

Salubre Limited

Bluebird Care (Stockport)

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 3, 4 and 6 July 2017. The inspection was announced to ensure that the registered manager or other responsible person would be available to assist with the inspection visit.

At the last inspection on 28 and 29 April 2016 the overall rating for the service was found to be requires improvements. At that inspection we identified two regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014, which related to staff training and good governance.

Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

During this inspection, we found the two breaches had been met.

Bluebird Care (Stockport) is a domiciliary care service that was registered with the Care Quality Commission in June 2011. They provide care and support in the community to adults who live in the Stockport area.

At the time of our inspection the service was providing a service to 102 customers.

When we visited the service there was 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. However the registered manager was not available during this inspection.

We received positive comments from people who used the service (customers are the term used by the registered provider for people receiving a service), relatives and staff.

All of the customers and relatives we spoke with told us they felt safe in the care of the staff who worked for Bluebird Care. Staff were aware of their responsibilities in keeping people safe and had received training in safeguarding adults.

We found there were enough staff to make sure people received the care needed and were being provided. Customers and relatives told us care workers were generally on time and in most cases, if staff were running late for any reason, the office staff would phone to let the person know. All people we spoke with confirmed that staff remained in attendance for the agreed time.

Care staff were given appropriate support through a programme of training and on-going supervision, spot checks of their work and an annual appraisal. Care staff said the training provided them with the skills and knowledge they needed to do their jobs. They were happy in their work, motivated and confident in the way the service was managed.

All of the people we spoke with told us the staff were kind and caring and they told us they felt they were treated with respect and dignity and their privacy was always respected.

People's care plans contained up to date, detailed information about their care and support, including risk assessments and action plans.

The complaints procedure was explained in the 'service user guide' which was provided to people when they started with the service. Customers and their relatives told us they knew how to raise a concern or to make a complaint. Where customers had expressed concerns they told us appropriate action had been taken by the service.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included customer questionnaires, spot checks whilst staff carried out their caring duties and care reviews.

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.

Customers said they felt safe. The provider had procedures in place to help protect customers from abuse and unsafe care.

There were enough staff employed in order to provide a safe and flexible service to customers.

Medicines were administered to customers safely. Staff were trained in medicine administration and had their competency checked by senior staff.

Is the service effective?

Good ●

The service was effective.

Customers were supported and encouraged to remain as independent as possible.

Staff completed a programme of training to help make sure customers were provided with care and support that met their needs.

Staff told us they felt well supported by the management team and were provided with regular supervision and appraisal.

Is the service caring?

Good ●

The service was caring.

Customers were happy with the care and support they received.

Customers and their relatives told us that staff were kind and respected the customer's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Plans of care were in place detailing customers care and support needs.

Customers and their relatives knew who to contact if they wanted to make a complaint and were confident if they raised a concern it would be dealt with.

Is the service well-led?

The service was well led.

A manager registered with the Care Quality Commission was in post.

Staff were supported by the registered manager and senior management staff.

There was open communication within the staff team and staff felt comfortable discussing any concerns with their line manager.

The quality of the service was monitored, including requesting feedback from customers and their relatives.

Good 

Bluebird Care (Stockport)

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.

We undertook an announced inspection of Bluebird Care on 3, 4 and 6 July 2017 which was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned customers who used the service and relatives of customers who used the service to gain their views and opinions about the service being provided.

In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the registered provider completed before the inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we received since the last inspection including statutory notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send to us about significant events.

At the time of this inspection the agency was supporting 102 customers who were living in their own home. Some customers had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.

During this inspection we spoke with managing director, the field care supervisor, the care coordinator, five customers, seven relatives and five care workers one of whom was a lead carer.

We also reviewed a range of records about people's care and how the domiciliary care agency was

managed. These included care records for five people, including medicine administration records (MAR's), the recruitment files for five care workers and supervision, appraisal and training records for care workers and records relating to the management of the service such as auditing records.

