

Audagio Services Ltd

Bluebird Care (Southampton)

Inspection report

26 The Avenue
Southampton
Hampshire
SO17 1XL

Tel: 02380018221

Website: www.bluebirdcare.co.uk/southampton/home

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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

The inspection took place on 1 August and was announced. The inspection continued on 3 August 2017 and was announced.

Bluebird Care (Southampton) provides domiciliary support services and 24 hour care to people in their own homes. The agency provides care and support to a wide range of people including older people, people diagnosed with dementia and people with learning disabilities. At the time of our inspection there were 62 people receiving personal care from the service. There was a central office base in Southampton.

The service had a registered manager in place. 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.

People and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in safeguarding adults.

Care plans were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they lived their life. The service used an online system which held care files and also included guidelines to make sure staff supported people in a way they preferred. Risk assessments were completed, regularly reviewed and up to date.

Medicines were managed safely, securely stored in people's homes, correctly recorded and only administered by staff that were trained to give medicines.

Staff had a good knowledge of people's support needs and received regular training as well as training specific to their roles for example, nutrition and dementia.

Staff received regular supervisions and annual appraisals which were carried out by the registered manager, care manager and senior supervisors.

Staff were aware of the Mental Capacity Act and training records showed that they had received training in this. Consent to care was sought and people's capacity was assessed when necessary and best interest decisions made as appropriate.

People were supported to eat and drink enough whilst maintaining a healthy diet. Food and fluid intake was recorded for those who were under monitoring for this.

People were supported to access healthcare services. We were told that health professionals visit people in their homes.

People told us that staff were caring. During home visits we observed positive interactions between the registered manager and people. People said they felt comfortable with staff supporting them. People said that staff treated them in a dignified manner. Staff had a good understanding of people's likes, dislikes, interests and communication needs. This meant that people were supported by staff who knew them well.

We were given examples of how staff had gone above and beyond their roles to deliver good care. These demonstrated a true commitment to people and the passion staff had to deliver care and support which was responsive and effective to meeting people's needs.

Bluebird Care Southampton were committed to community engagement and were able to show us how they had taken part in local fundraising and raising awareness events.

A 'Sparkle of the month' scheme had been put in place. People were nominated by staff to receive a free activity covered by the organisation. This benefitted people who may otherwise be isolated whilst also building and maintaining positive working relationships.

People had their care and support needs assessed before using the service and care packages reflected people's needs in these. We saw that these were regularly reviewed by the care manager and senior supervisors with people, families and other health and social care professionals.

The service had systems in place to capture and respond to people's feedback. People were asked if they were happy with the support they are receiving and if they would like any changes made during people's regular review meetings. General feedback from the 2016 survey was positive and actions had been completed.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints in place. Compliments were also recorded by the service.

Staff, people and families told us that they thought the management was good at Bluebird Care Southampton. We found that the management team promoted an open working environment and was flexible.

The directors aspired to be the best local care provider. People, relatives and staff rated the service highly. Staff were acknowledged by the registered manager and directors for their hard work and commitment in their jobs. Staff told us this made them feel valued.

We saw that quality monitoring across the services took place regularly by the registered manager, care manager and senior supervisors. These captured comments and actions were appropriate.

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 available to meet people's assessed care and support needs.

Staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and business continuity plans were in place and up to date.

People were safe because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines

Is the service effective?

Good 

The service was effective. Staff understood the principles of decision making and consent to care was sought appropriately.

Staff received comprehensive training to give them the skills they required to carry out their roles.

People were supported to maintain healthy balanced diets.

Staff worked with external professionals and people were supported to access health care services.

Is the service caring?

Good 

The service was caring.

Staff delivered care that demonstrated true passion and commitment to the people they were supporting.

Compliments written to the service from relatives reflected kind and tender care delivered to their loved ones.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for, promoted independence and supported them in decisions about how they would like to live their lives.

People were supported by staff that promoted independence and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive. Care files were personalised with guidelines which were up to date and regularly reviewed.

People were supported by staff that recognised and responded to their changing needs.

