

Emerald Dreams Limited

Bluebird Care (Welwyn & Hatfield)

Inspection report

Marquess House
35 Salisbury Square
Hatfield
Hertfordshire
AL9 5AF

Tel: 01707263723

Date of inspection visit:

15 June 2017

19 June 2017

04 July 2017

06 July 2017

10 July 2017

Date of publication:

02 May 2018

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care (Welwyn and Hatfield) provides personal care to people living in their own homes. At the time of this inspection there were 30 people receiving support with their personal care needs.

The service had a registered manager in post. 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 inspection of the office location took place on 15 June and 06 July 2017. We spoke with people and their relatives by telephone on 19 June and 04, 10 July 2017 to ask them for their feedback about the service people received.

At our last inspection of the service on 17 and 20 November 2015 we found there were not effective systems in place to monitor missed or late care calls and did not have sufficient systems in place to review, analyse and plan monitor the quality of care people received. At this inspection we found the provider had undertaken significant improvements to the quality of care people received.

People told us the service they received was responsive to their needs and that staff went the extra mile to encourage them with interests and hobbies. People at risk of isolation were supported by staff with visits to café's, shopping etc. to maintain their community inclusion. Social activities were organised where staff and people were able to get together. People told us they felt able to raise concerns and complaints with the management team, and felt confident their concerns would be addressed.

Staff and the registered manager recognised people at risk of social isolation and they encouraged and organised the right support for people to access the community. People were encouraged to retain or regain their independence by staff that recognised how important independence meant for people who often were living on their own. Staff told us they were well trained and mentored by the registered manager who supported them to understand how to provide care and support for people in a dignified way.

The management and staff team demonstrated a very strong and visible person centred culture and were committed to providing a service that placed people at the heart of everything they did. Staff employed to key caring positions had been with Bluebird Care (Welwyn and Hatfield) since they registered in 2012 so were familiar with both the organisational approach and people's needs.

People told us staff were kind which in turn helped them to feel safe. People and staff told us there were sufficient staff to provide care to people and we found no missed calls had occurred for this year. Risks to people's safety and wellbeing were positively managed with appropriate equipment in place to support people's health needs. People were supported by staff that had undergone a robust recruitment process to

ensure they were suitable to work with vulnerable people. People's medicines were managed safely and people received their medicine as the prescriber intended.

People were supported by staff who were well trained and supported by effective leadership to develop their skills and provide effective care. Care staff received regular supervision of their conduct and practise. People's consent was sought and the service worked in line with the principals of the MCA where people lacked the capacity to make their own decisions. People were happy with the support given to them to maintain their weight and hydration and staff took appropriate actions to support their welfare. People were supported by a range of health professionals who were positive about working with staff from Bluebird Care Welwyn and Hatfield.

People and relatives told us that the service was caring, and that staff and management would go beyond their job role to support them. Staff demonstrated a caring attitude when talking about people and were able to describe in detail to us how they assisted people in an individual manner. People told us they felt listened to and that when they raised a worry or concern, staff responded positively and helped remove their anxiety by acting decisively. People told us that the attitude and care provided by the service had a positive impact of their life.

People told us they made their own decisions which were respected by staff who then supported them to retain as much of their independence as was possible. People told us a key part of retaining their independence was because they were involved in planning and regularly reviewing the support they needed.

The provider and registered manager carried out regular audits in areas such as medicines, care planning and health and safety. Visual spot checks were carried out regularly where staff competency was assessed and feedback was obtained from the person to complement this. The results of these audits formed the basis of both service improvement and development for staff.

The registered manager was a member of a reputable independent care provider association which conducted an independent survey involving people, relatives, staff and other stakeholders in giving feedback about the service they received. People felt the service was well managed and that the management team were visible. Staff felt confident in approaching the registered manager and felt they were supportive of them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from harm and felt safe and secure with the care staff.

Risks to peoples safety and well-being were addressed in an enabling and proportionate way which promoted independence.

People told us there were sufficient staff to provide care in a safe and consistent manner.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of a suitable character.

People received their medicines as the prescriber intended and there were systems in place to ensure the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff they felt were sufficiently trained and supported to provide care to them in a safe and competent manner.

People's consent was routinely sought by staff who also understood how to obtain consent from people who may lack the capacity to provide this.

