

GEMBO Limited

Bluebird Care Camden & Hampstead

Inspection report

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 16 December 2016. This was an announced inspection and the provider was given 48 hours' notice. This was to ensure that someone would be available at the office to provide us with the necessary information to carry out an inspection. When we last inspected this service on 3 June 2014 we found the service met all the regulations we looked at.

Bluebird Care Camden & Hampstead is a domiciliary care agency based in North London which provides home based care for elderly people, some of whom are living with dementia. At the time of the inspection there were 33 people using the service.

There was a registered manager at the service. 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 registered provider and registered manager continually strived to improve the service and implemented an action plan which identified areas for improvement and actions were put in place accordingly. The registered provider had developed strong links with the local community. They worked alongside other social care organisations to promote social care causes and make improvements.

People were extremely satisfied with the quality of the service they received and praised the caring and compassionate nature of the care staff. The provider supported staff to understand the emotional and social needs of people living with dementia and was actively involved in achieving positive local outcomes to improve the quality of life for people living with dementia.

People, relatives and particularly staff praised the supportive and responsive management structure in place at the service. The registered manager and registered provider enabled an open culture that encouraged learning and the discussion of ideas and improvements through regular staff meetings. Robust quality assurance processes and procedures were in place to monitor the quality and safety of people's care. The delivery of care was recorded on the services electronic care records system which enabled immediate management oversight of the completion of care tasks on a real time basis. Any issues were promptly picked up by office staff and dealt with through the instant electronic feedback system which was confirmed in records seen.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of the different types of abuse to look out for and how to raise safeguarding concerns.

Detailed risk assessments were in place for people using the service and were reviewed and updated

regularly. Risk assessments explained the signs to look for when presented with a possible risk and the least restrictive ways of mitigating the risk based on the individual needs of the person.

Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff.

The provider employed sufficient skilled and experienced staff to meet people's needs. We saw evidence of a comprehensive staff induction and on-going training programme. Staff were recruited with necessary pre-employment checks carried out. Staff received regular supervisions and annual appraisals.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who used the service.

People and their relatives told us they received kind and compassionate care and were treated with respect.

All staff had received training on the Mental Capacity Act (2005) and staff understood what to do if they had concerns around people's mental capacity.

People were supported to maintain good health and had access to healthcare services. People were supported to be independent and access the community, where possible.

There was a complaints procedure in place and people and relatives confirmed that they knew how to complain. The provider actively sought feedback from people and relatives and made positive changes as a result of people's views and suggestions.

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. There were sufficient staff to ensure that people's needs were met. There was a robust recruitment procedure in place.

Staff were aware of the different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely. Medicine Administration Records (MAR) were audited on a monthly basis.

Risks to people who used the service were identified and managed effectively.

Is the service effective?

Good ●

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

People made decisions and choices about their care. Staff understood the Mental Capacity Act 2005 and how the legislation impacted on their role and the people they provided care to.

Is the service caring?

Outstanding ☆

The service was very caring. People and relatives told us they had good relationships with their core group of carers.

People's views were sought and they were supported to make decisions about how their care and support was delivered.

People were encouraged and supported to maintain their Independence through the providers commitment to community involvement.

People receiving end of life care were treated with exceptional care and compassion.

Is the service responsive?

Good ●

The service was responsive. Care plans were person centred. People's needs and wishes from the service were assessed and support was planned in line with their needs.

People were supported to access the community which enabled people to be independent.

There was a complaints procedure in place and people told us they knew how to complain if needed.

Is the service well-led?

Outstanding ☆

The service was very well led. There was a strong emphasis on continually identifying ways to improve the service for people. The quality of the service was monitored.

Staff spoke very positively of the supportive nature of the management team. Staff morale was excellent. People and relatives told us the service was well led and accessible.

The registered provider maintained strong links with the local community and supported and engaged in projects and initiatives to improve the provision of social care in the locality.

The service regularly requested feedback from people who used the service and improvements were made as a result of people's feedback.

