

Belrose Limited

Bluebird Care (Andover & Stockbridge)

Inspection report

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20 January 2017

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 16, 19 and 20 January 2017 and was announced. The provider was given 48 hours' because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Bluebird Care Andover and Stockbridge provide personal care and support to people in their own homes. At the time of this inspection, they were providing a service to 40 people with a variety of care needs, including people living with physical frailty or memory loss. Some people were receiving live-in care services from the provider. The service was managed from an office based in Andover.

There was 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.

We received some outstanding feedback about the provider. Without exception, people, their relatives and healthcare professionals told us they were extremely happy with the care and support provided by Bluebird Care Andover and Stockbridge.

People were placed at the heart of the service at Bluebird Care Andover and Stockbridge. The service worked hard to nurture and champion a person centred culture throughout all levels of the service. The registered manager and managing director led their team by example, showing strong, inclusive and innovative leadership that focused on improving the service and creating positive outcomes for people. There were systems in place to monitor the quality of the service and staff reflected on their practice to identify and implement changes when required.

The service played a prominent role in the community, participating and facilitating numerous schemes, events and initiatives to raise awareness and create facilities and resources for people using the service. The service placed a strong emphasis on partnership working with other organisations to reach positive outcomes for people. We received outstanding feedback from professionals who worked with the service about the quality and reliability of the care provided. Bluebird Care Andover and Stockbridge had worked in partnership to pilot a scheme, which sought to keep people in their own homes when they were at risk of being admitted to hospital. There were many practical examples where the service's intervention had achieved this goal.

The service provided outstanding training and on-going staff development. Training was constantly being reviewed and reformed to ensure it reflected best practice. It was characterised by an interactive and practical model that gave participants a highly comprehensive induction into working within health and social care. The service had a commitment to develop staff's skills to give them the opportunity to develop and diversify in their role. This helped to create a staff team which was motivated and committed in their

work.

Staff were knowledgeable about the people they supported and understood procedures around safeguarding and whistleblowing, which helped to keep people safe. Staff were sensitive to ensure people's privacy and dignity were upheld, and were knowledgeable about how to apply legislation designed to protect people's rights and freedoms.

The service used an electronic monitoring system which staff accessed using mobile phones supplied by the provider. The system helped ensure that people's most current care plans were available to staff. The system also enabled the service to monitor in real time the support people were receiving in relation to personal care, food and drink or medicines. This helped create a robust system for monitoring the quality and safety of the care provided to people. It also enabled the service to respond quickly and decisively to changes in people's health and wellbeing.

People were involved in developing and reviewing their care plans. Where people required support around their food and drink, medicines or personal care, the level of support they required was identified in order to promote their independence. People received personalised care, tailored to their individual needs.

The provider sought feedback about the quality of the care provided. People felt comfortable raising concerns or making a complaint if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were confident about identifying any safeguarding concerns and taking action to help keep people safe.

Risks relating to people were safely managed. Measures to reduce risk were put in place and staff were knowledgeable about putting guidance into practice.

Medicines were managed safely. The service had a system in place, which enabled them to monitor in real time the support people received and identify errors if they occurred.

There were suitable numbers of staff employed who had the right skills and knowledge to support people.

The service followed recruitment processes that ensured suitable staff were employed to work with people.

Is the service effective?

Outstanding ☆

The service was highly effective.

The service provided outstanding training, which drew on internal and external sources. It blended innovative methods of real life scenarios and role-play to provide a platform for staff to become highly knowledgeable and skilled.

The service provided development and further learning opportunities for staff, which enriched the overall knowledge and effectiveness of the staff team.

Staff followed legislation designed to protect people's rights.

The service had developed strong links with local healthcare services and people had access to these when required.

People received support with their dietary needs in line with their choice and health requirements.

Is the service caring?

Good ●

The service was caring.

People felt staff treated them with kindness and compassion.

The provider had a clear vision to promote people's dignity and choice when caring for them.

The provider worked in partnership with people, valuing and acting upon their views and feedback.

Is the service responsive?

Outstanding 

The service was very responsive.

The service worked creatively in partnership with local healthcare services to keep people at home and prevent unnecessary admissions to hospital.

People told us they received highly personalised care from staff that understood their needs and empowered them to maintain their independence.

The service was able to provide a flexible service to respond to changes in people's needs. The service had systems in place which enabled the quality of care to be monitored in real time and changes to be made immediately.

The service listened to feedback and complaints from people in order to monitor the quality of the service and make improvements.

Is the service well-led?

Outstanding 

The service was very well led.

The provider, managers and staff demonstrated a shared commitment to putting people at the heart of the service. A person-centred culture was nurtured and championed throughout the service.

The service played a prominent role within the local community and worked in partnership with other bodies to raise awareness and provide resources for people using the service.

The registered manager kept a clear oversight on the safety and quality of the service and strove to make continuous improvements

Bluebird Care (Andover & Stockbridge)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16, 19 and 20 January 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector carried out the inspection. Before the inspection, we 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. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events, which the provider is required to tell us about by law.

