

Audagio Services Ltd

# Bluebird Care (New Forest)

## Inspection report

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20 March 2018

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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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection took place on 19 and 20 March 2018 and was announced.

Bluebird Care (New Forest) is a domiciliary care agency. It provides personal care to people living in their own homes. The service is registered to provide care for people living with dementia, learning disabilities or autistic spectrum disorder, older people, physical disability, sensory impairment and younger adults. At the time of this inspection the service provided care and support to 59 people, seven of which were receiving 24 hour live in care.

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

People received effective care from trained staff who had exceptional skills and knowledge to meet people's individual needs and choices.

People were cared for by exceptional staff who provided kind, compassionate and respectful care. They treated people as individuals and involved people and their families in their planned personalised care.

The leadership and management of the service was outstanding. There was a well organised management team who had clear roles and responsibilities. The registered manager acted as a role model for staff.

The management team promoted strong values and a person centred approach. There was an open culture where 'lessons learnt' were encouraged.

The service actively promoted good community links. Staff were regularly involved in fundraising events for local charities and worked alongside and supported other organisations to raise awareness.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

Staff were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service. Award ceremonies were held to recognise and celebrate good care from staff members.

Staff took account people's wellbeing and what was important to them. They enhanced people's quality of life as much as possible.

Staff went the 'extra mile' to support people and showed an outstanding kind and caring approach to

people.

Staff completed annual development training on a number of subjects that related to the people they were supporting.

Staff were supported through one to one supervision, on site observations, team meetings and dedicated and responsive office staff and management.

People's rights were protected in line with the principles of the MCA. Staff were knowledgeable about the five principles of the act. This ensured people were supported in least restrictive ways and would enable people to have positive experiences.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's individual needs.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Systems were in place to monitor and improve the quality of the service provided.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People were cared for by exceptional staff who were motivated to provide kind, compassionate and respectful care. They treated people as individuals and involved people and their families in their planned personalised care.

Staff were highly motivated and delivered care and support that was exceptionally compassionate, caring and person centred. People and relatives told us care staff supported the well-being of both them and their families in their care.

Staff took account people's wellbeing and what was important to them. They enhanced people's quality of life as much as possible.

Staff went the 'extra mile' to support people and showed an outstanding kind and caring approach to people.

### Is the service responsive?

Good ●

The service remains Responsive

### Is the service well-led?

Outstanding ☆

The service has improved to outstanding.

The leadership and management of the service was outstanding. There was a well organised management team who had clear roles and responsibilities. The registered manager acted as a role model for staff.

Staff were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt

involved in the running of the service. Award ceremonies were held to recognise and celebrate good care from staff members.

The management team promoted strong values and a person centred approach. There was an open culture where 'lessons learnt' were encouraged.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The service actively promoted good community links. Staff were regularly involved in fundraising events for local charities and worked alongside other organisations to raise awareness.

# Bluebird Care (New Forest)

## 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 checked 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 19 and 20 March 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one adult social care inspector and one 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.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

We sent questionnaires to people, their relatives and staff seeking their views on the service people received. A total of 24 people or their families and 30 staff responded to our questionnaire. We also spoke to three health and social care professionals to obtain their views on the delivery of care.

Inspection activity started on 19 March 2018 and ended on 20 March 2018. We visited the office location on 19 March 2018 and spoke with the registered manager, nominated individual, the provider's HR and quality assurance director and one member of staff. We spoke with seven people receiving care and support and two relatives by telephone to obtain feedback on the delivery of their care. We also visited two people in their own homes and spoke with a further two relatives.

On the 20 March 2018 we had telephone conversations with five members of staff and the relative of one person receiving care.

We reviewed care records and documents central to people's health and well-being. These included care records relating to three people, recruitment records for four staff members, staff training records and quality audits.

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 last inspected the service in January 2016 and rated the service as Good.

## Is the service safe?

### Our findings

People told us that they felt safe receiving care and support from Bluebird Care (New Forest). One person told us, "Absolutely, I wouldn't have them if I didn't feel safe". Another person said, "I feel incredibly safe with all my carers. They have always treated me well and I am very safe". A relative told us, "I do think (person) is safe. We have had the same small team of carers for a long time. Our relative has dementia and the staff understand their body language and really know how to keep him safe". People and relatives who responded to our questionnaire overwhelmingly told us people were cared for safely.