People were supported with their dietary needs and were supported by a range of health professionals.

Is the service caring?

Good ●

The service was caring.

People were in control of the support they received and the manner in which care was given. People told us they felt listened to and valued by staff.

People had clearly developed close relationships with the staff.

People were supported to maintain their independence and were appreciative the care provided enabled them to remain living in their own home.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

The service was very responsive.

People were all supported to receive their care in a manner that was responsive to their care and support needs and in accordance with their preferences.

People were fully supported by staff who made extra effort to enable people to follow their interests and take part in social activities.

Peoples care plans had been regularly reviewed to ensure they reflected people's current needs.

People told us they felt comfortable raising concerns with the staff and management team.

Outstanding 

Is the service well-led?

The service was well-led.

People and staff told us the management team were committed to providing people with a high quality service.

The provider continuously looked at ways to develop their service to continually improve the care people received and to ensure this was provided in a safe and effective manner. The provider and registered manager regularly met to discuss improvements for the service, and discussed matters relating to the business with staff and listened to their views.

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

People's records were accurately maintained to ensure they were a contemporaneous and reliable record of the care they required.

Good 

Bluebird Care (Welwyn & Hatfield)

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 was announced and took place on 15, 19 June and 04, 06 and 10 July 2017 and was carried out by one inspector. We gave the provider 48 hours' notice of the inspection as we needed to make sure they were available so that we were able to access records and talk to staff. On 15 and 19 June and 04 July 2017 we spoke with people who used the service and also sought feedback from health care professionals.

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 sent a survey to people, staff and health care professionals regarding the quality of care people received and reviewed this feedback prior to carrying out the inspection. We looked at statutory notifications we held about the service. A statutory notification is information about important events which the service is required to tell us about by law.

During this inspection we spoke with eight people who used the service, two people's relatives, seven members of staff, the registered manager, the provider, and health professionals who had experience of using the service. We looked at a sample of records relating to the management of the service, recruitment and care records of four people.

Is the service safe?

Our findings

People told us they felt safe. One person told us, "They are so good and helpful. I really feel safe with them." A second person said, "It's like being cared for by my family, it couldn't be safer than that now could it."

Staff spoken with were able to demonstrate their understanding of abuse, types of harm and how they kept people safe. Staff were clear about reporting their concerns both to the registered manager but also to external organisations in confidence if they were concerned about the conduct of colleagues or the management team. Where there had been concerns raised, the registered manager promptly reported their concerns, and once the matter had been investigated they reviewed their practise and also shared learning from the event with staff in team meetings. People and staff told us they were able to access an on-call system to speak with senior staff out of hours. One staff member told us, "A few weeks ago I had to use the on call. We went to see [person] and their [Relative] was being aggressive. It was stopping us giving them their care so we called the on call. The [registered manager] got us into the office, completed a statement and they then reported it to social services. Then they reviewed [relative] who got the support they needed, so we can now safely give care to [person]."

People told us that staff were aware of risks to their health and safety acted accordingly. One person told us, "I know I can rest easy with these carers because they look after me so well." We saw that when people were first assessed staff carried out an environmental risk assessment of their home. This included areas such as trip hazards, fire risks, use of equipment and access to the home. Staff told us they continually assessed the risks to people and would act immediately should they identify a hazard. One staff member told us, "[person] had rugs and mats in their house which although they wanted to keep I encouraged them to accept that as their mobility was getting worse then these were causing them to trip. They eventually agreed and we took them up." This person had not experienced a further fall since the staff member identified the potential risk.

Risks to people's safety and welfare were quickly identified and responded to. Where people required equipment and support to manage their health needs we saw staff ensured these were in place, and followed a care plan agreed with a health professional. For example, two people came to the service with significant tissue breakdown resulting in sores. Staff ensured that peoples personal care regime was followed, fluids were continually available to them, and they had the appropriate pressure relieving equipment in place, which they ensured was safely maintained, and they regularly reviewed and reported any concerns. These sores had significantly improved since Bluebird Care staff had been able to provide support.

The registered manager sent a weekly email to all staff informing them of people's changing needs. This helped to ensure staff were aware of the risks to people's safety and welfare. This also instructed staff of the actions they needed to take to minimise the risks to people who needed extra support to keep them safe. Staff told us the emails were a good way of quickly communicating to the team. One staff member told us, "It's not just the people of my round, it's an update on everyone so if I need to help out in another area I know what's happening, and it's really helpful to see how different customers are cared for."