There were systems in place for people, relatives and stakeholders to feedback to the service.

People and their families were aware of the complaints procedure and felt able to raise concerns with staff.

Is the service well-led?

Good ●

The service was well led. Relatives and staff spoke highly about the service.

Effective quality monitoring was in place and improvements acted upon within appropriate timeframes. However a system was not in place to analyse data for trends and learning.

The management all promoted and encouraged an open working environment by including people and recognising staff achievement.

The service was committed to community engagement and were able to show us how they had taken part in local fundraising and raising awareness events.

Management delivered support hours to people as and when required.

Quality checks were carried out on staff which drove quality of care delivered to people.

Bluebird Care (Southampton)

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 1 August and was announced. The inspection continued on 3 August 2017 and was also announced. The provider was given 48 hours' notice. This was so that we could be sure the registered manager was available when we visited. The inspection was carried out by a single inspector.

This was the first inspection of this location. Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We had not asked the provider to complete 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. This information was gathered during the inspection.

We visited four people and family members in their own homes and discussed the delivery of care with three of these people who used the service and two family members. We met with the registered and care manager, the director and a senior supervisor. We spoke with four staff and the nominated individual. A Nominated Individual has the responsibility for supervising the way that regulated activities are managed within an organisation.

We reviewed four people's care files, policies, risk assessments, complaints, quality audits and the 2016 quality survey results. We looked at four staff files, the recruitment process, staff meeting notes, training, supervision and appraisal records.

Is the service safe?

Our findings

People, relatives and staff told us that they felt the service was safe. A person said, "I feel safe with staff. Never been concerned about them". Another person told us, "I believe the staff deliver safe care. I always feel safe when staff use the hoist to transfer me. They always check I am comfortable".

A staff member told us, "Bluebird is a safe service. There are always risk assessments in place. There is a 24/7 on call system. If we are doing long days we are told to let management know when we are home safe which is really nice and reassuring". Other staff said that the service was safe because staff were well trained, regular quality checks took place and guidelines were clear and in place. A relative told us, "Bluebird Care is always good for my loved one. I have never had any concerns". Another relative told us, "The care is very safe. We have had bad experiences with other providers before and know this is a good service".

People were protected from avoidable harm. Staff were able to tell us how they would recognise signs of potential abuse and who they would report it to. Staff told us they had received safeguarding training. We reviewed the training records which confirmed this. We reviewed the service's local safeguarding adult's policy which was up to date. We also reviewed the provider's whistleblowing policy this reflected a clear purpose which was to encourage and promote all employees to raise concerns and detailed a process in which to do this. Staff told us they had access to these and felt able to raise concerns.

Risk assessments formed part of people's care and support plans and detailed clear measures staff needed to follow to keep people safe whilst respecting their rights to freedom. For example, one person was unable to weight bear and required hoisting for all transfers. Measures in place included support from two carers, the colour sling to use and to place a pressure-relieving cushion on the persons chair to make them comfortable and reduce the risk of skin damage. A relative said, "Staff use the hoist safely. They reassure our loved one and encourage them to be still". We noted that the hoists in people's homes had instruction cards attached to them to support staff in using them safely. Staff were able to tell us risks associated to different people and measures that were in place to reduce these. This told us that Bluebird Care Southampton had safe safety systems in place to minimise and manage risks to people.

Internal and external environmental assessments had been completed for each person and formed part of their care plans. These covered areas such as wiring, cleaning products, profile beds, pathways, lighting, and the location of the gas shut off valve and stopcock as well as escape routes in the event of an emergency.

The provider had a Business Continuity Plan in place. Its aim was to provide a reference tool for staff to follow in response to an emergency or incident that may disrupt normal activities. Situations may include; loss of staff, public transport shut down, severe weather conditions. Contingency risk assessments were completed and emergency contact details available for staff to follow and use as and when required.