The service had policies and procedures which protected people from the risk of abuse neglect or harassment. Staff had received training in safeguarding and all staff were required to complete regular refresher courses. Training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for areas including people's mobility, the environment and specific health conditions. For example, for people with cognitive impairment, who were at risk of leaving their home, wandering, becoming lost and posed a risk to their well-being the service followed the principles of the Herbert Protocol. The Herbert Protocol is an early intervention scheme designed to help locate "vulnerable people" and pays specific attention to people deemed at risk of going missing. Risk assessments included a photograph of the person, places of interest, (favourite walks, old school etc.) and weekly / daily routines. The registered manager told us, "We haven't had to use this and hope we never do but in the event that someone is not at home when we visit or has wandered away from home we have up to date information to give to the emergency services".

Risk assessments identified potential risks to people's safety. There was also a detailed environmental risk assessment completed of each person's home when the service commenced. This identified potential hazards and any steps required to minimise them.

There were sufficient numbers of staff deployed to meet their needs in a relaxed and unhurried manner. We reviewed the staff rota for the previous four weeks. There were enough staff deployed to meet people's needs and time between care calls was built in to allow staff to travel easily to the next person's home. People received support from a consistent team of staff and they told us their calls were never missed, and that if their care worker was running late they always received a phone call to let them know.

The provider had divided the service into two smaller geographical areas, each with its own specific staff team to help ensure that there were enough staff for each area. The registered manager told us, "This works really well and was tested with the recent 'beast from the east' snowfall. The smaller areas enabled staff to work together to complete as many care calls as possible. In particular where roads were impassable, due



to snow staff linked up to support each other, often on foot to ensure that we were able visit our clients to provide care and to maintain their safety and wellbeing". One person told us, "When we had the snow last week I had a call from the other agency I use at 7am to say they couldn't make the morning call. I rang Bluebird Care who rang back in 20 minutes to say they could visit at 9.45. Even in the snow they still managed to step up and help out". Another person told us, "I have four visits a day, two carers at each visit. I have never had them not turn up and mostly they are here at the time they say they will be. They are very good. They let me know if they are running late".

The service used an electronic monitoring system to help ensure that people received their care at the agreed times. Each member of staff was provided with a mobile phone that incorporated a QR scanner application. The phone contained details of care plans, risk assessments and additional information to ensure care was delivered safely. Staff recorded their visits and completed daily care records using this system. It also monitored the safety of staff who often worked alone. Staff were required to log their arrival and departure times at a person's home. An alert system was in place, which notified office or on call staff if a staff had not arrived at a person's home at the agreed time. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. This system also helped ensure that people received their care visits as planned and significantly reduced the risk that any care calls were late or missed.

Some people required support with their medicines. People and relatives told us staff supported people to order their monthly prescription and collected their medicines for them if required. One person told us that their carer explained changes to their medicines with them when the doctor recently added an antibiotic to their prescription. The service maintained a record of people's medicines using the electronic monitoring system which enabled staff to efficiently update people's medicine administration records (MAR) on each visit. If people did not receive their medicines at the prescribed time the service was alerted and this prompted an immediate response to address the issue and reduce any associated risk with missed medicines.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work for the service. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. The providers PIR stated, 'All staff are recruited based upon their skills, experience and relevant skill set. We use psychometric testing to understand characteristics of good carers, help us better select the best carers and understand where they need extra support'. The nominated individual told us, "We use this as part of our recruitment process as we only want the best people providing care. This gives us a good insight into the person and helps us to make the right choices".

There were systems in place to ensure that accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

The registered manager had arrangements in place to manage and monitor infection control practices. Gloves and aprons were available in people's homes for staff to use as needed. The registered manager assessed staff competencies in this area during shadow shifts and on-going daily practice.

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support.

