

Walter Manny Limited

Bluebird Care

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 17, 18 and 22 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Bluebird Care provides personal care to people living in the areas of Taunton, Mid Devon, Sedgemoor and West Somerset. At the time of this inspection they were providing personal care for 96 people. They also provided a domestic service to people living in their own homes.

This was the care provider's first inspection since they re-registered at their new address. The inspection was carried out by one adult social care inspector.

People who received care and support from Bluebird Care said they were very happy with the service provided. Everybody said the staff went above and beyond what was expected of them. People told us they felt safe with all the staff who supported them. There were clear risk assessments which meant care was provided in a way that minimised risks. One person said, "I always feel safe they are all so nice." Another person said, "I really look forward to them coming and I have never felt unsafe." Staff were aware of how to recognise and report any suspicions of abuse and all were confident that any concerns would be fully investigated.

The registered manager listened to what people said and made adjustments to their care and the organisation to reflect their comments. For example care workers worked in small geographical teams to ensure people received care and support from a regular team of staff whom they got to know well and trust.

People received care and support in line with their needs and wishes because adequate numbers of staff were employed. There were contingency plans in place if staff were unable to carry out their visits. Staff were well trained and had a good knowledge of the needs and preferences of people which enabled them to provide personalised care. One person said "They all know exactly how to look after me; they even know which TV channel I watch and make sure it is on before they leave." A relative said, "They know how to look after [the person] and they make sure the exercises he needs are done every day."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. For example the care provider provided support for one person who had an active life and interests such as shooting and boxing. The care provider had arranged for the person to have a male care worker with similar interests and had facilitated a weekend in London at a boxing match.

People said they received care and support from a consistent team of people they knew. One person said, "I have my team of girls and I have got to know them very well." Staff said they had sufficient travel time

between visits so they could spend extra time with people to have a chat and get to know them rather than just provide the care required.

The registered manager had a clear vision for the care provider which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

The care provider worked within the local community to promote awareness of the effects of living with dementia. They took a key role in supporting organisations to develop dementia champions within their staff teams. Part of their role within the community was to provide training sessions in dementia awareness for groups, clubs, colleges and family members of people they provided support for.

The registered manager demonstrated an excellent understanding of the importance of effective quality monitoring. The systems in place enabled checks of the service provided to people and to ensure they were able to express their views so improvements could be made. There was a high level of satisfaction with the service. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

The care provider operated a rapid response team who were available at short notice to prevent a hospital admission. They also provided an emergency response system with some of the people who used the service. This was an emergency lifeline which people could use if they required urgent assistance. The system used a Global Positioning System (GPS) which enabled anyone responding to the call to know the exact location of the person in difficulty.

People knew how to make a complaint and people said they would be comfortable to do so. One person said, "They always ring to check everything is ok and the supervisors come out to check they are working properly. When they do that they also ask if I am happy with the care they provide." Another person said, "I have never needed to complain but they are so approachable I know I could speak to them if I needed to."

Several members of the Bluebird Care team had been nominated, for the Care Focus Care Awards. On the last day of our inspection the registered manager was informed she had been accepted as a finalist for outstanding care. These are annual awards open to all care providers in Somerset to recognise excellence in care. Following the inspection the registered manager informed us they had won the category for outstanding care.

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.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included specialist training specific to complex care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and went the extra mile to make sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Outstanding ☆

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

The service was extremely flexible to make sure people received support that was person centred and met their changing needs and wishes.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led which assured positive outcomes for people.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service. There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided.

Staff were highly motivated, they worked as a team and were dedicated to supporting in a person centred way.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly.

There were robust contingency plans in place to deal with staff shortages and adverse weather.

Outstanding 

Bluebird Care

Detailed findings

Background to this inspection

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

This inspection took place on 17, 18 and 22 February 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

Bluebird Care was re-inspected because they re-registered at a new location. This was the care provider's first inspection since they re-registered at the new address. The inspection was carried out by one adult social care inspector.

Bluebird Care provides personal care to people living in the areas of Taunton, Mid Devon, Sedgemoor and West Somerset. At the time of this inspection they were providing personal care for 96 people. We visited nine people in their homes. We spoke with two relatives during our home visits. We spoke with nine staff members individually and joined a handover meeting. We spoke with the registered manager and the development manager. We also spoke with two people and one healthcare professional over the telephone.

We looked at records which related to people's individual care and the running of the service. Records seen included seven care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "I have never felt unsafe, I look forward to them coming." Another person said, "Not a worry in the world it's like the cavalry has arrived and I am happy with all who visit me."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the care provider. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Records showed that new staff had not commenced work until all checks had been received by the registered manager. One staff member said, "They were very thorough, they got references and I did the DBS check all before I could work with anybody in their home."

