Factor of Four Ltd

Bluebird Care Dorchester

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection was announced and took place on 25,26 and 29 July 2016.

Bluebird Care Dorchester office is registered to provide personal care to people living in their own homes. At the time of our inspection, the service was providing support to 58 people. The service was run out of a central office in Poundbury.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager had left the service and they had made the appropriate application to CQC. The manager had been in post for five months and was in the process of applying to CQC to become the registered manager.

People were not always supported safely by the service. Staff knew how to support people, but there were no individual risk assessments for people which identified what risks they faced or how to appropriately manage these. The manager said that they would work to put these into place.

Medicines were given by staff who had received appropriate training. However there were gaps in recording medicines on the new electronic system and although observational checks of staff competencies around medicines were carried out regularly, this information was not used to highlight gaps in knowledge or to improve practice.

Recruitment at the service was not robust and there were some gaps with references obtained for new staff and checks about gaps in people's employment history. The manager and operations manager advised us that they would ensure these were improved.

People were generally supported by staff they knew and there were very few missed calls reported. Any missed visits triggered an alert on the system.

The service was not always working in line with legislation around capacity and we found that information was incorrect or conflicting in some incidences.

People were able to access healthcare services when needed.

Staff received a planned induction and training was provided in a range of topic areas. Refreshers were regularly undertaken and staff were encouraged to undertake further training opportunities. The service was also in the process of rolling out training for a range of number of other areas including dementia friends and the Gold Standard Framework for end of life care.

Supervision was provided regularly and records showed that staff had face to face supervision and also spot checks where they were observed in practice. The manager also received regular supervision and support from senior management.

Staff supported some people with their meals and drinks. They knew what people liked, offered appropriate choices and recorded where there were concerns about inadequate food or drink intake.

Staff were kind and caring and we observed that interactions between people and staff were empathetic and compassionate. Staff knew peoples preferences and how they liked to be supported.

People and relative were involved in planning what support they would receive and were also invited to reviews about how the support was going. People and relatives felt able to raise any concerns but although these were listened to, they were not always acted upon.

Since the move to an electronic system, paper records had been removed from peoples homes and people and relatives were not aware that they could request copies of these

People told us that calls were rarely missed, however they were not told about changes to times of visits or if a different carer was going to be arriving.

Quality assurance systems at the service were not always robust. Information was gathered and collated about some areas of the service but for other areas, information was not used to identify gaps or trends.

Staff spoke highly about the manager and told us that communication with the office was good. There were regular staff meetings and staff were encouraged to contact or drop in to the office to discuss any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People's individual risks were not identified and there were no clear plans indicating how to manage these.

Medicines were not always recorded accurately.

People were protected from the risks of abuse because staff knew how to recognise and report concerns and were confident to do so.

Is the service effective?

Requires Improvement

The service was not consistently effective

The service did not always work within the principles of MCA and there were gaps and conflicting information about people's capacity.

People were not always supported to access healthcare services promptly.

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

People were supported to maintain a balanced diet by staff who knew what they liked to eat and drink.

Is the service caring?

Good

The service was caring.

People had a good rapport with staff and we observed that people were relaxed in the company of staff.

Staff knew how people liked to be supported and offered them appropriate choices.

People were encouraged to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not consistently responsive

People were not always told about changes to staff or times of their visits

People and relatives did not have a way of checking what support had been provided, by whom and when

People and relatives were involved in reviews about their support.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality assurance information was collected but not always used to inform or improve the service

Staff told us that the manager was approachable and that they were encouraged to discuss any issues or concerns.

Staff and management communicated well and staff understood their role in the service.

Bluebird Care Dorchester

Detailed findings

Background to this inspection

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

The inspection was announced and took place on 25,26 and 29 July 2016. Further phone calls were completed on 27,28 and 29 July. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one 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 service.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service.

The provider had completed a Provider Information Return(PIR) because we had requested that they do so. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with three people in their homes and five relatives. We also telephoned 15 people to obtain their views about the service. We also spoke with four members of staff and a health professional and a social care professional. We spoke with the registered manager, operations manager and a director.

