said, "I am so proud of my team, they work well together and always give 100% to people. They will visit people in hospital in their own time to give support to families because they have built relationships and they will change their rotas at a moment's notice to cover another area and never complain. The provider was also very proud of their team of staff in all roles. Each email was responded to praising the staff for their work saying, "You are an absolute superstar", "I'm lucky to have you all on the team", "The fact that you don't see a little act of kindness as going out of your way demonstrates what a truly lovely person you are" and "Double thanks for telling me about the good things you do." The service also ensured each person received a birthday card written by hand from Bluebird staff. The provider said it was not unusual for them to see no other cards on the mantelpiece in some people's homes and that the 'little things' were so important. Staff took a birthday cake to one person to celebrate a milestone birthday which was appreciated. One care worker acted as postman, delivering notes between neighbours who could no longer get to see each other easily. The provider also kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way. Confidentiality was discussed at staff team meetings, reminding staff about professional boundaries and praising the way they worked with people.

The care co-ordinator told us they planned staff rotas around the preferences of the people who used the service and regular care workers in a small team. The provider said they also tried to match people with staff

personalities and interests. People and their relatives all said how they were involved in every aspect of their and their loved one's care. One person said, "The staff are very caring, very polite and very honest. They always ask me how I want things done." Another person said, "They [care staff] always check the care plan first and are respectful and polite. We go through the care plan every six months with my husband too." They added, "I wouldn't be without them, they have got me through so much."

Each care file contained detailed information about the person's care needs which was then discussed with the person and signed. This included on-going reviews. People said the service was always checking and asking them if they were ok. For example, one person had asked for female care workers only and this was no trouble. Staff had recognised that one spouse found it difficult not being involved in the care anymore. They had trained the spouse in delivering the care needed and now instead of two care workers each visit, the spouse was able to assist safely and staff had seen a positive change in their anxiety. The spouse told us, "It works fine, I'm quite a professional now."

The service provided excellent end of life care and worked with the local end of life hub. The end of life hub is a local service that co-ordinates care packages for people requiring end of life care. The care co-ordinator told us how they had just received a call from the hub the day before. Within a few hours the person was home from hospital and receiving appropriate care from Bluebird. Staff told us about the end of life care they provided. They told us how they attended funerals to support the families. On one occasion a care worker made each staff member attending a funeral a button hole with the person's favourite flower. Other care workers offered to go and sit with people at the end of their life in their breaks, to give the family a rest or just to allow them to talk. The family had said how this had helped, knowing they were not alone. When one person's spouse was rushed to hospital a care worker took them their porridge from home as the person was not there to prepare it for them.

People received updates and news in letters and newsletters. For example, the spring newsletter contained information about the Care Focus Awards and the lead co-ordinator nomination. There was information and a welcome to new staff with photographs, and a did you know? section. There was also information about upcoming events or national awareness weeks, and local organisations who may be able to provide further support.

Is the service responsive?

Our findings

People received care that was very responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives, not just around tasks but how care support fitted into their lives as a whole. People were able to choose how much support they required and when it was delivered. For example, staff were responsive to changes in people's arrangements such as spontaneously helping people to access the community, go to bingo or get ready for a night out.

Staff had an excellent understanding of what was important to people and provided support in line with people's preferences, but also suggested more effective ways of delivering care based on how people were feeling. For example, encouraging people to rest or go slowly if they were not feeling so well. As far as possible people were introduced to staff with similar interests to enable them to build a relationship. The care provider was flexible and responsive to people in finding creative ways to meet individual needs and preferences. This meant they enabled people to live as full a life as possible. For example, when a couple living with dementia were on their way out when a care worker arrived, the care worker escorted them to where they wanted to go for lunch. They informed the venue of the couple's mental capacity, describing how the couple's dementia affected them and liaised with the couple's family to ensure they had an enjoyable lunch. The care worker's person centred response ensured the couple did not become distressed by not being able to go out for a spontaneous lunch and the care worker returned to pick them up and escort them home between other visits. The couple told the care worker they were their "knight in shining armour" and the situation was managed in a positive way putting the couple's choices first.

The service used their knowledge recorded in the care files about people's life stories and interests. The service worked with one person (and their family) who was unable to get out easily which limited their opportunities. The service recognised that the person had a life long love of birds of prey having heard the owls in their village all their life. The care workers organised 'Operation Owl', working with a local bird of prey sanctuary who brought some birds to the person's house for a visit. The provider said, "[Person's name] was captivated and the birds were on their best behaviour". This showed the service responded to people's social needs and did what they could to facilitate meaningful experiences.