We also checked that the previous Care Quality Commission rating for the service (Requires improvement) was prominently display for people to see. The last inspection report and rating was display on the notice board in the main office and there was a link on the website which directed people to an electronic copy of the report.

Is the service safe?

Our findings

All of the customers and relatives we spoke with told us they felt safe from abuse and or harm from their care workers. One customer when asked said "I feel very safe, definitely." One relative said that [Persons name] felt so safe that they allowed the carer to take him shopping.

We saw policies and procedures were in place that provided guidance to staff regarding keeping people safe from abuse or harm. The management team had a clear understanding of the safeguarding adult's process and care workers we spoke with understood their responsibility in relation to keeping customers and people safe. All staff spoken with said they would report any issues of concern and felt confident that the management team would respond immediately and take appropriate action

Records were kept of any allegations of abuse that had been made. We saw evidence of new procedures relating to medication administration that had been implemented following an investigation of an allegation of abuse made since the last inspection. This meant that lessons had been learnt and improvements made following the outcome of the investigation.

We saw staff had access to a Whistle Blowing policy and staff spoken with understood the policy. The Whistle Blowing policy is a policy to protect an employee who wants to report unsafe or poor practice. All staff spoken with said they would feel confident to report poor practice.

Some customers required encouragement and or assistance from the care workers to take their medicines. During this inspection we checked that staff had received training in the safe administration of medicines. We were told by the managing director that only staff who had undertaken the training and had their competency assessed were able to assist in medication administration. We saw evidence that 57% of care staff had undertaken the training and had their competency assessed to ensure people received their medicines safely.

We saw that where customers had been assessed as requiring assistance with medication administration a plan of care had been implemented which included a list of the customer's medication including the dose, their side effects and where the medication was stored in the customer's home.

We looked at the medication administration record (MAR) charts that had been returned to the office. We saw that since the last inspection four lead care workers had been given the responsibility of collecting all the MAR charts and undertaking a monthly audit of the charts. We saw as a result of the audits action had been taken with the individual staff member when an error had occurred. This was in the form of an additional supervision session to discuss the errors identified. This meant action was taken to minimise risks associated to the management of medicines.

One relative told us that care staff did not administer medication but "encouraged" their relative to take their medicine. Other comments from customers confirmed that their carers ensured they had taken medicines.

We saw a staff recruitment policy was in place. We looked at five staff personnel files to make sure recruitment processes, including evidence that appropriate pre-employment checks had been completed prior to someone starting work for the service. In the five staff files we looked at they all contained a completed application form, documented interview questions, proof of identity and address and two written references one of which was from the person's last employer. It was discussed with the managing director and the care coordinator who had responsibility for staff recruitment that photocopied documents for example, copies of peoples passports and driving license should be signed and dated to evidence the copy had been taken from the original document. This would provide evidence of the authenticity of the photocopied document.

We saw evidence of a Disclosure and Barring Service (DBS) check and evidence in one file of a valid Ministry of Transport (MOT) and car insurance that covered business use. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people. We saw evidence that staff had been requested to submit their MOT and car insurance details so the provider could be sure they were fully covered.

In the care files we looked at we saw appropriate risk assessments in place for example moving and handling, the use of equipment such as a hoist, control of substances hazardous to health (COSHH) and environmental risk assessments all of which helped reduce risks to the health and safety of customers receiving a service and to the care staff delivering a service. Where risks had been identified plans of care were implemented to provide guidance as to how the risk should be managed and keep customers safe.

We saw that the provider had employed the services of an external company to undertake a fire risk assessment of the registered office and fire extinguisher checks.

During the inspection we saw a weekly fire alarm test and a twice yearly evacuation process had been implemented. We saw all electrical equipment in the office had undergone a portable appliance test (PAT) to ensure they were safe for staff to use.

All staff had access to policies and procedures relating to safety of customers and staff. We saw, for example, there was a lone worker policy, an on call policy and a no reply policy, which instruct staff on the actions to take should a customer not respond to their call. This meant that staff were supported to ensure the safety of customers and themselves while undertaking their work.