People told us there were sufficient staff to meet their needs. People told us they usually had the same care team visit them, unless their regular carer was on holiday. One person told us, "I do like the fact that they are never rushing. They always ask if I am happy with what they have done or if I need anything else. They never leave before they make sure they have done everything I asked them to do." Another person said, "They are on time, and if there is a bit of traffic and they get held up then the office calls and checks I'm okay." Staff employed to key caring positions had been with Bluebird Care (Welwyn and Hatfield) since they registered in 2012 so were familiar with both the organisational approach and people's needs. When new staff were being inducted, the longer standing established staff were able to introduce them to people and also explain their needs in greater detail.

Staff spoken with also confirmed that they were able to spend the required amount of time with people, but could also choose to spend longer with people if needed. One staff member demonstrated this approach by telling us, "[person] had just come back from hospital so was a bit slower getting up in the mornings. We just let the office staff know we needed to spend longer with them and they organised the rest of the calls, even going out themselves if needed." The provider monitored calls daily, and if a call was later than a specified time they were alerted to the lateness so they could investigate and ensured a staff member was on their way. We saw there had been no missed calls at all since the beginning of the year.

People were supported by staff that had undergone a robust recruitment process. We looked at the records of three recently recruited staff members and saw that references had been sought, along with a criminal records check. The registered manager maintained a record of the interview they conducted which they used to then identify areas of training and development to focus on within the staff member's induction. Staff we spoke with confirmed they had undergone a thorough induction, and told us this was tailored to their skills and confidence. Staff told us they shadowed an experienced member of staff until they had been assessed as competent and also confident with providing care to people.

People's medicines were administered as the prescriber intended. People told us they received their medicines at the time they needed them. One person said, "They [staff] are all prompt when it's time to take my tablets, we have a routine which we follow and it works." We saw that medicines that were prescribed to be given at specific times were consistently given, and preferences around how people liked to take their medicines were noted and followed.

We looked at three people's medication administration records and saw that these were complete with no gaps or omissions. This meant staff had recorded in the MAR when they gave people their medicine. Where people refused to take their medicine, staff recorded on the rear of the MAR the reason for this and also made a note in the care records. Regular audits of people's medicines were undertaken, and where issues were identified we saw action was taken. For example in one person's MAR we saw the supervisor identified some gaps in recording. They noted this and spoke with the staff member, and we saw from the MAR since that date there were no further gaps or omissions.

People told us that they did not run out of their medication. One person said, "They are very prompt to ring up and get me my tablets if they run low, it's nice to know I don't have to think about it as I usually forget." Staff told us that if people's medicines were running low, they called the office who then organised a resupply. One staff member told us, "A couple of weeks ago [person] only had a couple of days left so I called the office to report. When I went back a new supply was in the house so the other carers had picked it up."

Is the service effective?

Our findings

Staff told us they received training to enable them to carry out their role. Newly employed staff told us they completed a 12 week training course and were shadowed by a senior member of staff until they felt comfortable providing care to people. One staff member told us, "It's different for different staff, my background was retail so my shadowing was longer than people who had experience in care, but [registered manager] didn't put me on the rota until I felt ready." Staff told us they received ongoing training in areas such as moving and handling, nutrition, basic life support and fire awareness. They said they were able to seek support with additional areas of development such as supporting people with dementia. One staff member told us, "I have a couple of people I look after who have dementia, we did the dementia awareness course but I felt I needed a bit more understanding so they gave me extra literature to help me."

When we asked the registered manager about developments to their training programme in order to provide additional support to staff they told us they were in the process of developing a staff champion's scheme. This training would be provided to a certain number of staff giving them specialist knowledge in areas such as dementia, nutrition, wound care, and safeguarding. These staff would then be a point of contact for others to speak with should they have any additional requirements for support.

Staff told us that the district nurses and other health professionals were also supportive and readily gave them advice, guidance and training in specific areas such as people with swallowing difficulties or who had significant or complex physical needs.

People told us that staff checked with them when they wished to assist them. One person said, "[staff] don't pressure me ever, they ask if I am ready, if I say I am then we get on with it, but I can also tell them to wait and they will go off for a bit and clean or tidy things." We saw from people's care records that consents to care had been signed by the person or their appointed representative, and where a review of a person's needs had been carried out, people signed the review to indicate their agreement.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA and found that it was.