## Is the service effective?

### Our findings

People were cared for by staff who received exceptional training and support. From the survey CQC sent out before the inspection 100% of people and relatives who responded told us that the staff had the right skills and knowledge to deliver the care and support they needed. Comments included for example, "I really enjoy the Bluebird carers coming in. They know what they are doing, really well trained", "I feel the staff are exceptionally well trained...they know their stuff", "The service and care provided by Bluebird Care is by far, the best care our mother has received in ten years of home care. The supervisors contact us regularly to ask if we are happy with the service and they also keep us well informed and updated" and "I cannot fault the service from Bluebird Care (New Forest). It is good old fashioned care and respect. They also take time to look after the carer".

Comments from staff in relation to our questionnaire were consistently positive. For example, "This agency is by far one of the most thorough and best agencies I've ever worked for", "As a Carer, I have always found Bluebird Care (New Forest) very supportive in all that I need to do. The office staff are very supportive and kind. If I have problems both in and out of work they listen to me and help all they can. I feel I can talk to my care manager about any problems that may arise in my job as carer" and "In my own personal experience this is the best care provider I have worked for. They are a lovely company who really do care about the customers and the staff and go to great lengths to get things right".

Staff who responded to our questionnaire were also extremely positive that the induction had fully prepared them for their role before they worked unsupervised and that they received the training they needed to enable them to meet people's needs, choices and preferences. One staff member we spoke with commented, "My induction week was very intense but very rewarding. I had never worked in care before and although I found the week challenging the manager and everyone involved were very supportive". Another member of staff said, "When I came here to work I did have a background in care so didn't feel the need for an induction however I had to do it to work for them. I'm so glad I did. It was very good and I did learn to care for people the Bluebird way. It ticked all the boxes for me".

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care plans clearly identified the support each person required, dependent on their individual circumstances. For example, the service worked very closely with Occupational Therapists (OT's) for one person with a specific illness that limited their mobility and put them at risk of falls. Staff worked with the OT's in developing ways that the person could safely mobilise whilst promoting and maintaining some level of independence.

The provider worked in close partnership with external health care professionals and peoples medical and health needs were improved through early detection and intervention. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People told us that staff would support them to make appointments to see their GP and if necessary take

them to the appointment. The registered manager told us about one person who had been unwell and the member of staff arranged a GP visit which resulted in antibiotics being prescribed for an infection thus preventing a possible hospital admission. They added, "Staff know people well and know if something is wrong. Our client age group are mostly of the age that doesn't want to cause a fuss and we need to step in, with their permission and make that call to the Doctors for a visit or advice to maintain well-being and keep the person safe". One person told us, "When I needed help, they were fantastic they really did help me get back on my feet". Another person told us "I am disabled and could not remain at home without the support I receive. They really do look after all my health needs and do it very well".

People's needs were assessed in sufficient detail to inform the delivery of care. People's care needs were reviewed regularly or as people's needs changed. Care and support was delivered in line with current legislation and best-practice. For example, the service had recently developed a system for capturing best-practice which was aligned to regulation and the Care Quality Commission's key lines of enquiry.

Health and social care services and professionals spoke extremely positively about the staff and exemplary leadership within the organisation. One health and social care professional told us, "Excellent care and good communication with all concerned. It was invaluable and enabled us all to provide the best care". Another told us, "A very professional, caring, and effective care provider. They often go the extra mile as part of their normal commitment to provide care to people".

All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff cared for people in a competent way and their actions and approach to their job demonstrated they had the knowledge and skills to undertake their role. One staff member said: "I have had training on Equality and Diversity. This training was online and also I looked deeper into this area when I completed the sections of my Care Certificate". Training included for example, moving and handling, infection control, food hygiene, medicines management and safeguarding of adults.

Staff completed annual development training on a number of subjects that related to the people they were supporting. These subjects included, equality, diversity and human rights; prevention and control of infection, safeguarding adults, dementia awareness and basic life support. Additional specialist training was also available to ensure staff were trained to deliver the support people needed. The registered manager told us, "For those staff who are looking to develop into leadership roles we also have our bespoke Leadership and Development programme and two members of staff are currently part of this".

Staff were actively encouraged and supported to achieve nationally recognised qualifications and to develop their knowledge and skills to enable them to provide a quality service. For example, 80% of staff employed by the service had either achieved level two / three Diplomas in Health and Social Care or were being supported to achieve it. The provider's pro-active approach in encouraging and supporting staff to attain recognised qualifications ensured that people received a high quality service from motivated and skilled staff.

