Greencote Limited

Bluebird Care (Isle of Wight)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 23 and 29 September 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Bluebird Care (IOW) provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a personal care service to 96 people with a variety of care needs, including people living with physical care needs or memory loss due to progression of age. The agency was providing a service to people across the Isle of Wight.

The agency had a registered manager. 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.

We received positive feedback from people about the service. All people who used the service expressed great satisfaction and spoke very highly of the care staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults, knew how to recognise and respond to abuse and understood their responsibility to report any concerns.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. Staff were responsive to people's needs, which were detailed in care plans. People told us they had been involved in care planning and care plans reflected people's individual needs and choices.

People were cared for with kindness and compassion. People who used the service said their privacy and dignity were respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of consent and were clear that people had the right to make their own choices.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care staff to maintain the schedule of visits. Staff told us they felt supported and received regular supervision.

People felt listened to and a complaints procedure was in place. The provider sought feedback from people through the use of a regular reviews and a yearly survey. The results from the latest survey were mainly positive. Systems were in place to assess and monitor the quality of the service people received.

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.

Staff had received training in safeguarding adults and were aware of how to use safeguarding procedures.

There were safe medication administration systems in place and people received their medicines when required. Risks to people's welfare were identified and plans put in place to minimise the risks.

Recruitment procedures were followed to ensure staff were safe to work with people. People's needs were met by sufficient numbers of staff who were seen as reliable. The service had a business continuity plan in case of emergencies.

Is the service effective?

Good

The service was effective.

Staff knew people's needs and records showed people received appropriate care, food and drinks.

Staff had an understanding of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Systems were in place to ensure staff received training, support and supervision.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and were encouraged to be as independent as they could be.

Is the service responsive?

Good

The service was responsive.

People told us the care they received was personalised. People's needs were reviewed regularly to ensure this remained appropriate for the person.

The registered manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

Good

The service was well led.

People and staff spoke highly of the service and the registered manager, who was approachable and supportive. Staff felt the service was open, honest and transparent.

There were systems in place to monitor the quality and safety of the service provided.

Bluebird Care (Isle of Wight)

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.

This inspection took place on 23 and 29 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in the office.

The inspection was carried out by one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

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 reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke to seven people who used the service, or their relatives, by telephone and visited two people in their own homes. We received completed surveys from 14 people, three relatives and 30 staff members. We spoke with the provider's representative, the registered manager, office staff and five care staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records.

Bluebird Care (IOW) was last inspected in August 2014, when we did not identify any concerns.

Good

Is the service safe?

Our findings

People told us they felt safe and felt the agency provided staff who kept people safe whilst providing them with personal care. Everyone responded positively to the survey question 'I feel safe from abuse and/or harm from my care and support workers', showing that they felt safe with their care staff. One person said, "Yes safe, I know the people in the local office and have been involved for a long time". Another person said, "Safe, yes and I would speak if not." A family member said, "Absolutely safe and if not I would say something". Relatives also all responded positively to the survey question 'I believe that my relative / friend is safe from abuse and/or harm from the staff of this service'.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care staff were required to read this and complete formal safeguarding training for adults and children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I would contact the office immediately." Another staff member said, "I had to do this once a couple of years ago, I told the office about my concerns and they took action to keep the customer safe." All 30 care staff who completed the survey stated 'I know what to do if I suspect one of the people I support was being abused or was at risk of harm'. They also agreed with the statement 'People who use this care agency are safe from abuse and or harm from the staff of this service'. The registered manager knew how to use safeguarding procedures and had reported concerns and taken action appropriately.

