

Kartho Enterprise LTD

# Bluebird Care Gosport

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Bluebird Care Gosport is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 38 people using the service.

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

People and their relatives said the service was exceptional and staff went above and beyond their expectations. People looked forward to the carers visiting and enjoyed their company.

Staff spoke with compassion and genuine warmth when referring to the people they cared for. The caring ethos of person-centred, expressed to us by the provider and registered manager, was echoed in the comments made by the staff. This was reflected in the care people told us they received. People appreciated the continuity of care from the same care staff who were consistent and always attended. People and their relatives confirmed that they received a weekly rota which was adhered to, with changes only occurring in unforeseen circumstances.

People and their relatives had trust and confidence in the staff and management.

The service was exceptionally proactive in recognising social exclusion and isolation and involved people in the life of the community. The service was person-centred, viewing their relationship with people using the service as a 'partnership' with emphasis on equality and diversity including cultural and lifestyle choice. The service worked in collaboration with health and social care professionals to promote joined up care.

Computerised care plans were comprehensive with clear instructions for staff on how the person wanted to be cared for. People's interests and what was important to them was prominent in their care planning. Consent to care was agreed at every visit which allowed for choice at the time of care delivery, taking into consideration a person's preferred way of communication.

People and their relatives were confident that if they had concerns they would be dealt with appropriately.

Extremely effective systems were in place to monitor the delivery of care through feedback from people and relatives, audits, spot checks, staff observational supervision and quality assurance questionnaires. Lessons learned were documented and shared in staff meetings. Medicines administration records showed that medicines were taken as prescribed. People confirmed that staff followed infection control procedures and wore gloves and aprons appropriately to prevent the spread of infection.

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

There was a clear focus on providing person centred care and staff understood the needs of people, their

past lives, their individual wishes and preferences. The provider understood the importance of social activities to people's wellbeing and went the extra mile to develop community resources to help people live as full a life as possible. The provider constantly strove to find ways of responding to people's needs and to address loneliness

Staff received a comprehensive induction, refresher and specific subject training. The service promoted a learning and development culture to continually strive towards excellent care practice. They held regular coaching sessions with staff to promote positive experiences, dignity and high-quality care for people. The management team were open and transparent. The registered manager was passionate about supporting older people and had created a team of enthusiastic and dedicated staff. They provided excellent leadership and staff were clear about their role.

The wellbeing of staff was viewed positively by management and was embedded within the culture of the service. Staff told us they felt valued and supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 01/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Bluebird Care Gosport

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

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

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

#### Notice of inspection

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

Inspection activity started on 4 June 2019 and ended on 6 June 2019. This included visiting the office to speak with the registered manager, interview staff and review care records and policies and procedures.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, the provider of the service, business operations manager, care

coordinator, three care supervisors and two care staff. We looked at four people's care records including their medicine records. We looked at training records for the staff team and we examined nine staff members recruitment and supervision records. We viewed documents relating to the management of the service such as complaints and compliments, satisfaction surveys and quality audits.

After the inspection

We contacted ten people, seven relatives and two care staff by telephone to obtain feedback on the service. We also requested further documents and information from the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe receiving care and support from Bluebird Care Gosport. One person said, "Safe? Yes definitely", and a relative told us, "Absolutely 100% safe".
- There were appropriate policies and systems in place to protect people from abuse.
- Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse and records showed staff had received training in adult safeguarding. Staff told us, "I would report to the supervisor, or manager, inform the family doctor and anyone else who needs to be informed", and, "Basically if I saw or heard anything, any type of abuse, then I'd let the office know, or the manager or go to CQC (the Care Quality Commission) or to the local council".

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- The registered manager told us how they supported people to access additional mobility equipment to improve their safety and to arrange maintenance checks on equipment as required. A staff member told us about one person they supported along with the Occupational Therapist and GP to implement recommendations to enable them to continue to live safely in their own home.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.