Bluebird Care Camden & Hampstead

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 was planned to check 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.

The inspection took place on 16 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff we needed to speak with would be in. This inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts.

During the inspection we spoke with eight people who used the service and five relatives. With permission, we also visited the home of two people who used the service. We spoke with the registered provider, the registered manager, a field care supervisor, a care coordinator and seven care staff. We obtained feedback from the local authority and three health and social care professionals.

Is the service safe?

Our findings

All the people we spoke to told us they felt safe. One person told us, "I have 24 hour care with one live in carer. I have one carer a month. Yes I feel safe with them, they are very reliable, and I feel comfortable with them in the home." A second person told us, "Yes I do feel safe, I'm disabled and they help me onto the bath seat, they assist me with my back and my hair, I feel confident with them." A relative told us, "[My relative] feels safe, she feels familiar with them and they are an enjoyable presence." A second relative told us, "Yes [my relative] feels safe, we always have the same carer which helps a lot."

Staff understood how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had received training in safeguarding people. They were able to describe the types of abuse to look out for and the steps they would take if they had concerns. Staff identified that they could report abuse and concerns outside of the organisation to the local safeguarding authority and the Care Quality Commission (CQC). Information regarding safeguarding and whistleblowing was displayed throughout the office for staff to refer to for information and guidance.

Risks were managed effectively. Risk assessments were personalised and risks identified were individual to the person and were reviewed on a regular basis. Risk assessments identified the hazards the risk posed and the control measures in place to mitigate the risk whilst ensuring the person was supported to be independent. We saw an example of a risk assessment associated with the person being supported to access the community which included risks associated with their transport preferences. People understood the risks associated with their care. A person told us, "I have a modern shower and they watch me getting in and out of the cubicle as I am slow. I have fallen in the past so I have to be careful."

Most people we spoke to told us they did not require assistance with their medicines management. When asked how they were supported to take their medicines, one person told us, "They meet all my needs." Medicines were managed safely and effectively and there were regular medication audits in place. Staff had completed medication training and the service had a medication policy in place which was accessible to staff. People's allergies were recorded on their care records. The provider completed spot checks on staff which included checking their competence to administer people's medicines. This was confirmed by records that had been completed.

People's Medicine Administration Records (MAR) were documented electronically on the providers' electronic care records system. Care staff had instant access to any changes to people's medicines which had been entered onto the system by office staff. Care staff electronically signed people's MAR charts. The office was then alerted if care staff left the person's home without administering their medicine. The new system had significantly reduced any likelihood of care staff either forgetting to administer people's medicines or forgetting to sign the MAR sheet.

During the inspection, we looked at medicines records for four people who used the service. One person had been prescribed a medicine which was administered once per week. We saw that on two occasions this had not been entered on the person's MAR chart. We discussed this with the registered manager who confirmed with us that there had been a technical problem with the software on those occasions. We saw that the

office staff had been alerted on the same day to the problem and care staff had updated the person's daily records to confirm that their medicines had been administered as prescribed as they were unable to access the MAR chart. Staff told us that they liked using the electronic system to record their care tasks. A staff member told us, "The MAR chart. It's easy and instant. One press and the information is gone and stored."

People told us they received their care at the time they wanted it and that they had consistency in the staff providing their care. One person told us, "Yes the timing is very good. They help me with my showers every week. It's done properly." A relative told us, "We always have the same carer which helps a lot." A second relative told us, "They are never late. I have no complaints." Call times were monitored using the provider's electronic care records system which required staff to record their arrival time at the person's home. The system would alert the office staff to any calls that were late by more than 15 minutes so they could investigate the reason with the relevant care staff. The care coordinator told us that there were enough staff to ensure people's needs were met, "There is enough staff and we are a close team. Communication is good." Staff told us that they had sufficient time to complete their care tasks and had sufficient time between care visits. One staff member told us, "I have travel time. Plenty of time. It's all do-able. I can phone the office and let them know if I need to make any changes." When asked about time allocated for care visits, another staff member told us, "It's fine. Everyone lives close together." A third staff member told us, "They plan ahead and rotas are always sent on time. We are always updated with information."