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They also confirmed they had access to the organisation's policies on safeguarding people and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. People had access to information on how to report abuse; contact details were clearly recorded in people's care plans. One staff member said, "The safeguarding training was very good and I have every confidence any issues would be dealt with immediately." Another staff member said, "They are constantly reminding us about the whistle blowing policy and our responsibility of care to report anything we might be concerned about."

The care provider's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "They are all usually on time, traffic allowing and they all stay the full length of time. I never feel like I am being rushed so they can get to the next job. They all take the time to have a chat and see how I really am." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

The care provider used an electronic care planning system to safeguard people. This meant the management team could monitor daily records, visits and medicine record charts from the office in real time and as a visit took place. This meant people were protected from the risk of changes and important information not being noted or passed onto care staff in a timely manner.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "I think I have had one late call, they are really good and if there were any issues such as traffic in town they would ring and let us know." A relative said, "I think we had a few missed calls when they started with the new system but that was soon corrected and no problems now." The registered manager explained how they monitored whether calls and care had been carried out in real time. We saw the new electronic "PASSsystem" showed when the visit had been started and when the care had been carried out. The PASSsystem is used to plan visits and staff rotas. Care workers have access to care plans and daily records for the people they are scheduled to visit on an 'app' on their mobile phone. Office staff monitored these through the day so they could be alerted to any calls that had been missed immediately. This meant people could be reassured that they would receive the planned care at the correct time especially if the visit was time critical for medication or appointments.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. The PASSsystem care plans contained information about how risks were reduced. For example, one person only drank filtered water so would be at risk of dehydration if staff did not prepare this before they left. There was clear information for staff to follow. Another person was at risk of falls and had regular exercises to keep their joints flexible. The care plan gave staff clear guidance provided by a physiotherapist on how to assist the person to complete the exercises. Their relative told us it was important to them that they continued with these exercises and that staff were very good at encouraging them to do so. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk.

Senior staff had received training from the local fire service to enable them to carry out fire risk assessments in people's homes. If the individual fire safety checks highlighted concerns, these were passed to the fire service to enable them to assist the property owner in putting measures in place to improve fire safety. For example staff had worked with Devon and Somerset fire service to enable a safety check at one person's home.

Staff informed the registered manager if people's abilities or needs changed so that risks could be re-assessed. With the new electronic system in place this information could be relayed to the office staff and supervisors immediately. This meant other care staff who would be visiting the person would know immediately of any changes affecting their care. We saw care plans had been up-dated following changes in the risk assessments.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. The electronic PASSsystem enabled the management team to update the medicine record charts as soon as they were informed of any changes by family or the person's doctor. This meant care staff would be aware of the changes to any medicines immediately ensuring changes were picked up in a timely manner. All staff were trained in managing medication. The area supervisors assessed staff competency during spot checks, if they had any concerns the staff member would be referred to the development manager for follow up training. As well as spot checks the care provider also carried out additional medicines competency checks. These checks focus on all types of medicines support

provided by care staff. This meant people could be reassured all staff remained competent in all areas of medicine administration. The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "They are really good at putting aprons on, as soon as they walk through the door." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

Is the service effective?

Our findings

People received effective care and support from well trained staff. People said they felt all the staff were well trained and knew their needs well. One person said, "I can't fault them they know exactly what they are doing. If they need to introduce a new person they work with the carer who knows me first." Another person said, "They all know what to do. They even know what channel I like on the TV and put it on for me before they go." A staff member said, "The training is the best I have had, second to none."

The development manager confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. All staff new to care completed the entire care certificate with support provided through workshops which took place during the day and the evening. Staff who were not new to care completed a self-assessment which was then assessed by the in-house trainer. Dependent on their competency the person would be supported to complete some aspects of the care certificate again to improve their knowledge in that area. All new staff received basic training in the care provider's essential subjects before working with people in their homes. The care provider offered all new staff the chance to become a dementia friend as part of their induction programme. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One new staff member confirmed they had started to complete shadow shifts with an experienced care worker. Another staff member said they had asked for extra shadow shifts before they were confident to work alone. The development manager explained that if a new staff member had previous experience they would be asked to take the care certificate assessment so they could be sure they were experienced enough and if they required any further training.