We looked at a range of records during the inspection. These included six care records and four staff files. We also looked at information relating to the management of the service including quality assurance audits, policies, risk assessments and staff training.

Requires Improvement

Is the service safe?

Our findings

People did not have individual risk assessments which identified what risks they faced and how to manage these. We saw that there were generic risk assessment records in place but these were not person centred. For example, one person had equipment in place to reduce the risks of pressure areas developing. They did not have an assessment which identified the level of risk or staffs role in managing this. Another person had diabetes, there were no details in their care record about what diet choices would be appropriate or signs and symptoms to be aware of with regard to this. This meant that the service had not done all that was possible to identify or manage peoples individual risks. The manager said that they would work to put these in place and we saw an action plan which identified that these were planned to be completed by the end of August 2016..

We observed that medicines were administered correctly but there were gaps in recording. The service had recently moved all medicine recording to an electronic system and staff used smart phones to record when they prompted or administered medicines. We saw that staff recorded accurately and the electronic system would alert the office if a medicine was not given. However there were gaps with medicines which were prescribed short term. For example, we saw that one person had a prescription for an infection and had two medicines which were required. This was not included on the electronic system and staff had used a paper notebook as an interim measure to document that meds had been given. The director advised that there were plans to include the local pharmacies on the electronic system so that medicines were automatically updated and they would consider an interim measure to ensure that short term medicines were recorded accurately.

Staff received meds competency checks which included recording and how medicines were given. We saw that in some cases, areas for development had been highlighted as part of these observational checks, however there were no planned actions to improve practice or evidence of how this information was used. The manager said that they would ensure that actions arising from these checks were documented and acted upon. The operations manager advised that the system could generate reports for repeated alerts or concerns and they would ensure that these were run regularly to highlight any errors or trends.

Recruitment checks at the service were not robust. We saw that files included references but that these were not sufficient in some cases as they only contained dates of previous employment. The operations manager and manager said that they would ensure that sufficient references were sought. Recruitment files included application forms and we saw that there were some gaps in dates for employment history. These had not been checked as part of the recruitment process and the manager said that they would ensure this was done. We saw that appropriate identity and Disclosure and Barring checks(DBS) had been completed and that recruitment checks had been scheduled for discussion at the next management meeting.

People were supported safely by staff. We saw that a person was supported to move from their bed and the staff member was reassuring and explained what they were doing. Another member of staff used a piece of equipment to support a person to move and ensured that the person was protected from possible injury by

guiding their hands to hold the equipment safely while they moved them. Where people had equipment in their homes, records gave clear detail about who was responsible for ensuring that this was in good working order and serviced regularly.

People knew the staff who supported them and generally had staff who were familiar to them. A relative described the carers as "really dedicated and caring" with their loved one. Another relative told us how a staff member had helped them to use a new technique to improve the support for their loved one. We observed a good rapport between people and staff and saw that people chatted with staff and were relaxed in their company.

People told us that they rarely had any missed visits. Staff told us that there were enough staff to cover the visits with people and if someone was not able to manage their calls, the office arranged for the visits to be covered. Staff told us that they had sufficient travel times to get to their visits and that their rosters were generally based in a geographical area to make travel time more manageable.

The manager told us that they used a customer priority tool for emergency planning at the service. This focussed on how the service would support people in an emergency, for example severe winter weather or a flu pandemic. We saw that there was a traffic light system which indicated if a person would be a 'red' or high priority for support, other people were categorised as 'amber' or 'green' for a low support need . This related to the risks the person would face if they did not received support from staff as planned.

Staff understood about the possible signs of abuse and how to report any concerns. One told us about how they would identify possible abuse and explained that because they knew people well, they were able to pick up on changes in behaviour or more subtle concerns. Staff received regular safeguarding training and we saw that the staff handbook contained a copy of the safeguarding policy which gave detail about the procedure for reporting. Staff were aware of the Whistleblowing Policy and how to escalate concerns and told us that they would be confident to report and that this would be followed up. We saw that there was information about whistleblowing displayed in the office.