We saw there was an accident and incident reporting policy and we saw records of accidents and incidents were held in the office and reviewed on a monthly to identify if there were any patterns or trends emerging.

Excluding the registered manager and three office staff, Bluebird Care employed 47 care staff. During this inspection we looked to see if there were sufficient staff employed to meet the needs of the customers. We were provided with copies of the bookings documentation which showed the surplus staff hours each week and on average staff were working 22.40 hours each week. This meant there was enough staff employed to allow for sickness and annual leave, whilst maintaining consistency and continuing to meet customer's needs. We were told and staff confirmed that the rotas for the following week were sent out on a Thursday so staff knew where they were going. A care worker we spoke with said, "Changes are only made if we need to cover for someone because we wouldn't want anyone to not get their visit."

Of the customers and relatives we spoke with one person told us they had experienced one missed visit. However everybody else told us that generally the care staff arrived at the appropriate time and they remained in attendance for the agreed time.

We saw there was an infection control policy and staff had completed infection control training. We saw that personal protective equipment (PPE) for example gloves, aprons and disposal wipes were kept in the office for staff to pick up as needed and the staff spoken with confirmed this. The use of such equipment when carrying out personal care tasks ensures that people who use the service and staff are protected from the risk of cross infection and cross contamination. The customers and relatives who we spoke with confirmed that care staff, "Always used gloves and other appropriate protective wear."

Is the service effective?

Our findings

At our last inspection in April 2016, we found the registered provider did not ensure that all the persons providing care or treatment had the qualifications, competence, skills and experience to do so safely and there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. At this inspection we found that improvements had been made in this area and the registered provider was now meeting the requirements of this regulation.

Within the Provider Information return (PIR) we were told 'Staff have induction training which begins on day one of their employment. We have recently adapted our induction programme to reflect the Care Certificate; this will also benefit carers who are coming into the role without any prior experience. This training continues and is developed over the first 12 weeks of employment giving them the skills and confidence to carry out their role and responsibilities effectively.'

From April 2015, staff new to health and social care should be inducted using the Care Certificate. The Care Certificate is a set of standards for social care and health workers to ensure they have the same induction, learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health and whilst undertaking the care certificate is not mandatory it is considered good practice.

We saw evidence and staff spoken with confirmed they attended a two day classroom based induction course which included moving and handling, medication administration, health and safety, dignity in care, food hygiene, emergency first aid, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). In addition new staff were given a copy of the Staff Handbook which provided them with clear guidance on the standards of care that were expected. Since the last inspection we saw the agency had a designated training room on the first floor of the main office building with a hospital bed and a hoist and slings for staff to practice their moving and handling techniques.

Following the induction training new employee's undertake a period of 'shadowing'; that is working alongside experienced staff to gain familiarity and confidence in all aspects of their role. The registered manager said following the shadowing period new employees were invited into the office to give and receive verbal feedback. At the time of this inspection this process was informal and not routinely documented, although we were told it was their intention to formalise the process. A twelve week probation period then commenced.

Staff we spoke with confirmed that they had undertaken induction training and one member of care staff who was new to care said they had found their induction really helpful.

We saw that training certificates were held in individual staff files and there was an overall training matrix that was updated during the inspection. We saw that staff had completed safeguarding adults, moving and handling, medication administration and food hygiene including infection control. Additional training such as sheath training and End of Life training had been undertaken by some staff. A sheath is specially

designed for men to provide a secure and discreet way to manage male urinary incontinence. We saw there were some gaps in staff training for example 26% of staff had undertaken MCA and DoLS training and 36% of staff had up to date first aid training. However we were given a plan that demonstrated all staff would be up to date with this training by September 2017 and four training dates in August 2017 had been organised during the inspection to ensure all other staff would have undertaken the necessary refresher training. We asked to be sent the updated training matrix once all the required training and refresher training had been completed and this has been agreed with the care coordinator.