Staff spoken with were aware of how to obtain consent from people who may be unable to provide this due to an impairment. One staff member told us, "The decisions people make are not ours to make, they are theirs, we may not agree with what they choose but just because they are elderly, doesn't mean they can't choose. If I think that a person is at risk or doesn't understand the consequences of their choices then I would report to the office for them to review." We saw from records that when people first were assessed for care a MCA had been carried out with the appropriate best interest decision recorded. Those people who had a power of attorney [POA] to make decisions on behalf of their relative had also given a copy to the

registered manager so they could verify the specific decisions they could undertake. The registered manager was also aware of the role of the Court of Protection and the need to safeguard the rights of people who were subject to a POA or who lacked capacity to make their own decisions.

People's nutritional requirements were routinely monitored by staff, and where staff may have a concern regarding people's food or fluid intake they reported this to the office. Where needed staff completed food and fluid records and followed guidance from the GP, dietician or speech and language therapists where required. Staff told us that they ensured when they left people who were unable to make a snack or drink they left these for them within reach. One person told us, "I am talking to you now and they have left me some juice, tea and snacks until they pop back in after tea." This ensured people were able to maintain their hydration and eat sufficient amounts.

People told us that the staff regularly spoke with health professionals such as the GP, district nursing teams and pharmacist. People told us that when they had a hospital appointment staff would pick them up and take them, and would also speak with the pharmacy on their behalf to organise medications. People's records demonstrated that a range of health professionals were involved in supporting people's care needs.

Is the service caring?

Our findings

All the people we spoke with told us that staff were caring towards them and they were able to build meaningful and positive relationships with staff. People told us that care was provided in a caring and compassionate manner. One person said, "It's not like having some stranger come in my home, it's like inviting family round with all the [carers] who look after me." A second person told us, "Having Bluebird has been a God send, if I didn't have them I would be in a home [Residential Home], away from my friends and family and very unhappy ." One person's echoed the views of people and other relatives and told us, "The care given is of a very high standard by staff who make it their business to get to know them [people using the service] I am impressed by the care staff who help set my mind at ease when I'm not with [person]."

Bluebird Care Welwyn and Hatfield was led by a management team who demonstrated a strong person centred culture with people at the heart of everything that they did. The registered manager and provider told us that care was provided to people on the basis that the little things mattered and nothing was too much effort when it came to supporting people. We were able to see this approach adopted by staff through our discussions.

People told us they were fully involved in developing their care. People told us they felt listened to and when they commented on their care, the response of staff made them feel valued. One person told us, "From the very outset, the manager, carers and office staff have been there listening to me and what I need. It's not the big things that matter to me but the little bits, like coming with me to a doctor's appointment just to be supportive. I feel very much at ease with the staff and know in my heart that anything I asked for would be given." A second person told us, "The staff are marvellous, they are so kind and respectful. They always do what I need and want. There is no doubt I could not cope without their help. I think it is marvellous that I can be in my home safe because of them. I am so grateful for their kindness."

People told us that staff went the extra mile to support them to maintain their independence. One person told us how they wanted to retain their independence and was fiercely holding on to things they could still do. They were grateful for staff encouraging them to remain independent telling us they are no longer able to walk trolley long distances with their shopping trolley. They said this presented them with a problem as they were not able to do their shopping. They said that once she mentioned this worry to staff they now come with their car, putting her walking aid in the boot and take her shopping. They told us this was important so they could choose what they wanted so were able to continue to feel both independent as they were doing their own shopping but also felt safe as staff accompanied them. They said that staff visited three times a day and stay for as long as she needed them. They told us they also had an upcoming appointment at the hospital. At the time they were hoping their relative would take them although this was not agreed. However when asked they were not concerned whether their relative could take them or not, they told us, "I am not worried or anxious at all, if [relative] is unable to take me I know I only need to call the office or talk to staff and all will be arranged for me."