Requires Improvement

Is the service effective?

Our findings

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.

The service was not always following the legislation and good practice guidance around MCA. We saw that some people had capacity assessments but that these did not include explanations of how the decision had been reached. Some records indicated that people had a legal power in place to make decisions on a person's behalf. However it was not clear what legal power was in place or documentation to explain this. This meant that they had consent from relatives for some people, when they may not have had a legal power to make decision on behalf of the person. We also saw that a MCA and best interests decision was on file for a person which assessed whether the person had the capacity to consent to the support from the agency. This person also had a consent form for care which had been signed by a relative with a legal power. The manager said that an internal audit had picked up issues with the information around legal powers and they were planning to review these. They also said that they would link with the local authority MCA team to seek guidance about best practice and accurate recording for MCA and best interests decisions.

Referrals to healthcare services were generally made appropriately. People told us that a GP or a district nurse had been called when they had needed a visit. For one person, staff had worked with their relative to make a change to how they supported the person using equipment provided by an Occupational Therapist(OT). This was working well, but no checks had been made with the OT to ensure that the change was appropriate for the person.

People felt that staff had the necessary skills and training to support them. One relative explained that they knew staff had the right skills by observing how they supported their loved one. Another felt that staff had a good understanding of dementia and that some staff had experience of working with people with dementia as well. One relative was concerned that some staff did not have enough training or skills to understand the approach needed for their loved one and said that the support provided did not give them peace of mind because of this. A social care professional told us that staff had managed a difficult situation with a person and done a good job in difficult circumstances.

Staff received training as part of their induction into the service. One staff member told us that they had two days training which covered a range of topics including medicines, manual handling and first aid. They felt that the training covered what they needed to know and they spent time shadowing other more experienced staff before lone working in the community. We saw that new staff were completing the care certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. Records showed the date that staff had successfully completed the 12 standards required.

Staff received training in a range of different topics including safeguarding, dementia, MCA, manual handling and food hygiene. Training was delivered as a mixture of face to face practical sessions and e-learning. A staff member explained that as part of the manual handling, they had been moved using some equipment which had enabled them to understand and empathise with the people they supported. Another member of staff told us that training in dementia included scenarios which they found useful to consider the options and what would be appropriate for each person. Refresher training was provided for some topics and there were clear records of when these were due to be completed for each staff member.

One of the directors explained that they, and the training manager had become dementia friends champions and had agreement that any staff who wanted to undertake this opportunity would be able to do so. The Alzheimer's Society's Dementia Friends programme is an initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. The director advised that they had worked with local businesses and run dementia friends sessions and had created a further 257 dementia friends. The organisation had also sponsored the guide for dementia friends which was given to local businesses in the area to try to improve their understanding of dementia. The service was also working with the local police force to identify 'safe havens' where a person with dementia would be able to be safely taken and supported if they were found lost in the local area.

The director told us that the service had two Gold Standard Framework(GSF) accredited trainers. The GSF gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. The service was in the process of rolling out the GSF training to its staff and told us that 11 staff had received this training so far. Other training was booked via e-learning around nutrition awareness, falls prevention, Disability Discrimination Act and Diabetes. There was also a date booked for staff to attend epilepsy and stoma training.

Supervision was provided regularly and records showed that staff had face to face supervision and also spot checks where they were observed in practice. The checks were unannounced and looked at areas including dress code, interactions with people and how staff sought consent to support people. Staff told us that they were able to discuss any issues in supervision and we observed staff arriving at the office for planned supervision meetings. One staff member had not received supervision due to an operational change. The manager explained that they had already booked in to meet and provide face to face supervision for them. Staff supported some people with their meals and drinks. People told us that food was prepared appropriately and we saw staff preparing peoples preferences for breakfast. Some people were at risk of not eating or drinking enough and we saw that the electronic care records enabled staff to monitor these areas. For example, one person had a poor appetite and we saw that staff encouraged them to eat and drink and prepared breakfast in a way that was appealing and that the person could manage to eat independently.

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Good

Is the service caring?