During the inspection, we spoke with 16 people or their relatives by telephone and visited two people in their homes. We spoke with the registered manager, the managing director, the operations director, the training manager and six staff members. Following the inspection, we spoke with two social workers, one healthcare professional and one local councillor, who had regular contact with the service, to obtain their views about the service provided. We looked at care records for five people. We also reviewed records about the management of the service, including staff training and recruitment records.

Is the service safe?

Our findings

People told us they felt safe receiving care from Bluebird Care Andover and Stockbridge. One person said, "I can rely on the carers [staff], I feel safe". Another person commented, "Very safe with them [Bluebird]. If I had to score them then it would be 9.5 out of ten, they are that good." A healthcare professional who regularly worked with the service told us, "What they say they will do, they will do it; that's why they can be relied upon".

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding. This helped them identify the actions they needed to take if they had concerns about people. One member of staff told us, "If there is an issue, you must report it to the office, you can't promise to people that you won't, you have to be honest and say you need to report it to keep them safe". Another member of staff said, "With all different types of abuse, it is staff's responsibility to understand when people are at risk and report it immediately". Records of incidents demonstrated that the service had reported safeguarding concerns and liaised appropriately with local safeguarding teams when concerns were raised. This helped protect people from harm. On the second day of the inspection, staff were discussing the provider's whistleblowing policy in a team meeting. Whistleblowing is where staff are able to raise concerns externally if they feel unable to raise them internally. This helped to ensure that all staff were confident in reporting and recording concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. One person was at risk of developing pressure injuries as they sat in one position for prolonged periods. A risk assessment identified the main pressure points of the person's body and instructed staff to support them to regularly adjust their seating or lying position. It also instructed staff in the use and maintenance of specialist pressure relieving equipment and promoted staff to encourage the person with drinks. A district nurse who worked with the person had written to the registered manager to relay how the condition of the person's skin had improved since Bluebird Care Andover and Stockbridge had started supporting them.

Risk assessments were in place to support people to be as independent as possible. These protected people and supported them to maintain their freedom. One person required support to manage their diabetes whilst remaining independent in their own home. A risk assessment in place gave staff guidance to support the person to manage their diabetes through diet, medicines and regular fluid intake. It also gave staff information about hypoglycaemia (blood glucose levels which are too low to provide enough energy for your body's activities), how to recognize symptoms and actions required in the event of them occurring. Staff were knowledgeable about the support the person required and this helped the person to remain safely in their own home.

Robust contingency plans and systems were in place to ensure the service ran smoothly outside of office hours and in the event of emergencies such as adverse weather. One person told us, "They [office staff] always contact me if someone is running late, it is very reassuring, and I really appreciate the time they take to do this, especially in the evenings as I would worry otherwise". The service had an On Call system outside of office hours. A senior member of staff operated the telephone and it enabled people and staff to call for

advice or help if required. A member of staff told us, "There is always somebody available out of hours to help out".

A contingency plan ensured that people received a visit in the event of adverse weather. One person told us, "Very good, very satisfied with the service, even in the worst weather". Each person's needs had been risk assessed in order to prioritise people's care requirements in the event that roads were inaccessible. Staff that lived nearby were identified and nominated to travel to people on foot. The service also had a spare car at the office. This was available for use in the event that staff's cars broke down and they required a temporary replacement to carry out their care visits. These systems and measures helped minimise the disruption to the service during exceptional circumstances.

The service used an electronic monitoring system to help ensure that people received their care at the correct times. Staff used an application on their mobile phones provided by the service to record when they arrived and left their care visits. An alert system was in place, which notified office or on call staff if a staff member did not use the application to record their arrival or departure from a visit. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. The application also contained information about the staff's scheduled care visits. The information was updated in real time, which meant staff always had their most current working rota available. This system helped ensure that people received their care visits as planned and significantly reduced the risk that any care calls were missed.

There were sufficient numbers of staff available to keep people safe. The number of people using the service and their needs determined staffing levels. People told us that staff had sufficient time to carry out their tasks and were prompt at arriving at agreed times. One person said, "I don't think I can ever remember them [staff] being late, they are very good". Another person commented, "They [staff] never seemed rushed, they get on and do what they need to do, but I never feel they are watching the clock". A third person remarked, "I have four staff; that seems about right to me, they are reliable and never miss a call".

The registered manager regularly monitored staffing levels by analysing the hours staff worked, staff recruitment and retention levels and the consistency of staff that people received. They told us, "This helps me understand where our gaps are, if we need new staff or if we are in a position to take on additional customers [people]".

The service's recruitment processes ensured that suitable staff were employed. Recruitment files included: an application form with employment history, references, right to work in the UK documentation, records of a competency based interview and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults. The registered manager had also analysed the key attributes, behaviours and attitudes of the service's most effective staff and what made them successful in their roles. They had used this information to make a profile of an ideal staff member, which they used during the recruitment process to identify suitable staff.

There were safe medicine administration systems in place and people received their medicines when required. The provider had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely.

