

Tregeen Limited

Bluebird Care (Cornwall North)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 14 and 18 January 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Bluebird Care (North Cornwall) provides a personal care service to people living in their own home. On the day of the inspection 65 people were supported by Bluebird Care with their personal care needs.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager and provider were both involved in the day to day running of the service.

People, those who mattered to them and staff all spoke positively about the service. Comments included, "I can't give them enough praise," and "They're excellent," These comments were echoed by health and social care professionals who told us the service was the gold star they looked for and the service they would want their relative to use.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The provider and registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

People told us staff provided high quality personalised care and support. Care records were focused on empowering people to have control. Staff responded quickly to people's change in needs, which was communicated to those that needed to know. Staff were passionate about delivering the care and support people wanted during each call; even if it was not what had been planned or meant they would need to stay longer. Comments included, "They do absolutely anything I want, nothing is too much trouble."

The registered manager ensured end of life care for people and the support provided to relatives were of a very high standard. They assessed and planned in detail to ensure everyone's needs were met. Staff responded with empathy and compassion, often going beyond the requirements of their job role to show how much they cared.

People were supported by staff who received tailored training that reflected their individual needs, and supported how they wanted and needed to receive their care. Staff put their training into practice and delivered outstanding care. Relatives commented, "Full marks to Bluebird on their training. I couldn't ask for more." People felt really well cared for, that they mattered and valued their relationships with staff. People's comments included, "I wanted to say how good it is seeing a Bluebird regularly. It takes away the isolation and they are all a tremendous help to us." and "We're absolutely delighted. It's great to find a care company that cares so much."

People and those who mattered to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. Staff focused upon a person's whole life to promote their wellbeing and gave people an outstanding quality of life. People, relatives, staff and health and social care professionals consistently told us Bluebird Care always focused on providing the best care

possible for each individual.

Everyone described the management to be very open, supportive and approachable. Comments included, "They've always got time for you even just to have a coffee and a chat. Nothing's ever left, it's always sorted." Staff talked about their jobs in a very positive manner and were highly motivated. Comments included, "I really enjoy my work," and "I love working for Bluebird." People told us they regularly saw the registered manager or senior staff members and staff gave examples of when the registered manager and provider had attended calls to provide extra support.

People were supported by staff who supported them to maintain their independence as far as possible. Staff had an in-depth appreciation of how to respect people's privacy and dignity.

People told us they felt safe. Staff had undertaken training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and worked in partnership with other social care professionals to keep people safe.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment. People's risks were anticipated, identified and monitored. Staff managed risk effectively and actively supported people's decisions, so they had as much control and independence as possible.

People knew how to raise concerns and make complaints. People and their relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

The provider had a robust quality assurance system in place and gathered information about the quality of the service from a variety of sources including people, relatives and other agencies. Learning from incidents, feedback, concerns and complaints were used to help drive continuous improvement across the service.

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.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who had a good understanding of how to recognise and report any signs of abuse. Staff acted quickly to protect people.

People were protected by staff who understood and managed risk. Staff managed situations in a positive way when people displayed behaviour that challenged them.

Is the service effective?

Good ●

The service was effective.

People were supported by highly motivated and well trained staff. Induction for new staff was robust and thorough and all staff received regular and effective supervision and support.

People's rights were protected. Staff and management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the capacity to make decisions for themselves had their legal rights protected.

Links with health and social care services were excellent. Staff improved their practice by following advice and guidance that had been sought.

Is the service caring?

Outstanding ☆

The service was very caring.

People described the caring approach shown by staff as exceptional.

People were treated with respect by staff who were kind and compassionate. People felt they mattered and valued the strong positive relationships they held with staff.

Delivering high quality end of life care was important to the registered manager. Staff took account of the wishes of family and friends as well as the people they were caring for and went the extra mile to ensure people felt cared for.

People were treated with respect by staff who were kind and compassionate. Relatives were supported and involved in the service.

Is the service responsive?

Good ●

The service was very responsive.

People were supported by staff who knew them well and were passionate about enhancing people's well-being and quality of life.

People were supported by staff who had a thorough understanding of how they wanted to be supported and were responsive to their changing needs.

