

BenJeMax Limited

Bluebird Care (Sevenoaks)

Inspection report

105 St Johns Hill
Sevenoaks
Kent
TN13 3PE

Tel: 01732469432

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29 October 2019

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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

About the service

Bluebird Care (Sevenoaks) is a domiciliary care service providing personal care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was providing personal care to approximately 56 people at the time of the inspection.

People's experience of using this service and what we found

Staff had been recruited safely to ensure they were suitable to work with people. People told us they had regular staff who they knew well. Their regular staff arrived at the right time to meet their needs.

People were protected from abuse and avoidable harm and risks to people were managed. The management team promoted an open culture to encourage staff to raise any concerns. People's medicines were well managed.

People's needs were assessed, monitored and reviewed to ensure their needs were met. People were supported by competent, knowledgeable and well-trained staff. Staff were supported by the management team.

The service was well-led. The management team carried out the appropriate checks to ensure that the quality of the service was continuously reviewed, improved and evolved to meet people's changing needs. The provider promoted an open culture and was a visible presence in the service, staff felt supported by the management team, they felt listened to and valued.

Where required, people were supported to ensure their dietary needs and preferences were met. Staff worked closely with occupational therapists and other agencies to assess people's needs and ensure people were supported with their changing needs.

People and their relatives told us their choices and decisions were listened to and they were in control of their support. On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. People said staff treated them with dignity and their privacy was respected. People were supported to be as independent as possible.

People gave us positive feedback about their care and support. They told us, "The carers have been coming for around two to three years. They're really nice people I can't fault them" and "Everything is well managed."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated Good at the last inspection on 04 October 2016 (the report was published on 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Sevenoaks)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The assistant inspector made telephone calls to staff and the Expert by Experience made calls to people and relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 09 September 2019 when we made telephone calls to people and their relatives and ended on 29 October 2019. We visited the office location on 29 October 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the information we held about the service including previous inspection reports. We also looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not been to the service since we last inspected and had not received any information about the service. We received feedback from a local authority social worker. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided.

We spoke with 12 staff including; care workers, live in care workers coordinators, the deputy manager, the registered manager and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality monitoring documents.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to know how to spot signs of abuse and mistreatment. Staff received regular safeguarding training.
- The provider had effective safeguarding systems in place to protect people from the risk of abuse.
- The management team had taken appropriate action to report safeguarding concerns when they happened. For example, one person had repeatedly been targeted by conmen, this was reported to the police, support was given to the person and advice given to keep the person safe.
- Staff had confidence in the management team and provider to appropriately deal with concerns.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I would first call my office and speak to my supervisor. I would then write a report and send an email to supervisor and management. If I thought it was management I could inform CQC or police or something."

Assessing risk, safety monitoring and management

- People's care records contained in depth risk assessments to keep people safe. Risks to the environment had been considered as well as risks associated with people's health and care needs.
- Risk assessments gave clear, structured guidance to staff detailing how to safely work with people in areas including; catheter care, stoma care, use of oxygen and moving and handling.
- The safety of the office environment had been assessed and hazards managed by the management team relating to fire safety, gas safety, fittings and equipment, as well as security of the premises.

Staffing and recruitment

- Staff continued to be recruited safely. For example, Disclosure and Barring Service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.
- There continued to be enough staff to keep people safe. Staffing was matched to people's assessed needs.
- Staffing was arranged flexibly and where people needed two staff to support them this was provided.
- The management team monitored care visits to people to ensure people get their care at the time they wished. People told us, "They come on time, I don't think there have been any missed calls"; "They come on time, they are pretty good and call me if they're late" and "They come on time and will ring on time if they are late. I have to give them leeway because there is terrible traffic around here from one end to the other. The roads are bad."

Using medicines safely

- Some people did not need support from staff to take their medicines and other people needed prompting only, to make sure they did not forget. Some people needed assistance, for example, for staff to get their medicines ready for them to take themselves. Others needed full support from staff to take their medicines.
- Medicines were well managed. Medication administration records (MAR) were completed in a safe way to make sure people received their medicines as prescribed.
- The management team monitored people's records of care that staff had provided daily, as information was logged on a computer system. This enabled them to have a good oversight of people's wellbeing and any changes that might occur with medicines. Medicines audits were completed regularly. For people receiving live in care packages medicines audits were checked on a weekly basis.
- People and relatives told us, "We all do the medication between us, there is a list on the wall" and "I do all of my own meds."