People were supported by staff who had the skills and knowledge to meet their needs. All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. The new electronic system also showed staff could not be allocated work if their essential training was not up to date. Care staff were also offered the opportunity to attend training in end of life care and other areas specific to people's needs for example training in the management of epilepsy had been arranged. The registered manager explained how the care provider as a whole acted as a dementia champion. All the staff had completed the Dementia Friends training, and they were also providing training in meaningful activities for people living with dementia. The registered manager also explained how they had worked in collaboration with the Foxes Academy to support work experience for people living with learning difficulties.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not

there. One care plan clearly stated the person preferred to eat their meal sat at the table, whilst another identified the type of food the person liked so they could persuade them to eat a well-balanced diet and maintain their weight. All care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one.

People only received care with their consent. Care plans contained copies of up to date consent which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificate so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people.

People were supported to see health care professionals according to their individual needs if they informed the care provider they required assistance. Some people did not have families living close enough to provide this support. The care provider would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments. One relative explained how the care provider had supported their relative to complete the exercises recommended by the physiotherapist.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Everybody said the staff were very caring, one person said, "They go that extra mile. I know all my carers and they are all very caring people." Another person said, "This is the second care provider I have had and the difference is that these girls actually care about what they do." A relative said "He looks forward to them coming and the smile on his face says it all."

More than one person said the staff went that extra mile for them. One person told us how the registered manager and staff had called in with a birthday cake, "They sang happy birthday to me it was lovely." The registered manager explained how the person had told their care worker they had never had a birthday cake so they decided it would be, "a nice thing to do." One staff member explained how they supported two people who had been friends to visit each other and have tea together.

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. However we did observe all the staff we travelled with offer the person a drink and ask if there was anything they could do whilst they were there even though it was not a scheduled visit.

People commented on the consistency of the staff team. Everybody told us they had a team of staff whom they knew and could rely on. One person said, "I have my own little team and I have got to know them well, it's almost like having family come in and look after you." Another person said, "This is my second experience of home care and they have been very consistent with the people who visit. It means I know who is coming and I have got to know them very well. I do not have to explain over and over to different people how things should be done."

People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice.

The care provider kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. We looked at complimentary letters and cards that had been sent to the care provider. Comments included, "Care provided by [care workers names] was excellent, conscientious and hard working." "[Care workers names] are delightful I enjoy their visits." And "All carers very polite and cheerful."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the registered manager or area supervisors visited people to carry out a review of their care plan. An initial contact was made with people by telephone following the first week of care to discuss any changes that might be needed. Further reviews of care would be carried out regularly to ensure people's changing needs were recorded. People were always involved in the reviews and the review form included questions about how happy they were with the care and support or if there were any changes they would like made.

One staff member told us how the provider and registered manager supported and cared for their staff as well as the people in their care. They said, "The care provider also supports us as staff, they have bereavement support for when we lose a client we have been looking after. You do get involved and it is important that is recognised."

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. People were able to choose how much support they required and when it was delivered. One person said, "It is all about me and the care I need not about what they can provide." Another person said, "It is all very personalised I like that as it makes me feel important."

Staff had an excellent understanding of what was important to people and provided support in line with people's social and cultural needs. As far as possible people were introduced to staff with similar interests to enable them build a relationship. The care provider was flexible and responsive to people in finding creative ways to meet individual needs and preferences. This meant they enabled people to live as full a life as possible. For example the care provider provided support for one person who had an active life and interests such as shooting and boxing. The care provider had arranged for the person to have a male care worker with similar interests and had facilitated a weekend in London at a boxing match.

The care provider worked within the local community to promote awareness of the effects of living with dementia. They took a key role in supporting organisations to develop dementia champions within their staff teams. Part of their role within the community was to provide training sessions in dementia awareness for groups, clubs, colleges and family members of people they provided support for. The registered manager said, "These sessions improve the knowledge of not only those with a dementia, but their unpaid carers and our care staff, as well as those who wish to work in health and social care in the future." This meant people living with dementia could have a better experience and feeling of wellbeing as family members and carers understood why they may have lost some skills. For example, one person's family thought that because of the dementia the person could not take part in any meaningful activities. Following the sessions with the care provider the family understood how to use their knowledge of the person's past to invoke memories of their younger days and introduce a meaningful activity that they could take part in and enjoy.

The registered manager explained that as part of their involvement within the community they provided staff to manage a day centre where people could attend to take part in meaningful activities. The staff knowledge of people's life histories and what was important to them meant they could be supported by care staff to take part in an activity that had some meaning for them and promoted a feeling of wellbeing.

The care provider also provided work experience within their organisation for people living with a learning disability. This meant they were actively involved in building links within the community and other support networks. For example they worked with the Foxes Academy to promote training for people with a learning disability within an office setting. This meant they would have a job history and proven work experience which they could use to progress further in future work placements.