Staff were very positive about the training they received which ensured staff had the skills, knowledge and experience to deliver effective care. One staff member told us, "If I need extra training I only have to ask. As a company I think we are going to care for people at end of life. I already have my name down for some additional training and hopefully a qualification in this area. I'm really looking forward to it". Another member of staff told us, "The training on offer covers everything I need to help me care for people well. I only have to ask for training and it is arranged". The provider's PIR states, 'The training we provide ensures that the standard of care never falls below the level we expect, we are aware that we go over and above with our

training and this often shows in the work that our carers then do in the field. The impact of this is that our customers receive exceptional care and support in line with best practice and legislation. The fact that we are happy to put in specialist training when required also ensures that we can be quickly responsive to changes in need'. The registered manager told us, "Staff have receive further training where it is needed to work with a specific customers, for example, Percutaneous Endoscopic Gastrostomy (PEG Feeding), convene and catheter training. Staff we spoke with and training records we viewed confirmed this.

The registered manager and staff were keen to share their recent experiences with a 'Dementia Bus' which had given staff the opportunity to experience what it was like to live with Dementia. The Dementia Bus is a virtual dementia tour that has been scientifically and medically proven method of giving a person with a healthy brain an experience of what dementia might be like. Staff had the opportunity to walk in the shoes of a person with dementia, to help understand the issues that they experience every day. Staff experienced being confused, isolated, lost, intimidated, and vulnerable and this helped them understand what they needed to change to improve the quality of care for the person they supported. People living with dementia and their relatives could be confident that their needs would be met by competent skilled staff who had received in-depth training on the condition. This provided them with the insight and understanding of the daily challenges people living with dementia faced and how best to care and support them and their families. One member of staff told us, "It was an experience I hold on to. I now understand just a bit more of what it could be like to live with dementia. Has it changed the way I care for people living with dementia? Most certainly" The registered manager told us, "The staff often do not realise that people living with dementia are impaired in many aspects and through a personal experience they are given an idea of how to better approach and understand people living with dementia and to be able to support, care and understand them effectively.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings spot checks and an annual appraisal. Supervision meetings are processes which offer support, assurances and learning to help staff development. Records we viewed confirmed that staff had regular one to one meetings with their line manager and an annual appraisal. Annual appraisals provide an opportunity for staff to assess their work and plan their development needs. Staff received regular supervision both through an observation assessment while working in people's homes and unannounced 'spot checks'.

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 and staff all demonstrated a good awareness and understanding and confidence of the steps that needed to be followed to protect people's best interests if a person was assessed as lacking capacity. Staff were able to demonstrate their understanding of the five principles of the MCA and were how they would ensure people's rights would be protected and best interest's decisions were as least restrictive as possible. Where people lacked capacity assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. Where family members had the legal rights to make decisions regarding the care of their relative documents were held by the provider to evidence this such as, Power of Attorney (PoA). A PoA is a written document that gives someone else legal authority to make decisions on your behalf. Copies of those documents where relevant were kept in the providers office.

People told us that staff always sought their consent before they carried out any care or support. One person told us, "They (care workers) always ask me before they do anything. They always encourage me to do what I can for myself even if it's with their support". A relative told us, "They always start by asking how (person) is

and how they can help them today". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

People were supported with eating and drinking when this was part of their care plan and detailed information was provided to staff in relation to this. Positive relationships were fostered between people and staff encouraged those who may need support to eat well, with a person's independence being at the centre of the support provided to them. For example, one person receiving live in care was supported by the staff to be involved with preparing their own meals to encourage independence. A relative said, "They are brilliant, they help him with mobility, personal care, cook meals, and deal with medication. My Dad gets 5 star service and he has exactly what he wants - the carers are properly trained and know what they are doing. They have even helped him to master using an electronic tablet. The carer has patiently worked with him, taught him how to use it and it has made such a difference to his well-being. He can now go 'on line' and watch films and programmes when he wants to. It's amazing".

## Is the service caring?

### Our findings

At our last inspection this question was rated good. At this inspection it was rated outstanding.