Staffing and recruitment

- People, relatives and staff confirmed that staff always attended calls. People commented, "No, never missed, sometimes turn up a little bit early, sometimes a little bit late but never don't turn up at all", and, "Very efficient and reliable".
- Punctuality and continuity were appreciated. One person told us, "I have a timetable so know when they are coming. There are six or seven carers we have regularly. Within five minutes they turn up". Another person told us, "Extraordinary timing". We saw a strong emphasis on continuity of carers by the provider with continuity audits being carried out weekly and monthly. One relative told us, "Absolute continuity of carers".
- Sufficient staff were employed to meet people's needs. Staff confirmed that they had enough time with each person to undertake care safely. One told us, "We always have enough time, at the end of the call there is normally time left over where [electronic system] is filled out so I'll sit and have a chat with them about

what they have been up to, how their family are, about their interests as we might be the only people they see that day". Another said, "I can take any time I want if it involves a customer or carer".

- Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people. We did notice that for three records there was not a full employment history and spoke to the registered manager who immediately took action to address this. For two staff members they got the full employment history during the inspection and had plans to get the third staff members. By the end of the inspection the registered manager had created a separate full employment history form that had been added to their recruitment pack for all future candidates to complete to ensure this oversight did not occur again.

#### Using medicines safely

- Staff told us that they had received training and we saw regular medicine competency assessments were carried out. Documentation supported this good practice.
- People who were supported with their medicines, had a medicine administration record (MAR) in place. These had been completed correctly, identifying that people were receiving their medicines as prescribed.
- The computerised care plans, which were password protected to ensure information was stored safely, confidentially and in-line with current data protection legislation, were accessible to the care staff from their mobile telephones. Staff documented when medicine was taken, and the system provided "live time" information which was monitored by senior staff. This would alert senior staff if a person's planned medicine had not been administered allowing them to follow this up.

#### Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection. One relative told us, "they always wear their uniform, gloves and aprons".
- Staff confirmed they were supplied with enough gloves and aprons to carry out their work safely. One care supervisor told us, "We supply them with a uniform and gloves, aprons and first aid kit and when they are getting low they can just come in and grab what they need".

#### Learning lessons when things go wrong

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- We saw evidence of trend analysis of incidents taking place. Staff were informed of any accidents and incidents and these were discussed and analysed during coaching sessions and at staff meetings.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed comprehensive assessments to ensure people's needs could be met. Expected outcomes were identified, discussed and agreed with the person and family members. The assessments were all undertaken face to face and lasted for an average of one and a half hours with an emphasis on finding out as much as possible about the person, their family, history, and interests so that when the carers visited they had conversation points beyond common courtesies.
- The provider ensured staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered in line with best practice standards.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the ability of staff. One person told us, "Yes, [carer] who came was very good and knew a lot".
- There was a strong emphasis on the importance of training and induction. New staff received a formal induction, delivered by trainers who were suitably qualified to teach their subjects. The training covered the standards within the Care Certificate, practical lessons and shadowing of experienced staff. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Discussion with staff confirmed training to be of a high standard and provided in different ways to suit them. One staff member told us, "I had double ups with an experienced carer... , who showed you what you needed to know and how to write your notes".
- The provider had invested in a training mannequin which offered a variety of features to assist with patient care training. For example, enabling demonstration of intimate personal care, care and cleaning of the mouth and basic life support.
- Additional training subjects, relevant to people's needs such as caring for people living with dementia and Parkinson's Disease were conducted.
- Staff undertook nationally recognised qualifications. One staff member told us, "Dementia is one of the things I wanted to focus on. I have just started a level 2 [qualification] on this".
- Staff received regular supervisions including face to face meetings, observational checks and appraisals.
- Staff told us they felt well supported and had access to the management team when they needed them. One staff member said, "They are more like a family then a business. I love the fact that I can just go to [registered manager name's] door and ask if I can have a chat for 10 or 15 minutes".

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

- People told us they were happy with the arrangements in place to support with their meals. One person

said, "Yes I get to choose. Toast or cooked breakfast usually. [Carer's name] is very good at cooked breakfasts".