The registered provider told us that they operated a continuous recruitment programme. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. The service carried out a robust recruitment process for employing carers which included the necessary pre-employment checks such as a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The provider also applied for foreign police checks for potential applicants who had lived outside of the UK. Records confirmed that staff members were entitled to work in the UK. Appropriate references were requested which were verified. Records showed that prior to interview, all applicants underwent a recruitment assessment which included psychometric, behavioural, attitude and personality tests and questions which assisted the registered provider to choose suitable staff with the right approach and beliefs towards care. Records demonstrated a rigorous record was made of the applicant's job interview, to ensure there was a record of what had been discussed and to demonstrate that any gaps in the applicant's history had been explored. One person told us, "They are outstanding carers, are polite and well trained. I think Bluebird's selection process is good, they are naturally caring individuals, they are proper in their manner which is very reassuring as an elderly person." The registered provider told us that the accuracy of their recruitment improved their staff retention which meant that people received consistent care from long term staff.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Staff reported incidents and these were acted on promptly. Records showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future. Accidents and incidents were monitored by the registered manager to look for emerging trends.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This ensured the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies. The service operated an on-call system to ensure people and staff had access to support out of office hours and at weekends. This was on a rota basis between the registered manager, field care supervisor and the care

coordinator. Staff told us that they could contact the office at any time for support.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person told us, "They do everything, they are great." Another person told us, "Yes I get very good support from them, they do everything I ask and I'm very pleased." A third person told us, "They are competent and caring and help me to go out. I had a minor fall last week and my carer called for help to assist me in lifting me up. The quality of care is good." A relative told us, "They are superb."

We saw that newly recruited staff were supported to complete a comprehensive induction programme before working on their own with people. Care staff, the registered manager and records confirmed that new staff underwent a three day classroom based induction and online training programme which included all mandatory training. The new staff member then completed a minimum three shadow sessions with an experienced carer. Prior to completing their probationary period, staff received weekly contact from the field care supervisor or registered manager in the way of a spot check, one to one, phone call or supervision session which records seen confirmed. Newly recruited staff were also required to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Staff told us the induction gave them the foundation to provide quality care. A staff member told us, "Induction to begin with lifting, hoisting, health and safety, first aid. Hands on training. I shadowed experienced staff. I felt comfortable to call the office. We are always told to call the office. Nothing is too big or too small."

Training records showed that staff had completed annual training in areas that helped them to meet people's needs. Mandatory yearly training included moving and handling, medicines, infection control, safeguarding, emergency first aid, Mental Capacity Act 2005 (MCA) and health and safety. Some staff underwent additional training specific to the care needs of the people they supported, for example Percutaneous Endoscopic Gastrostomy (PEG) and epilepsy, catheter care and diabetes. A staff member told us, "We did training in dementia, capacity and bowel cancer." The provider had recently provided specialist dementia training for care staff which had been well received. The provider also recently arranged a training session in bowel cancer which was delivered by Bowel Cancer UK. The registered manager told us that there are upcoming talks arranged for staff in areas such as end of life care from a palliative nurse at the local Clinical Commissioning Group (CCG) and Chronic Obstructive Pulmonary Disease (COPD) from a doctor based at a local hospital.

The registered manager and field care supervisor completed additional training to keep their skills and knowledge up to date. In November 2016, the registered manager completed a management development programme which included performance management, motivating a team and developing others. The field care supervisor completed additional training in areas such as train the trainer training, person centred skills training and DoLS training.

Staff were supported to achieve further qualifications. A staff member told us, "I am on NVQ level three. Through Bluebird from the beginning. Level two, apprenticeship, level three. I work in the office voluntarily. I learn how to create a care plan. It's a nice experience." Another staff member told us they were being

supported to achieve accredited train the trainer qualifications to enable them to assist with training care staff.