There were safe medication administration systems in place and people received their medicines when required. Staff received training, both face to face and on the computer, about how to support people with medicines. After the training, the registered manager assessed their competence and offered further training if necessary. Staff said their training had included how to complete the Medication Administration Records (MAR) and how to check the medicines they were giving were the correct ones. One said "We have update training on medicines every year." Another staff said "I had initial training during my induction, then when I was out shadowing the care staff showed me and watched to make sure I knew exactly what to do". MAR charts were checked when they were returned to the office monthly and any remedial actions were completed. Care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions. Care staff recorded the time they administered medicines which were required several times per day and which should not be taken too close together. Safe systems were in place and followed by care staff to support people who required eye drops or prescribed topical creams.

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were also available for moving and handling, use of equipment, nutrition, medication and falls. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. For example, in one care file we saw a reminder for care staff to encourage the person to use their walking frame and to make sure this was close by the person when care staff left. In another care file care staff were reminded of the actions to reduce the risk to the person including to ensure

the pendent alarm is being worn before leaving. A person told us staff always made sure they were wearing their alarm before leaving. Where care staff identified a person may be at increasing risk the registered manager had contacted health professionals for assessment and advice. For example, a joint visit with an occupational therapist (OT) had been arranged when care staff had identified a specific moving and handling need. This had resulted in specific equipment being provided to protect the person and care staff.

Systems were also in place to help keep staff safe. Eighty-three per cent of staff who completed our survey stated that there was a lone worker policy to help keep them safe. The registered manager said that the risks to staff working alone were assessed and where this indicated a higher risk action was taken. This could include providing two staff to attend calls and gave an example of where this had occurred.

Recruitment procedures ensured staff were suitable to work with vulnerable people. One care staff member told us, "I had an interview, completed an application form and they did a police check". Another care staff member told us, "Before I started work I had to wait for the references and police check to come back." Staff files included application forms, records of interview and appropriate references. The application form requested a full employment history. The standard interview question sheet included a prompt for interviewers to check and ask about any gaps in the applicant's employment history. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with the people they supported and that staff members were entitled to work in the UK.

People's needs were met by sufficient numbers of staff who people saw as being reliable. One person said "I have to allow for traffic but they always stay the correct length of time". Another person said "Always on time, if late telephone". A relative told us "Yes they are usually near the expected time and always stay the allocated time". People who completed our survey all stated that care staff stayed the correct length of time. Staff who completed our survey gave us mixed opinions with some saying there was adequate travel time and others that this was not always the case. The registered manager told us that it was always explained to people that staff may arrive within a half hour of the allocated time. Some people told us they were always informed when a staff member was running late but others said this was not always the case. We saw staff allocation lists which allowed staff adequate traveling time between visits unless there was an unforeseen problem.

Most staff who completed our survey told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. One staff member added 'I find 15 minute calls where it is in the care plan to provide medication, breakfast, small house duties such as make the bed and wash up and speak with the customer are difficult especially if it is the first time you have visited the customer. On some occasions the call time is excessive of what the customer requires. However, this is changeable depending upon the needs of the customer that day, and it does allow for a more relaxed approach to providing what is in the care plan and building a relationship with the customer'.

Bluebird care used a call monitoring system to ensure that all care calls were attended as required. On arrival at the person's home staff used the person's phone line to call a free number which recorded their arrival. The same system was used at the end of the call to record the staff member was leaving. An up to the minute record of this was available to office or on-call staff on their computers. However, this relied on office staff switching screens between work they were undertaking and the call monitoring system to check staff had arrived. The registered manager had identified that this was not ideal and a large screen was planned for the office which would mean all office staff could monitor the calls without switching from their on-going work.

Staffing levels were determined by the number of people using the service and their needs. The registered

manager told us "Even though we get asked to take more care we won't do so if we don't think we have the staff in the right parts of the Island. We also have office staff that are trained to provide care, who can help cover calls when required." An office staff member told us they had recently started supporting a person who required a complex care arrangement with a high number of care staff required. They said they had not accepted the person until they had ensured they had the necessary staff to meet the needs of the person. Staff told us the managers would support them if required, and had arranged for subsequent calls to be covered if they were unable to leave a person due to an urgent change in the person's needs. This showed there were arrangements and adequate staff available to ensure people received the care they required.