- People's nutritional needs were managed well. Care plans confirmed people's dietary needs has been assessed and support and guidance recorded for the individual person, such as how they liked their cup of tea.
- The registered manager told us how their electronic system had alerts set up for people at risk of dehydration. This would alert senior staff if a person's hydration needs had not been met allowing them to follow this up and initiate early intervention to prevent dehydration.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

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

- People were supported to see health care professionals according to their needs. A staff member told us, "I would have no problems contacting the Occupational Therapist if family weren't happy to do this but first would go to the family and talk to them".
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed.

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

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

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

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

- Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.
- The computerised care plans required that consent was sought for all care practices and we saw evidence of this recorded. This documented how consent was gained taking into consideration people's preferred methods of communication.
- Care plans identified if people had legally appointed representatives or an advocate in place, advocacy seeks to ensure people have their voice heard on issues that are important to them.
- People had a choice of care staff gender to assist with their care. The provider allocated carers to meet the needs of the individual person, which was managed by the staff roster system.

## Is the service caring?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives were exceptionally positive about the care and support received. People told us they looked forward to the carers visiting and enjoyed their company. One person told us, "I've had the same carer for quite some time. Almost one of the family". Another person stated, "They make such effort to make sure it is the same one or two people who come". Relatives told us, "They are very good. Makes my life so much easier. All without exception are lovely. Can't stress how pleased we are with them", and, "[Person's name] looks forward to them coming".
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. Comments included; "Everyone is so passionate about the customers and genuinely care for them", and, "I love being out and meeting new people. It's really nice to sit and go through things and be able to let them know of all the extra help they might benefit from that they might not be aware is out there". People and staff had one page profiles detailing their personal history, likes and interests and were used to match carers to people.
- The registered manager told us the ethos of the company was, "Providing top quality care to people in their own homes". Staff confirmed this, comments included, "The focus is to ensure all customers and their needs are met and receiving what they require", "I just like everyone being happy and having what they want", and, "The care is for that person's needs not just a generic care for a condition. Care is tailored for the individual".
- The provider had carefully considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion, disability, cultural background and sexual orientation. Staff were able to tell us about people's individual characteristics. For example, the provider had been liaising with a RAF society and museum to support one person to reach out and connect with people they had shared experiences with.
- We were repeatedly told of occasions where staff had exceeded what was expected of them. One person told us, "They are going over and above. They hold community days and coffee mornings and other events they invite you to". There were numerous examples of staff carrying out extra, thoughtful acts, not part of the person's care package, in their own time. These included: Searching online for classes and talks for people to go to within their community to prevent loneliness and social isolation.
- One person had been supported by the provider to resume their active life at home following a stroke. Their mobility had been significantly impacted by the stroke, but the provider worked closely with OT's and physiotherapists to ensure they could safely support him in his home. With the support of the provider the person had become more active within their community and was a regular participant of the coffee

mornings held at the office. The registered manager told us, "He is a vastly happier and positive person building strong and positive relationships with all of the care staff to the extent that he has nicknames for all of the staff".

- A staff member took one person and their beloved pet to the vets when it was unwell as the person had no way to get it there. Following the pet's death, the person's emotional wellbeing deteriorated. The same staff member researched, liaised and arranged matches for the person with rescue animals. The staff member took the person to meet the rescue animals, organised a home visit and sourced the required safety furniture to enable the person to re-home one of the animals. This would not have been able to happen for this person without the staff member offering this support in their own time.
- A staff member set up a regular knitting group for people and told us, "One lady didn't know how to knit and wanted to be involved and so I went out and spent an hour with her teaching her how to knit so she could be involved. She now comes to the groups - she just didn't have the confidence until I taught her".

