

HoCrest Limited

Bluebird Care Highgate & Haringey

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

About the service

Bluebird Care Highgate and Haringey is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 16 people.

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

Bluebird Care Highgate and Haringey was an exceptionally responsive and well led service. There was value based, visible and effective leadership where the meaning of inclusion of people and staff in the development of the service was visible. The service was innovative and proactive with the goal of ensuring people were safe and well cared for.

The open and transparent culture resulted in an effectively organised, supportive and well-run service. The registered manager and two directors were clear about their expectations relating to how the service should be provided and they led by example. Care workers who supported people and the office staff team were passionate and fully committed to delivering quality person-centred support to people. This led to people achieving positive outcomes.

The service was very driven in supporting their staff and had access to resources to benefit the health and wellbeing of the people they employed. Care workers spoke very highly about working for the service. People told us their care workers were exceptionally caring and respectful. Care workers had a very good understanding of how to support people in a way that promoted their privacy, dignity and independence.

The service worked to meet people's needs in relation to equality and diversity and people told us they had regular care workers who knew them well. People told us they were involved in making decisions about their care and that they were supported to have maximum choice and control of their lives and care workers supported them in the least restrictive way possible and in their best interests.

People's care records were comprehensive, accurate and reflected the care and support provided. Care workers went above and beyond to ensure the people they looked after were safe.

The service had systems in place to protect people from abuse and people told us they felt safe. Risk assessments were in place to help minimise risks people faced. Infection control measures were in operation. There were enough care workers employed to support people and checks were carried out all staff to verify they were suitable to work in the care sector. Steps were taken to learn lessons if things went wrong. Systems were in place for monitoring and reviewing the quality of care and support provided.

Mental Capacity Act

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us 13 September 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well led.

Details are in our well led findings below.

Outstanding ☆

Bluebird Care Highgate & Haringey

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is

required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, both of the company directors and three care workers. We spoke with two people who used the service and eight relatives.

We looked at a range of documents. These included four people's records related to their care and support, medicines records, four staff recruitment records, staffing rotas, minutes from meetings and records related to the auditing and monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. There was a safeguarding adult's policy in place. The policy made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- People and their relatives told us they felt safe with their care workers. Comments included "I always feel they leave me feeling safe" and "[Relative] always says having the carers in makes him feel completely safe."
- All staff had undertaken training about safeguarding and understood their responsibility to report any allegations of abuse. One care worker told us, "I would speak to the manager. If I was concerned about anything the manager was doing, I would speak to [directors]. I know them well, I feel confident."

Assessing risk, safety monitoring and management

- The risks to people's safety and wellbeing had been assessed and planned for. Staff had assessed risks relating to people's mental and physical health, mobility, skin integrity, nutrition, hydration and risk of falling. They had also assessed people's home environment and the equipment being used, such as mobility aids. Risk assessments were robust and appropriately detailed, they gave guidance for care workers about how to reduce risks and they were regularly reviewed and updated.
- Care plans included information for care workers on how to look for signs of increased risk and how they should respond to this. This meant care workers were able to help keep people safe and put in place extra measures when they identified concerns such as a person becoming mentally unwell, changes in physical health or changes in appetite.

Staffing and recruitment

- The provider carried out robust checks on all staff before they commenced working at the service. These included employment references, proof of identification and criminal record checks.
- People and their relatives told us they had regular and familiar care staff. Comments included "They work hard at keeping to just a small number of care staff coming to my [relative]. As a consequence I see that [relative] is very much at ease with them" And "[Relative] has the same care worker all the time which makes all the difference."

Using medicines safely

- There were systems in place to manage medicines safely. Care workers received appropriate medicines training and followed a medicines policy that reflected national guidance. One care worker explained, "We had role play for medication training and lots of supervision."
- People's needs were assessed for the support they required to take their medicines safely.
- Care workers completed medicines administration records (MAR) when they supported people to take their

medicines. Managers checked that MAR's had been completed correctly and discussed any discrepancies with care workers for them to learn from.

Preventing and controlling infection

- The service had robust infection control practices in place and people and relatives we spoke with said staff adhered to infection control precautions. A relative told us, "[Care workers] have complied with all requirements about PPE (personal protective equipment) and so on and kept us informed about COVID-related issues for the agency."
- Care workers confirmed they were easily able to access the provider's supplies of PPE. They participated in a programme of regular testing for coronavirus.
- All staff were trained in infection prevention and control, including the correct use of PPE. There were regular checks by senior staff and managers to ensure they were working in the right way.