Staff, people and relatives told us that they felt there were enough staff to deliver support hours to people and meet their needs as set in people's care plans. We were told that there had been no missed visits. A person told us, "I've never had to do without care. If staff are late I am always informed. I usually get my rota

on a Friday for the following week". Another person said, "I have never had a missed visit. I have enough staff". A staff member told us, "I think there are enough staff to deliver the hours and no one has ever told me they have not had enough time". Another staff member said, "I feel there are enough staff now. There was a time when we did not have enough and office staff had to provide a lot of support hours which caused a few issues in the office however, it's much better now". A relative said, "We have enough staff for (name). We have one live in and four additional double up visits per day".

The registered manager told us that they did not take on too many new care packages at a time and ensured that there were enough staff in place first. We were told that there had not been any missed visits and that these were monitored via the services on line system. Alerts would be sent to the office staff to inform them if visits were not completed or if care staff were running late. Office staff would then contact the person and follow this up with staff. This told us that sufficient numbers of staff to deliver safe care was a priority to Bluebird Care Southampton. We were told that initial assessments were completed which included staffing levels through observations and discussions with all parties. In addition people who were full or part local authority funded were referred with a risk and task assessment which the registered manager said supports them to determine staffing numbers and hours required. We reviewed the on line staff allocation tool and found that support hours were covered.

We reviewed four staff files and found that recruitment was carried out safely. Checks were undertaken on staff suitability before they began working at the service. Checks included references, identification, employment history and criminal records checks with the Disclosure and Baring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people. Where gaps in employment history were apparent on the member of staff's application form, these gaps were explored and documented as part of the recruitment process.

Medicines were stored in people's homes and recorded accurately. Medicines were signed on an online Medicine Administration Record (MAR) and these indicated that medicines had been given as prescribed. The care manager told us that these were regularly checked and that if staff did not administer a person's medicines an alert would be sent to the manager's online system alerting them of this. Staff were required to complete medication e-learning and class room training as well as undergo a competency test by management before administering medicines. There was a comprehensive up to date medicines policy in place which staff told us they were aware of. A person said, "Staff support me with my medicines safely. They always stay with me until I have had them".

Is the service effective?

Our findings

New staff completed an induction which included a number of shadow shifts, completion of mandatory organisational training and the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. We noted that new staff completed a 'My Shadow Passport' as part of their induction. This took place during their first five shifts and gave new staff a breakdown of tasks to complete each day. Tasks varied between meeting with people and staff, observing experienced staff and reviewing care files to being involved in personal care tasks and then leading shifts under supervision. There was then a shadow review meeting with the branch manager which was an opportunity for the staff member and manager to discuss their experiences, receive feedback and identify any additional support. These passports also logged feedback from the new staff member and the senior staff member. However it did not log people's experiences or feedback about the new staff member. We discussed this with the registered manager who said this will be added to the passports. A staff member told us, "My induction was very good. Management were very responsive and open to questions and advice. I had weekly supervisions. I completed induction training and was observed doing a number of different tasks whilst doing shadow shifts".

Staff were knowledgeable about people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record's which confirmed that staff had received training in topics such as first aid, manual handling, the Mental Capacity Act and safeguarding adults. We noted that staff were offered training specific to the people they supported for example dementia and fluids and nutrition. In addition to this staff had completed or were working towards their diplomas in Health and Social Care. A person told us, "Staff come across competent and well trained". A staff member said, "We receive regular training which includes refresher. We can also request additional training. I have my level 3 in Health and Social Care". This demonstrated that the service ensured that staff had the appropriate skills and knowledge necessary to carry out their roles effectively and staff had opportunities for professional development.

We reviewed staff files which evidenced that regular supervisions and appraisals took place and were carried out by management. A staff member said, "We receive regular supervisions which I find useful. They are an opportunity to discuss my work, people, any concerns and review my learning and development".

Bluebird Care Southampton used an effective on line system. This provided the staff with all the relevant information they required and monitored the care and support delivered to people by staff. Each staff member had a smart phone which allowed them access to the system. On arrival to people's homes staff would log in and scan a quick response code which would give them access to the persons file and tasks which needed to be completed during the visit. As tasks were completed staff would confirm completion and write notes. If tasks were not completed an alert would be sent to the office for management to follow up. We were told that communications and updates could also be sent to individual and/or all staff via the system. In addition to this we noted that family members can also be given log in details to review and check if their family member's needs had been met. A relative told us, "We have access to the on line system which gives us peace of mind when we are away". The registered manager and director told us that this

system works really well and that it was designed to work for domiciliary care services. We noted that the service had won an award in relation to the use of the pass system.