Customers and relatives we spoke with were positive about the competence of staff told us the staff were well trained. Their comments included, "Yes, they definitely understand my needs very well," "The staff seem to know what they are doing" and "They give me 110% help". A relative said "They definitely understand [their relatives] care needs well" and "The quality of care is good."

The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. We saw evidence in the staff files we looked at and staff spoken with confirmed that they had regular supervision and an annual appraisal. One member of staff said "Yes we get regular supervision and we can request a session at any time." We saw evidence of this in the staff files we looked at. We saw that staff had regular spot checks whilst carrying out their duties which were carried out by the lead carer. We saw evidence of this in the staff files we looked at. This meant that the staff were supported and guided to ensure their competence is maintained.

Staff spoken with told us they felt well supported by the management team. One member of staff said "If I ever need help or support there is always somebody there to help either in the office or via the out of office on call system." This meant that staff had direct support of senior staff to help address any urgent issues or concerns.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

In the care files we looked at during this inspection we saw that where possible the customer had signed their consent agreeing to their care plan or had been signed by their lasting power of attorney and Bluebird Care had obtained copies of the original documents. A POA is a way of giving someone you trust the legal authority to make decisions on your behalf in relation to health and welfare or finances if you lack mental capacity to make decisions for yourself. Such documentation indicated that customers had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered/provided.

The customers we spoke with confirmed that they were always asked by carers for their consent to care procedures.

It was apparent from speaking with staff that they had a good understanding of how and why consent must

be sought to make decisions about specific aspects of people's care and support. . Staff were able to describe the importance of getting to know customers and how customers liked things to be done. One member of staff said "Consent is always obtained, we always ask what they would like doing and if there is anything else we can do for them before we leave." Another member of staff said "We all understand the need to get consent this is their home we are in."

Some customers needed support from the care workers with preparing meals. We saw there were appropriate risk assessments and plans of care address this particular care need. We saw there was documentation to record customer's diet and fluid intake if a problem had been identified so that it could be monitored and action taken if necessary.

Is the service caring?

Our findings

Customers and relatives who we spoke with all told us they thought the service was caring. We were unable to observe care being carried out directly but customers we spoke with commented in a positive way about the care received. One relative told us they had used the service to provide a sleep in carer and said "We couldn't have asked for better." Another comment was in reference to a 'live in service' provided by the service. They said "The live in care was amazing, [Person's name] was very happy and the attention to detail was amazing." Another relative said that the care staff always "Uplifted the spirits" of their relative.

Staff we spoke with understood the importance of offering choice to customers and told us that where possible customers were encouraged to make choices around. One member of staff said "The care is really good and all the customers are happy." We were told "I enjoy working for them [Bluebird Care] because they are very caring and do their utmost to accommodate people." Another member of staff said "They [Bluebird Care] make sure the customer always comes first."

The staff we spoke with demonstrated a caring and positive attitude about the customers they delivered a service to. Care staff told us they usually supported the same customers so they got to know them very well and how they liked things to be done. The care coordinator was able to describe a situation where a member of care staff had stayed with the customer long after their shift had finished and escorted them to hospital following a fall to ensure they were ok.

The care coordinator told us the spot checks undertaken on care staff included working alongside the staff and ensuring that staff respected customer's privacy and dignity, observing staff were caring and promoting customer's independence. Staff spoken with and evidence seen of the documented spot checks on staff personnel files confirmed this.

We were also told that part of the recruitment and interview process included looking for caring and compassionate qualities in the interviewee. This was to ensure that the care staff employed had the caring qualities expected by Bluebird Care.

All the customers spoken with confirmed that they felt that they were treated with respect and dignity, and that their privacy was always respected. One relative told us that the care staff "Are respectful and always respect [Person's name's] dignity."

We saw that staff had access to policies and procedures for maintaining dignity and customer's human rights and that dignity in care was covered during induction and prior to new staff delivering care. All staff we spoke with described the importance of respecting customer's privacy and dignity and were able to explain how privacy and dignity was respected.

Customers told us that their gender preferences of their carer were respected and provided at all times.