People were empowered by staff to be involved in identifying their choices and preferences and have as much control as possible.

People's views were regularly sought, listened to and used to drive improvement in the service. Complaints and concerns were listened to, taken seriously and addressed appropriately.

Is the service well-led?

Good ●

The service was exceptionally well led.

There was a positive culture within the service. There were clear values which staff described as "providing excellent care" and were passionate about following.

The management team provided strong leadership and led by example. People and staff were able to express their opinions and views and were encouraged and supported to have their voice heard.

Staff received strong support from the registered manager and senior staff that enabled them to deliver consistently effective care.

There were very robust and effective systems in place to assess and monitor the quality of the service. The quality assurance

system helped drive improvement.

Bluebird Care (Cornwall North)

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 undertaken by one inspector, took place on 14 and 18 January 2016 and was announced. The provider was given 48 hours' notice because the location was a domiciliary care agency and we needed to be sure that someone would be present in the office.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the provider, the registered manager and seven members of staff. We visited four people in their own home and spoke by phone with six people and five relatives. We also spoke with two community matrons, a deputy matron, two social workers, a community psychiatric nurse and a palliative care nurse.

We looked at six records related to people's individual care needs. These included support plans, risk assessments and daily monitoring records. We also looked at six staff recruitment files and records associated with the management of the service, including quality audits.

Is the service safe?

Our findings

People told us they felt safe. Comments included, "Yes, I absolutely feel safe," "I feel safer than if I was on my own." and "I feel very safe because my carers feel like friends." A relative told us, "We live quite a few hours away but my relative is safe with the service. That's peace of mind for me."

People were protected from discrimination, abuse and avoidable harm by staff who had the knowledge and skills to help keep them safe. Policies and procedures were available for staff to advise them of what they must do if they witnessed or suspected any incident of abuse or discriminatory practice. Records showed all staff received safeguarding adults training and equality and diversity training. Staff confirmed they were able to recognise signs of potential abuse, and felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "I would talk to my supervisor or escalate it higher within Bluebird, if needed. It would be taken seriously." Staff knew who to contact externally should they feel their concerns had not been dealt with appropriately. The registered manager had previously raised safeguarding alerts when staff had concerns that people were at risk of abuse. Healthcare professionals confirmed these alerts were communicated quickly. They also told us the registered manager and staff worked in partnership with them to keep the person safe and resolve the situation.

People were protected by safe staff recruitment practices. All employees underwent the necessary checks which determined they were suitable to work with vulnerable adults. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records, where appropriate, contained risk assessments regarding people's behaviour that may put themselves or others at risk. This enabled staff to receive personalised guidance to best meet individual's need and helped keep people safe. Information and incidents regarding people's behaviour were recorded and reviewed. Actions to ensure people and staff were safe were then put in place. Referrals were made to relevant health or social care professionals and extra training was put in place for staff. For example, break away techniques and safer working positions. Common triggers, such as certain topics of conversation, were highlighted and positive actions that had been successful in de-escalating situations were shared to help enable learning to take place. A relative told us their loved one had become more challenging when receiving care and support. They confirmed staff were understanding and had successfully adapted the way they worked with the person, to reduce episodes of behaviour that may challenge them.

People's medicines and treatment were well managed by staff. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. One person told us, "They are angels, they keep an eye on my medication because I can't do it myself." People with limited capacity to make decisions about their medicines and treatment were protected by staff. For example, staff had reported one person had become confused with their medication, sometimes losing it or taking too much. The registered manager contacted healthcare professionals involved with the person and a decision was made in the person's best interests, to lock the medicines in a box in their house. Staff explained they now supported the person with their medicines so they were no longer at risk of taking too

much or too little. The care plan recorded that medicines were kept in a locked box, but there was no risk assessment in place to explain how this decision had been made. The registered manager told us this would be put in place immediately.

Environmental risk assessments had been carried out in people's houses to ensure people and staff were safe. People's needs and wishes were considered in the event of an emergency. People had personal evacuation plans in place, which helped ensure their individual needs were known to staff and other services in the event of an emergency.

Is the service effective?