We found that regular communications were submitted to staff using an information sheet called 'Southampton Sound'. This was either emailed or sent hard copy to staff. The director told us that this informs staff of changes, updates, new people and are also used as a way to acknowledge good work. On call people, meeting and training dates, overtime and birthdays were also communicated using this. We noted that in the most recent issue it had been communicated that two people were on anti-biotics and one person's visit which had been cancelled due to a hospital admission. Staff told us this was an effective form of communication.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that consent to care was sought. People's care and support plans were signed by the person receiving care or next of kin where necessary. There were records of people's lasting power of attorney (LPA) for health and welfare on file. A LPA for health and welfare gives one or more trusted persons the legal power to make decisions about people if they lose capacity. A relative told us, "My loved one has an LPA in place and the family are involved in decision making". Capacity assessment and best interest's decision paperwork was available and had formed part of people's care plans where appropriate.

Staff were aware of the Mental Capacity Act. A staff member told us, "There are five principles of decision making. It is very important that we never assume that people lack capacity unless it is assessed and the outcome demonstrates this".

People were supported to eat and drink enough whilst maintaining healthy balanced diets. Nutrition and hydration assessments formed part of peoples care and support plans which detailed people's likes, dislikes and allergies. They gave staff clear guidance on how to support people to eat in their preferred ways. We noted that one person's plan stated that they liked to prepare their own sandwich for the evening and have a cooked meal brought to them at lunch time. The person confirmed that staff followed this. A relative told us, "The live in staff support our loved one with meals. Food is cut up and they (staff) encourage (name) to eat independently as much as possible".

People were supported to access healthcare services as and when required and staff followed professional's advice when supporting people with ongoing care needs. A staff member told us, "Health care professionals visit people in their homes. We record these visits".

Is the service caring?

Our findings

Bluebird Care Southampton's mission was to be known for delivering high quality compassionate care to people who used their service. People and relatives described the service as excellent and rated it highly. One relative told us, "10/10 undoubtedly. Things are sorted quickly and staff know our loved one so well". A person said, "10/10. Excellent service. Very friendly, caring and helpful staff. The best company I've ever had work for me". Another person told us, "Staff are excellent and very caring. Staff know me very well, know where things are and how I like things to be done". Another person told us, "Carers are great. They are caring, friendly and always cheerful".

We found that compliments were recorded. We noted that a relative had written, "Just to say a sincere thank you for the tender care you gave my dear relative. Caring is such a special skill and I knew (name) was in very safe hands". Another family had written, "Thank you to (staff member) and all the team at Bluebird Care Southampton. Your kind, tender and very professional support let (relative) stay in their own home – something that was very dear to them".

Positive caring relationships were developed between people and staff during the induction shadow shifts. The registered manager told us that they actively match staff to people through common interests and try to ensure people have a core staff team to maintain consistency and enable staff to build positive caring relationships with people. A person said, "I get regular staff. I tell staff how I want my care and they respect this. They know what is important to me". A staff member told us, "I have built good relationships with people. The office make sure people get the same regular staff. This helps us build trust with people and maintain positive relationships".

The registered manager told us that people can request that some staff do not return, this maybe in a situation like a clash of personality. We saw that coordination of staff was set on an online system. We found that if a person had requested for a staff member to not return then the system would not allow the office staff to allocate that member of staff to the shift. A person said, "I am in control of which staff support me". This demonstrated a way of actively involving and supporting people to have control in choosing their own staff.