Staff had an excellent knowledge of the needs and preferences of people they cared for. All staff spoken with were able to describe how they supported the people they visited, including details such as enjoying a newspaper. When one person could not afford a paper delivery, staff took them a regular paper because they knew they loved to read. Staff were passionate in the way they described how they tried to make their visit the highlight of the person's day. They spoke of how they too enjoyed their visits, often staying longer or popping in during their breaks.

People said staff understood their needs and looked after them in the way they wanted to be looked after. One person said, "I enjoy having Bluebird, they chat to me and it's really nice." Another person said, "They are very responsive. Whenever I phone the office, everything is sorted promptly. I only have to ask once." Another person said how they had enjoyed seeing new staff grow and develop in confidence and skills.

When they rang the office or emailed the director they received a response straight away. One person said, "I feel like they really do care about me." One person had received care from a male care worker and decided they preferred a female for the morning visit. They said this was sorted straight away with no trouble. This was clearly recorded and records showed the provider respected the person's request. The computer system used to roster staff also highlighted this. If a male member of staff was allocated to this person on the electronic roster, then the programme would highlight the person did not want a male carer and prevent it from being booked on the system. This meant people felt they could maintain some control over the staff who supported them. Any request could be immediately logged onto the electronic system to alert the care co-ordinators when managing staff rotas.

People's care needs were often initially assessed as a new enquiry over the telephone when the assessment appointment was made using assessment records. This meant families knew when their assessment would be immediately, and could arrange a place which suited them such as in a day centre or hospital day room. The electronic system also meant the care co-ordinator could check to see if any staff would be available to meet the preferred timings. On their first meeting with the supervisors or registered manager all needs were discussed, and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide and care plans were signed. If they felt the care provider could not meet the persons' needs they would signpost them to another provider who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations consistently. The provider met with other local care providers regularly to discuss capacity and to work together for the benefit of people in their community.

Following the initial visit care plans were developed outlining how their needs were to be met. The first visit was always done with the supervisor who did the initial assessment and the care worker taking on the visits. This ensured people met a friendly face and were assured continuity. All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was also a section on social and leisure interests, so staff would be aware of topics the person would be happy talking about, and included their social situation such as if they had been recently bereaved.

Each person also had a 'This is Me, My Care Passport'. This was a paper document that was intended to be shared with other health professionals the person may come into contact with outside of personal care visits, such as hospital staff or paramedics. This included 'things you must know about me to keep me safe' and 'things that are important to me'. One plan showed how the person had limited communication but was clear about saying yes or no, how they liked their food and drink, how they showed pain and how the person usually behaved so changes could be identified by health professionals who did not know them, such as hospital staff. The language used focussed on what people could do for themselves and described people as individuals.

The provider used an electronic care plan system called "PASSsystem." These recorded all care needs and daily visits. Care workers would only have access to the information about a person if they had been allocated to carry out their care. The PASSsystem works in "real time" with staff updating the care provided and any observations at the time of their visit. This was immediately available for other care workers, and the care co-ordinators and supervisors in the office. Care workers all said they read the PASSsystem before they went into one person's home and found it was really good to have the up to date information before they walked in, rather than wasting time reading written notes once in the person's home.

The system enabled families and health professionals to log in and read progress notes if the person gave consent. The care files could also be accessed using an openPASS app by scanning a code enabling health professionals such as social workers and family members to have 30 minute access to care notes. Relatives said they sometimes used this system. One person told us it was nice for their daughter when she was at work, because she didn't have to worry about them. Some care workers had a system where they left notes for families, and there was very responsive, personalised communication.

The registered manager explained how the PASSsystem enabled them to send printed reports to health care professionals and family if the person had given their consent. This meant families living a distance away could be kept up to date following each visit, enabling them to be more involved with their relatives care. This also meant the care provided could be more responsive to people's changing needs as health care professionals had up to date information enabling them to make changes to the person's care and support immediately if required.

The care provider operated an out of hours service. An on call manager would be available by phone when the office was closed. They would have access to the staff allocations and could make changes immediately if a person's care needs changed or an unplanned absence of staff occurred. The daily on- call report further enhanced good communication. For example, one person's relative had asked for an extra visit at lunch time that morning. This was authorised with the end of life hub, and two care workers visited at lunchtime. The electronic system enabled the service to be very responsive as they could check which staff were available immediately and allocate care workers in real time as people or health professionals were on the phone. This worked particularly well for end of life care where we saw people were receiving care within hours of the request. The weekly update of customers and staff also ensured the staff team knew when people had gone to hospital as an emergency, or if people had passed away, which avoided mis-communication or anxiety.