The registered manager told us that staff appraisals took place on a yearly basis and records viewed during the inspection confirmed this. Staff told us they received supervisions on a regular basis and they felt supported by the management team if they had any concerns. Records showed that either a supervision or spot check took place on a quarterly basis. A staff member told us, "Supervisions and spot checks happen regularly. They are fine. It isn't an inspection. They are making sure everything is going well."

People and relatives were complimentary about the way in which they or their relative were supported to eat and prepare food. One person told us, "[Staff member] helps with meal preparation. She is a very good cook. She makes my meals, cooks for me and leaves it in the fridge so when I need to I can just heat it up in the microwave. For breakfast she will make porridge, toast or eggs." A relative told us, "They do his meals. They prepare them. He can't cook so they make it for him. They will shop for him too and get what he wants." One person we visited during the inspection told us that care staff always left a drink within reach before they left.

People's care records provided guidance for care staff about people's food and fluid needs and preferences. People's care plans also documented any food allergies they had. A person's care plan said, "I enjoy good simple food, porridge, fish, lamb cutlets, steak, and mashed potato. I do not have a disliking to any foods. I like to have fresh cake in the house as I used to really enjoy baking." The provider's electronic care records system meant that where people required support to eat and drink this was documented on the system. If a person declined their planned support with eating or drinking, this information was documented by the care assistant and instantly electronically relayed to the office staff. Staff had received training on nutrition and hydration and how to recognise signs of ill health as a result of poor food or fluid intake. We saw feedback received from a relative where a care staff was praised for promptly recognising the person was unwell and as a result the person received treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do 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. We checked whether the service was working within the principles of MCA.

The registered manager told us and records confirmed that care staff underwent training in MCA during their induction programme. Staff were provided with a pocket-sized booklet detailing MCA and information was displayed throughout the office for staff to refer to. Staff were able to explain to us the principles of the Act and their role in supporting people to make decisions. A staff member told us, "Everyone is an individual and has rights. It's imperative we have training. I always ask consent. I wouldn't do anything without their consent. It's respect." Another staff member told us, "It's the main basis of person centred care. Knowing their capacity. To keep their independence. I always ask consent. Even when I know that they haven't capacity to give it."

People's care plans demonstrated they had been asked to provide their written consent for their care and treatment and noted any support they required to make their own decisions. Where people lacked the capacity to consent to their care, staff had recorded that family members had been involved in making the decision for the person on the basis that it was in their best interest. Some people had a lasting power of attorney (LPA). This is when a person has appointed another person or relative to make decisions on their behalf at a time when they lack the mental capacity to make them. Where a relative had LPA, this was clearly recorded on their care plan. People's consent to their care had been sought in line with legislation and

guidance.

Most people and relatives we spoke with did not require assistance from the provider to access healthcare services as domiciliary care agencies do not generally support people with healthcare appointments as they provide care such as washing, dressing, medication and food preparation. However, appropriate and effective referrals were seen on people's care plans to external health care professionals. People's care records demonstrated who was involved with the person, such as their GP or community nursing team. A health professional told us, "Excellent communication with staff at premises and any queries with manager of company responded to immediately. The boss was always available by phone and if he couldn't answer the query was investigated and responded promptly."

Is the service caring?

Our findings

People told us carers were professional, caring and dedicated and were willing to do extra jobs where required. Comments from people included, "They are exceptionally nice people, just pleasant in themselves", "The carers really do care" and "Yes the carer is polite, good. Very understanding, makes an effort, she learns quickly, I can tell she listens to me."

Comments from relatives included, "They are beautifully polite and respectful, have lots of charm, always immaculate, wear the uniform and speak good English. They are sensible and dependable" and "The carers are great. They really care." People told us that they had a small team of carers which they preferred. Staff commented that they provided care for the same people on a regular basis. One person told us, "There is a rota, a pool of carers; I'm familiar with them all." A second person told us, "I have the same carer. She is very good."