Staff had an excellent knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. Staff were passionate in the way they described how they tried to make their visit the highlight of the person's day. People said staff understood

their needs and looked after them in the way they wanted to be looked after. One person said, "I really look forward to them coming, they always cheer me up."

People said they could express a preference for the care worker who supported them. One person had stated they did not want a male care worker. They later required more visits during the day to support them with meals. They stated they would be happy for a male care worker to visit to support with meals but a female to support with more intimate care. This was clearly recorded and records showed the care provider respected the person's request. The computer system used to roster staff also highlighted this. If a male member of staff was allocated to this person on the electronic roster then the programme would highlight the person did not want a male carer and prevent it from being booked on the system. This meant people felt they could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the area supervisors or registered manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the care provider could not meet the persons' needs they would signpost them to another care provider who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. Following the initial visit care plans were developed outlining how their needs were to be met.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs and had information about what was important to the person. They were person centred and included what people liked and disliked. There was also a section on social and leisure interests, so staff would be aware of topics the person would be happy talking about. One care plan was very clear about how the person's medical needs impacted on their life with very clear guidance for staff on, "How you can support me."

The care provider had moved to using an electronic care plan system called "PASSsystem." These recorded all care needs and daily visits. Care workers would only have access to the information about a person if they had been allocated to carry out their care. The PASSsystem works in "real time" with staff updating the care provided and any observations at the time of their visit. This was immediately available for other care workers and the area supervisors in the office. One care worker said they had read the PASSsystem before they went into one person's home and found it was really good to have the up to date information before they walked in, rather than wasting time reading written notes once in the person's home. We asked the registered manager how they ensured families and professionals were able to know what care had been provided. They confirmed a new access system was being introduced so family and professionals could log in and read progress notes if the person gave consent. We asked two relatives how they felt about the new system. They both said they thought the system worked well. One relative said, "it means the time the carer is in the home is all care time not time taken to read the notes as they know what has happened before they arrive." The other relative said, "If there is something they think I need to know we have a system where they leave me a note, or I can leave them a note it works very well."

The registered manager explained how the PASSsystem enabled them to send printed reports to health care professionals and family if the person had given their consent. Following the inspection the registered manager confirmed the PASSsystem had been further developed to enable them to send information electronically in real time. This meant families living a distance away could be kept up to date following each visit enabling them to be more involved with their relatives care. This also meant the care provided could be more responsive to people's changing needs as health care professionals had up to date

information enabling them to make changes to the person's care and support immediately if required.

The care provider operated an out of hours service. An on call manager would be available by phone when the office was closed they had also started opening the office on Saturdays so there was support for both people and staff. They would have access to the staff allocations and could make changes immediately if a person's care needs changed or unplanned absence of staff occurred. The registered manager explained how they also had a team of staff who were retained to be available to cover emergencies such as unplanned staff absence. The care provider also provided an emergency rapid response service so staff were available to act immediately to prevent hospital admissions.

People said they felt they could complain if they needed to and the care provider responded to their concerns. One person said, "Never had to complain, but I did let them know I didn't get on with one of the carers and they acted straight away." One relative said, "They did have spell of missed or late calls, just when staff were getting used to the new electronic system. They were excellent when we spoke with them and acted immediately. Records showed issues were responded to within the correct timescale and learning put in place for staff if necessary.

Is the service well-led?

Our findings

The registered manager was very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the registered manager and supervisors. All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was. People and their relatives considered the service was well-led and excellent standards of care were provided by a team of highly skilled and caring staff. One person said, "They are more than ok they are brilliant. They are organised and know everything there is to know about me and what I need." A relative said, "They know exactly what is needed and provide an excellent service."

The registered manager was proactive in monitoring people's care needs and meeting people so open communication supported the type of care and support they received. For example they actively sought care workers with the same interest as people receiving the service. The impact for one person meant they were able to continue to follow their hobbies and interests. People had shared with the registered manager that they preferred a regular team to provide care and support. The registered manager had organised the care workers into smaller teams so they had their specific geographical area to provide care in. This meant people had a consistent team of staff providing their care and people had managed to build relationships with the care workers who visited them.

The registered manager and staff worked with local agencies to provide advice and support to people living in the community. They had taken part in talks about how to keep safe and well in the winter months and about fire safety. They had provided talks with other organisations such as a day centre, the local WI, and local stores on becoming Dementia Friends. They had also given talks to students in colleges and schools to share information about social care as a career.