We were given examples of times the staff had gone the extra mile when providing care and support. For example, one person's relatives lived in another country. The office staff took over an electronic device and arranged a video call. This brought the family together and made the persons day. Another person was moving flats and the removal people had left (name) with their boxes packed and alone in their new living room. Two office staff went over to the persons new flat and helped unpack, clean and cook a meal. This helped the person to feel at home and settled. We read about another staff member who had given up some of their own time on Christmas day to spend a few hours with a person who was on their own. This meant that the person had company at this special time of year and was able to enjoy a Christmas dinner. A relative told us, "A staff member came back four days early from annual leave because our loved one was discharged early". These examples demonstrated a true commitment to people and the passion staff had to deliver care and support which was responsive and effective to meeting people's needs.

Staff worked in partnership with people and provided the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence. A person said, "I am able to make my own choices and decisions. They (staff) help me keep my independence. For example, personal care, I wash my own hands and face". Another person said, "I am encouraged to do things for myself like wash. Staff always respect my decisions". Staff told us that they provided information to enable people to make informed decisions. A staff member told us, "I give people options to make decisions. For example, clothes, drinks, food and also promote their independence. One person likes to undress themselves and brush their own teeth. I respect this". Another staff member said, "Some people want a strict order to what we do and how we support them. We also respect this".

We observed the registered manager being respectful in their interactions with people. During the visits the atmosphere in people's homes was relaxed and homely. A staff member said, "I feel I am a caring person. I see things from people's point of view. I always respect people's wishes and treat them how I would want to be treated". A relative told us, "The staff are caring towards our loved one. Staff have built such good relationships with (name)". Another relative said, "Staff are caring towards my loved one. They are the best ones (name) has had". This told us that people received positive care from staff that had developed strong working relationships with them and their families.

Bluebird Care Southampton had a strong, visible person-centred culture which staff and management were committed to. The senior supervisor said, "To make sure care is person centred we ask people how they want their care delivered, even down to which colour flannel to use on their face. We always respect people's choices and decisions and strive to seek ongoing feedback and comments to tailor their care further as requested". A staff member told us, "We are all about delivering the best possible care which is built around people as individuals; people are what our work is all about". Another staff member said, "People have five golden rules in their care plans. These identify what is important to the person and how best to support them. These go towards our commitment to personalised care and help staff build positive relationships with people". We reviewed peoples 'Golden Rules' and found that one person's told staff that they liked to go out and have a cup of tea with their friends and watch TV and have a chat. Another person's rules made staff aware that the person liked to have their toy reindeer with them and for staff to explain what they are doing while carrying out personal care tasks. The person's relative told us, "They (staff) always talk (name) through what they are doing like the plan tells them to in such a very caring manner".

We saw that there were clear personal care guidelines in place for staff to follow which were written in a personalised way and ensured that the care and support delivered to people was consistent and respected their preferences, wishes and dignity. This meant that people were respected as individuals.

People's privacy was respected by staff. Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it. People's individual records were kept securely in locked cabinets in the central office and on an internal online care system which required individual usernames and passwords. We were told that staff were required to change their passwords regularly. This ensured sensitive information was kept confidential.

People and relatives told us that staff were polite and treated people in a dignified manner. A person said, "Staff always respect my privacy when delivering personal care". We asked staff how they respected people's privacy and dignity. One staff member said, "I check people's care plans in relation to their preferences. I cover private areas, ask if the person is comfortable, seek consent before providing personal care and always ensure that doors and curtains are closed".

Is the service responsive?

Our findings

We found that care being delivered was centred around people's individual needs and that staff were aware of what was important to the people they were supporting. People told us how Bluebird Care Southampton had responded to their needs in ways which had had a positive impact on their quality of life. For example, one person said, "I initially had live in care because I had just come out of hospital and required a lot of physical care. Staff have helped me to regain my independence and use my rollator when I am out in the community. Staff helped me build my confidence. My package of care has now been reduced to a few visits during the day. I am so thankful and feel like a different person". A relative told us, "Staff used to use wet wipes on our loved one which occasionally irritated our loved ones skin. They assessed this and brought in the use of dry wipes. This has made such a difference and does not irritate the skin at all". We noted that the use of dry wipes was reflected in the persons care plan. A staff member said, "One person used to be nervous to stand. Giving continued reassurance and support has had a positive impact on this person as they now have more confidence and independence to do the task for themselves".