Our findings

People told us they received care and support from staff who knew them well and who had the skills and training to meet their needs. Comments included, "They're really good. They know what they're doing," "I can't give them enough praise," and "My staff are reliable, very pleasant and very well trained." A compliment sent to the service from a relative observed, "We found Bluebird to be reliable and fully competent on all levels." Health and social care professionals confirmed, the standard of care delivered by staff was excellent adding that it was the service they would want their relative to use.

There was a strong emphasis on training and continued professional development. Staff told us they undertook a thorough induction when they first started working at Bluebird Care which included taught courses, shadowing experienced staff and spot checks of their work. The induction incorporated the new Care Certificate. The Care Certificate is a new national set of standards for all staff new to care. Staff confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Comments included, "I shadowed experienced staff for two weeks. I shadowed with all the customers I was going to be supporting regularly." Staff told us, when they had completed their induction, they were asked if they felt confident working alone and extra support was available if needed. For example, two new staff members told us they had requested extra shadowing with people who had equipment they were not familiar with. This had been provided without hesitation and staff then felt confident to provide care and support competently. Staff continued to receive support to ensure they remained confident in their role. A staff member told us, "The back up they give you is amazing. All I'd have to do is call, so I wasn't worried about working alone."

On-going training was then planned to develop staff knowledge and skills. The registered manager told us all staff were required to do the same training, regardless of their previous experience, to ensure they were all working to the company's standards. Staff told us they received sufficient training to fulfil their role effectively. A staff member commented, "I don't know if there's much more training I could do!" The registered manager was qualified to deliver most training to staff. They wrote bespoke training courses that gave staff the skills and knowledge required to meet people's specific needs. Staff told us, "[The registered manager] is brilliant at training. They give us scenarios to get us thinking. They do it with humour but make us realise we're dealing with people." and "When there were bits I didn't understand, they took time with me at the end to make sure I understood it." Staff told us team meetings were also often used to deliver refresher training through the form of a quiz to keep their knowledge up to date. A relative commented "Full marks to Bluebird on their training. I couldn't ask for more."

Information relating to people's specific needs was also available in people's care plans. This meant staff always had the information available if they needed to refer to it. When staff required specialised training this was sourced from external professionals. For example, a district nurse trained staff to apply dressings so they could meet someone's change in needs. People were also enabled to train staff in how they wanted their care providing to ensure it was done how they wanted. For example, one person told us, "If my mobility aids aren't done right, I get sore. I showed them through how to do it. There are no problems, they are spot on."

People were protected by staff who knew them well and monitored their health. Prompt referrals were made to relevant healthcare services when changes to health or wellbeing had been identified. If staff noted even a small change they would discuss this with the individual and with consent inform a senior staff member, who would seek appropriate professional advice and support. Staff told us, "If I'm concerned about someone's health. I speak to the office and something is done. For example, I reported someone wasn't well the other day and when I went back the GP had already been," Healthcare professionals confirmed, concerns were raised with them promptly and recommendations followed. They told us staff even questioned long standing treatments if they didn't feel it was right any more."

Staff received effective support through one to one supervisions and appraisals. One to ones were up to date for all staff and consisted of formal and informal meetings as well as spot checks on staff work. One to ones were a two way process, used as an important resource to support, motivate and develop staff and drive improvements. The registered manager told us, "I try to alternate the types of supervision people get. It's important to have a formal supervision with a set format but it's also important that staff have chance to lead the conversation too." Staff confirmed one to ones were used to develop and review their practice and enable them to comment on the support they received to carry out their role. A senior staff member said, "I discuss my role, the carers in my team, and the customers, how I'm feeling and plans for the future. Through supervision, I've been encouraged to do further training to develop my knowledge. The manager feels I can go on further, which is nice," Staff told us support did not stop at one to ones but was ongoing. Comments included, "I always feel really supported," "We are asked regularly how things are going, how the clients are and if we're ok," and "I'm quite happy because if there's anything I don't know how to deal with there's support there for me."