The service's electronic monitoring system enabled the service to monitor if people had received their medicines. Staff used an application on their mobile phones to record they had administered or prompted

people's medicines. An alert system monitored by office staff ensured that staff were contacted immediately if they did not record they had administered medicines as planned. This helped significantly reduce the risk that people did not receive their medicines.

Is the service effective?

Our findings

People, their relatives, health professionals and social workers told us that Bluebird Care Andover and Stockbridge provided an outstandingly effective service, which catered to the needs of the people using the service. One person said, "Carers [staff] are a really great help, they know their jobs and they are splendid". Another person commented, "I think the carers [staff] know their job inside out, they're excellent". A relative remarked, "The staff here make a real difference, the help they give [my relative] is A class". A health professional who regularly worked with the service told us, "The staff and service are excellent; if they are not outstanding, then I don't think anyone is". A social worker fed back, "This branch of Bluebird provides an excellent quality service. We have used this branch and have not had so much as one dissatisfied customer. The quality & reliability of the service is superior".

The managing director and registered manager demonstrated a firm commitment to provide high quality, effective, practical and reflective training to staff. The service had developed and implemented, 'A Framework for supporting our people'. The framework's purpose was, 'To support, guide and mentor people to enable them to provide the highest standard of care and support and develop them as part of their career journey'. The framework set out induction and on-going training and support programmes for all roles in the organisation in order for staff to effectively learn and progress their skills. The managing director told us, "All through the induction training we are assessing and evaluating. Do people have the skills to be part of the team? We look for collaborative skill, how engaged they are, all the time making sure they understand what is taught".

New staff received a five-day classroom based training programme, which was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. The training programme had a strong emphasis on group work, practical studies of real life scenarios, reflection of learning and introduction to the service, its processes, systems and support structures. A health professional told us, "They take the training of their staff very seriously, their staff really understand their roles and that's why the quality of care is so good". One member of staff told us, "The training is so good, that's what made me feel so comfortable coming into care for the first time". The training programme provided staff with a comprehensive introduction into their roles and the organisation and helped them provide effective support to people.

The training was constantly reviewed and adapted in response to feedback from participants and internal quality audits. This helped to increase and improve the training's effectiveness in reflecting most current best practice and ensuring it gave staff the skills to carry out their roles. Recent changes to the course included: increased use of case studies, which followed people's experiences of receiving care services; use of social media and tablet technology to facilitate group learning, study networks and support structures; and increased guidance for participants around practically supporting people with their fluid and nutritional needs. A member of staff commented, "The training is really interactive, we learn a lot from the group work and by sharing experiences we have had".

The service had nominated 'Champions' in key areas of learning such as dementia, infection control and

dignity. The champion's role was to access additional training resources and keep abreast of the latest updates in their chosen field. Using this knowledge, they supported new staff through induction training and acted as a point of contact for staff if they required any support or advice in their area of interest. One member of staff who was a nominated champion told us, "I act as point of support. If staff have any concerns or questions then they have my number to call me, I will regularly come to the training and meetings to give others support". This helped staff share and transfer knowledge of best practice to the wider staff team, increasing skills and knowledge in their roles, thereby enabling them to provide the best possible care to people.

The training manager had worked with organisations that provided sector-specific guidance and training linked to best practice to deliver training. This helped to tailor the training courses to the specific needs of the people using the service. This had been used to good effect when providing staff additional training in order to gain the skills to support people with specialist care needs. Where required, staff received training to support people with stoma care, use of ventilators and in percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. The training had been provided by external trainers from recognised sector specific organisations, who were able to provide specialist knowledge and experience in these areas.

New staff received an induction programme into the service and their role to assess their competence and build their professional skills. After the initial five days training, the induction programme followed a 12-week structure, which included an assigned learning, assessment or reflective task every week, which new staff undertook. The steps included; three days of working alongside an experienced member of staff, supervisions, competency based assessments and meetings with the registered manager. A supervision is a meeting held by senior staff with staff, where support is offered and their work performance is discussed. Once all steps of the induction were complete, the registered manager met with the staff member to review their probationary period and confirm their competency to carry out their role. One person told us, "They [staff] always come round to introduce new ones [new staff]. It is not easy meeting new people and I think this helps them know what to do and it makes me feel comfortable; it works".

Staff received on going feedback and support through supervision and appraisal. As part of the service's 'Framework for supporting our people', staff received on-going support through monthly team meetings, supervisions, observation of practice, competency based assessments and appraisals. One member of staff told us, "In the first three months, you have supervision every week; after that it goes to every month. It is a good system as it gives you a chance to resolve any concerns or issues". The registered manager held quarterly appraisal meetings with staff. During these meetings, a review of their working performance took place, along with a discussion around training and development plans for staff.

The provider was committed to continually developing staff skills and knowledge in their roles. They had developed a 'career compass', which identified all the roles in the organisation, the skills and training required and the timescales and experience needed to fulfil the roles. All staff had access to the 'career compass' as part of their supervision and appraisals. Many staff were undertaking additional qualifications in health and social care or business administration, whilst other staff had taken training in specialist areas of interests such as dementia or had completed studies, which qualified them to teach moving and handling techniques to other staff.