Care reviews took place regularly. People and relatives confirmed this and told us they were important. One relative said, "We are involved in review meetings and decisions made are always in (names) best interests". A person told us, "I have three monthly reviews. I am involved in these as is my son". Another person said, "I have regular reviews. We discuss my current care and review areas of support, any changes, my likes, interests and dislikes". We observed during a home visit a person who was in receipt of personal care asking the registered manager if one of their visits could be extended to enable them to go out with staff to the supermarket. We noted that the registered manager looked at the persons care notes on the online system and said, "Of course, I will arrange for a supervisor to come out, re-assess and tweak the care plan". This conversation then led to the person enquiring about companionship visits. The person wondered if these could also be arranged. The registered manager was positive, polite and professional in their discussion and said that these can be arranged. Following the visit we caught up with the registered manager who updated us saying that these requests had been processed and arranged. This demonstrated a responsive approach to people's requests and changing needs.

Care files held photographs, pen profiles of people, recorded key professionals involved in their care, how to support them, people's likes and dislikes and medical conditions. This information was held in each person's file in their homes. This information supported staff to understand important information about the people they were supporting.

We observed a senior supervisor being alerted that a person's medicine blister pack had become unstuck and tablets had been mixed up. The senior supervisor quickly contacted the pharmacy to arrange for a new blister pack to be made up. We noted that the senior arranged to pick it up and deliver it to the person's home that afternoon in time for their next medicines to be administered. This demonstrated a responsive approach which resulted in a positive outcome for the person.

Staff were able to tell us what people's hobbies and interests were. We found that people's profiles reflected

these. One person told us, "I am supported to access the community. Staff know my likes and interests. We have been to the park and shopping centre recently".

The service had a complaints system in place which captured complaints and reflected the steps taken to resolve them. There were no open complaints at the time of this inspection. The registered manager told us they were open to complaints and said, "Complaints mean we learn and are able to look at why and what can be done differently". People and staff said that they would feel able to raise any concerns they might have. A relative told us, "I have had to raise concerns before in relation to a staff member. This was dealt with rapidly and the staff member was dismissed". A person said, "I raised concerns back in 2016. The office listened and took these concerns seriously. The matter was resolved quickly. I would feel comfortable raising others if necessary".

Is the service well-led?

Our findings

The service has a registered manager in place. 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 care manager and supervisors sent the registered manager key performance data on a weekly basis. This included vacancies, support hours numbers of reviews and supervisions completed and complaints. However, we found that this did not include notifications, safeguarding's or incidents. The registered manager told us that they currently did not have a system in place to have an overview of these areas of risk. This meant that it was difficult to analyse the data for trends and learning which could then be shared and used to improve the service. The director told us that they were in the process of developing a new quality monitoring and improvement system which would provide the management team with a clear snapshot of quality data.

Staff, people and families told us that they thought the service and management was good at Bluebird Care Southampton. We were informed that the registered manager and directors promoted an open working environment and was flexible. We observed staff popping into the office during the inspection. The registered manager took time to talk to the staff who appeared relaxed and comfortable around them. A person said, "The management are all very good. I have met them all now. They are friendly, welcoming and very professional". A relative told us, "Brilliant management. Any questions or concerns are answered professionally and quickly". A staff member said, "The registered manager is good. Very supportive and everyone respects them". Another staff member told us, "The registered manager is lovely; I have always got on with them. They know staff and the people we support well. The registered manager is very approachable and a real doer, friendly but will always make sure we all do our job. Since they started they have managed to close a gap which used to be a divide between staff and management. They have now given the service solid structure". A senior supervisor said, "The registered manager is fantastic. Always there to support us. Is able to keep us calm and reviews everything. They like things done properly. Firm but very fair". This assured us that the service was well managed and led well.

A positive and inclusive culture was well embedded within the service. Staff were acknowledged for the hard work through a carer of the month and year award schemes. We saw that they received a certificate, flowers and chocolates. A staff member told us, "I have just been awarded carer of the month. I have mentored new staff and been seen to provide a high standard of care to people. Getting this is a good incentive and makes me feel valued". We also noted that staff received annual service awards on the anniversary of their start dates and gifts from the directors at Easter and Christmas. The care manager said, "A really good thing here is how well we are all encouraged to be involved in developing the service further and bring in new ways of working". The director told us they aspire to be the best local care provider through continuous learning and development and was very passionate about the service.