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

- People told us their views were listened to and they were involved in their plan of care. One person said, "I get listened to. I've a visit this week to find out how I'm feeling and if I have any changes I want to make". Another said, "It must have been about three months after the care began that they came out and did a full review".
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. Where people had limited communication, or chose to include them, their families or representatives were also involved in decision making. A relative said, "They go beyond what I expect. They ring me up if they feel I need to be aware of anything and ask me".
- A positive feature of the staff induction process was that the people using the service were asked to complete a feedback questionnaire on the performance of new staff. This showed that the provider considered the opinions of the people using the service by including them [people] in the recruitment process.
- Where relatives did not live locally, they [relatives] were contacted via telephone calls to provide current information. One relative confirmed, "If they think there is a specific problem they'll ring me up and update me". The provider's electronic system for individuals could be accessed by relatives remotely with the individual's permission. This enabled relatives to review any records for the person and add any comments, feedback or notes which would be instantaneously communicated to the provider and staff team.
- Relatives told us, "We have the same carers and know them. I can go and do things and know that [relative's name] is okay and enjoying their time with them. They know [relative's name] and he looks forward to them coming and their chats", "I think they are absolutely outstanding. We are thrilled" and, "They have been excellent".
- People could contact independent advocacy services if they wanted guidance and support or an advocate to act on their behalf. Staff were knowledgeable about local services, schemes and additional sources of support available to people, means tests and needs tested. We saw evidence that supporting people to explore additional sources of support formed part of their assessment process and was revisited with people at reviews.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with dignity and staff were always respectful. Relatives told us, "I prefer to use them because of the respect they show [relative]", and, "They always stand back and let [relative's name] do it in their own time as opposed to rushing in to get it done quicker".
- The provider told us how they ensured that call times and visits were led by people and it was when they wanted them and how they wanted them. There was a culture of flexibility that was embedded within the

service. People and relatives confirmed this. One relative told us, "When I needed to change [relative's] visits temporarily when I went away they accommodated this with no fuss".

- There was a strong emphasis on supporting people to promote their independence. For example, one person was supported by the provider to continue to work in a charity shop after they had moved into their own home as this was important to them. The provider also worked with them to develop their budgeting skills enabling them to retain their financial independence.
- Staff told us, "All the care they have from us is up to them, they tell us. I always make sure I'm giving them choices, you shouldn't be dictating to them how it should be, they should be telling you how they want their care", and, "We encourage them to be independent; do they want to sit out in the garden today or go over to community area or is there something going on today they want to do. Sometimes they are worried about leaving their property and so we offer reassurance and encouragement to get out and about and pick up their phone and talk to people".
- Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected. The provider had security measures in place to enable them to remotely lock and wipe any handheld sets if a need arose.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation;

- People consistently told us that staff went the extra mile to ensure that the care and support being provided was responsive to their individual needs and was reviewed and adapted as their need changed.
- Examples included; One of the staff members went out to a person who did not receive evening care to support the family to get them into their bed. Another staff member helped a relative to rearrange their bedroom following an OT assessment so that the equipment could be delivered, and the person could start using it. One person who had spent many months sleeping in their chair as they were too nervous to transfer into their bed was supported by their carer to build up their confidence so that by the end of the first week of care they managed to safely transfer into their bed. This made the person very happy.
- One person felt strongly about wanting to remain in their home and not go into a care home. The provider supported their relatives to source the equipment and support for them to continue to live in their home and maximise their independence. Their relative had said, "When all the other organisations have let us down, the Bluebird team have helped us to believe that creating a lifestyle for my [relative] that is worth living was possible".
- We were told about one person who wanted to speak with others about their experience of living with Parkinson's Disease and so had been put in contact, by staff, with another person with similar needs which had enabled them both to benefit from this connection.
- One staff member told us about a person who was anxious about attending a medical appointment and asked if there was any way they could have someone go with them. The carer described how working with the office they managed to reorganise her visit to coincide with the appointment and they started the call half an hour earlier and extended the call by half an hour to support this as well as her other regular support needs.
- Following assessment, the provider had a holistic approach towards providing person centred care. Records were consistent, and staff provided support that had been agreed during the assessment process. People confirmed this when we spoke to them.
- Care records had been regularly reviewed and updated when necessary. One relative told us, "They come every six months and talk to us to find out any changes". This ensured people received the up to date care they needed.
- The provider constantly strove to find ways of responding to people's needs and to address loneliness. For example, they had implemented a campaign to tackle social isolation and loneliness. The registered manager told us, "I am passionate about isolation and loneliness and the impact it has on people. I feel

driven to involve people in their community".