The service had a business continuity plan in case of emergencies. This covered eventualities such as flooding and the risk of snow and ice. It included procedures to follow and emergency contact details for key staff. For example, in severe weather there were identified four wheel drive vehicles which could be used to get key staff to work. For emergency planning purposes the service had been divided into locality areas and a named senior staff member was allocated to each. They were aware of staff living in their areas who could walk if necessary to the most vulnerable people. People had been risk assessed to identify those who would definitely still need a home visit, such as those living on their own, and other people who could be supported by phone calls if staff were unable to get to them. This would mean that in the event of severe weather people and staff would not be placed at unnecessary risk.

Good

Is the service effective?

Our findings

People and their relatives responded positively to the questions we asked in the surveys regarding whether the service was effective. They said they would recommend the service to another person who needed support. Comments included, "I am happy with Bluebird, all my carers are excellent. I look forward to seeing them every day." People also felt staff had received the training they required. Everyone who completed a survey stated they agreed with the statement 'My care and support workers have the skills and knowledge to give me the care and support I need'.

People were happy with the way their care needs were met. One said "The care is very good". A relative told us "I don't know what I would do without them [care staff]". People's health and personal care needs were met because staff knew people's needs and were able to describe how to meet them effectively. For example, one person was registered blind. Their care file directed staff to make sure they told the person what they were having for lunch as they may not be able to recognise this on the plate. One care staff member told us "If someone is unwell and we are with them we would call the GP, or at the weekend 111. If it was an emergency we would call 999. If we were not sure we would just call the office or the on call for advice." This showed staff knew what action they should take in emergency situations.

Care plans contained information about people's health and personal care needs and any action that was required to meet these. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with people's care plans. Staff told us they were always told about the needs of the people they provided care and support for. Copies of care plans were held in people's homes meaning that care staff could consult these whenever required.

People usually received care from staff they knew. One person told us "It's usually the same ones". Another person showed us their roster and confirmed that it was always a staff member they knew. A relative said "Sometimes the rota that the carer has is not the same as the clients, and she does not always know who she will get to see to her needs". The agency sent a rota to each person weekly informing them of who would be attending and when. The registered manager said that when this changed, perhaps due to staff ill health, they tried to call everyone to inform them. However, this was not always possible if it occurred shortly before the person was due to receive care. Duty rosters detailing which staff would be attending each call showed a good level of consistency of care staff for each person. Most people who completed the survey said they received care and support from familiar, consistent care and support workers. They also said care workers completed all of the tasks that they should do during each visit.

Most of the people we spoke with said either they or a relative prepared their meals. Those for whom care staff prepared meals were happy with the way this was done. Care staff involved in the preparation of food told us they would always ask the person what they wanted. We saw records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. One person's daily records showed staff had provided extra supper as the person had not eaten much at tea time. Care plans contained information about any special diets people required and about specific food preferences. One care staff member identified that "I would like to see care plans include basics such as how a customer

likes their tea or coffee etc, as if going in to a customer I have not met before to know this about them goes a long way to helping with the initial meeting and successfully carrying out the care plan". Other care staff felt there was enough information about people's dietary needs and preferences in care plans.

People said they were always asked for their consent before care was provided. One person said, "They ask permission generally". A relative told us care staff sought consent before providing care. People's care plans instructed staff about ensuring people's consent was gained. Staff said they gained people's consent before providing care. One staff member said "I always tell them what I'm going to do and [ask] if that's ok". Care plans including data protection forms, permission to share information forms and terms and conditions. These had all been signed by people or where appropriate by a relative showing they consented to the care planned and processes used by the agency to support the delivery of care.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Twenty-nine of the thirty care staff who completed the survey told us they had received an induction which prepared them fully for their role before they worked unsupervised. The training programme started with a three day induction where new staff completed a range of computer and practical training in the agencies training room. This was followed by two days, or more where required, shadowing experienced staff. One staff member said they had completed shadowing and had been offered more if they felt they needed it. Another staff member confirmed the importance of shadowing, saying "Even though I had worked in a nursing home, I still learnt lots during the shadowing. Home care is very different". One relative told us that "Sometimes care staff are shadowed" and a person also confirmed that new staff came with existing staff to "learn how to do it".