The registered manager and staff understood and had knowledge of the Mental Capacity Act 2005 (MCA). 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 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. Staff put this into practice on a daily basis to help ensure peoples human and legal rights were respected. For example, we observed staff work in partnership with a relative of someone who lacked capacity. They discussed the most effective way to ensure the person's best interests were met. They were supporting them to have a shower. They were particularly responsive to the person's reaction and consulted the person's relative throughout, to ensure it went as smoothly as possible. Staff reassured them, "If you're uncomfortable or you don't like it, we'll take you straight out." The relative told us, "Generally we work together. I told them I want to be involved and I am." Staff later reported to the relative, "[...] didn't like the shower. It might be better to carry on how we were but we'll leave it to both of you to decide." Healthcare professionals confirmed concerns were raised promptly in people's best interests and staff and the registered manager worked effectively with people's relatives to ensure people's best interests were met. People's capacity and what support they needed in relation to it, was not recorded in their care plans. The registered manager had started implementing this before the end of the inspection.

Is the service caring?

Our findings

Throughout the inspection people and their relatives were keen to tell us how caring staff were. People's comments included, "They [the staff] are really lovely. They really care," "They're wonderful to me," and "They're very attentive." Relatives added, "We're absolutely delighted. It's great to find a care company that cares so much," and "They just about wrap my relative up in cotton wool they look after her so well!" Healthcare professionals were also exceptionally positive about the service and the care provided. They described it as an absolutely caring service which, due to staff insight into individuals' needs was the gold star health and social care professionals looked for. Staff were highly motivated and inspired to offer kind and compassionate care and support. Staff said they enjoyed their work and were passionate about achieving a high standard of care for each person they supported. A new staff member said "Everyone I have met so far is compassionate and caring and wants the best for each individual."

People, their relatives and healthcare professionals described staff as always willing to go beyond the support they were contracted to provide. Comments included, "They do absolutely anything I want, nothing is too much trouble." A staff member told us they had recently requested, on someone's behalf, that the relevant external professional book a taxi for Christmas day so the person could visit their husband in a care home. When this did not work out as planned, two staff members volunteered at short notice to take the person themselves and collect them later to ensure they could spend Christmas day with their husband. Another staff member told us they had supported someone to attend the accident and emergency department of the hospital. Even though it was the end of their shift, they waited with the person for several hours, until they were seen. They told us, "I couldn't have left him there, he would have worried. I would have had to have something very important that I couldn't change not to have stayed with him; and in that case, I'm confident the office would've found someone to replace me."

The registered manager and provider told us of the importance of providing extra care to people who had no family or friends close by. They described how they had ordered one person's meals regularly for them, and helped them organise professionals to do the gardening and fix the TV or the heating when they needed it. When the person eventually moved into a care home, they took the belongings for them that they knew they would want there. People told us it was the extra little things staff did for them, such as helping them with their computer, turning up their pyjamas for them or painting their nails, that showed how much they cared. Comments included, "They'll always help me out with other bits and bobs." A healthcare professional confirmed this was the case. They told us, whilst supporting one person, the staff had time to spare. Instead of sitting down, staff took the dog for a walk, adding that their actions had really made a difference to the whole family.

All staff understood the importance of building strong, caring relationships with people's relatives as well as the person receiving the service. A relative confirmed, "The carers and manager are always asking how I am feeling as well, I think that's important. I don't know what I would do without them." When people's relatives lived further away, the registered manager and staff still ensured they communicated important information to them about their family member. A relative confirmed, "I definitely receive all the information I need about my relative, more than that actually." The registered manager told us Bluebird care had been the first

port of call for a relative after their loved one had contacted them, to tell them they had a leak in the roof. They helped them sort it out and reassured the relative they were safe and comfortable.

People were supported by a consistent team of staff who were quickly able to build a relationship with them and understand their individual needs. One person told us, "It's important to me that I don't have too many carers. It's in my care plan and I do have a lot of continuity with staff." A healthcare professional explained how the ability of staff to build a rapport with people made them more likely to accept the support they needed. They gave an example of someone who had been apprehensive about using the service but had been delighted at how helpful the staff were and how easy it had been to build a relationship with them.