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff had received the appropriate training to learn how to minimise the risk of infection spreading.
- Staff told us they followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare-related infections where necessary. One staff member said, "I wear all of the PPE and wash hands before and after preparing meals and personal care."
- People and relatives told us, "They usually come to put in eye drops and they wear protective clothing"; "A protective apron is always worn"; "I've never seen an apron, but always gloves" and "They always wear gloves".

Learning lessons when things go wrong

- The provider continued to have systems in place to monitor accidents and incidents, learning lessons from these to reduce the risks of issues occurring again. For example, there had been an incident where a person's GP had reduced their medicines, but the pharmacy had misread the information and increased the medicines. Staff providing care and support had administered medicines as per the prescription label. As a lesson learnt the management team created a professionals meeting record within their electronic monitoring so the exact information from the GP is known.
- Records evidenced where follow up action had been taken after the accident or incident. This included who had been notified of the incident and whether care plans and risk assessments had been updated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people receiving a service their needs were assessed. These assessments were used to develop the person's care plans and make decisions about the staffing hours and skills needed to support the person.
- Assessments included oral healthcare. The management team explained they also kept a record of people's dentists, reported concerns to relatives and supported people with appointments when required.
- The assessment included making sure that support was planned for people's diversity needs, such as their religion, culture, health needs and their abilities.

Staff support: induction, training, skills and experience

- Staff continued to receive induction, training, support and supervision to carry out their roles.
- Training records evidenced that staff completed the provider's mandatory training as well as additional training. Some staff were completing short courses on dementia with the local hospice. Staff were supported to complete the Care Certificate when they started. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively. Induction training was thorough and included showing new staff how to clean dentures with denture cleaner. Staff were supported to undertake qualifications in relation to their roles.
- Staff received effective support and supervision for them to carry out their roles. Live in care staff received weekly supervisions as a supportive measure. Other staff were supervised monthly. Staff were supported by mentors who worked with them frequently to assess practice and provide feedback.
- Staff told us they felt well supported by the management team. They told us, "Supervision is every week. I can talk to my supervisor and manager, sometimes I go to the office"; "Oh yes, I do feel supported. They are always there, if you have a question or problem, you can let them know. I was dealing with a chap I felt was unsafe getting out of the shower, so I told the office and they got onto social services and now they are getting some equipment" and "Yes, the office staff are really friendly, and I get on with everyone in there. Supervision is every month when you start and now I think I have it every three months. I think we had a staff meeting two weeks ago and every six weeks the mentors have meetings together."
- People and relatives told us, "My husband is hoisted from the bed to chair safely. Everyone is well trained and they all understand his condition. He is well matched with his carers and they have good banter" and "They understand me and my condition. We're well matched and we have a good laugh."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support to prepare and cook meals and drinks to meet their nutritional and

hydration needs. Some people did not need support with their meals or planning a nutritious diet as relatives made their meals, or sometimes other agencies delivered meals to their home.

- Those people who did need staff assistance chose what food they wanted from their own store of food. Some people had convenience foods that were quick to make in the microwave and others preferred to have fresh food prepared and cooked.
- People's care records clearly listed foods they could and could not eat when they had specific health needs.
- Staff told us they encouraged people to drink plenty in order to stay hydrated and well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people well. Where people did need assistance, staff contacted the office staff to alert a health care professional or family member if they had concerns.
- The management team told us that the office staff spent time each day coordinating with staff and arranging for medical appointments with nurses, GPs and chiropodists.
- People told us staff understood their health needs and would assist them in calling a relative, doctor or nurse if they became unwell. People told us that they or their family arranged their health appointments. One person said, "They understand me and my condition."
- Staff gave examples of calling the community nurses, GP and other health professionals when required which evidenced they worked together with other organisations to deliver effective care, support and treatment. One staff member said, "I organised a home visit from the GP because [person] was very weak and could not walk. I just saw there was something wrong. The doctor came and said she had a urine infection." Another staff member told us, "Recently my customer had a swollen cheek and I raised it with the office and supervisor then we got the GP to come and check. It was nothing, so the GP did not need to do anything and in a few days it was gone."
- Appropriate referrals had been made by the management team for occupational therapy and speech and language therapy for people when their needs changed.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The management team and staff were knowledgeable about the MCA; clear guidance was provided to staff within people's care records. Staff gave examples of how they supported people to make their own decisions. For example, offering a choice of two items to wear. One staff member told us, "I give her two pairs of trousers to make the choice easier. She prefers trousers to skirts or dresses."
- Where people had capacity, they have signed their own care documents and contract.
- Where required, people had mental capacity assessments completed at their assessments which followed

the principles of the MCA, for example they involved those important to them and decisions were made in people's best interest.