People and their relatives consistently told us they were treated with kindness and respect when receiving care and support. Comments included, "They are amazing, all of them", "Friendly", "Brilliant", "If they have time they stay and have a chat with me", "Friendly but professional. "Polite", "They do everything that I want, nothing is a problem", "Nothing is rushed" and "I couldn't ask for more". Following our inspection the provider forwarded an e mail received from a member of the public who was also a health care professional. They commented, "I witnessed one of your carers accompanying an elderly gentleman who was shopping. I am writing to say what an amazing attitude this young lady had – she was caring, kind and attentive to his every need and managed to make a trip to the supermarket a pleasant, stress-free, fun experience for him. If this young lady is typical of your staff you also deserve huge praise. My parents are no longer with me but if they were and needed care that I could not provide I would have no hesitation in putting them in (staff members name) capable and safe hands".

Staff were highly motivated and delivered care and support that was exceptionally compassionate, caring and person centred. People and relatives told us care staff supported the well-being of both them and their families in their care. They spoke of how close they were to care staff and how they had built up positive and meaningful relationships together. One person we visited told us, "They chat to me about what I've been doing. Their attitude is always very cheerful which is lovely for me". Another person told us, "I see them all as my friends. They respect me and I respect them. We have a good laugh and plenty of 'banter'. They are exceptional ladies (carers)". One relative told us, "They have helped (family member's) quality of life ... and she enjoys their company. They are very caring and mindful of her well-being". Another relative added, "The service and care provided by Bluebird Care is by far, the best care our mother has received in ten years of home care. The supervisors contact us regularly to ask if we are happy with the service and they also keep us well informed and up-dated". People said staff were never rushed and always had time to support them in the right way. One person told us, "I never feel rushed ... they always make sure I've got everything I need before they go. They are more like friends". Another person told us, "I'm lucky to have them. I really do feel cared for and special".

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles. One relative told us, "Having the carers in has been a life changer and lifesaver for me. We are so happy with the care". Another relative told us, "Staff have not only supported my Dad in living independently but also given me the peace of mind that his care is in good hands so that I can also concentrate on my own health and well-being".

Bluebird Care (New Forest) had introduced an initiative called, 'Bit of Sparkle'. The registered manager told us, "This is an in-house initiative which supports care staff to nominate one of our customers to have

additional support (up to a couple of hours) at no cost to them. This includes community access, companionship and to encourage daily living skills such as shopping and much more. For example, we have one person who is visually impaired and they rarely go out. We were involved in one of the community tea dances and their wish was to join the afternoon accompanied with his favourite care assistant. She took him over for several hours on Saturday afternoon. He absolutely loved the occasion. It was great to see them engaging and interacting with others besides the normal daily routines". Other examples we saw included trips to the beach, fish and chip suppers and enabling a relative a few hours respite by supporting their partner whilst they took this. Staff also supported one person who did not own a computer to talk with a relative living abroad via SKYPE regularly using the provider's electronic tablet. The registered manager told us, "We pay our carers for their time but we do not charge the customer for anything. It has been a great success as often our care assistants are the only people who our customers have interaction with".

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. Care plans contained a 'Five Golden Rules' section. These are five areas that are of significant importance to the person. For example, "Please wake me in the morning with a cup of tea and my morning papers". The registered manager told us, "Our commitment to each person is to deliver a very person-centred holistic approach and to care for people the way they want to be cared for".

People's privacy, dignity and independence were respected by staff who were caring and compassionate. One person told us, "The carers knock at my sitting room door and call 'hello' after they have let themselves in to let me know they have arrived". I look forward to their visits". Another person said, "Staff respect me and I get privacy when I don't feel like talking or socialising. They have got to know me and my moods and understand when I just want to be left alone. But I have to say when I am talkative they do I feel really want to listen". Other comments included for example, "I have no concerns over privacy and dignity because they respect me", "Staff are polite, treat me with respect and privacy and keep me covered" and "They (staff) help me stay independent by encouraging me to do household chores and they talk with me about current news topics. They sit down and chat to me which I like".

People said that staff always asked them about how they wanted their care to be provided. One relative told us, "The professional manner and thorough way the care plan for Dad was put together was excellent and resulted in Dad receiving a first rate service from a lovely carer to whom he grew very attached. I liked the fact that he also got much-desired company and that was a great comfort to us. A visit to the shops, a walk in the park or a bus trip into town made all the difference to his lonely and confused life".