The service also worked with health coaches at local GP surgeries, ringing them for advice to enable people to stay out of hospital safely or avoid having to travel for medical appointments if possible. The service worked hard to make life as simple as possible for people. Care workers gave us lots of examples about how they were pro-active and responsive, such as helping pick up prescriptions, offering lifts to hospital for families and picking up shopping without being asked when they saw a need. People all told us how staff ensured they were happy, and had everything they needed on leaving. One care worker told us, "It's about watching for the little things so the big things don't happen unexpectedly."

People said they felt they could complain if they needed to and the care provider responded to their concerns. People all said they could not see ever having to complain but they knew how to. Records showed issues were responded to within the correct timescale and learning put in place for staff if necessary. One complaint was made that calls were not exactly on time. The response made it clear that there was a 30 minute window either side of the time but staff used the electronic booking system to book and lock the calls for a particular time as it relieved the person's anxiety.

Is the service well-led?

Our findings

The service benefitted from a strong management structure which provided clear lines of responsibility and accountability. The provider of the service, the registered manager and supervisors were available throughout the inspection. The provider and registered manager spoke with pride and passion when they discussed the quality of care and staff team, giving a comprehensive presentation about their service. People using the service, and staff all spoke highly of the management team, knowing them well. People and their relatives and health professionals all considered the service was well-led and that excellent standards of care were provided by a team of highly skilled and caring staff.

The registered manager and provider provided outstanding leadership and were committed, innovative, knowledgeable and organised. They provided clear and confident guidance and demonstrated strong values in all aspects of their role. Through their discussions with us they demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely and consistently with commissioners, the end of life hub, health coaches and local organisations, other care providers, the local authority and relevant health and social care professionals which meant people benefitted from joined up care. There was a high level of understanding of the need to keep people safe, but also to ensure people remained as independent as possible. We saw this understanding was shared throughout the service as person centred, enabling care was consistently shown.

The registered manager and team continued to deliver care on a regular basis and were able to support staff and any people receiving a service at short notice. The provider also used their professional background experiences to support people and had personally visited many people receiving care. They had delivered a bouquet of flowers to one person celebrating a milestone birthday and sung along with Vera Lynn songs online. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they spoke about people. People told us they would recommend Bluebird South Somerset to anyone who wanted care and support in their own home.

Without exception staff told us that they felt valued, involved and appreciated. They were motivated and told us the management of the service was excellent. They told us they felt fully supported by the registered manager and provider and received regular support and advice via phone calls, texts and face to face meetings. For example, when telling us examples of what they did well, each staff member received a personalised thank you from the provider. Long service pin badges were awarded to further celebrate staff. Photos of the team were displayed in the office and the provider knew each person. They had even supported staff who were anxious going to the dentist and accompanied a care worker to the accident and emergency department. Staff said the registered manager was approachable and kept them informed of any changes to the service and that communication was very good. They completed annual staff happiness surveys. Comments included, "Bluebird are really, really good. They provide amazing support. The managers and provider go above and beyond, I can talk to anyone", "You can ring the provider anytime and they are always there in an emergency" and "Everyone is so friendly in the office, they are all approachable." Staff said they also supported each other and met as a team and socially regularly.

There was a strong emphasis on continually striving to improve. The provider was a member of local provider groups, which enabled them to keep up to date with local initiatives and share good practice with their own staff and other providers. They said, "We are members of the RCPA [Registered Care Providers Association] and attend their quarterly and annual meetings for updates to ensure that we continue to promote good practice and ensure that we comply with the latest legislative changes." They also arranged community engagement events to promote relevant awareness of local services available, inviting people and staff and hiring a community choir and providing tea and cake. Community involvement also included the Bluebird South Somerset monthly community grant. Each month the service invited organisations addressing loneliness or supporting elderly people to apply for a £250 grant. This meant they could effectively signpost people to helpful organisations they supported, such as craft groups, lunch clubs and shopmobility locally.

Staff said the training was excellent. They said it was good to know more about people's conditions to better understand their needs, such as dementia awareness. Training had to be completed before staff could deliver care. Staff were also encouraged to celebrate particularly good care. The newsletter highlighted how one member of the Bluebird team had been nominated in the outstanding ancillary worker category for the Care Focus (South West) Care Awards 2017. These are nationally recognised annual awards open to all care providers to recognise excellence in care. Staff were also encouraged to move up a career programme.