When staff spoke to us about people they did so in a compassionate, enthusiastic and caring manner. Staff told us they always looked to provide extra support and help where they could to help empower people

using the service. For example, one staff member told us about a person who suffered loss of their speech. They described to us how they had supported them using pictures and words to help them speak. As they spoke with us, we could see a sense of pride as they then told us how this person's speech had significantly improved with the staff member visibly moved when recalling how much progress the person had made. We were constantly told about similar people that staff had supported, and in every example we found that staff told us about people in a manner that demonstrated a warmth and closeness akin to members of their own family. It was clear that staff had developed warm and close relationships with people.

Staff spoken with were clear about how they supported people with their dignity and privacy when providing care to them. People spoken with were equally clear when telling us that staff cared for them in a dignified manner. One person told us, "I was apprehensive about having someone wash me and help me dress. When they came that first day not only did they put me at ease, but they did not make me feel like a burden or feel embarrassed in any way. They took their time, kept me covered, got me to wash my dignified areas, and once we were done I felt okay about it all." A second person said, "They make sure I am covered and the usual things one would expect, but they also keep their voices down when people are in the house to keep my private things private." People had received their personal care in a manner that had ensured people's dignity was prompted and their privacy respected.

Staff knowledge of people had been gained through working closely with people and developed relationships over time, through sharing their knowledge and through discussion with colleagues. Care records we looked at detailed accurately people's preferences, wishes and clear instructions to staff on how they wanted to be cared for. Staff had clearly and accurately recorded the care provided to people on a day to day basis, and these records confirmed that people had received their care as they had requested.

In the previous year, the service had been awarded an innovation in care award and staff attended the reception with people who use the service to collect the award. This was presented to the service in recognition of how the staff provided care to people that introduced something new or different to them whilst providing care.

Is the service responsive?

Our findings

People we spoke with told us the care they received met their individual needs and they were kept informed and involved with regular reviews. One person told us, "When I first came to Bluebird there was a face to face assessment which was then reviewed and amended according to what I needed." A second person said, "I feel very involved in choosing how I get my care and I feel very much in control of it."

The provider told us that the care they provided to people followed their own ethos and methodology. They told us that people should receive care that is personal, promotes independence, and helps people remain in their own home, in a dignified manner and to avoid social isolation. It was clearly evident from the feedback from people and staff that this approach was adopted when people received their care.

Staff provided support to meet the broad range of varied needs of people who used the service which included those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. All the people and relatives we spoke with told us they felt the staff listened to them and valued people's views and opinions. One person said, "A discussion with the staff or office is like a chat with my family, that the level of value they place on my opinion." The provider and registered managers view when reviewing and responding to people's changing needs was that staff were to be flexible and find innovative ways to meet people's needs.

Staff were clear about ensuring people remained independent. All the staff we spoke with were able to provide a clear, comprehensive understanding of people and what was important to them when providing care. One staff member told us about one person who had been a fit, strong and proud person, and then over a period of time had become bed bound. They told us how this person struggled with allowing staff to carry out tasks such as washing and dressing. Staff told us how they encouraged this person to wash small parts of their body using their right hand, and other parts of personal care they could manage to help retain their sense of independence. A second person told us how they were supported following a stroke to develop their independence. They said, "I couldn't believe how much work the [Staff] do for us, taking us out, getting us shopping in their own time, not company time when they don't have to do it. I couldn't use a phone or anything when I had my stroke, I used to be able to but then all of a sudden I couldn't do anything. One of the [Staff] took me to Tesco to get me a new phone. Every day after [Staff] finished work, they spent some time with me to show me how to use the phone. Now I can and the computer as well. They [Staff] did all the things like that for me and also my husband."

Staff told us they understood people wanted to maintain their independence so encouraged them to do so. People spoken with confirmed that staff took time to enable them to self-care where possible. One person said, "Every day is different so I can do more or less to help myself, but the days when I can look after myself, the girls leave me to help myself. It is a big thing for me to be able to do small things, it gives me reassurance that I can do things alone, and that helps me feel better about having to have a carer, the staff understand that." A second person was restricted to their bed for most of the day, however their goal was to be able to get to the organ so that they could play. Staff organised a physiotherapist to review the persons mobility and the care workers supported this person daily to improve their walking to then realise their goal of playing

music.