Our findings

People and relatives told us that staff were caring. One told us that the carers were "caring and reassuring". Another said that the carers didn't rush them and had time for them and another described them as excellent. Another person explained that the staff were "kind and cheerful and do anything I ask them". A relative told us that staff were "kind and caring, (they) seem to be able to pick the right people for the job". We observed staff supporting people in a caring way. For example, one carer checked that a person was comfortable in what they had picked to wear and asked whether they wanted a cardigan on in case they were cold. We observed a comfortable rapport between staff and the people they were supporting. For example, one member of staff was joking with a person about their ticklish feet when they removed their socks. A relative explained that staff had been caring and explained that they had checked out options for support that would be most suited for their loved one.

Staff knew the people they were visiting and how they liked to be supported. One person told us "They know what I like and how I like things done". Another said that staff "get to know how I want things done if I have regular carers". Several people told us that there had been lots of new carers and this meant that people had to get to know new staff. One explained that "new staff have to be told what I need". People told us that they got on well with the staff that they knew, but it took time for people to build a relationship with new staff who visited them. One person explained that "carers change like the wind, with lots of new ones, they just turn up and expect me to tell them what to do". Records gave details about how people wanted to be supported. For example, one record asked that a person be supported to dress in a certain way as they felt the cold. Another advised staff to call out when they arrived so the person wasn't startled.

People and relatives told us that they were offered choices about how they were supported. We observed one person being offered choices about what the member of staff prepared them for breakfast and the person chose one of the options offered. Another person told us that if they couldn't make up their mind about something, staff suggested options for them which they found helpful. A member of staff explained how they offered appropriate choices for one person. If they offered three options, the person was able to make a choice about which they preferred.

People and relatives were involved in agreeing what support they would receive from the service. One relative explained that someone from the service had come out and completed an initial assessment when they started receiving a service. They said that they "went through it all and asked me what I wanted". Another relative said that the service had been out to complete the first assessment and they had been "impressed with how they included them(their loved one) in everything".

People told us that the service listened to their preferences but did not always act on these. For example, one person had been supported by a male carer, they had rung the service to request a change, but couldn't get through on the out of hours number. Another person explained that they had spoken with the office but no changes had been made. A relative explained that they had spoken to the office about issues with the times of visits "but they don't really take notice". Another person told us that the service respected most of their choices and that it made a big difference if they knew the carer who was visiting. A relative told us that

they had rung and advised that one of the visits was too early and the office had changed this immediately for them. The manager told us that a relative had rung them and explained that they had not got on well with one carer and the manager had blocked the particular carer on the system so that they did not visit the person again. They told us that they tried to match staff with people and take preferences into account. For example, one person had very specific preferences with regard to staff and the service ensured that their request was respected and that they sent appropriate staff. They also took into account if people only wanted a particular gender of staff and tried to accommodate this.

The service did not have anyone who was currently involved with an advocate and there was no detail about what advocacy services did and how to refer in the main customer service guide. The operations manager told us that they had posted advocacy information out to people recently and were aware of how to refer people if this was requested.

We observed staff treating people with dignity and respect. A relative told us that when they had family visiting, the staff were considerate about how to maintain the persons dignity during the visit and they had appreciated this. Staff were able to tell us how they were respectful when supporting people. One explained that they ensured that the door and curtains were shut and that they kept the person covered as much as possible. We observed that where people had key safes to access their property, staff called out and identified themselves and sought consent to support people.

Staff supported people to remain as independent as possible. We observed one staff member assist someone to start to brush their hair and then encouraged them to continue to do this themselves which they did. A staff member told us that they encouraged people to "do what they can themselves". Another staff member told us that they supported a person to manage some of their care independently and supported with what they were unable to do. One of the directors explained that they were working to "assist people to remain independent at home for as long as possible". They were starting to widen their remit to support customers to consider Assistive Technology and Assistive living options for people by working with other organisations and considering technology and equipment to support people in their own homes. For example, the organisation would be piloting the use of pendant alarms with people and training their staff to identify a need for basic equipment including toilet frames. Bluebird had created a partnership with an occupational therapy service who they could signpost people to if they wanted a private assessment for more specialised equipment.