The operations director told us, "We wanted to professionalise the organisation to give people [staff] a clear career pathway". The service had a clear record of training and promoting staff internally. The managing director said, "We love to develop our own staff and promote from within". A member of staff remarked, "There is a culture where people get promoted from inside; they have really supported me to develop my

role and progress, I feel very lucky" Another member of staff said, "They [Bluebird] focus on you and your career, it gives you opportunities".

In addition to standard induction training, the provider had consistently demonstrated a commitment to providing interactive, creative and innovative training opportunities for its staff, which enriched their knowledge, empathy and understanding within their role. Staff had the opportunity to ask questions and learn first-hand from the experiences of people using the service. For example, the registered manager invited a Hampshire Dementia Ambassador and a person living with Multiple Sclerosis (MS) to give a talk to staff about living well with their conditions and how staff could effectively support people by understanding their condition. The registered manager had also arranged external representatives from the police and the fire service to give staff a talk on reducing the risk of lone working and the risk of fire within people's homes. This helped give staff practical advice to promote fire safety in people's homes and helped promote their safety awareness when lone working. Representatives within the provider also regularly came to talk to staff about specific subjects within social care. Recently, there had been presentation to staff about live in care and social care commissioning and funding. These talks helped give staff greater insight into how to recognise when people's needs were changing and they might require additional support. It also gave staff an understanding of the wider aspects of social care, complexities around funding and challenges people faced staying in their own home.

The registered manager also used team meetings as opportunities to enhance the knowledge and skills of their staff and reflect on their practice. Staff participated in role-play scenarios, which acted out simulated care situations demonstrating good and bad practice. A recent role-play focused on the application of legislation designed to protect people's rights'. Staff were asked to discuss and feedback the positive and negative aspects of the scenes that had role-played, linking them back to the competencies associated in their initial training. This helped them reflect on their practice and make a link between their training and the competency they were required to demonstrate. One member of staff told us, "The training is really good fun, it definitely makes you learn a lot more".

The registered manager distributed guidance about key aspects staffs support role. This further enhanced their knowledge and effectiveness in their everyday practice. Recently, the service had discussed and distributed information relating to; helping people prevent pressure injuries, monitoring and management of urinary tract infections (UTIs) and recognizing the signs of dehydration. This gave staff practical guidance as to how to recognise potential risk factors and take actions to reduce the risks associated with these conditions.

Staff were effective in supporting people to have enough to eat and drink. One person told us, "They [staff] leave drinks out for me; I would not be able to reach the glasses if they didn't". Another person said of the staff, "They cook well and take the time to put any extras in the fridge so I can have them later". During a visit to a person's home, a staff member ensured that the person had sufficient drinks available to have after staff left. They also made sure that the drinks were in brightly coloured cups as the person was visually impaired. This helped enable the person to recognise the cups and access drinks independently. The staff member was also knowledgeable about the person's specific dietary requirements and ensured they supported them with an appropriate meal.

Staff were encouraged to be pro-active in recognising if people were having difficulty eating and drinking. The registered manager had produced guidance to staff about risk factors and warning signs that people may require additional support when eating or drinking. These included discomfort with swallowing or coughing during meal. Staff were instructed to contact the office who would make a referral to speech and language therapists. People's care records showed the service had made appropriate referrals to these

specialists when needed.

Where people required support with food or drinks, this information was loaded onto the service's electronic monitoring system. The system required staff to acknowledge that they had completed 'tasks' around this support during their care visits. If a person declined their food or drinks then staff recorded the reasons why they had declined and the alternative support they had offered. An alert system notified the office that this 'task' had not been completed. The office staff could then investigate further with a phone call to staff, review the person's previous care notes electronically to see trends or signs of concern, or notify family or subsequent staff that additional support was required. One person told us, "The phones they use have all the information on them so they never forget what they are doing. It reminds them what to do". A member of staff said, "Every task which you need to do is set out step by step on the phone. Once you have completed all the tasks needed, you can tag out (log out of the visit to denote they had finished the call). It is a lot less time consuming than writing down on paper and a lot easier to review previous entries". This system enabled the service to monitor in real time the support people received and put in place measures to respond to issues as soon as they arose.

The service had strong links to local health services, which helped enable people to have access to the services they required. One relative told us, "They [staff] are very good at contacting the doctor if they are worried or [my relative] does not seem right". The service had obtained people's permission to write to their GP surgeries to introduce Bluebird Care Andover and Stockbridge as people's care providers. This encouraged links and open communication between the services and established close working relationships between the parties. One health care professional commented, "The great thing is they [Bluebird Care Andover and Stockbridge] know a lot of GP's well and have established that relationship with them so they can work together". In people's care files, there were records of referrals made to a range of healthcare services including chiropodists, dieticians, speech and language therapists, dentists and occupational therapists. The service had kept copies of referrals and assessments and used them to update staff in team meetings and supervisions. This helped ensure that staff understood the latest developments in people's health needs.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to take their medicines. Where necessary, the provider consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008.