- Where people had a Lasting Power of Attorney (LPA) in place this was recorded in people's care records. An LPA is a legal document that lets the person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The management team had carried out checks to ensure LPA records were valid.

- Records showed that people were not restricted, the registered manager had sought advice when required from the local authority in relation to possible restrictions in practice and followed the advice when this was provided.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had regular staff supporting them. Staffing rotas evidenced this. This meant that staff got to know people well.
- People had only good things to say about the staff. They told us they found staff to be kind and caring. People and relatives told us, "Everybody is kind and caring"; "The carers are kind and caring"; "Everyone seems kind and caring. Mum is fiercely independent, so they need to work around her"; "The carers are very versatile. We get them when I need a couple of days off. They're all very kind and caring and mum enjoys them as they have time to sit and talk" and "They're better than me, far more patient with mum."
- Staff referred to people by their preferred names. Care records reflected people's preferred names.
- Staff showed a good understanding of people's needs and preferences. They knew people well and spoke kindly and compassionately about the people they provided support for. Staff enjoyed the company of people they provided care and support for. They told us, "She is absolutely amazing"; "She is my idol. I wish everyone to be like her, so cheerful"; "One customer such a nice lady" and "He likes company a lot, we talk about all aspects of life and he is very clever."
- People's care plans included details around any communication needs which helped staff learn about how people expressed their needs. Staff described how they engaged with people who were not able to communicate verbally.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in developing their care plans. Some people had difficulty expressing how they liked things done. When this was the case, people's relatives were involved in speaking up for them. For example, one person had requested a live-in care package but reviewed this after two weeks as they felt they needed less care and support. They liaised with the service to make changes to their care package, so it suited their needs.
- On a day to day basis people directed their care. People and their relatives told us they were asked how they liked things to be done. This was evidenced through the regular reviews and through changes to care plans. Daily records clearly showed where people were making choices and decisions about their lives.
- Staff worked closely with people's relatives and friends, as appropriate, to make sure people got the support they needed, as people's relatives were often providing their loved one's care most of the day. One person's relative was very involved in their care and support when staff were not present. The management team explained they had provided the relative with moving and handling training so that the relative was safe and the person was safe when they carried out tasks when staff were not present.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff encouraged people to self-care and lead their care and support. One staff member told us, "I like to take my customer in her wheelchair to the shop and I ask her what milk she wants. I give her her purse and money and ask her to pay so she can feel her independence and feel like she did before when she would have done her own shopping."
- One person said, "I'm slowly gaining my independence. [Carer] is a marvellous friend. I couldn't say a bad word against her. She paints with me when she is able to." A relative told us, "They do encourage mum's independence. Well as much as they can. She has lost her sight, but they take her into town."
- Staff treated people with dignity and their privacy was respected. Relatives told us, "Privacy and dignity are always maintained. When pads are changed the curtains are always closed" and "They always draw the curtains yes."
- Information held at the office was locked away as necessary in a secure cupboard or filing cabinets. Computers used by the provider and staff were password protected to keep people's confidential information secure. Applications on mobile phones were password protected so that only staff who had been authorised to access the information could do so. The registered manager told us, "As soon as staff leave the service their logins are deactivated."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question is now Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was person centred and planned with the person to meet their needs. People were given choice and control over their care. For example, people were asked what a good life looks like for them and how the service could work with them to achieve it.
- People had been supported to complete customer profiles. These were clear summary sheets which gave a photograph and information so that staff could get an idea of the person's likes and dislikes, hobbies, interests and sense of humour. The profiles were written by people to ensure their voice was heard. The management team had received lots of positive feedback from people to say how much they had enjoyed doing them.
- People's care had been provided according to their needs. People were fully involved with reviewing their care packages from changing times and adding extra care tasks. People and their relatives told us their care was regularly reviewed.
- Care plans were reviewed regularly to make sure the information detailing how people's personal care was carried out was up to date and correct. Daily care records were monitored by the management team on a daily basis. All the staff we spoke with said the management were very responsive to people's changing needs or wishes and acted quickly to review the care plan. One staff member said, "For example, last week there was information to update a care plan. Antibiotic treatment was finished so I told my supervisor and she updated the [electronic] system right away."
- Comments from people and relatives included, "We've had a live-in carer since 2011, but have four carers a day from the agency to help with the hoist etc"; "They do have enough time to do tasks. They help me shower as I'm not confident to do it myself"; "They're good at their jobs, they're willing and they understand me. They come in as if they are one of my own" and "The carers are very versatile. We get them when I need a couple of days off. They're all very kind and caring and mum enjoys them as they have time to sit and talk."
- Technology was used to support people's needs. For example, where people had given their relatives permission, they were able to log in to the online computer system. This enabled relatives to read their loved one's care notes, which kept up to date with their health and social care needs. Staff used mobile phones to log in and out of care visits which meant the time spent with people could be calculated and monitored.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and understood by staff. Information was available and shared with people in formats which met their communication needs. Some people had their staffing rota emailed to them, so they knew who to expect.
- The management team told us they offered people the opportunity to receive the customer guide and other information in alternative formats to meet their needs. Nobody has taken them up on this. They said, "We are aware however that this may become relevant and therefore are gathering information and resources to ensure we will be able to respond to any changes or new clients who do require this."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the service's purpose was to provide personal care, some people had live-in care staff who enabled them to carry on their hobbies and interest and avoid social isolation.
- People were enabled to access activities they enjoyed. For example, people's visits worked around their activities, such as times when they were working or attending church.
- Staff described how they supported people with their interests. One staff member said, "She used to work as a dress maker, she loves sewing and I love cross stitch so nearly every day we do this together. She loves to paint, she has problems with mobility, but I assist her to do these things. She loves to watch programmes about animals we watch together on my tablet or on TV."
- The service had arranged and facilitated regular tea parties which people were supported to attend. The last one was held at a local theatre, there was a singer present and people got up and danced.
- A member of staff told us, "We do have twiddle mitts and blankets – we have been discussing with live in carers about developing a bit of collection [of activities]." The staff member told us that the service were looking at the use of reminiscence boxes available from the libraries. As well as a national Trust which assists older people to look after their pets. The Trust has volunteers who walk dogs for people and foster pets if a person requires hospital care.
- People were also signposted and referred to other services to ensure they were not socially isolated. For example, the local dementia café and other various community groups.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would complain to the staff or the management team if they were unhappy about their care.
- People and relatives said, "I've only had to complain once. A lady was so rude to me, so I called the office and let her see I was complaining. She's not been back since"; "I can't complain, I'm ok with everything"; "If there is anything I'm unhappy with I say it. I raise it and deal with it, I don't go to the bosses."
- The provider's complaints procedure was displayed in the customer guide people received which was kept in their homes. There was guidance on next steps people could take if they felt the management team had not dealt fully with the complaint, including speaking to the local government ombudsman.
- There had been two minor complaints about the service in 2019. These had been resolved satisfactorily.