The service successfully supported people to live active lives and to help people avoid loneliness and social isolation. All the staff we spoke with told us the people they supported were important to them. One staff member said, "They are like family, I've supported [person] for so long now, it just feels normal to take them out for tea or shopping." A second person told us, "[person] doesn't have family close so we all [care staff and office staff] bought them a cake, little present and had a little party for them." Pictures we looked at of the event showed the person was clearly having a pleasant time, and was smiling and looked to be very happy indeed. All the people we spoke with told us staff supported them with getting out and about. One person told us, "They really encourage me to go out more. Instead of just them going and do my shopping they take me as well. They don't mind pushing my wheelchair. I can live in my home and be happy because of their support. I am ever so thankful." A second person also told us, "They are marvellous, they go off and care for the other people, and then come back later on and take me out for a while, it's lovely and really is something I look forward to as it does get lonely when you're on your own."

All the people spoken with told us how the staff took the time to get to know them and share in their interests and hobbies. One person's relative told us, "They have introduced various new activities for my [Relative] to try to keep their mind stimulated. One of the Carers set up a pictorial diary showing the activities my [relative] had been involved in during the day." They said that this had a significant impact on both the person and themselves as they were able to engage with meaningful activity and see and recall what they had done during the day. The person's relative told us, "They are always friendly, helpful and extremely efficient, often helping me out at short notice. They cannot know how they have taken so much stress away from me." Care staff told us they supported a number of people living with dementia so they used music and drawing therapy to support their day to day needs which helped with their mental stimulation and gave them an outlet to communicate. Staff also set goals with people during their care reviews and developed a visual chart so that people could see their progress and keep motivated on their goals however small or large. One person had a number of goals and interests they wanted to pursue, but were unable to as their wheelchair was too big for them to leave the property. Once care staff had referred the person for a new wheelchair, their visual goals were able to start being achieved, such as going shopping, helping staff in the kitchen, receiving physiotherapy to improve mobility and finally locating a taxi company that could transport the person and new wheelchair so they were no longer isolated at home and could access the community.

Another person told us how they made their own greetings cards to support local charities. They told us the care staff helped them delivering the cards and collecting supplies when needed. The support of the care staff was invaluable to this person and their relative as it gave them purpose and a sense of achievement they would not have if Bluebird Care did not support them. They said, "[They] also make sure I have lots of things to do, that's why I started making the cards. I'm making thousands of cards now and the money goes to [Charitable organisation]. The care staff even take them down there for me. We are very happy in our life even though we both have different things wrong, it makes our life happy because the girls look after us so well." We saw other examples such as care staff support a person to knit for the local church and make bonnets and blankets for premature babies. The care staff bought the person the wool they needed and would even deliver the knitted items. Care staff took one person to a museum as they were very interested in the armed forces. This person lived with dementia and these experiences would often prompt valuable memories which were important to them. Other people with interests in areas such as wildlife were supported to visit parks, and zoo's and for one person who always wanted to go in a convertible car, staff organised a shopping trip in such a vehicle. The approach of staff to ensure people's social needs were met helped to reduce the isolation people can feel.

People and relatives told us the staff was responsive and flexible to meeting people's needs. One person's relative said, "Staff have been patient and kind, going beyond what we could have reasonably expected, visiting [person] in hospital and accompanying on medical appointments. As [persons] needs changed they responded quickly, within hours, and increased the level of care which was greatly appreciated as we live a fair way from [relatives] home." A third relative told us, "Living such a long way from home it gives us great peace of mind knowing [person] is cared for. When they run out of a loaf of bread the carers go and pick one up, when [person] forgot how to use their rollator, they laminated notices of her using it and put them up around the house." All the people and relatives we spoke with told us how responsive and flexible the care staff were in their approach.

The registered manager had an emergency fund that staff could access for people. This fund was able to be used for anything to support people on a day to day basis. We were told by people and staff about how this had been used to buy food, a kettle, teas and cakes, gifts and other small items people were unable to afford themselves. Staff told us about one person who had a small CD player that they listened to a memorial of their relative on every night. Staff said when they arrived at the persons home one morning, they were mortified and distressed because the player was broken. Staff very quickly contacted the office and replaced the CD player later that day. This person, although unable to tell us themselves was extremely grateful to be able to maintain an important connection to their relative. All people's birthday's were celebrated with staff bringing cakes, gifts and cards to people, many celebrations were shared with people's families also. This demonstrated that the approach of the provider towards how care was provided was demonstrated by care staff, and made significant positive differences to people's everyday lives.