Staff were knowledgeable about the need to obtain consent before delivering care. One person told us, "Yes, they [staff] always ask before taking me to the shower, they respect that it's up to me". Another person said, "I signed my care plan using the computer system they had; they went through it with me before to check it was all as it should be". One member of staff remarked, "We always assume capacity and try to help people make a decision". Another member of staff commented, "If people don't want to take their medicines, you can talk them round if you can, call the office, try to find the least restrictive way to support them to receive their medicines. If they have capacity to make an unwise decision you have to respect that, but you must report it".

Is the service caring?

Our findings

People told us that staff treated them with kindness and compassion. One person told us, "They [staff] have a great sense of humour, it goes a long way in this job, and they are willing and cheerful. It a pleasure to have them round". Another person remarked, "I have two carers [staff]; they are kind, caring, considerate and are there when I need them".

There was a strong emphasis on staff developing positive and caring relationships with people. Many people and their family members we spoke with told us how well staff knew them and had spent time to get to know them, their life histories and preferences. One relative said, "We are lucky to have Bluebird Care. The carers [staff] are wonderful and [my relative] is so happy with them. She really does think of them as family". Another person commented, "The girls [staff] are nice, very good, they know me very well now and we are like a family".

The registered manager ensured that people received birthday cards and greetings during festive periods. To celebrate the service's first birthday, the registered manager arranged for the town's mayor to visit people in their own homes with birthday cakes. There were testimonials and letters of thanks from people relaying their surprise and gratitude that the service had arranged for a prominent local figure to visit them in their homes.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. One relative told us, "The carers [staff] are excellent; they are very reliable and I feel they have been sensitive to our requests about being flexible on timings. It fits in well with the dynamics of the house". Many staff spent additional time with people if they required medical assistance and they were flexible with their working arrangements if people needed to attend appointments or required additional help. One member of staff told us, "I really love what I do; I wouldn't want to do anything else. I love going to visit people, helping them out and making a difference".

The provider had a strong vision about promoting people's privacy and choice. People consistently told us that staff were respectful of their homes, their choices and preferences when they visited. One person said, "They tidy up after themselves, which I find polite. Those kinds of things make the difference". Another person told us, "It's the little things that make the difference; they always ask me before turning on the hallway light, they respect that it is my home". Staff told us about other ways in which they promoted people's choice and respected their homes. One member of staff said, "We give as much privacy during personal care as possible". Another member of staff commented, "I respect their privacy; if people's neighbours ask me questions, I am polite, but don't give out any personal information about people". A third member of staff remarked, "I try to keep care folders out the way as it is people's own homes, not a care home". A further member of staff reflected, "We give people flexibility, encourage them, give them choice; we follow the care plan, but it's the person who leads".

The service worked in partnership with people, relatives and other professional bodies to follow people's wishes and uphold their dignity. One relative told us, "They [staff] help him wash, shave him and dress him

smartly, just how he likes it. He cannot do that for himself anymore, but looking good helps to make him feel good for the rest of day". In one example, a person had very complex and changing needs, which required the service to work in partnership with MacMillan nurses, doctors, relatives and the Clinical Commissioning group (CCG) to review and adjust their care and keep them comfortable at home during their last days. This helped to fulfil the person's wish to pass away in their own home.

In recent questionnaires sent to people by the service, All 17 respondents agreed that staff treated them with dignity and respect. Staff told us about ways they promoted people's dignity. One staff member told us, "We treat people like we would want to be treated ourselves". Another staff member said, "We ensure that the information [recorded in daily care logs] is respectful, non-intrusive and to the point. We record what we see, not our opinions about things".

People and their relatives consistently told us they were encouraged to express their views and were involved in decisions about their care. One person told us, "I have my three favourite girls [staff]. I told the bosses and now they send them all the time. They are truly wonderful people, really lovely, lovely ladies". Another person commented, "They [staff] are very respectful of my preferences. I rang up to register that I was not comfortable with a male carer. They were lovely, but it is just something that that I feel. The office staff changed it straight away and somebody else came out". A relative said, "They [senior staff] came out to do an interview [care assessment]. It was very comprehensive and I felt like we were very involved throughout". Senior staff went to visit people when they first started using the service and regularly called or visited them in order to give them an opportunity to express their views or feedback about the service.

Is the service responsive?

Our findings

People consistently told us that Bluebird Care Andover and Stockbridge provided a flexible, robust and highly responsive service, tailored to their current and changing needs. One person told us, "The [registered] manager came to the hospital to see me, which was very nice. I was bed blocking at the time and I could not get a care package. They organised it very quickly and I was able to come home the next day, I'm very grateful". Another person said, "I needed some help, so called them [Bluebird]. They came out that Monday teatime to my home and started the following morning. I was amazed how quickly it was all done. The manager came out herself to do the care; it was fantastic".