Bluebird Care Southampton were committed to community engagement and were able to show us how

they had taken part in local fundraising and raising awareness events. For example, in May 2017 Bluebird Care had joined Southampton Dementia Action Alliance with a view to raise the public's awareness of dementia. We noted that they had had a stand at the local shopping centre and football stadium which were visited by people who used the service. We found that Bluebird Care Southampton had signed up to a pledge of upskilling their own staff in dementia training and then going out to local businesses who have dealings with vulnerable people to deliver awareness training to their staff. In July 2017 Bluebird Care Southampton took part in the local New Forest Show by having a stand and ran a competition to raise money for the elderly ward at the local hospital. In addition to these events the service had also taken part in a five kilometre obstacle course to raise money for a local Parkinson group. The management team were very proud of the service and had real passion to being actively involved in the community.

We were told about a 'Sparkle of the month' scheme that the service had put in place. People were nominated by staff to receive a free activity covered by the organisation. A staff member told us, "The sparkle is a special event for people. I am supporting one person today. This person doesn't have much family and doesn't often go into the community. I chose them and we are going out to a local garden centre for a look around and lunch. They are really looking forward to it. (name) has chosen their best outfit to wear yesterday. The scheme makes such a difference to people". This benefitted people who may otherwise be isolated whilst also building and maintaining positive working relationships.

Staff meeting took place regularly and staff told us they found these useful. We reviewed the last meeting notes which clearly logged discussions, actions and who was responsible to complete action points. Topics discussed included rotas, travel time, hospital discharges, people and medicines. We noted that one action involved a person's medicines not being put back in the correct place. The action was to make it clear on the online system where this should be placed and communicate this to staff. The senior supervisor showed us that this had been actioned and that staff had been updated. This showed us that actions were dealt with efficiently and communicated to staff.

We found that the registered manager, directors and office staff all had good knowledge in their roles and were open to learning and further developing the service. The management at Bluebird Care Southampton were responsive throughout the inspection and supported us with questions we had and gathering the evidence we required.

Staff rated the service highly. A staff member said, "I would recommend Bluebird care to my family. I rate them 9/10, because they treat people well and deliver person centred care to everyone". Another staff member told us, "10/10, management work hard. I can't fault them!" The senior supervisor said, "10/10. The whole package. A really hard working group of staff. The people are lovely. The office team are very supportive, there's a lovely atmosphere and I look forward to coming to work".

The service sent out quality questionnaires to people and stakeholders as a way of quality monitoring. A person said, "My son completes surveys about the service". We reviewed the survey results for November 2016. We found that 24 out of 64 surveys had been returned and that general feedback was positive. The analysis identified that four people had fed back saying that they were not informed if staff were going to be late. Another trend was that people would like to have regular carers. In response to this the service had ensured that office staff keep people up to date and try to allocate core staff to people. We were told and found during the inspection that these actions which were set in January 2017 had been implemented. This told us that the service had listened and learnt from these people's experiences.

We saw that quality monitoring systems were in place and were carried out regularly by the registered manager, care manager and senior supervisors. These included; daily care notes and health and safety. We

met with a senior supervisor who told us that they completed regular spot checks. We reviewed the spot check records. These covered areas such as observations of staff delivering care to people, use of personal protective equipment, interactions with people and recording. We found that comments were recorded and actions logged where necessary. The senior supervisor told us, "If I have any concerns or find any issues I will always address these with staff away from the person's home". In addition to this people were also asked for feedback on the staff delivering support. We noted that one person had said that they get on well with (staff), very helpful, polite and good. The senior supervisor also said that people are asked if they have any concerns during these checks too. We were also told that there is an open door policy and that the manager has regular coffee mornings with staff and people to encourage interaction and monitor the service delivery.

The service had made statutory notifications to CQC as required. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.