The service demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. Throughout our inspection the registered manager demonstrated an open management style and strong values-led leadership, based on person-centred care and continuous service improvement.

The service found innovative and creative ways to enable people to be empowered and remain part of their community. For example, enabling neighbours and friends to keep in contact, arranging opportunities for people to maintain their wellbeing, and ensuring families felt involved and included, training relatives as appropriate. The care provider worked within the local community to promote awareness of the effects of living with dementia. They took a key role in supporting organisations to develop 'dementia champions' within their staff teams. Part of their role within the community was to provide training sessions in dementia awareness for groups, clubs, colleges and family members of people they provided support for. They had trained up nearly 400 'dementia friends'. Dementia friends is a national Alzheimer's Society initiative to share what it's like to live with dementia and turn that understanding into action. This meant people living with dementia could have a better experience and feeling of wellbeing as family members and carers understood why they may have lost some skills. For example, showing and promoting how people living with dementia could still access the community and enjoy opportunities. Due to demand the service was expanding their live-in care support service.

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Records were accurate, well maintained and kept securely.

To make sure people received appropriate care from other professionals each person who used the service had This is Me Hospital Passports. These are documents that give details about the person to be used by staff if a person is admitted to hospital. They include information which the hospital staff must know, things

that are important and the person's likes and dislikes.

The service had policies and procedures in place that were reviewed and monitored on a regular basis by the provider. People were supported by a service where management and staff embraced new ideas about how to improve quality of care. They were well organised and staff were able to access information from their office base. The PASS electronic system ensured immediate and excellent communication further enhanced by daily on-call records, weekly customer updates and immediate reviewing and updating of care files depending on people's changing needs including outings, appointments and preferences. The system also enabled open and transparent care by allowing relatives and health professionals to access up to date information. People benefitted from knowledgeable staff and care from health professionals who could react to them in a person centred way. Relatives felt relieved and had reduced anxiety because they could regularly ensure their loved one was ok. Staff all felt listened to and involved in shaping improvement.

The staff care teams were organised into smaller teams, managed by a supervisor so they had their specific geographical area to provide care in. This meant people had a consistent team of staff providing their care and people had managed to build relationships with the care workers who visited them. This also helped reduce travel time and promoted staff retention and effective care. The provider had made two Bluebird pool cars available to ensure staff could continue working if there was a car breakdown. The provider told us how they had been able to pick up a care worker from home to enable them to work.

There were effective quality assurance systems to monitor care and plan on-going improvements. All staff checked into a person's home using the PASS system on their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager and office staff monitored these to make sure staff were arriving at the correct time and staying for the allocated amount of time. A real time alert ensured missed calls were avoided and a late call could be communicated to people as soon as possible. People said staff often stayed beyond the time they were allocated. Staff confirmed they had more than adequate travel time allocated between calls so were often able to remain longer.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. For example, hydration alerts during hot weather and added to care plans. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. People's recent comments included, "The care they gave me was amazing" and "Thank you for all the care and love you have shown me, I'll never forget it". The questionnaire asked how the service could be made better and an action plan was formed from any comments such as adding tasks to a care plan. Care workers told us they felt the emphasis on listening to the wishes of people was important to them and management. Attitude surveys were also conducted to ensure people were happy with their care workers.

We spoke with the registered manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on delivering quality services, putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. The provider had a clear vision to provide a service which was influenced by the needs and wishes of the people who used it within their community. For example they had enabled a person to continue to experience a new opportunity and access the community. Their vision and values were communicated to staff through staff meetings, supervisions, focussed medication spot checks and a regular newsletter.

There was a staffing structure which gave clear lines of responsibility and accountability. In addition to the Bluebird South Somerset staff there was a Bluebird head office support centre who were available for advice

and training and conducted regular quality audits. Supervisors were responsible for a small team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. All the staff we spoke with were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues, and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work.

As well as the checks on staff the registered manager had also put in place monthly reviews with people. This meant they could meet with a senior staff member and discuss any changes to their care plan, care provided and their relationship with staff.

The provider had a robust contingency plan in place, for example to make sure people in need continued to receive a service if adverse weather was experienced during the winter. An emergency file had been created which gave details of everyone who used the service. It listed their needs and whether there was anyone available to provide care if the care provider were unable to reach them. From these assessments they had been able to prioritise their workload. Named 4x4 drivers were detailed.