People were supported by a service where management and staff embraced new ideas about how to improve quality of care. Staff all felt listened to and involved in shaping improvement. For example they had all actively taken on the introduction of the PASSsystem and staff feedback had been welcomed on how the system worked. The PASSsystem is a visit planning and monitoring system. This enabled staff to understand changes in people's care needs before they arrived. One care worker said they had read the PASSsystem before they went into one person's home and found it was really good to have the up to date information before they walked in, rather than wasting time reading written notes once in the person's home. One relative said they were happy that the PASSsystem meant staff spent more time on providing care rather than on reading records.

There were effective quality assurance systems to monitor care and plan ongoing improvements. All staff checked into a person's home using the PASSsystem on their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager and office staff monitored these during the day to make sure staff were arriving at the correct time and staying for the allocated amount of time. People said staff often stayed beyond the time they were allocated. Staff confirmed they had more than adequate travel time allocated between calls so were often able to remain longer.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. One audit identified poor wording by some staff in daily records. Further training in writing person centred records was being planned for all care workers so they would complete records to the same standard.

We spoke with the registered manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on delivering quality services, putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. The registered manager had a clear vision for the care provider which was to provide a service which was influenced by the needs and wishes of the people who used it. For example they had enabled a person to continue to follow their hobbies and interests.

There was a commitment to providing high quality care which was tailored to people's individual wishes. For example one person required regular exercises to maintain their mobility. The registered manager ensured staff followed these exercises. The person's relative said it had been good as they had been able to maintain mobility and some independence. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys. Care workers told us they felt the emphasis on listening to the wishes of people was important to them and the registered manager. One care worker said, "When you have a strong lead on a value you start to make it your own as well."

We also heard from staff there were some open house days when staff and people using the service were encouraged to come to meet office staff. One person said, "They are all very approachable, you can ring the office and there is always someone there and they are all very polite." The care provider had recently moved to a new office this enabled the registered manager to work towards ensuring the office was 'dementia friendly.' They had sought advice on signage and décor to assist people living with dementia to retain some independence when they visited the office.

There was a staffing structure which gave clear lines of responsibility and accountability. In addition to the registered manager there was a development manager who oversaw the training and development of staff. There were also two care managers, two care co-ordinators and a team of supervisors. Supervisors were responsible for a small team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said, "There is always someone to talk to and they can always answer questions and sort out any issues or questions I might have."

All the staff we spoke with were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work. One staff member said, "They are a brilliant company to work for, they really care, they are very supportive and they listen to what you have to say." Another staff member said, "They are there for you and that means a lot."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision with a more senior member of staff and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. One staff member said, "We get regular spot checks you never know when they are coming but they are really positive as they support you to get it

right." One person said, "It is really good that the supervisors come out and then work alongside the carers so they know what the job is all about." As well as the checks on staff the registered manager had also put in place monthly reviews with people. This meant they could meet with a senior staff member and discuss any changes to their care plan, care provided and their relationship with staff.

The care provider had a robust contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. An emergency file had been created which gave details of everyone who used the service. It listed their needs and whether there was anyone available to provide care if the care provider were unable to reach them. From these assessments they had been able to prioritise their workload. Additional drivers had been recruited who would be able to transport staff to their calls in appropriate vehicles. There were also snow chains available in the office if office staff needed to use pool cars to provide cover. This would ensure anyone assessed as being a priority would receive support during periods of bad weather.

The registered manager kept their skills and knowledge up to date by on-going training and reading. The care provider was a member of a local care providers association which offered advice and support. The registered manager had attended local conferences to keep up to date. The care provider was also a member of the United Kingdom Home Care Association. For example the registered manager was a train the trainer for the Alzheimer's Society dementia friends programme, they had supported training in both the organisation and within the wider community. This meant all staff received training in dementia awareness to enable people living with dementia to remain in their own homes.

The care provider also provided an emergency response system with some of the people who used the service. This was an emergency lifeline which people could use if they required urgent assistance. The system used GPS which enabled anyone responding to the call to know the exact location of the person in difficulty. They were also providing 'Flexercise' in people's homes. This is a series of gentle exercises designed to keep people physically active and supple regardless of their abilities. Many of the exercises can be performed whilst seated.

To make sure people received appropriate care from other professionals each person who used the service had a Hospital Passports. These are documents that give details about the person to be used by staff if a person is admitted to hospital. They include information which the hospital staff must know, things that are important and the person's likes and dislikes.

Several members of the Bluebird Care team had been nominated, for the South West Care Focus Care Awards. These are annual awards recognising staff and organisations who have been nominated by people who receive care. On the last day of our inspection the registered manager was informed she had been accepted as a finalist for outstanding care. These are annual awards open to all care providers in Somerset to recognise excellence in care. Following the inspection the registered manager informed us they had won the category for outstanding care.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.