During their induction, staff completed a range of essential training and if they did not have a qualification in care commenced the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. Whilst reviewing induction records we identified that two new staff who had qualifications in childcare were not undertaking the Care Certificate. The registered manager agreed that these staff would benefit from the Care Certificate as they were now caring for a different group of people. Another new staff member who had not previously worked in care was undertaking the Care Certificate. Staff were positive about the induction and on-going training they received. All staff who completed the survey told us they got the training they needed to enable them to meet people's needs, choices and preferences. One said "Very hot on training". Another care staff member told us "We get yearly updates for moving and handling and medicines, usually in a small group at the office. At the moment I'm doing some on line training". This meant care staff continued to have the skills necessary to meet people's needs.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff who completed our survey said they receive regular supervision and appraisal which enhanced their skills and learning. One staff member said "We have supervisions and there are spot checks". They added "Sometimes [the registered manager] works with you on two-staff calls". Another care staff member said "I have a spot check about once a month, as well as office supervision every three months. We receive a copy

of the form to read and sign so we are aware of what is being written." New care staff members told us they had weekly supervision during their probationary period. Records of supervision and spot checks were kept. These showed the process used was formalised and covered all relevant areas. When necessary, actions for improvement were identified and followed up.

Good

Is the service caring?

Our findings

People and relatives said staff were caring and they had a good relationship with them. They consistently reported a kind and caring approach relating to staff having a caring attitude, respecting dignity and maintaining independence. One person said "[Care staff] very good attitude, all are friendly and chatty, treat me with respect". Another person said "They are very good company to be with". A relative told us "Staff are always friendly". Another relative told us how the agency was caring towards them as well as their relative. They told us "All the care staff seem very polite, courteous and all are lovely". Everyone who completed a survey told us the care workers were kind and caring.

People were treated with dignity and respect. A person told us "They always remember to close the curtains and keep me covered as far as possible". Everyone who completed our survey responded that their care and support workers always treated them with respect and dignity. Care staff said they always kept dignity in mind when providing personal care to people. They described how they would close curtains or doors and ensure people were covered with a towel when having a wash. They told us this had been included during their induction training. A care staff member said "I keep people covered up as much as possible". Care plans contained guidance for staff as to how people would like their dignity to be maintained. Care plans also contained information as to where care staff would find items they required to provide care such as flannels or towels. This would mean care staff would not need to look in all cupboards, thereby preserving the privacy of people's property.

People were encouraged to be as independent as possible. One person told us "I am supported to stay independent so the girls [care staff] help me and take their time". People who completed our survey all stated that 'The support and care I receive helps me to be as independent as I can be'. A relative said "[Name relative] tries and they assist her". Where people could complete tasks they told us staff did not take over and they were encouraged to do what they could.

Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. One care staff member said they supported people to be as independent as possible encouraging them to undertake aspects of their own care where they were able to. They said "The care plans say what customers can do and I encourage them to do this". They explained this also helped promote people's dignity. Care plans detailed what people could do for themselves and how staff could promote people's independence.

People said care staff consulted them about their care and how it was provided. One person told us "They ask if I want anything done and, yes, I have told them what I needed and they have done it". People who completed our survey told us "I am involved in decision-making about my care and support needs". One person told us "Yes, involved with care plan and review care every six months". A relative confirmed their involvement saying "I was involved in the care plan and reviews". Care plans were detailed and showed people were involved in the planning and reviews of their care.

The registered manager and office staff were aware that some people may have gender preferences regarding who supported them with personal care. They said that where people had a preference they would always meet this. One person told us "I don't like male care staff so always have female as I have personal care". The care coordinator was aware of people's preferences for certain care staff which was recorded within the call allocation computer system. They explained how, should a person request not to have a particular care staff member, this was noted on the computer meaning it would not be possible to allocate them to the person.