People confirmed their privacy and dignity were respected and they were encouraged to be as independent as possible. Staff gave examples of how they supported people with their dignity saying, "It's recognising what's best for the person and adapting to them. We're taught about dignity on training and then we learn what each person likes when we're shadowing." One person told us, "They're very good. When I'm in the bathroom they wait in the other room until I'm ready for them, then they come in and do whatever I want." A relative confirmed, "When they are washing and dressing my relative, they treat them with the utmost respect and dignity." People told us staff only provided support to them when they needed it, which helped them maintain their independence; and staff described how they constantly tried to find ways to increase people's independence. For example, by moving furniture in someone's bedroom to enable them to get in and out of bed more easily.

People nearing the end of their life and their relatives, received dedicated, supportive care. A healthcare professional confirmed the registered manager and staff were very experienced providing end of life care and during this time demonstrated efficiency, compassion, and dedication; identifying and respecting families needs as well. The registered manager put particular emphasis on finding out if the person had any interests or wishes staff could support them with. A healthcare professional gave an example of how staff's knowledge of one person had enabled them to provide personalised care and support. They explained staff had gone the extra mile by bringing bunches of wild flowers from the hedgerow or bits from the person's favourite beach. The registered manager also told us how staff had suggested moving someone's bed so they could watch the birds in the garden, which they loved, without having to move. They told us, "Their relative was delighted we'd suggested it."

The registered manager told us of the especially high standards they expected from staff when supporting people at the end of their life. The team which provided the care was led by an experienced member of care staff. They were responsible for liaising regularly with the person receiving care, relatives, the registered manager and the district nurse. A healthcare professional told us people and their families needed consistency of care at the end of their life and that Bluebird Care were reliable in providing it for people. The registered manager told us, "I expect staff to form a good relationship with relatives and spend time with them. We rota time especially for staff to do that. It's important for us to find out what they want too." They confirmed they also attended at short notice between calls in order to provide support to relatives in meeting the person's needs. In addition, staff were trained to be highly respectful of people's dignity at this time, how to use specialised manual handling and personal care techniques to avoid causing unnecessary pain and how to identify and report if pain relief was not working successfully. Staff were given time off work to attend funerals of people who had used the service, often accompanied by the registered manager and provider.

Is the service responsive?

Our findings

When we asked people if they were happy with the service Bluebird Care provided to them, they said "I am more than pleased," "They are a different class. Absolutely wonderful," and "They are brilliant, friendly and do everything I ask. I have no idea what I would do without them." Health and social care professionals told us the registered manager and staff always worked hard to get the best package of care for people. Relatives told us how much they valued the service, especially as it met their needs as well as those of their loved ones. One relative told us how they could change call times, even at short notice, if they needed to leave their loved one to attend an appointment, saying, "I am just so pleased how flexible the visits to my relative can be." Healthcare professionals confirmed the service people received was extremely responsive and flexible around their needs.

People's care plans included clear and detailed information about people's health and social care needs. Each area of the care plan described the person's skills and the support they needed by staff or other agencies. Staff described them as, "Very informative," and "Very useful, especially if we are meeting someone new." The care plan of a person who had complex health and social care needs recorded comprehensive detail describing how he preferred his support delivered; for example, different methods of support to use depending on their health and ability at that time. Staff recorded detailed information at each call to ensure future staff could respond to the person's needs accurately and consistently. Healthcare professionals told us Bluebird Care worked exceptionally well with people with complex needs and their relatives; and explained how they met weekly with a senior staff member to discuss whether the support provided to people with complex needs would benefit from any changes or improvements.

People were involved in planning and reviewing their care and support needs. They showed us their care plans and said they reflected the care and support they wanted. They also reported being able to request certain staff members they got on well with, or ask that staff members whose personality didn't suit theirs, did not attend their calls. This was always respected. People's care plans were updated with any changes immediately and reviewed regularly by senior staff to ensure they still met people's needs. Staff confirmed they regularly prompted changes to care plans, saying, "I've phoned the office if I've felt the care plan needs changing. Even if it's just something simple that's incorrect." People confirmed, "They come out every few months to review it with me. They go through it and check that I'm happy with it and if I want anything changing," and "I tell [...] if anything needs changing in the care plan and it's updated." With people's consent, district nurses were always invited to reviews for people with complex needs to ensure care being provided was still meeting their needs. All relatives we spoke with told us they were also involved in care planning.