End of life care and support

- The service was supporting people who were needing end of life care at the time of inspection. People's care plans clearly showed their wishes and choices, including their religious needs for when they reached the end of their life. The registered manager said, "We work closely with our local hospice team to provide end of life care that meets client's wishes and draw up personalised end of life care plans."
- Some people had consented to 'do not attempt resuscitation' (DNAR) with their GP or consultants.
- A staff member told us about the support they gave to people and support to people's relatives to ensure people had a comfortable, pain free death. One staff member told us they make sure people are as comfortable as possible. For example, making sure cushions were adjusted, sheets not crumpled, loose

clothes and offering reassurance. They explained how they had supported a person by sitting beside them, so they could see they were there. The staff member said, "I played music to her even when she wasn't awake she was still smiling. The family was always involved."

- Compliments had been received about people's end of life care. One read, 'We would like to thank you and all the staff at Bluebird for the excellent care you gave [person] during his illness.' Another read, 'I would just like to thank you, [staff name] and [staff name] for taking the time to join us at mummy's funeral last Friday. Please send our warmest wishes to your team. They certainly brought joy and laughter into mummy's life. We can't praise you enough for your support and compassion.'
- The service had developed a memory book for those people who had passed away. The book contained orders of service from each person's funeral and care staff were invited to share memories of those people.
- End of life care in people's homes when needed was arranged in conjunction with healthcare professionals such as hospice teams, GP's and district nurses. The service worked closely with the healthcare professionals to ensure people received the medical support they needed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management and staff team demonstrated a commitment to ensuring they provided person centred and high-quality care.
- There was a caring, open culture within the service. People, relatives and staff were all positive about the management team and the service provided.
- Staff told us they were listened to, they found the management team approachable and were encouraged to raise any concerns. All staff we spoke to clearly enjoyed their roles and felt part of the team. Comments from staff included, "I am very happy in my work, the office are very good. I love my supervisor [name]. Sometimes I would like to say something bad, but this is true I can't say anything bad. I am really lucky to work here" and "I feel supported, I have supervision on a weekly basis and if I need anything I can always call the office or my supervisor. I can also email them. In an emergency we have on-call. I feel comfortable within my role."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager told us if things went wrong or there were incidents, relatives would be informed as appropriate.
- The provider and registered manager understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.
- The registered manager knew they needed to inform the Care Quality Commission (CQC) of significant events that happen within the service, as required. They had appropriately reported incidents in a timely manner to CQC since the last inspection.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating for their last inspection in the office and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems in place to check the quality of the service including reviewing care plans, incidents and accidents, medicines, staff files, safeguarding, maintenance, infection control and health and safety.