The registered manager described how they cared for the "whole person". People's hobbies and interests were recorded on the care plan; for example, one stated a person had been in the RAF and enjoyed talking about this. Care plans also contained a section detailing what was important to the person such as pets or family members. We saw the care file for a person detailed the names of the person's cats and directed care staff to check that the cats had food and water. The registered manager said this information was provided to care staff who could then use it when initiating conversations. This demonstrated an understanding of the need to consider the person and not just provide the allocated and contracted tasks. The registered manager was aware that care staff often went "the extra mile" and kept a folder with examples of this. For example, one care staff member had cut a person's lawn in their own time and another would take treats such as home baked cakes to people.

Care staff were aware of individual preferences as to how people liked to receive care. They told us they usually provided care for the same people which meant they were able to get to know the person. One care staff member described how this enhanced their ability to care for people. Another care staff member told us how they always put a person's towels in the tumble dryer for a few minutes to warm them up before providing care and how the person appreciated this.

Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the office staff. People confirmed that if they did not want an aspect of care provided such as a shower then care staff respected their decision and would assist them appropriately.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. People we spoke with were satisfied with their care and the way it was planned and delivered. One relative said, "The carers know [my relative's] preferences; their bed must be done a certain way and they all know that now". A person told us "The carers know what I like to be done". Where people requested a change to their care this was done. For example, one person had a letter from the hospital about an appointment. The registered manager checked their schedule to ensure their morning call would enable them to be ready in time. We saw that when a person had been prescribed some antibiotics office staff had collected the prescription and medicines and taken these to the person's home as the person was unable to collect these themselves and had no one available to do this. The agency was also able to respond to changes in the person's needs, even if these were unpredicted. For example, one staff member told us "The other day I was at a client's home to find they were unable to weight bear but was needing the toilet. Before this the client was able to walk so no equipment was in place. I phoned the office and within 30 mins I had another carer arrive to assist me and they [office staff] arranged a commode for the client to ensure their independence".

One care staff member said, "If we are going to a new customer then the office will email us the care plan. That means we know exactly what we need to do". They added the "Care plans are good, everything is there that we need to know". This was confirmed by all the care staff we spoke with. Care plans reflected people's individual needs and were not task focussed. For example, one directed staff not to put the person's laundry in the washing machine as they may then try to hang this out on the line placing them at a high risk of falls. Copies of care plans were seen in people's homes allowing staff to check any information whilst providing care. A record of care was kept following each visit by care staff. One person said "The care plan is in the book, all written in there four times a day".

People confirmed they had been involved in planning their care and in reviews of their care plans. One relative told us "The care plan and daily log are in the ring binder at home". A person said "The care plan is in the file and is up to date". There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. This was confirmed by a person who said "I have got a book and everything is written down what I need and reviewed every six months". Records confirmed this and people had signed their care plans and reviews. Staff were clear that if they felt they needed extra time to meet a person's needs they would let the registered manager know and were confident they would make any necessary arrangements.

The registered manager sought feedback from people or their families through the use of a quality assurance survey questionnaires. These were sent out to people every year seeking their views. We saw the results from the latest questionnaire, which had been completed in July 2016. The agency had offered an incentive of a prize draw to encourage people to complete the survey. The registered manager said this had resulted in a higher response rate, meaning more people's views about the service could be considered. The results of the survey, which were predominately positive, had been analysed and assessed. The registered manager said that if the forms had identified any issues then they would address the concerns directly. We saw where this had occurred when a person had raised an issue. Otherwise the registered manager said they

would review the agency systems to make improvements. People had been sent a letter informing them of the results of the survey and any action taken as a consequence.