The provider worked with external organisations who supported older people and people living with dementia. One such organisation the provider worked with was a project who worked to tackle older people's social isolation and loneliness in the local area. The provider had recognised that a person who used the service who had recently been diagnosed with dementia had become isolated and lost contact with their community centre. The provider referred the person to the project and as a result the person started to re-engage with their community centre again with the help of a volunteer from the project. Care staff worked with the person to prompt and remind them of the community centre visits. The provider also, when the volunteer was unavailable to take the person to their community centre provided a member of their care staff to escort the person to the community centre. We received feedback from the project that the person had benefited from re-engaging with their community through the intervention of the provider and their collaboration with the project.

The provider had an equality and diversity policy in place and staff had received training in equality and diversity. Information to guide staff to support and embrace people's cultural and ethnic backgrounds was displayed throughout the office. People were consulted about their cultural and diversity preferences which were recorded in their care plan. The provider had worked with people and their families to use their cultural background to provide care staff with information to support people where dementia had affected their ability to communicate. One person's care plan referred to care staff taking a person to a specific shop to buy food from their home country which would assist the person to reminisce about their homeland. Another person's care plan reflected that their progressing dementia had impacted on their spoken language. We saw that they were provided with a carer who spoke their native language which resulted in increasing the person's ability to communicate. This meant that care staff could build a relationship with people and be more intuitive to their needs.

During the inspection we spoke with staff around supporting people with protected characteristics such as being from a different cultural background or identifying as being lesbian, gay, bi-sexual or transgender (LGBT). One staff member told us, "People can have their preferences if they want a male or female carer. Bluebird will attend to their requests." Another staff member told us, "I don't judge."

The quality of the training staff received had enabled them to provide people with high quality care at the end of their life. Compliments received from people's relatives demonstrated how much they valued the quality of care staff had provided at the end of their loved ones life and their level of professionalism. We saw feedback received from relatives of people who had received end of life care from Bluebird Care Camden & Hampstead. Feedback received included, "The carers were exemplary. The managers we dealt with on the phone worked with us without complaint, professional at all times and most importantly with respect kindness and humour towards my father in the last weeks of his life. I cannot recommend them highly enough. My Father's GP said he had never seen a patient so well cared for. I cannot thank Bluebird Care enough for making those last weeks bearable for my family and father" and "Bluebird also provided the palliative care for my mother at home, and through the nights for the last three weeks she was with us and as a family, we cannot speak highly enough of the care provided to our mother, it was a great comfort to us all to see our mother being so well cared for. All the dealings we have had with not only the care support at home but also all the support from all the managers when dealing with difficult situations were always handled in a professional and friendly manner."

People were treated with dignity and respect. The provider developed specific dignity training for all staff. The provider had appointed an office based dignity champion and a community based dignity representative. The provider told us their aim was to grow their dignity team.

We reviewed compliments received from people and relatives who used the service which included a number of thank you cards from relatives of people who had recently passed away. Comments on the cards made reference to the bonds between the carers and the person who used the service and the caring attitude of the carers who were individually named. We also saw that the service celebrated the three year anniversary providing care for their first client where the person was presented with flowers to mark the occasion.

The enthusiasm from staff was tangible and translated into the care that they provided to people. It was evident that staff were happy in their work and people responded to that. A relative told us, "I like that they are kind, they go that extra mile. [My relative] had to go to the GP and she [carer] stayed with him, it was very late too. She texts me and really cares for him. He likes jolly outgoing personalities." A staff member told us that they provided regular care for a person who lived with dementia. In addition to completing their care notes, they also recorded their visit in the person's diary so the person they were supporting could refer to the diary to assist their memory. The staff member told us, "It's her bible. It's something [person] and her relative have done. I was introduced to it. It works a treat. [Person] can still converse with their relative about how their day went."