Examples of care given by Bluebird Care (New Forest) showed a strong person centred culture and that management and care workers were exceptionally compassionate and kind in their roles. The service had received many positive comments from people and their relatives. For example, "The support my Grandmother gets from Bluebird has been faultless. As her health has reduced you have helped revised and rethink the care plan, you have kept me informed and have done more than I could have expected of you to support the whole family. The carers have all been both compassionate and professional in all of their dealings and I feel we could not be in better hands", "They have responded in emergency situations arranging an ambulance or other appropriate care. Also staying beyond the visit time to reassure and even travel in the ambulance and wait in A&E. Several years of experience of this local Bluebird team has been a very positive experience" and "The girls are very friendly and considerate of not only the needs of Mum, but of our entire family. When looking for carers for Mum, the most important thing to me was to find staff who would treat Mum and look after her in the way that I would if I were able, and that is exactly what I have found in Bluebird. Simply put, Bluebird Care are brilliant. I would highly recommend them to anyone".



People and relatives were involved in making decisions about their care and support; staff respected people's choices and preferences. For example, one person had requested different visit times and another had requested certain staff only. They told us, "Yes very flexible. It has happened that we were late back from hospital for an evening call. They say, 'Just let us know when you are leaving hospital' and they arrived a bit later. It's been perfect and worked well". Another person told us, "A little while back I didn't get on with one carer. She did nothing wrong but there was no chemistry between us, I called the office and asked for a different carer and they sent someone else who I really like and get on with". Both requests had been dealt with by the management team.

Staff consistently told us Bluebird Care (New Forest) was the best of the best. Comments we received from our questionnaire and during our inspection from staff were overwhelmingly positive. For example, "I feel it's the amazing carers who make this company what it is. As I work in the office it's nice to have a team below me who take every step possible to ensure our customer's needs are met and inform me when any changes are needed as soon as they arise", "In my own personal experience this is the best care provider I have worked for. They are a lovely company who really do care about the customers and the staff and go to great lengths to get things right", "Great company to work for who value both customers and employees" and "This agency is by far one of the most thorough and best agencies I've ever worked for".

Health and social care professionals highly valued the services provided and told us how the service always supported involvement and engagement of people and helped to express their views and to be involved in decisions about them. One health and social care professional told us, "Staff are proactive and good advocates for patients". Another health and social care professional told us, "Patients are impressed with the continuity and friendliness of staff who treat them with compassion and respect".

The consistent positive feedback from people, relative's health care professionals and staff regarding the management team and delivery of care was exemplary and demonstrated an absolute commitment the organisation had to the wellbeing of the people they supported, their relatives and staff providing that support.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. One person told us, "If I have a hospital appointment we (carer and the person] arrange to visit at another time. They (carer and provider) have told me if I ever need anything to call and they will come". Another person said, "I am very happy with them, I do not know what I would do without them". One person's relative told us, "They (carers) are very good with (relative's name), they cope very well". All of the questionnaires from people and relatives said that they were happy with the service provided and completed all of the tasks they should do at each visit. Questionnaires responses we received from staff said that the time allocated for each visit meant that they were able to complete all of the care and support tasks required in people's care plans.

Before people received care and support and a care needs assessments was undertaken by one of the management team before care commenced. These assessments then informed the care plans which identified how people's needs were assessed, planned for and met. People's care records were person centred and included detailed care plans which provided care workers with guidance on people's assessed needs and how these were met. This included people's diverse needs, such as how they communicated, mobilised and their conditions and how they affected their daily living. Care plans identified any specific information that staff should be aware of and how they should provide care. People's wishes, such as if they wanted to be resuscitated, were included in their care records.

The service had policies, procedures and systems in place to ensure that people have access to the information they need in a way they can understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given'. For example, the registered manager told us that where people suffered hearing loss staff spoke clearly but also use other methods such as writing questions down, answer cards and picture cards. For people living with Dementia the service used a system of key rings with picture cards and names of their regular carers. People were provided with weekly visiting schedules in advance, and were able use the key rings to see who was visiting them which gave reassurances and reduced peoples anxieties.