Nobody using the service required end of life care at the time of the inspection. The care coordinator told us

staff that this was a service they did provide but currently only two carers had up to date end of life training. This meant that it may not be possible for the customer to keep their usual carer to provide this care need. We were told that the provider was looking to address this training need.

Records and documents were kept securely and no personal information was on display in the main office. This ensured that confidentiality of information was maintained. The customers we spoke with all confirmed that their carers never discussed other customers with them. This meant that customer confidentiality was respected.

Is the service responsive?

Our findings

The customers we spoke with told us they felt involved in the development of their plans of care. One customer said "Yes I am involved very much so". Customer's relatives we spoke with told us that the plans of care were regularly reviewed.

The field care supervisor told us that since the last inspection all the plans of care had been reviewed and rewritten. We looked at five customer's care records. The plans of care we looked at were person centred, describing the needs of the customer in a detailed and individual way. For example there was a section titled 'what is important to me' and this section contained personal information relevant to the customer. We saw the plans of care encouraged customer independence by stating what they could do for themselves and exactly what they needed assistance with. We saw that the plans of care were reviewed on an annual basis or if there was a change to the customer's care needs or circumstances. For example a new assessment of care needs would be undertaken if a customer was discharged from hospital and their care needs had changed.

Care staff told us they often referred to customer plans of care to make sure they were fully up to date with each person's needs and any changes to the care and support that was required for each individual. One member of care staff told us they found the plans of care "Very good and easy to follow, they are detailed and very instructive." They described their first visit to a new customer with complex needs and how informative the plan of care had been. Another carer told us the plans of care had all been updated and "They are clear and concise." Another comment was "They are helpful and informative."

One relative we spoke with was particularly impressed by the field care supervisor because they had personally undertaken the first two care visits to assess exactly how much time would be needed to provide the assessed care of their relative. We were also told that any changes to the plans of care, "Were managed very proactively."

Another relative told us that their relative's carer "Had gone over and above what was expected of them" by taking them to vote at the last general election. Another relative described how responsive their relative's care was when they got upset.

We were told by the field care supervisor that some customers paid privately for the service but the majority of referrals had been made via the Local Authority (LA) commissioning team. The LA sent details of the care package required to the service and as soon as possible after this referral the service would go the customer's home and undertake a face to face assessment of their required needs. If a customer paid privately for a service, an assessment of needs was also undertaken prior to a service being delivered. This included obtaining personal details about the customer and completing relevant risk assessments and a medication assessment. Where possible the assessment included the customer and their relative or friend. We saw evidence of this in the care files we looked at. This meant that the service could be sure they could meet all of the assessed needs of the person.

The customers and relatives we spoke with told us they knew who to contact if they wanted to make a complaint. With the exception of one person we were told that the service provider had responded quickly and constructively to any issues raised and the matter had been resolved. One customer said "The Company responded quickly and effectively to a complaint." Another customer said "The Company resolved my complaint helpfully." The one exception was that the provider had failed to meet a request for the carer to arrive earlier in the morning.

We saw that the service's complaints process was included in information given to customers when they started receiving care. At the time of our inspection the service had no outstanding complaints.

We saw that there was a record of compliments, concerns and complaints. We saw that the service had responded to complaints appropriately and in line with their complaints policy. Two complaints had been received in the previous twelve months and we saw appropriate action had been taken to address the complaint.

We also saw the service had received many compliments from customer's relatives, thanking them for the service provided. These compliments were communicated to the staff via the monthly newsletter.

Is the service well-led?

Our findings

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. A registered manager had been in post since September 2015, although they were not available during this inspection.

At our last inspection in April 2016, we found the registered provider did not have a sufficient effective system in place to regularly assess and monitor the quality of service that people received and there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance. At this inspection we found that improvements had been made in this area and the registered provider was now meeting the requirements of this regulation.

Customers who used the service and their relatives spoke highly of the management team. Their comments included, "The senior management are absolutely excellent", "The management is very approachable" and two other people told us they were very pleased with the management team. One relative told us the service was "pro-client".