Staff knew how to deal with any complaints or concerns according to the service's policy. Information on how to make a complaint was included in information about the service provided to each person. A person told us "I am able to raise a complaint at the local office and have done so for not letting me know when the carers were running late". A relative said "If I had a complaint I would ring up the office but have no need – not slightly". Everyone we spoke with confirmed they knew how to complain and would do so if the need arose. People and relatives were confident that the registered manager took their concerns seriously and would take appropriate action in response. The registered manager recorded complaints with investigations and outcomes documented.

Good

Is the service well-led?

Our findings

People and their families told us they felt Bluebird Care was a well led service. One person said, "I think it's well managed and would recommend the agency". Another person told us, "They are a very good company to be with." A family member told us, "Very good organisation, well run and staff always friendly". Another family member told us, "Yes, very happy, am able to speak with the office staff and the agency is well managed. I would definitely recommend them." All people and their relatives who completed the survey told us they would know who to contact in the care agency if they needed to.

Staff spoke highly of the agency and were pleased to work there. One wrote on their survey 'Feel the service Bluebird Care provides is very efficient.' Another added "Bluebird care is a great care provider and I love working for them. The staff both in the office and out in the field are all lovely and we all love going to/ caring for our clients. We all go to great lengths to ensure their happy and well cared for and the office help us massively with doing so". Whilst a third said "I know that if I have any problems at all I can pick up the phone and they will support, advice and help".

The agencies two directors worked daily at the agency office and provided some on-call support meaning they were fully involved in the day to day running of the agency. When necessary they would undertake a range of tasks including providing direct care. During the inspection they demonstrated an understanding of the agency and a commitment to ensuring people received a high quality service. The agency had a registered manager who also, when necessary, undertook direct care. When we visited two people with the registered manager it was evident that they knew the people well and that the people knew them. One person commented that the registered manager attended some direct care calls for them. Another person showed us their allocation sheet which showed the registered manager was scheduled to attend some calls during the week of the inspection. The directors and registered manager were supported by other office staff who each had specific organisational tasks allocated to them. This meant there was a clear, visible management structure.

Staff felt the service was open, honest and transparent. Staff were all positive about the registered manager and other members of the management team. Staff comments included, "[Name director] does care calls sometimes, the customers really like him." Another staff member said "Management are really good. Someone's always there if we call for advice or help." The registered manager said "I won't ask staff to do anything I won't do". This was confirmed by staff. One care staff member told us "If I have a problem I can call them [management team] for advice at any time." All staff we spoke with stated they really enjoyed working for Bluebird Care and commented on how supportive and helpful the management team were.

The registered manager encouraged staff to be honest about their practice. They said that if staff were continuously making the same mistakes, their training needs would be looked at and staff would be provided with additional support. The registered manager told us they kept up to date by reading the Commission's website, information from the provider organisation and through other professional websites. They also said they reviewed other information and research about health and social care and had attended relevant local training with one of the directors, such as that provided by the local authority for the 'my life a

full life' initiative aimed at improving the quality of life for people receiving a care service. The registered manager showed us certificates of additional training they had completed, including a four day dementia course and train the trainer updates for medicines and moving and handling.

Team meetings were held every few months. These were held at differing times to enable all staff to attend. A staff member said "We have staff meetings about every 6 months; they do these over several days so everyone can get there".

The registered manager completed a number of audits and told us they reviewed records of care provided and medicines administration records when these were returned to the office. We saw records of these audits were maintained. The registered manager also, on occasions, worked directly with care staff and completed training with them. They said this enabled them to fully monitor the way staff worked. The registered manager identified that unannounced 'spot checks' enabled them to ensure staff were following the correct procedures and people were receiving safe care.

Care staff were provided with laminated pocket sized concise versions of several essential policies and procedures in case they needed to reference these away from the office. These included medicines, mental capacity and safeguarding, including contact numbers for the local authority. Care staff were provided with a comprehensive staff handbook which also contained other essential policies they may need to access. This meant staff had access to policies and procedures which may be required in their day to day work.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. These helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.