The service used an electronic care planning system, people were also provided with a paper copy of their care plan which was kept in their homes. The provider told us that the system in place allowed any changes to people's condition or needs could be amended immediately. This was confirmed by a person who told us, "My care plan is amended all the time and things go along very well. Where there are changes it's done immediately". The provider shared examples of how they responded to short term changes in people's needs, such as if they had an illness. This included amending their care plans including guidance for care workers on how the needs had changed and how they were to provide care for people.

Care workers accessed the records on the secure electronic system which allowed them to check any changes prior to their visits. Where the appropriate consent had been given details of care visits could be sent as text messages to relatives' mobile phone. The relative of a person we spoke with in their home was

keen to share the content of these messages and told us, "Although we live locally and see mum throughout the week I know that the carers have called, what they have done and generally how mum is without having to phone the office or disturb my mum. I think it is a great system and gives me peace of mind".

There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. Information about how people could complain about the service they received was provided to people in the statement of purpose and service user guide, which was provided to people when they started to use the service. People we spoke with knew how to make a complaint and felt that they were listened to. However comments received from our questionnaire indicated that 28% of people either did not know or, were unsure how to make a complaint. One person said, "I don't have any complaints but I would call them if I did". There had been five recorded complaints since our last inspection in January 2016 which had been appropriately investigated by the registered manager.

## Is the service well-led?

### Our findings

At our last inspection this question was rated good. At this inspection it was rated outstanding.

People and their relatives told us the service was exceptionally well led and they were provided with an outstanding level of service. They commented, "I would recommend this service to others without a doubt" and "I wouldn't hesitate to recommend them. They are excellent". People, relatives, staff and health care professionals spoke positively about the registered manager, the office staff and the service they received. They knew the registered manager's name and felt confident any issues would be dealt with appropriately. Comments included, "I think the manager is an excellent leader and role model and is very kind and organised"; "The office are very helpful and I've spoken to a couple of them. They always find out what you need help with ... the manager is very chatty and always has time for you"; "The manager always has time to listen to you", and "The manager is organised and proactive and I find she is a good listener and gives good advice".

The registered manager was experienced, organised and knowledgeable about the people who received support and acted as a role model for staff. The registered manager had worked for the service for five years in various roles and had recently become the registered manager. They ensured care workers had the resources to do their jobs properly and that the service had a positive and inclusive culture.

There was a clear structure in place and staff were aware of their responsibilities and of the services expectations of them. The registered manager welcomed feedback, led by example and was accessible to both people and staff. Staff were motivated, passionate and proud of their jobs. They spoke positively about the management team and that they felt involved in the running of the service. They felt supported, valued and were encouraged to develop their skills. There was a reflective practice culture where staff were encouraged to develop and learn from any mistakes.

Regular meetings took place which helped to keep people up to date with any changes, monitored the quality of the service and gave a forum to discuss any ideas or innovations. These included regular staff meetings where staff were encouraged to contribute. Staff commented: "The manager is great and very good at training and encouraging", "Everyone is treated the same and she (registered manager) listens to everyone and solves problems", "We do have a chance to talk about any concerns we may have and to voice positive suggestions and they are sorted out quickly", and "We have good meetings. They work well and the owners often attend. They are very hands on and very much involved".

Other meetings included office meetings, registered manager meetings and quality meetings. Competency, spot checks and observations took place regularly. The registered manager had access to senior staff and weekly meetings to discuss any issues.

The provider valued the contributions and commitment made by staff. Staff were recognised and received congratulations when they deserved it. The service promoted 'carer of the month'. 'Carer of the month' is where staff vote each month for a staff member they believed had gone above and beyond and the reasons

why they should receive the award. The nominated individual told us, "We actively encourage staff to recognise good practice and to tell us about it. As a company we embrace this and celebrate these achievements".

The provider sought feedback from staff through the use of a quality assurance survey. This was sent out annually seeking their views. Results were very positive and showed staff enjoyed working for the company and that they would recommend the company to a friend or relative.