A clear management structure was in place and the managing director, the field care supervisor and the care coordinator all demonstrated a commitment and willingness to continually improve the quality of care delivered to their customers.

Staff told us they felt well supported by the management team. All care staff spoken with told us there was an open door policy with regards to office access and they were encouraged to go into the office and discuss any issue they had. If they were unable to go into the office they could phone, text or email if they wanted to speak with one of the management team.

The service had a system in place to monitor the times and lengths of visits made by care staff to customer's homes. The care staff used the telephone at the customer's property, at no charge to the customer, to register the start and end of each visit. Since the last inspection we saw an administrator had been employed to monitor the system to ensure the care staff have logged in at the required time. If they have not logged in the administrator swiftly contacted them to find out where they were and if needed the call would be covered or they would telephone the customer to explain why the call was delayed. This system allowed the management team to monitor if visits were late, missed or otherwise not as scheduled. This meant that swift action could be taken if a problem had been identified with visit times or length of visits. The system generates a report and the managing director told us the administrator was in the process of analysing the report and if any action was necessary this would be actioned under staff supervision.

We found there were records of staff supervision, appraisal, complaints, staff training, accident and incidents and during the course of the inspection we saw audits tools were implemented. This meant a system had been implemented to review the information to help identify any trends or areas for

improvement to continually improve the service provided.

We saw that staff personal files, MAR charts and customer files were being audited on a monthly basis and had been checked by the management team to make sure any appropriate action had been taken.

Since the last inspection we saw policies and procedures had been purchased from an external company and these were available in the office for staff to access. Staff we spoke with confirmed they knew where to access the policies and procedures. This meant that staff had access to up to date good practice guidance.

We looked at records relating to monthly office staff meetings and we saw a monthly newsletter was sent to staff keeping them up to date with any relevant information. We were told and care staff confirmed staff meetings were used to gain the views of staff and to share information about the service through informal discussion. These meetings were held twice a year and the minutes of the last meeting in held in October 2016 covered topics such as supervision, the system to log the visits, the confidentiality policy, any individual concerns about care visits and there was an opportunity for any other concerns to be raised.

Care staff told us in addition to the newsletter and team meetings, update memos, text messages and emails were also sent to them. This meant that staff were kept up to date about relevant information. We saw each month a member of care staff was awarded carer of the month and received a certificate and shopping voucher. This meant that staff were recognised and rewarded for their hard work and commitment.

We saw an information booklet, a customer information guide and a statement of purpose was available for customers, which included Bluebirds Care philosophy and overall aim which was to respect and treat customers in a way that we and our own relatives would expect and wish to be treated. There was a flow chart demonstrating clear lines of accountability, names and contact details of the agency and information regarding the services available.

We saw that each year the registered provider sent out quality questionnaires to customers asking their opinions. The last completed survey was in November 2016. The results of the survey had been analysed and a short report had been produced. Some of the comments included 'I am satisfied with the service', 'when regular staff the service is great' and 'happy with the service and the support from carers who are great.' We saw that some of the other comments were followed up during care plan reviews or via a telephone call to address issues raised. The care coordinator told us it was their intention following the questionnaires being sent out in 2017, to produce an action plan based on the analysed results.

In addition there was a suggestion box in the office if anybody wanted to give further feedback which would be included in the survey results.

Part of a registered manager's or registered provider's responsibility under their registration with the Care Quality Commission (CQC) is to have regard to, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered managers/registered provider's responsibility to notify us of certain events or information. We checked our records before the inspection and saw that accidents and incidents that CQC needed to be informed about had been notified to us by the registered manager.

The managing director shared with us that Bluebird Care had recently been awarded the franchise of the year award by the British Franchise Association (BFA). The BFA is the voluntary self-regulatory body for the UK franchise sector. The Association promotes ethical franchising practice in the UK and helps the industry

develop credibility, influence and favourable circumstance for growth.