- The provider understood the importance of social activities to people's wellbeing and went the extra mile to develop community resources to help people live as full a life as possible. For example, they held events in their office in a dedicated 'local community room' such as, 'Mindful Mondays' consisting of puzzles, quizzes, arts and crafts and more, and coffee mornings. The provider was running a competition for a wall, in the community room to be used as a blank canvas by a local artist to reflect meaningful images to people which would be judged by their customers.

Where necessary, transport and care staff were arranged to ensure all people had an opportunity to attend.

- People confirmed they were invited to these events and told us, "I get leaflets and invites from them about things I could attend at the office, recently had an invite to a coffee morning" and, "They put so much on which is lovely. They hold community days".

- These organised social gatherings were in addition to the normal care provided. A representative for the provider told us, "Since moving here we have managed to include our customers in how we work a lot more, inviting them in to events".

- The registered manager spoke with compassion and enthusiasm about involving the people using the service and told us, "It is about what they are about as a person. This holistic approach is key. It is about looking at our customers in a different way of light: looking at before and beyond just their care needs".

- There was a clear focus on providing person centred care and staff understood the needs of people, their past lives, their individual wishes and preferences. For example, one staff member told us, "Before I go in to a new customer I always have a look on the PASS system and get to know about them, go in and introduce yourself, sit down have a chat with them, learn about them and they learn about you. We always have very detailed information about what they enjoy, sports they like, their history so you know what to start initially talking about to build up those relationships". Another staff member who carried out the initial assessment said, "I also attend the first call as well, usually the whole length of the call so that everything is how they want it and allows me to make changes straight away to care plans if they have tweaks or changes so there isn't a gap. It also allows me to introduce the customer to their regular carer for the first time".

- People and their relatives confirmed staff knew them well, which helped them to feel comfortable and at ease with their care workers, their comments included, "They make such an effort to get to know you" and "100% they know her and I'm very happy with them". One staff member experienced a relative crying with happiness as they had stood outside the door listening to their relative laughing for the first time in months with the carer.

- The provider provided a consistent team of committed staff. A staff member told us, "When the rota is first completed I print out a continuity report, it tells me how many calls a person has and how many carers are going in (different carers). I will then look at the rotas and see if I can get it down (number of different carers). From that I will normally phone the customer and apologise if continuity is not what it usually is, explain why and that I will be putting it back the following week. Once the week is up I will print off a final report and check the continuity. For customers who only have one call a week I do a monthly one, so they are not missed and make sure they have the same continuity and the same carer going in to visit them".

Staff used innovative ways of involving people, their family and friends in developing, accessing and reviewing their care plans.

- People were able to view their own care plan in their homes and relatives, with the person's consent, had an access code to view the care plan remotely. This accessibility and communication with the service was appreciated by relatives. One relative told us, "Their records are second to none. Carers can immediately write up the notes and it goes straight back to the office".

- The computerised care plans were comprehensive and provided staff with clear guidelines on how care should be delivered. For example, for one-person's care plan contained specific details on how they want to be supported with personal care.



- Interests and social activities were documented in the care plans for example, in one it read, "What is important to me: my dogs". Through this information staff were able to support people's interests. For example, one person had an interest in puzzles and they were supported by a carer to complete a puzzle during one visit.

- When care plans were reviewed, staff confirmed that the registered manager listened to them regarding the care needs of people, which showed that the service worked as a team and valued the knowledge the care staff had about the people they cared for. This ensured that people were supported to achieve their goals and best outcomes.

#### Meeting people's communication needs

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

- People's communication needs were identified. Information for people could be provided in large print, Braille or care plans could be printed in a different colour for those with a visual impairment. For one person who required a print size not accommodated by the printer they had a handwritten rota produced weekly by the provider. The person shared how valued this made them feel.

- People and their relatives confirmed that they received a weekly rota and the same staff turned up on time. One relative said, "They give me a courtesy call and tell me who the carer is".

#### Improving care quality in response to complaints or concerns

- People and their representatives were given a Customer Guide which explained how to raise a concern or complaint. People told us they felt safe expressing any concerns with the registered manager and were encouraged to provide feedback and discuss any issues. They were confident that any concerns would be dealt with and any changes needed would be made but had no complaints. One person said, "I can easily contact a representative but no problems with the care". Another person told us, "No complaints at all. Haven't had to make any complaints but I do know who'd I'd contact if needed to". A relative said, "They were recommended to me and they have been excellent".