The provider was committed to improvement and ensured governance systems were fully embedded in the running of the service. The provider had rigorous quality monitoring systems in place at various levels to provide an oversight as to the quality of care delivered. Daily handover reports were produced for the senior management team, nominated individual and quality assurance director giving an on-going overview of the service including any staff issues, service user issues, actions and follow ups meaning that any concerns were addressed immediately.

The registered manager carried out monthly management reviews (MMR) of the service and the quality assurance director visited the service monthly to offer guidance, support and advice. They also checked a sample of records to ensure these were fully completed and the necessary information recorded. As part of the quality review the service had recently launched an Equality Impact Review. The quality assurance director told us, "We review all of our practices against protected characteristics on a regular basis. This assessment allows us to see areas of improvement and to action on these. Care plans are reviewed regular to ensure they are truly person centred and therefore the needs, wishes and goals of any of customers. All our staff are all trained to understanding protected characteristics".

The registered manager was aware of their duty of candour and how this was addressed in the service. There were comprehensive policies and procedures in place to support investigations into staff concerns, accidents and incidents. Records showed each incident was thoroughly investigated and seen as an opportunity to improve practice. These were shared with the quality team who had an overview of each service and monitored the incidents. Care staff felt able to bring any concerns of poor practice to the registered manager and that these would be investigated.

Where people had accidents or incidents these were recorded, reported and analysed by the registered manager and quality assurance director who identified any trends. For example, if there was a missed visit, plans would be put in place to ensure it did not happen again. Each branch sent copies of incidents to head office so they could monitor any trends or patterns. All incidents were investigated and an action plan developed and monitored where necessary. The registered manager ensured the Care Quality Commission (CQC) received the appropriate statutory notifications required to be sent by law. The provider ensured people; professionals and relatives could see the current CQC rating of the service by displaying this on both their website and in the branch office.

The service worked in partnership with other organisations to ensure people received 'joined-up' care, such as when more than one agency was involved in a person's care package. The manager liaised with the necessary professionals, shared information and involved them when needed, such as the local safeguarding team. Any changes they suggested to practice were put in place. One social care professional commented, "I have worked with Bluebird Care and have found them to be very professional and supportive to their clients".

The registered manager and care staff understood the importance for people to develop community links in the area. People were encouraged to take part and socialise with each other. The provider organised and

facilitated various events and activities throughout the year and used a designated financial budget to support this. For example, the provider recently organised a 'cinema' afternoon where they screened the film 'Oh what a wonderful life', and invited people and their relatives to attend. Bluebird Care (New Forest) recently celebrated their fifth year of providing care and support. A celebratory tea party was held at a local community centre and attended by many people receiving care and support including services first ever 'customer' and care staff past and present. The nominated individual told us, "It was a great day and we continue to work towards being the 'best' but not the 'biggest' in our area. Events like these bring people who can be isolated together and we will continue to work with people and celebrate our successes with them".

The service also took part in charity events for the community and regularly fundraised and raised awareness for organisations. For example, In November 2017 Bluebird Care (New Forest) teamed up Bluebird Care (Totton) to support the 'Living with MS' event which was held at St Marys Football Stadium, Southampton. Bluebird Care voluntarily made their trained and experienced care assistants available to support those living with MS throughout the event. Support ranged from strength and rehabilitation exercise classes, diet and nutrition advice, mood issues with MS, cognition and memory help, bladder and bowel management and an insight on to the research that has been found. The event also gave people the opportunity to tour the stadium to end the day.

The service actively promoted good community links and staff were regularly involved in fundraising events for local charities. For example, the Waterside Raft Race, Lymington Carnival and the New Forest Show. The service also raised funds for their chosen charity during 2017, The Elderly Care ward at Southampton General Hospital. During 2017 the management and staff of Bluebird Care (New Forest) raised approximately one thousand pounds supporting local charities.

The service had strong links with the local community and continued to support the Lymington Dementia Action Alliance by offering free Dementia Awareness training for local business. The service had signed up with the Alzheimer's society to become a dementia friend. A dementia friend learns a little bit more about what it is like to live with dementia and sharing information with others to help and support people living with dementia. The registered manager told us that although they had spoken with several businesses only one organisation had responded. They added, "It has been very disappointing but we will continue to support this and support the local businesses and promote an understanding of dementia".