People and relatives said they felt involved in the planning of their care. Care plans were person centred and contained background information, likes and dislikes. People's care plans contained a section called 'What is important to me'. This section focused on the persons living arrangements, family and important relationships, how they liked to live their life (routines and habits), places and events important to the person, religious and cultural preferences, social activities and hobbies, whether they had pets, what support they needed and their concerns or difficulties. For the people's care plans we viewed during the inspection, this section was completed comprehensively. For example, where a person had a pet, their pet's name and temperament was documented. Another person's care plan detailed that they liked going to the hairdressers once per week and required support from their carer to maintain this part of their routine. We could see that time was taken to get to know the person, so staff could have access to information which would help them to get to know the person. A staff member told us, "Everything goes on their care plan. I always check it first thing. I always have a look."

People's care plans contained details of their communication methods and any sensory impairment which could impact on the person's ability to communicate such as a sight or hearing impairment. One care plan stated, "I have a slight hearing impairment. I have made the choice not to wear a hearing aid. I would like the care worker to talk clearly and facing me when they speak to me." Where a person had a visual impairment, their care plan gave clear instructions to staff to provide guidance when they mobilised and to support them with reading if necessary.

Is the service responsive?

Our findings

People consistently told us they received personalised care from care assistants who understood their care needs. A person told us, "Yes the carers are good. They do what I need and are always asking if I need anything." A relative told us, "[My relative] has two carers whom he likes. He is getting confused now so they are trying to clarify their roles and to up his favourite carers. They are very good."

Health and social care professionals we obtained feedback from consistently praised the responsive nature of the service. A healthcare professional told us, "I have a good working relationship with Bluebird and not only do we meet three monthly but I always have updates on the patient and any changes to care needs."

People's support needs were comprehensively assessed before they began using the service to ensure the service could meet their needs and that they could be matched with a suitable carer. A staff member told us, "We get introduced to a new client. Someone from the office brings us down and we are introduced to them and sometimes their next of kin to see if there is a connection. We are not just given their address. We are introduced. It's always done like that." A healthcare professional told us, "The manager and [provider] and I work collaboratively to ensure that the correct kind of carer is placed. We discuss likes and dislikes and the patient is assessed prior to discharge. An interactive discussion between myself, patient and Bluebird occurs and a holistic view is taken into what the patient expects from the service and would like."

People benefited from their care plans being reviewed regularly. People's support needs were reassessed on a weekly basis by the registered manager, field care supervisor and care coordinator. All people were assessed using a red/amber/green (RAG) rating which took into account their care needs and resources required to deliver their care. Where changes to people's health or circumstances were identified, action was promptly taken to adjust the person's care plan to meet their needs. We saw that following a weekly review of one person's needs, their care needs were revised and changed from amber to red. Following this, the service worked with the person and their family to review their care plan which resulted in an increase to two care staff supporting the person and additional night time support.

Where amendments were made to people's care plans or care packages. Amendments were made in real time which was updated immediately for all care staff delivering the support so keeping them fully informed which resulted in a highly adaptive and flexible service. Staff told us they could access the electronic care records system via the smartphones they were provided with by the provider. This meant they could read people's care plans on-line and check the care records from the last call before they actually visited the person. Staff had instant access to up to date information about people's care and could therefore spend their time on visits with the person rather than reviewing their records. Staff also completed their daily notes on the electronic care records system. We saw that daily records completed by care staff were comprehensive and detailed.

People were involved in regular reviews of their care and encouraged to provide feedback on the service they received. People told us their care plans were available in their homes. One person told us, "Yes I have a care plan. It's in the file. It has recently been updated." A relative told us, "Yes there's a care plan, we are in

the process of trying to change and update some things." Care plans contained detailed information regarding people's medical conditions and how they affected their abilities. Symptoms of the medical conditions were detailed to provide guidance to staff on what to be aware of, for example, hypertension (high blood pressure).

People's care plans detailed whether care staff provided assistance with accessing the community. A staff member told us, "We go to hydrotherapy once per week. We also go out most days. We go to the restaurant or a pub lunch. We go out just to get out."