- Staff encouraged people to discuss any concerns and would offer people the option of providing instantaneous confidential feedback electronically at every visit. This feedback would be instantly shared with the office allowing them to follow it up.

#### End of life care and support

- Records demonstrated that discussions had taken place and people's end of life care wishes had been captured within their person-centred care plans. For example, one person had specified where and how they wanted to be cared for during end of life.



# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives had great confidence in the company and the care provided. One person told us, "I do feel positive about them, I really do. Very impressed". Another said, "Extremely pleased".
- The registered manager was the sole director of Bluebird Care Gosport. They were passionate about supporting older people and had created a team of enthusiastic and dedicated staff. They encouraged and rewarded high performance and innovation and developed an open and supportive working culture. They continuously encouraged staff to innovate and develop the support they provided and to give the highest possible care. They had an innovation award to celebrate their team's enthusiasm in making life better people. One staff member had been liaising with the local council to arrange permits for a street party to celebrate people and the local community.
- The management team were open and transparent. People told us they felt able to approach the registered manager or anyone from the office at any time. People told us how they received home visits and phone calls regularly from the office staff to check they were happy and to review their care and any changes needed. They told us they felt listened to.
- The management team understood the duty of candour responsibility and supported people affected and staff if something went wrong.

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

- The service was extremely well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were highly competent and experienced.
- Staff were highly motivated and proud of the service. There were high levels of satisfaction amongst the staff team. A staff member said, "I like the culture of the company, the genuine care for our customers and carers, how everyone is so friendly. I love my job so much". A relative told us, "They are extremely efficient, and I would recommend them to anyone".
- Staff told us they would recommend working for the service. They commented, "I love my job, I love my customers and I love making a difference to people's lives, I may be the only person they see that day and I think it is an amazing job, to go in and ensure they are ready to face the day", "If I need help then I've got help. I've been mentored and taught really well in my new role. I've been made to feel welcome and supported", and, "I will say last year I did get a job with a similar company but didn't feel it was very good.

Here I have had really good communication right from the start. Here I was given a bag of everything I would need. I felt much more prepared for the job here".

- Governance was well embedded within the running of the service. The provider had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality personalised care which met their needs and preferences. For example, every person had a full week's daily records audited each month and the provider used a software programme which went through the records and identified the most common words used. A staff member told us, "Managers use this to identify what carers use in care notes: their terminology. So, if not seeing the word 'choice' a lot or 'personal' then raise it with carers".

- The registered manager provided excellent leadership and staff were clear about their role. They had made plans for the future of the service, for when they stepped back a little and were no longer as actively involved day to day. Staff felt included, confident and supported in making suggestions. They told us they could call into the office any time for advice and support. One staff member told us, "There isn't one person in the office I can't go to - I can go to each and every one of them, I can go to them and tell them anything, always get feedback afterwards, how it was dealt with, update, it's brilliant".

- Communication between all staff was clear, robust and caring. We observed during the inspection the support staff coming together and participating in reflective practice when participating in a workshop led by an experienced support worker. They problem solved scenarios and situations they had encountered when supporting people with personal care and manual handling. They shared their discussions with the registered manager and discussed their proactive learning. It was a collaborative discussion that everyone had been engaged in. Staff told us how beneficial they had found it. One staff member told us, "Any ideas [registered manager's name] is always open to, you are never made to feel small, any suggestion she will take it on board".

- The use of the computerised communication device called the PASS System was effective. It enabled changes to care plans to be updated instantaneously. People were able to contribute to their own care plans and review information. The provider and staff team were able to communicate any information or changes promptly to each other, even when remotely working. Alerts could be set up for specific notifications to ensure early intervention could be taken to promote people's wellbeing.

- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.