Where actions were needed these were recorded and the management team completed these in a timely and efficient manner.

- The registered manager produced a monthly report for the provider which gave the provider clear oversight of the service and highlighted actions for the coming month. The provider and management team communicated well by telephone, email and through face to face contact to ensure everyone was kept abreast of the operation of the service.
- The registered manager attended provider forums which were run by external agencies in the local area. This enabled them to keep up with changes and updates in practice as well as building links with other organisations.
- The management team kept themselves up to date with regulation by receiving newsletters from CQC. They received alerts and information from the Department of Health. They also utilised external companies and websites to keep themselves updated, such as Skills for Care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service and asked their opinions. The service operated an open-door policy where people, relatives and staff could give their opinions about the service and share their views at any time.
- People and their relatives were asked to feedback about their family member's care through surveys on a regular basis.
- Surveys were carried out with people on a quarterly basis. This meant that every month different people were asked for feedback about their care and support. Surveys for September and October 2019 showed that a total of 26 people had provided feedback. These showed that people were satisfied with their care and support. A small amount of people said they were not always informed if a different staff member was coming to provide their care. The management team had taken action to address the issues people had raised.
- People told us they were very happy with the care and support they received from Bluebird Care (Sevenoaks). Comments included, "The girls that come to me are very good"; "The agency is well managed and the managers do come around and ask questions"; "They're absolutely wonderful; [name of staff] and [name of staff], I can't fault them" and "I can't say anything bad at all."
- Relatives told us, "The service is well managed. I don't think they've sent any satisfaction surveys, but they might send them to mum"; "The agency is well managed"; "I think the service is well managed. Mum is now in reasonable health after a tricky patch. Health improved very much after we got carers"; "I would give this agency a gold star. They're so efficient and reliable, I would recommend them to anyone"; "The carers work marvellously. We're all happy, really happy" and "I'd recommend them to anyone, they're so flexible."
- Staff meetings were held frequently which gave staff opportunities to meet up with the management team and other staff and talk about any issues or concerns.
- Staff told us they attended these and received good support from the management team and their colleagues. Comments included, "We have staff meetings sometimes"; "We can talk openly with supervisor and manager and we can let them know our opinion"; "I am pretty happy in my job and with the office"; "We raised concerns about security at a client's house in the night and when I went there today I noticed there was a light up" and "I am really happy here, the girls are lovely. I say to my friends and say if you are interested, go to the Bluebirds. I would recommend them because they are such a lovely team."
- Staff felt comfortable calling in to the office to pick up equipment, ask questions and have a chat. They were made very welcome by all of the office based staff. A staff member said, "Everyone is willing to help and get stuck in when needed. Very happy and positive."

Continuous learning and improving care

- The whole management team were dedicated to continuous improvement and driving forward changes in response to people's changing needs. A number of plans were in place to support this, including plans to work with health partners to trial monitoring people's health more closely and reporting, with the aim to reduce hospital admissions and gaining medical help quicker.
- The service had received a large number of compliments about the care and support people received since the last inspection. One compliment read, 'Just a massive thank you, to you and all of your team. You were all so amazing with mum, so patient, kind and helpful. Thank you for helping me to keep her at home for as long as I could.'

Working in partnership with others

- Staff and the management team worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes and consistent care.
- During the inspection we observed office staff communicating with people in relation to their planned care and sharing any concerns with relevant parties.
- The registered manager told us, "We promote activities and services in the community both for our own clients and sharing this information on our social media pages to broaden local awareness. We are also signed up to receive updates from local services such as the fire service that we can share in the local community. We actively support our clients to access activities in the community and continue or indeed support to re-join groups and interests they have previously enjoyed."