The service had a complaints policy in place. The registered manager told us that since commencing employment at the service, they have not been in receipt of any formal complaints. The registered manager confirmed that systems were in place to monitor complaints, should any be received, as was seen in how accidents and incidents were monitored and analysed for trends. Most people and relatives told us that they had no complaints. One person told us that earlier this year they complained about a carer's timekeeping. They told us that this was resolved satisfactorily. A relative, that had submitted one minor complaint, told us about how the carer running late had impacted on their own planned appointment. They told us that once they contacted the provider, a carer was sent in a cab and they made their appointment.

Is the service well-led?

Our findings

People benefited from receiving a service that was exceptionally well organised and managed effectively. We received consistently positive feedback from all people and relatives regarding the overall management of the service and the care they received as a result. One person told us, "It's an excellent service. The agency is very good and communication is good. Whenever there is a carer changeover at the end of the month, someone comes from the office to see if everything is okay." A second person told us, "It's meeting my needs and I'm pleased with it. I would recommend it. I would call the agency if I needed to." A third person told us, "It's very good overall, [The registered manager] is very good. I can talk to the office and they are always available." A fourth person told us, "The office are really good. I can call them. [The registered manager] is very good, and she is very understanding and good with the workers. The agency is good."

A relative told us, "It's a super organisation. They are always available and I can contact the office, no problem. They are genuinely nice and kind. I have recommended the service already to my neighbours. It's a marvellous organisation and we want it to last. I can't criticise it at all." A second relative told us, "They do their best. I can't fault them at all. I would recommend this branch." A third relative told us, "Bluebird is very good. They recruit the right people. The office are easy to get hold of, the quality of care is good."

Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for Bluebird Care Camden and Hampstead. Staff praised the overall culture of the service, the supportive and responsive management structure, the availability of additional support when needed and the training provided. A consistent feature of staff feedback was that staff were treated as individuals and staff gave examples of the understanding nature and additional support given by the registered provider and registered manager when they experienced personal difficulties. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team.

Comments received from staff included, "I'm truly happy with them. I know I am with a good company. They care about their staff," "I like working here. [The registered provider] is the best boss ever in my life. He really cares about staff and customers," "I love it. I love the ethos. We talk about things all the time. Everyone knows what is happening. As we are a small team, it makes a massive difference," "I'm glad I found Bluebird. I feel supported. I feel like I am an individual with them," "They are a breath of fresh air. If I need anything, it's there straight away. I have been working with them for one year and I have no complaints" and "They are a great team. I am proud to be a member of a great team. They have given me great opportunities."

The management team were keen to ensure staff were well supported which would lead to people receiving a high level of service. The registered provider told us, "It's all about us looking after staff to get the best from them." The registered provider provided additional support to staff by making a financial contribution towards their travel costs. On passing probation staff also received a gift of champagne, chocolates or flowers. The registered provider arranged twice yearly staff events such as an office party or away day. Staff we spoke with told us they felt morale amongst staff was high and this was down to good leadership from the registered manager and registered provider.

Robust quality assurance systems were in place to monitor the quality of service being delivered and staff competency which included monthly audits of care records, staff recruitment, regular spot checks and a monthly medicines audit. The registered manager, field care supervisor and care coordinator also had daily oversight of care delivery as a result of the electronic care records system. If a care task assigned to a carer had not been completed by the time the carer signed out of the visit, an alert was sent to the office staff, who could immediately follow up and investigate with the carer, which was confirmed by records seen. People's care was being monitored live rather than issues with their care delivery not being identified until care staff raised it or their care notes were returned to the office. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them immediately. The registered manager also demonstrated that people's relatives could access the electronic care system should they choose to do so. This especially benefited relatives who lived far away from their loved one.

The registered provider and registered manager worked closely together to ensure that the quality of care provided remained consistently high at all times. The registered manager and registered provider met on a weekly basis to discuss quality assurance measures in place, the service's business plan and potential new clients. On a daily basis, the office team which included the registered manager, field care supervisor and the care co-ordinator discussed updates regarding people's care needs. Regular staff meetings also took place. Staff meetings were arranged over a number of days to ensure maximum staff attendance. Staff learning and development was an important feature of staff meetings and the registered manager told us and minutes confirmed that video clips on topics such as dementia and MCA were played which resulted in discussion and further learning. A staff member told us, "At meetings they always ask. They welcome my suggestions."