- Staff were confident in the training they had received and in their own role. They told us training and education were encouraged. One staff member told us how they had observed that for one-person carers were doing different things at different times and although the person was getting the same quality of care they felt it could be delivered in a more consistent way to provide a better experience for the person. On discussing it with the registered manager a coaching session was implemented using a training mannequin which was led by the staff member. They told us, "[Registered manager's name] has gone above and beyond, everything I asked for. They went out and got everything I needed for the session".

- Staff were supported by the Mental Health Champion who spoke enthusiastically about how the initiative had impacted positively on staff wellbeing. They had an open-door policy, which staff appreciated. The service also belonged to a charity which provided support to staff on personal matters.

- Both the Provider and the registered manager spoke about the importance of valuing staff and strived to be inclusive and supportive. There were various recognition and wellbeing initiatives that had been implemented. Such as, celebration events for staff and their relatives, care assistant of the month and year, acknowledgment of important milestones for staff and office yoga.

- One staff member told us how valued and supported they had been by the registered manager and the provider when going through a medical diagnosis process. The registered manager told us how valued the member of staff was and how they had worked with the staff member to adjust their role and hours to enable them to remain with the service without it impacting on their health.

- The registered manager told us, "We are a family and really our job is to make sure they feel that as much as we do. I get the job satisfaction from knowing the care staff have done their job to the best of their ability".

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

- Quality Assurance customer questionnaires were undertaken to gain feedback from people and their relatives about the service. These were reviewed by the management team and responded to with any change of practice where required, which showed that people were listened to. This feedback was viewed by the registered manager as essential for continued improvement. We saw evidence of how feedback had been followed up with people and additional information sought.
- Regular staff meetings were held, and staff were invited to add areas of interest to the agenda. Staff received regular newsletters with updates and current information. The information shared with staff through these was meaningful and constructive.
- Pamphlets and newsletters were sent out to people and relatives which provided information about the service in relation to current activities or changes. They also included puzzles and games to promote active minds.
- The service was an important part of its local community to benefit people who received, or were considering, receiving care from Bluebird Care (Gosport). The registered manager had been very involved in raising awareness of the issues of loneliness among the elderly and vulnerable as well as showing their community how easy it is to encourage people who are isolated to be more socially inclusive. This helped increase the support and involvement of people socially isolated within their community.
- Bluebird Care Gosport used the office as a centre for a lot of community support activities including fundraising events and social events. This encouraged people to enjoy companionship and reduce any feelings of isolation. Refreshments, transport and activities were provided.
- Bluebird Care Gosport have signed up to the Dementia Friends initiative. A dementia friend is somebody who learns about dementia so that they can help their community. One staff member who took the lead supporting one person living with dementia and their relatives told us, "He wasn't used to seeing his dad go through his frustrated episode and I was there and took the lead in talking his dad down and his son e-mailed the office to say he wouldn't have known what he would have been done if I hadn't have been there".

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the importance of continuous learning and innovation. They ensured the delivery of an effective training programme and bespoke workshops. Good practice was shared through the introduction of monthly coaching sessions in different areas of support. Such as, dignity and intimate personal care, infection control and customer experience which involved people and relatives sharing their experiences of receiving care and support.
- The registered manager attended, and hosted, networking opportunities with other local providers to share good practice ideas. The service belonged to professional homecare organisations who provided information on current practices for continual improvement. New information or changes in practices were cascaded either at staff meetings or through the communication system, which ensured staff had current knowledge.
- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or omissions raised or found on audits to help them further improve care.
- The registered manager reviewed accidents and incidents to see if lessons could be learnt and improvements made and shared these with the staff team.
- The service worked collaboratively with health care professionals, community organisations and charities. For example, they supported charities through fund-raising events such as coffee mornings, sponsored

walks, sky dives and an 'isolation experience', where the registered manager isolated themselves for seven days to experience what the social isolation impact can be.

- People's care plans were protected electronically and had location specific access. This meant that they could only be accessed at approved locations that the person had consented to. All people had a barcode in their homes which they could give to people to scan to have access to their care records for 30 minutes. This meant that healthcare professionals could access relevant information about the person promoting the best outcomes for people. One person had recently benefited from this when the ambulance crew supporting them were able to promptly get information about their current prescribed medicines.