Activities and people's daily routines were personalised and dependent on people's particular choices and interests. Staff ensured they responded to individual's needs in a personalised way. If someone wanted to do something different from what was allocated for the call, staff ensured their wishes were respected. One person confirmed, "They ask every call what I want them to do; then I can tell them." One staff member told us, "We're supporting people with changing needs. We are flexible around what people want and I think senior staff are happy with that," and another confirmed, "If they don't feel like having a bath and would

prefer a cup of tea and a chat, that's what I'll do." The registered manager and provider had developed a library of games, puzzles and other activities staff could borrow if they felt it would enhance the support they were providing. A healthcare professional confirmed staff were dedicated to providing people with the support they wanted and confirmed they were flexible in how they met people's needs. People consistently told us staff always ensured their needs were met and asked if they wanted anything else before leaving.

Staff were very clear they were there to meet the person's needs however long it took and were trusted in their assessment of what people needed. People were keen to share examples with us of when staff had stayed with them longer than the allocated time in order to ensure their needs were met. One person told us when they were supported to go shopping because of their health needs, they sometimes needed to take more time than normal. They explained this was never a problem and staff never rushed them commenting, "They ask what's best for me and how they can best support me." A staff member confirmed, "If a situation is different from what we expect on a call, we call the office and they shift everything for us. They listen to us and get our other calls covered. Nothing seems to be a problem." They gave an example of a call where someone had needed more support than usual, telling us, "I called the office to let them know I'd be longer. The registered manager came out to help prepare breakfast to ensure the person's needs were met and I could get to my other calls too." Another staff member told us, "They bend over backwards to ensure you can complete the call properly changing or covering calls for you."

In order to help ensure people received the right level of care and support for their needs, any changes were reported to relevant professionals. Staff told us, "We notice changes because we see people daily so senior staff appreciate our feedback. For example, I found I wasn't managing to support someone with their shower in the time allocated. I reported it to the office and the call time has been extended now."

The service had a policy and procedure in place for dealing with any concerns or complaints. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. People and relatives, who had raised concerns, had their issues dealt with straight away. Comments included, "If I ring them, it's always sorted straight away," and "Nothing is too much trouble when you ring up." We saw concerns and complaints had been documented and records included the action taken and feedback provided to the person or people concerned. A relative told us, "I am listened to," and gave an example of how their loved one's care plan had been changed as a result of ideas they had suggested to staff. They told us, "On the whole, they do an amazingly good job." People we spoke with told us they had no concerns or complaints about the service. Comments included, "There's absolutely nothing to complain about."

Is the service well-led?

Our findings

People, relatives and health and social care professionals, without exception, spoke highly of the management and staff team. People told us the registered manager was compassionate and professional, comments included, "They have an extremely caring manager who rings up to see how we are," "The manager comes round to the house so we can talk things over," and "The manager and staff could not be better." A relative added, "The manager always keeps an eye on things." Health and social care professionals described positive working relationships with the registered manager and very helpful and co-operative contact with the staff. They told us staff were always happy and cheerful in their work which made a difference to the people they supported.

Individualised care was central to the service's philosophy and one of Bluebird Care's core values was, "The customers' needs come first." People, health and social care professionals and staff confirmed the provider and registered manager led by example demonstrating this within their work. They had a clear vision for the standard of the service people should receive and staff had clearly adopted the same ethos and enthusiasm for providing high quality, personalised care. We asked staff to describe the aims of the service and they responded, "Provide excellent care," "Provide good, thorough care tailored to each individual with compassion and continuity." "Give clients the best possible service." Staff spoke in a compassionate and caring way about the people they supported. One staff member told us "I love going to see my customers!"