The provider uses a range of media to communicate with people, relatives and stakeholders. They have developed a newsletter which addresses service developments, but also gave advice and guidance around key areas such as hydration. The provider also operated a social media website in which they posted news, recruitment adverts and gave people an opportunity to contact the service directly.

All the people without exception told us they felt confident in raising a complaint or concern with staff. One person said, "I do have all the confidence in the management that if I have an issue they would address it." We saw this approach being adopted by the registered manager during the inspection.

Is the service well-led?

Our findings

People and staff were complimentary about the leadership of the registered manager and provider. One person said "Without them I would not be happy. I had a different care company before but I wasn't happy. I have no issues now. Everything is as it should be." A second person said, "I think the way they run the company in such a caring way just shows how the managers want things to be from the top down."

All staff spoken with told us the registered manager and provider were approachable and listened to their views. One staff member said, "[registered manager] helped me come back after I left. I met with them and talked about coming back flexibly and they just gave me everything I needed." A second staff member said, "I have worked for other companies, but this one is by far the best, it is small and they [managers] actually care."

Staff meetings were held regularly and staff spoken with told us they felt these meetings were positive opportunities to discuss the service and be able to discuss any difficulties they may have faced to gain feedback. Meetings were also held as required, for example if there had been a particular concern identified then staff were called to the office to discuss and learn from the event. The provider also regularly kept staff up to date of the current state of the business

The registered manager had recently commissioned an external company to carry out a quality assurance survey. This was used to gain the views of people, their relatives and other professional's. Their comments and views were shared with staff and used to help improve the service and a development plan had been compiled to further develop and innovate the service.

A system of quality assurance checks were completed on a regular basis. The registered manager along with senior staff regularly visited people in their homes and asked for their feedback about the care they received. In addition they also checked people's care plans and risk assessments, as well as daily records and medicine records through unannounced spot checks that also observed the staff members competence. These spot checks were completed with the staff member and person where each person involved were able to share their feedback, which then formed part of the staff members development plan. We saw that these checks were effective in identifying errors. For example, staff had identified gaps in one person's MAR in March. They had satisfied themselves this was only a recording issue and the person had received their medicines, and then discussed this with the staff member. No further errors were noted.

The provider and registered manager met regularly to discuss the quality of care provided to people. They had developed an action plan they shared that identified short term and long term goals, and reviewed key areas such as staffing, incidents and safeguarding, and general quality monitoring issues. The service is a franchise of Bluebird Care. We saw that as part of the on going monitoring of the service, the parent company completed their own assessment of the quality of care provided to people. The most recent survey results showed the service provided good quality care with an overall compliance score of 95%. In spite of this positive assessment, the provider and registered manager told us they planned to continue to develop the care people received. They told us that they were looking to find innovative ways to further involve

people in the development of the service through service user groups / forums, and development of their electronic care planning and monitoring systems to enable them to continue to develop and respond to people's needs.

Since the last inspection the provider had implemented an electronic monitoring system that enabled them to monitor when people had their care calls, and alerted them to missed or late visits. When we reviewed the calls for this year, we found no calls were missed. Where calls were alerted as late, office staff were able to then contact the staff member and if necessary cover the call themselves if they had been held up for an extended time. Staff told us the introduction of the call monitoring system had been a positive tool. One staff member told us, "I wasn't sure at first that it would make much of a difference, but to be fair it has really helped plan and check the care people get." An out of hours service was available to staff and people or relatives to use if they needed support or guidance when the office was closed. This was used regularly by people, and staff told us it helped them feel support was always on hand even at weekends.

The provider showed us how they planned to further develop the call monitoring system. They showed us an electronic system that monitored in real time whether people had received time critical care such as having a medicine or being repositioned in bed and also this showed whether people had their care plan updated or reviewed. The provider was working with a pilot model of the system and planned to roll this out shortly to the people who received double up calls, as the provider felt these people were most vulnerable. They were passionate about the development of the system, and further told us how people's relatives would also be able to log into it to review, comment and make notes regarding a person's care.

People's care records were well maintained, providing an accurate and up to date assessment of people's needs. Records demonstrated that as people's needs changed staff then reassessed the care plan and made the appropriate changes.

The registered person was meeting their legal obligations. They had notified CQC as required by submitting statutory notification in a timely manner and providing additional information promptly when requested. The provider was working in line with the conditions of their registration.