People benefitted from receiving a service that was continually seeking to improve. The registered provider, manager and staff demonstrated a commitment to continuously improving the quality of the service people received. An action plan was in place which was reviewed and updated quarterly. Where issues had been identified, an action plan was developed with clear timescales. There was evidence these timescales had been met. Recent completed actions included introducing a career pathway for staff, introducing employee rewards for length of service or exceptional service and increased oversight of monitoring of accidents and incidents. The registered manager and provider had a number of improvements planned in the action plan. One of which was training staff to become Dementia Friends. Dementia Friends is an initiative by the Alzheimer's Society to enable people to learn and understand more about Dementia and put it to practical use when engaging with people who live with dementia. The service's action plan detailed that 40% of people who used the service were living with dementia. The management team's commitment to improving staff knowledge by additional learning meant that people received person centred care from staff who knew and understood the difficulties people faced when living with dementia. Another initiative planned was introducing additional specialist training in supporting people with learning disabilities. The service was also engaging in a pilot project with the local authority whereby the service would provide enhanced home care for people living with long term conditions. The registered provider told us that this would result in increased specialist training so staff could meet people's increased needs and career progression opportunities for staff as the service expanded.

A questionnaire was sent out to people using the service annually to obtain their views about the service and the support they received. The registered provider showed us the results of the most recent questionnaire which had been analysed and results were shared with people, relatives and community professionals. The overall feedback from the surveys was positive and reflected the positive comments we heard from people during the inspection with 96% of respondents confirming they would recommend Bluebird Care to others, 100% of respondents confirming that office staff were approachable and polite and 100% of respondents confirmed that knew how to complain, if needed. Despite the positive feedback

received from all people who responded, the service created an action plan as a result of the survey. One identified action resulting from the questionnaire was the creation of a customer care forum to ensure that people and relatives were more involved in the progression of the service.

There were policies and procedures to ensure staff had the appropriate guidance. Staff confirmed they could access the information if required. The policies and procedures were reviewed and up to date to ensure the information was current and appropriate. The registered manager told us that all policies and procedures were being updated in January 2017 and the plan was to introduce an app on which staff could access the staff handbook and policies.

The registered provider maintained strong links with the local community and actively participated in promoting social care causes. The provider told us that in addition to providing the service they also had a role in promoting the importance and value of social care locally. The registered provider had recently assisted Camden Carers Service, which is a charity which supports unpaid carers in the local area. The chief executive of Camden Carers told us, "[The registered provider] offers support to Camden Carers when we put on events (and other charities in the borough). We have talked about offering training to his staff (in particular around dementia). We have discussed ways we support staff and swapped ideas and suggestions. He is most definitely a proactive member of the local community." The registered provider recently organised an anniversary celebration for Contact the Elderly, which is a charity who work to tackle loneliness and social isolation among older people. The registered provider was also part of a local forum to improve patient centred care when people are discharged from hospital. The registered manager told us that there are upcoming talks arranged for staff in areas such as end of life care from a palliative nurse at the local Clinical Commissioning Group (CCG) and Chronic Obstructive Pulmonary Disease (COPD) from a doctor based at a local hospital. People had benefited from the provider's community presence and healthcare links which they had used to secure additional training for staff.

A monthly newsletter was produced for people which included business and staffing updates, customer feedback and community news. Staff received a monthly newsletter which shared news, updates and reminders. The November 2016 staff newsletter contained an article regarding MCA and consent, staff social events and a reminder that staff received a travel contribution.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

Throughout the inspection we gave feedback to the registered manager and provider and clarification was sought where necessary, for example in relation to the recording of medicines electronically and the risks associated when there are technical problems. Both the registered provider and registered manager demonstrated a willingness to learn and reflect in order to improve the service people received as a result.