People's information was stored on electronic smart phones which were used by all staff. They required a secure code to login and information was stored securely.

Requires Improvement

Is the service responsive?

Our findings

People were not always told about changes to their visits. If the member of staff visiting someone had changed from the rota, people were not told about this change. For example, one person told us that they had received a rota, but had a different member of staff without being told about the change. A relative said that "they change the carers without saying". Also if a visit showed as 'unallocated' on a person's rota, they were not always told who this would be and needed to ring in to the office if they wanted this information. One person said that if staff were running very late, they should have a call, but this was not always the case. Staff told us that if they were running late for a visit, they would let the office know who then rung people.

The service had moved to an electronic system and all files were accessed remotely via smart phones held by staff. The manager explained that each person had a paper copy of their care plan in their home and we observed that these were in place at the homes we visited. Daily care records were completed by staff on the smart phones and could therefore be seen in the office. The system identified 'tasks' staff should complete for each person they visited and raised an 'alert' if these were not completed. The introduction of this system replaced paper daily care records in peoples home and the service no longer provided a daily record book. People and relatives told us that they had no way of knowing if staff had been, what they had done or how long they stayed. Several people and their families had started their own paper record and we saw that staff had mostly completed these with details of the visits. For people with a dementia, families were unable to see whether their relative had had sufficient to eat or drink for example, or whether a staff member had supported them to change their clothes or whether the visit had been missed and the person had not received the support they needed.

One relative explained that there was "nothing in the home and I have put in paper notes". Another relative explained that they had put in a "communication book, but only a few fill it in". We observed that one person had a paper log in their home, which family had provided and some staff were completing this. One of the directors explained that they were soon to launch an 'open pass' system which was designed for families or people to have remote access to peoples care records so that they were able to see what support had been provided. This system was not yet available and people and their families were not aware of it. The director told us that the 'open pass' system would replace the paper records. However the paper records had already been removed and the open pass system had not yet been introduced. We asked about how peoples and relatives were supported to have choice about the system and the director told us that they would look at ensuring that there was an interim option for people and that they offered people the choice about how they wanted their daily care records to be recorded. We saw an action plan which detailed that this piece of work would be completed by the end of August 2016.

People were not always told which staff would be visiting or when visits would be. Most people we spoke with indicated that there were weeks when they had not received a rota from the service. This meant that people did not know who would be arriving at their home, or what time staff would be coming and several explained that they had rung into the office to find this information out. The manager explained that they had experienced issues with their equipment which had meant that rotas had not been sent out for 2 weeks. They advised that they had set up a contingency arrangement with another local Bluebird office who would

be able to send out rotas if they had any further equipment failures or issues in the Dorchester office.

People and relatives told us that they were involved in reviews about their support. One relative told us that they had received a review recently and that the service had come to their home and "we talked about everything". Another relative explained that they had been invited to a review with their loved one. A social care professional said that they had been involved in a review about a person and the service had ensured that the people involved were invited. We saw that reviews were regular and recorded on the computer system.

People and relatives told us that they would be confident to complain if they needed to. One person said that they had not needed to complain, but "would be happy to do so knowing the office would take notice". We saw that people's reviews included information about complaints and that people were asked whether they knew how to complain and information given out again about how to do this if needed. The service had not received any complaints in the last 12 months but we saw that there were procedures for logging complaints and actions resulting from these.

Some people told us that they were asked for feedback about the service they received. One relative told us that their loved one had received a customer questionnaire to gather their views and they had completed this. The questionnaire had included ticking if the person wanted to chat with someone from the service. The relative had ticked this but no-one from the service had called in response. We saw that the questionnaire had been sent out in September 2015 and 29 people had responded. The results had been collated and evaluated in January 2016. However the evaluation did not identify anyone requesting a call back. The manager said that relatives were not formally asked for feedback, however they often fed back their views on the customer questionnaire.

Requires Improvement

Is the service well-led?