The service had a proven track record of responding quickly to people's requests when they required changes and adjustments to their care. One person told us, "I like the earlier calls. When I spoke to them [office staff], they were able to change that for me quickly. Somebody came out and went through all the changes with me, and then they called to see how it was getting on". Another person said, "I have asked for changes at really short notice, different times to attend various appointments. They respond almost immediately". In other examples, people rearranged their care visits at short notice so they could attend urgent health appointments and additional time was given to people if they were unwell and required more help. The service had also worked in partnership with other providers to arrange immediate care services to people when residential, respite or other home care arrangements had fallen through and they required urgent support. The service was conscious that changes would not affect existing people's care visits, so senior staff frequently stepped in to carry out these assessments or care visits in order to maintain continuity for the other people using the service.

The service worked in an innovative way, in partnership with local healthcare services, to pro-actively prevent avoidable hospital admissions for people. In January 2017, the service started a programme in partnership with 10 local GP surgeries and the local Clinical Commissioning Group (CCG) to provide a rapid response service for patients with acute illnesses and conditions. The aim of the service was to prevent people from avoidable hospital admission by providing social care in their own homes by Bluebird Care Andover and Stockbridge, who worked in conjunction with other health services to provide a care package, which would meet their needs. A health professional told us, "They [Bluebird] are given a phone call and have a four hour window in which they put a care package in place. I have seen it first hand at [GP surgery]. One of the nurses contacted Bluebird as a patient needed a care package, otherwise they would need hospital admission. Bluebird sent staff down and by the afternoon, a care package was in place". The service had assigned care staff and senior staff dedicated to the programme to ensure it had sufficient staff to make assessments and deliver care visits. Staff had also received additional training so they understood the aims and objectives of the programme.

At the time of inspection, the service was supporting seven people through the programme with a variety of short-term care needs. One person had had a suspected transient ischaemic attack (TIA), and was receiving support with their rehabilitation and personal care. The person was able to stay in their own home with the temporary support provided. They would have otherwise required an admission to hospital. Another person had developed a skin condition and required short-term support to maintain their skin integrity. Due to their

reduced mobility, they were unable to manage this independently. Without the quick, responsive initiation of a care package, the person would have required a stay in hospital to recover.

Care packages were commissioned for a set period, working towards a specific goal in relation to improving the person's health or wellbeing. The service monitored people's progress and liaised with health and social services if the person required longer term care input. A healthcare professional said of the service, "They have saved at least two hospital admissions in the last couple of days. The work they do is so important; people want to stay in their own homes and quite often are better off staying in their home environment providing it is safe for them to do so. Bluebird are enabling this. We see on the ground the great work they are doing and the impact this has on people".

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and included information about people's life histories. One person told us, "They [senior staff] came out to meet me to make what they called an assessment. It was all about the help I needed and what the care arrangements I wanted were". Another person said, "Yes, I planned the care with them [senior staff]; it's how I want it". The information from assessments was formulated into a care plan that was clear, concise and accessible to staff. It included a section called, 'golden rules'. This gave staff key information about the person, their care needs and life history. Presented in easy read format, this acted as an overview of the person's needs and provided guidance for new staff, enabling them to access key information to understand the person better.

People's care plans clearly explained how they would like to receive their care and that promoted their independence. One person told us, "I try to do a fair bit on my own, they [staff] help me with the bits I can't do, and they have a good understanding about not doing too little or too much". Another person said, "I still like to do certain things and staff respect that and know what I want". One person wanted to stay in their own home, but was unable to manage their own money or go to the shops to buy food items. The service had arranged with the person and their relatives to set up a petty cash system, which staff could access to purchase items for the person. This helped enable the person to remain independent in their own home as they could still do their shopping with support.

Staff provided support to meet the diverse needs of people using the service. Two people received their weekly care rotas in adapted form, as they were visually impaired. The registered manager had arranged these people's rotas to be printed in larger fonts in order for them to be able to read their rota and understand when staff were due to arrive. One person spoke limited English and relied on a family member to translate between them and staff. This made communication difficult and meant that the family member had to be present during care visits. To enrich the person's experience of the service, the provider advertised and employed a member of staff who spoke the person's first language. This meant the person was able to communicate and receive care services without the need of their family member being present. The staff member also acted as support for other staff in aiding communication in the person's language.

The service had a responsive system in place to monitor people's health and wellbeing and immediately respond to changes or concerns. People's care plans were recorded on the service's electronic monitoring system. The care plans were divided into 'tasks' which staff were required to acknowledge they had completed during the care visit using mobile phones provided by the service. All entries were transmitted to the office interface, where entries and alerts for 'tasks' which had not been completed were monitored in real time. This enabled senior staff to monitor care taking place as it happened and also identify any concerns where people had not receive care as planned. A member of staff said, "You have to sign off that you have done all the tasks before you leave [a care visit]. If you don't account for all tasks, then the office will call you right away". Where people's care plans required amending, such as when a person had new

medicines prescribed, senior staff were able to amend people's information immediately to ensure the service held the most current information. A member of staff told us, "We [staff members] are always told to call in immediately if something changes and a care plan is updated. The [electronic monitoring system] is updated in a matter of minutes, so the new information is updated more or less straight away". Another member of staff said, "The phones are brilliant. It allows you to review care plans and logs before you go in. It means that you never go in blind without information about a person and it has made communication between the care assistants [staff] so much better". A third member of staff reflected, "It stops you getting things wrong. The right information is on there [electronic monitoring system] and it is right up to date".