There was a positive culture within the service. The provider told us their philosophy for providing high quality support, explaining, "It's important to have good staff to provide a good service." Throughout the inspection we saw and heard how the provider and registered manager worked hard to keep staff and foster strong working relationships between staff. For example, office staff were always invited to have lunch with new staff during their induction, so the new staff understood the different roles and felt confident contacting them for support when needed. Staff confirmed, "We've got a really nice team." The provider and registered manager also gave staff gift bags when they attended training and always sent them birthday cards. Staff told us this helped them feel like a valued member of the team. Weekly memos were also used to remind staff how much their work was valued. One memo told staff, "We really appreciate all your hard work. Your effort does not go unnoticed by customers and their families" and "Thank you to all those who worked over Christmas." Compliments about staff members were shared immediately with them and recorded in their file; and compliments about the service were shared via the weekly memo or at team meetings.

Staff meetings were regularly held to provide a forum for open communication. The registered manager told us there was a set format to the meeting which covered topics such as people's needs and safeguarding, but staff could also raise any ideas or concerns they had. The registered manager then followed up items discussed and implemented any resulting changes. Staff confirmed, "We meet each other, voice our opinions and sort things out together," and "We look at how we can improve things." The meeting was also used as an opportunity for staff to spend time together and they valued the opportunity to meet up with colleagues. One staff member told us, "They're important to us as we're on the road a lot."

Staff throughout the inspection told us they felt listened to and described the provider, manager and senior

staff as providing the right support to them at the right time, commenting, "They [the senior staff] help you do your job. Every situation is different and they understand that." A staff member gave an example of this "I had to wait with someone for an ambulance to arrive after a fall. The manager came out to support me," and another told us "They've always got time for you even just to have a coffee and a chat. Nothing's ever left, it's always sorted." Other comments included, "I really couldn't fault the support I receive," and "They are really nice people to work for." A healthcare professional confirmed the registered manager was very supportive of the staff and their needs.

The management took an active role within the running of the service and had good knowledge of the staff and the people who were supported by Bluebird Care. People told us they knew the registered manager and senior staff and saw them regularly. Staff valued the fact that the registered manager and senior staff attended calls when needed. This meant they knew people well and were therefore well placed to deal with any concerns that arose. Staff told us, "The manager is very knowledgeable about the customers. It amazes me how she remembers it all sometimes," and "The registered manager and provider have both been out to provide support to people." The registered manager described her belief that a thorough assessment of each potential care package was essential to maintaining the quality of the service and supporting staff. They told us, "We won't take on packages we can't manage. We always consult the senior staff for their opinion first, it would put staff under too much pressure otherwise. However, we will always try to provide extra support to existing clients if they need it." Healthcare professionals confirmed this was the case.

The provider and registered manager demonstrated a passion for the service and modelled high standards of care, through a hands on approach and attention to detail. Their comprehensive overview of the service and the support it provided to people enabled them to quickly identify where problems may occur. For example, where someone had complex needs they understood the need for effective communication to ensure the person's needs were met. They arranged regular meetings with the person's relative to discuss any concerns and so they could continually provide high quality care to their loved one.

The provider and registered manager regularly sought feedback from people, relatives and staff. Anyone who raised any concerns through the questionnaire received a visit from the registered manager to discuss and resolve their concerns. Staff confirmed changes were implemented as a result of their feedback too. For example, they had raised concerns over travel time. The provider and registered manager asked them to complete details about any difficult journeys in order to identify where and when problems were occurring. They then travelled the journeys highlighted and adjusted travel times accordingly.

Information was provided to people in advance so they knew who would be supporting them. People told us they valued this information. One person explained, "They send me a rota every week. I like them doing that so I know who's coming." The registered manager told us they produced the rotas in large print for people who would not be able to see the smaller print. As a result of a recent questionnaire, people had requested they were always informed if there was a change of staff. The registered manager confirmed there was now a system in place to ensure this was done.

Regular audits and safety checks were carried out to maintain the quality of the service. Areas of concern were identified and changes made so that quality of care was not compromised. A staff member told us how effective and thorough these audits were commenting, "They even told me my MOT is due soon!" Annual audits were also completed by corporate Bluebird Care staff to ensure consistency of quality.

The registered manager was aware of their responsibilities under the Duty of Candour. That is, a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. A healthcare professional described the manager as open and honest and told us they would bring up any

slips with carers to improve practice. A person confirmed, "I find them all open and approachable."