Our findings

Quality Assurance systems at the service were not consistently robust. We saw that information was collected from a range of sources, however this was not audited to identify gaps or trends to inform development of the service. For example, people's reviews were recorded on the computer system, however answers from this were not used to identify any issues. The medicines competency observations were recorded but not used to identify whether staff needed further training or whether there were any ongoing concerns about practice. Alerts on the computer system were triggered when tasks were not completed or put onto the system but this information was not collated in any form to improve practice. The service carried out regular internal audits and these were completed by the regional operations manager. Information included looking at missed visits, the workload of the supervisors in the local offices and how many support hours were being completed by the manager. The director explained that the senior management team met monthly and looked at trends or areas which required further investigation. Staff were also asked to feedback annually with their views and we saw that this information had been collated and fed into the business plan for the service.

The manager was in the process of applying to register with CQC as the previous registered manager had left the post in March 2016. The service had made the appropriate request to deregister the previous manager. The supervisor and co-ordinator had recently left the service. The new co-ordinator had started in post a month before the inspection and there was a new supervisor due to start imminently. The changes in office staff had resulted in gaps in communication. For example, the manager said that they had a list of areas in peoples care records which they planned to address but this had been delayed by the staff changes. The manager told us that they received regular supervision and that they felt well supported by the organisation and were able to speak with people easily when they needed to discuss any issues.
They told us that they linked with the operations manager at the service to discuss and develop systems and practice. They also spoke with the local authority safeguarding team to discuss any possible concerns.

People, relatives and staff told us that they were able to speak with the office if they needed to. Some documentation we saw had the incorrect contact information for another local Bluebird office. Although these were being replaced, some people still had the incorrect contact number in their home care plans. People did not report this as an issue and told us that staff were polite and helpful over the phone. Some relatives told us that they would like the office staff to introduce themselves when they answered the phone as they were not sure who they were talking to when they rung in. Staff reported that they were able to get hold of the office when they needed to and that the out of hours number worked well. If it was not immediately answered, staff reported to be called back quickly.

Staff told us that communication was effective and that they found the manager and office staff easy to speak with. There were monthly staff meetings and we saw that issues including lone working were discussed and minutes circulated to staff. A member of staff told us that they were invited to raise topics at the staff meeting but were also invited to discuss any issues in private if they needed to. Another member of staff said that they discussed any issues at the staff meetings and minutes recorded that staff had

highlighted training and development options they were interested in. The service sent out regular newsletters to staff which included updates about training opportunities and staff changes. We observed that several staff dropped in to the service and that there was a relaxed atmosphere between staff. One staff member said that the new co-ordinator had made a difference and that they listened and took suggestions made by staff to improve the rotas.

Staff spoke positively about the manager and said that they were approachable and available. One said that they had a professional attitude and that if feedback about their work was received, this was passed on to them in recognition of the good work they were doing. Another said that the manager had told them all they needed to know and was very welcoming when they started in their role. Another said that The managed listened and if they "don't know something, they would find out and let you know". The office staff worked well as a team and we observed staff picking up calls quickly when the phone rang and covering phones for each other if someone was busy. The manager told us that they told staff how much they were appreciated and when a new staff member passed their probation, they were given a gift to recognise their achievement. They also had a 'refer a friend' scheme where a staff member and the new staff member would receive a monetary benefit if they recommended someone for the role. The manager said that they encouraged staff to ring or call in to discuss any concerns and that they had an open door approach at the office.

Staff told us that they were encouraged to make suggestions and that they were listened to. For example, one member of staff told us that they had been concerned about the poor appetite of a person, they had spoken with the supervisor who involved the DN and supplements were now prescribed.

The director explained that the service ran a community grant scheme. They had met with local community groups and found that lack of funding was leading to some community clubs closing. Bluebird donated money each month to local groups to try to encourage the local community to support people to remain independent at home and improve the lives of people receiving a service by having better access to community groups. They also told us that a member of staff collected and delivered cakes for the local memory café and as a result, had suggested this to a person they were supporting who now attends the café. The manager explained that they undertook fundraising at the service and took part in local fetes and events. They sent out monthly newsletters to people updating about changes but also advising them about events and inviting people to attend.