Staff monitored one person's health due to on going concerns about their wellbeing. The registered manager was able to identify that the person was struggling as personal care visits were taking increased time. The electronic monitoring system enabled them to share data quickly and responsively with healthcare professionals to bring about an increase in the person's care package. Another person received help with rehabilitation after suffering a stroke. Staff recorded the person's progress by reporting on designated 'tasks' on the electronic monitoring system. The registered manager was able to share this data with health professionals, who then had a real time oversight into the person's rehabilitation, enabling them to adjust the level of support accordingly. The registered manager told us, "It [the electronic monitoring system] means we can see things happening as they are happening and gives us a real oversight into care being delivered in people's homes".

The service used creative ways to share information with relatives and keep them updated with their family member's wellbeing. The registered manager told us that people were able to give consent for family members, social workers or health professionals to access their care records via the electronic monitoring system. One person told us, "I think these phones are good for the carers [staff]; they showed me how to use it and offered access to me and [my relative]. If I had family who lived far away, I think it would be reassuring that they can see how I am and what is happening". A relative who accessed the system said, "I can access it easily and viewing is really easy, it is really beneficial to me". This helped give people, their families and professionals insight into a person's wellbeing. The registered manager also told us that the service held formal face-to-face reviews with people. Senior staff carried out reviews scheduled on a cyclical basis.

The service valued people's feedback and used a range of sources to seek their opinions. One person commented, "They [senior staff] will often call me to ask how I'm getting on and if I am happy with everything, I know I can talk to them if I have any problems". The managing director told us, "It is the customers who are in a position to measure the quality of the care and they will be the final arbiters of how good we are". The registered manager periodically sent out questionnaires to people, which asked them to feedback about the quality and safety of the service provided. The results of the questionnaire were analysed and collated into an action plan, which identified areas for improvement. The service then distributed a summary of the results and action plan to people and staff. The responses to a recent questionnaire were overwhelmingly positive. They had also prompted a change in internal processes, which improved communication with people when changes to their care visits needed to be made.

The service also commissioned an external company to carry out quality assurance questionnaires with people using the service. People's responses were transferred to the NHS Choices website, which is a health information service for the public. This meant that the service sought independent feedback, which was transparently displayed within the public domain.

The service used concerns and complaints as an opportunity for learning and improvement. In the service's most recent quality assurance questionnaires, all 17 respondents fed back that they felt confident about making a complaint. Records of complaints showed that the service responded to complaints quickly,

professionally and investigated matters comprehensively. People who made complaints were visited and the service looked to implement changes, reflecting on their own practice from feedback given.

Is the service well-led?

Our findings

People, their relatives and professionals told us the service was managed extremely well. One person said, "It's the best care company I have ever had, by a considerable distance". Another person commented, "Well Led? I couldn't ask for more really; extremely well led, yes". A third person remarked, "The administration side of the business is very efficient, they are professional and have the experience to carry through what is required". A family member told us, "The office runs very well. They do a lot to ensure [my relative's] care runs smoothly", whilst a social worker fed back that "The manager and office staff are always helpful and accommodating".

The provider used creative and innovative methods to communicate their vision. The registered manager and managing director led their team by example, showing strong, inclusive and innovative leadership that focused on improving the service and creating positive outcomes for people. The managing director told us, "We always provide care we would want for ourselves, we always tell the truth", and, "We like being a family company, we want to have a company which is manageable; any growth we have cannot compromise quality levels". Staff were actively encouraged to share this vision by participating in opportunities to reflect and put the vision into the practice using real life scenarios. The service used team meetings, supervisions, away days, newsletters and role-play activities to give staff a chance to explore their understanding of the provider's vision. Staff understood the vision and were delivering the service in accordance with its ethos. The registered manager had displayed posters produced by staff in a team meeting, which celebrated the provider's ethos. They described the services share values using words such as, 'caring, consistency, passion, teamwork and creativity'.

A clear management structure was in place comprising the managing director, operations director registered manager, deputy manager and senior staff. Each person's roles and responsibilities were clearly defined, outlining the part they played within the service and their contribution to the overall quality and safety. The service also shared resources with the providers two other locations. These included sharing learning between management teams and senior staff, joint staff meetings where best practice and updates shared, joint learning and training resources and flexible staffing arrangements between branches to support the provider as a whole. This helped promote a culture where learning was encouraged through reflective practice to drive forward innovation and improvement.

A positive and sustained culture had been created that was open, inclusive and empowering. A healthcare professional told us, "If there is an issue, they have always been upfront about reporting and addressing it; for us as commissioners; we know we can rely on them. When you know a company can deliver, it's nine tenths of the problem solved. Of all the care agencies, they are the only one we [the commissioning authority] are able to partner with". The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

Staff told us that the office was open and supportive; fostering a culture of teamwork where issues were

addressed honestly, with the service taking a collective responsibility when things went wrong. Staff were confident in raising concerns to the registered manager and were knowledgeable about the provider's whistleblowing policy. One member of staff told us, "There's nothing hidden here; if there is a problem, we deal with it as a team". During the second day of the inspection, staff were reflecting on the service's whistleblowing policy in a team meeting. This helped to reinforce their understanding of reporting and recording procedures and the external bodies they could contact if they had further concerns.

Staff's rights and wellbeing were protected. The service provided a scheme where staff had access to subsidised car insurance, health insurance or opticians. The service also offered free counselling services, which staff could access in order to discuss work or life issue in a confidential setting. The managing director had also organised a series of team building events for staff, staff recognition schemes, Christmas parties and team meetings across the three offices where updates, learning and successes were shared. Staff were encouraged to participate in support networks through champions, community projects and social media forums. One member of staff told us, "It's probably the most rewarding job I have had". Another member of staff said, "The manager is the best manager I have ever worked with, I could not ask for more help or support". A third member of staff reflected, "This is the third care agency I have worked for. This one feels different; you feel really supported, you are always welcome in the office, if there is something wrong, they really listen". The managing director was passionate about supporting staff in their roles, they stated, "Retention of staff equals happy customers; if you can support staff you can create dependability, reliability and consistency for the customer".

The service demonstrated a strong social responsibility and played a prominent role within the community. By organising and participating in events, programmes and initiatives that raised awareness and charitable funds for relevant causes, the service contributed to improving the wellbeing of people who used the service in practical ways. For example, the service was involved in a local initiative to make Andover High Street dementia friendly. This scheme raised awareness to local businesses about how they could make simple adjustments to their shops, café's and pubs to make them a suitable environment for people living with dementia. The registered manager gave examples of how businesses had replaced patterned carpets and black shoe mats. People living with dementia can struggle with their visual perception and can find certain textures, patterns and colours confusing and difficult to judge. The service was involved in giving talks to other business owners, giving practical advice and tips about how to make their environments more suitable for people living with dementia.

The service also sponsored a local award for businesses that had made visible adjustments to help people with dementia. A local councillor who was involved in the scheme told us, "Absolutely first class; the work they are doing around the community is fantastic, it is making a huge difference. The dementia friendly high street, the work at the college, the charity events, the business awards. It shows an unbelievable commitment to the cause". The awareness raised and changes implemented as part of this scheme helped to make people's local environment more accessible for people who used the service.

The service also volunteered it's time to give talks to local college students who were studying health and social care. Representatives from the provider gave up their time to give students an overview of their role and answer their questions about the social care sector.

The registered manager showed us examples of many other charity events the service had participated in to raise awareness and funds to causes in the local community. In one example, the service provided free respite care to carers who were looking after family members. Organised in partnership with The Princess Royal Trust, this gave carers the opportunity to take a break from their role caring for loved ones. In another example, the service encouraged staff to participate in a local walk to raise awareness for the Alzheimer's

society. The registered manager put community work at the forefront of their team-building ethos. They encouraged staff to become involved in community events, increasing their knowledge and social conscience. The service's office displayed pictures celebrating all the events that staff had participated in. Staff were recognised for these efforts and had received internal recognition and awards for going beyond in their roles.

The service worked in partnership with other local and national organisations to provide support to people who used the service. The registered manager had worked with a local leisure centre to source bespoke courses such as; chair exercises and an adapted Zumba class, which was a form of exercise suitable for people who used the service. Staff supported people to attend these classes or informed people of the facilities if they wanted to attend independently. The registered manager was also part of the local dementia action group. The group helped to raise awareness and champion services, which people living with dementia could access. The service had signed up to the 'Buy with Confidence' scheme. Buy With Confidence is a national register of "Trading Standards approved" businesses run independently by the local authority Trading Standards departments. This scheme was an independently run register which helped people make informed choices about their care arrangements.

There was a strong emphasis on continually striving to improve the service. The registered manager oversaw the quality of the service through comprehensive auditing and reviews of the service's performance. The registered manager had set up an auditing system where every member of office staff regularly reported on a set of key performance indicators to them. These included staffing levels, staff training and supervision compliance, continuity of care and scheduled reviews of people's care needs. The registered manager collated this information to form an overview of where the service's priorities lay, where senior staff or staff required additional support and whether the business was in a position to grow sustainably without compromising the quality of the care delivered. The registered manager regularly met with senior management, senior staff and staff to review this progress to ensure people throughout the organisation understood what they were working towards.

The service also used a regular internal quality audit to monitor the service's quality and safety. Carried out by the provider's regional quality auditor, the audit measured the service in relation to how; safe, effective, caring, responsive and well led the service was. After the audit was complete, the service received a rating, which also listed areas, which required development. The registered manager used this information to drive forward improvements by formulating action plans in areas, which required attention. The registered manager regularly reviewed and updated actions plans and ensured that all the service's staff were aware of the service's progress. This helped ensure that all staff understood the standard of quality required and how they could embody this in their role.