Learning lessons when things go wrong

- There were processes for learning from things that went wrong and making improvements to the service. These included investigation and analysis of all accidents, incidents, complaints and safeguarding alerts. The management team discussed adverse events and made sure they shared appropriate information with all staff so they could be learnt from and improvements made.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service completed robust assessments before providing care and records confirmed this. In addition, people and their relatives told us they were involved in assessments of their care. One person who used the service told us, "It started with two of the managers coming to my home for me to say what I was finding difficult and to discuss my medical situation. They were able to start visits the next week. I wish I'd done it a year ago; I'm finding the benefits already." A relative told us, "I was pleased with the initial assessment process and how that led to the care provided. They were very quick getting care started after it was agreed."
- Records showed assessments were in place for people's health and care needs. These were kept under review and updated to reflect changes.
- Assessments showed where other health and social care professionals were involved in helping to assess and meet people's needs. For example, district nurses or occupational therapists.

Staff support: induction, training, skills and experience

- Training for all staff was robust and records confirmed this. One care worker told us, "I did my training for two full days at the training center, I did CPR, hoist use, medications. Plus there is refresher training for medicines and manual handling, dementia training and safeguarding." Another care worker said, "Bluebird gave me intense training. Training was fantastic."
- Care workers told us and records confirmed regular team meetings and supervision was taking place. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development.

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

- Not all people received support with their nutritional needs. When this was provided, a care plan was in place and care staff recorded any care given in their daily notes. Where people were at nutritional risk, food and fluid charts were made so people's nutritional intake could be monitored.
- Where people had been assessed as being at risk from choking, instructions were given to staff on how to reduce this risk when providing nutritional care.

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

- The management team worked closely with the local Clinical Commissioning Group (CCG) to ensure people's health needs were met effectively. Examples of this included liaising with district nurses and occupational therapists.
- Care workers told us they worked closely with other health and social care professionals when needed and

would highlight any change to a person's needs with management.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

- The provider had policies to follow should people not have the mental capacity to consent to their care and care plans were very detailed in relation to people's capacity. People's relatives told us consent was always sought. For example, one relative told us, "[Relative] is able to tell me he is very pleased with the way they care for him. I have seen that they ask his consent for all they do for him." Another relative said, "[Relative] can't say how she feels, but is so used to seeing the care staff and they show lovely skills in gaining her trust and consent."
- Care workers had been trained in and understood the MCA and provided examples of how they supported people to understand their care and give consent. One care worker told us, "I always ask consent, for example I ask them before offering their medication. If they refuse, I will ask them later and if they still refuse I let the office know."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service.

This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect by their care workers and people and their relatives consistently told us how caring, polite and professional the care staff and managers were. One relative told us, "The usual care worker sits with my [relative] and encourages her in conversation, it is lovely to see. [Relative] is able to indicate she likes the care staff." Another relative told us, "I can't get over how skilled and caring are all the staff."
- Care workers had been trained in equality and diversity and worked in ways to prevent discrimination. The management team recently engaged with a local LGBT group and told us this was to empower staff with knowledge and skills to support people from the community in the best way possible.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- During our inspection we found that people were involved in making decisions about their care and this was reflected in comments from people and their relatives. One relative told us, "I've found staff open to suggestions, and to requests for additional tasks where time allows."
- Care plans reflected people's views on their care and recorded where they had been asked and given feedback on the care provided to them.
- People and their relatives told us their dignity and independence was respected. One person told us, "I am happy with their approach to my home, and they ensure to look after my dignity."
- A relative told us, "Both my parents are in their 90's, [relative] has dementia but both are proud of their independence and the care provided doesn't encroach on that. [Relative] was against receiving care but now says they could not manage without them."
- The care workers we spoke with were passionate about providing care with dignity and respect. One care worker said, "When I come into someone's home, I respect their routine. Respecting each other's boundaries is also important." Another care worker said, "I have a lot of patience. People's needs vary. I treat everyone like they are my own mother. For example, a lady who I just changed, she had an accident and it was time to leave but we didn't leave, we changed her, changed the sheets. Let the office know we will be late for the next call."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were met in an exceptionally personalised manner. Care workers and management knew all of the people who used the service remarkably well and this was demonstrated during the inspection as well as feedback from people and their relatives. One relative told us, "We see all staff build a good rapport with [relative]. We feel they look after her as we would."
- The London Ambulance Service recently provided feedback about two care workers during two recent call outs to a person who used the service. Comments included, 'My colleague and I were very impressed at how organised they were and how gently they dealt with the patient. Their time and effort should be noted by management...your staff at this address could not do enough to help' and 'I've worked for London Ambulance Service for nearly five years and meet lots of carers on almost a daily basis, but these two [care workers] really stood out for us. They were kind, compassionate, and caring to the patient and extremely helpful to ourselves as they knew the patient and her history so well.' This meant the service was focused on providing person-centred care and support, which achieved exceptional results.
- The service was driven in ensuring that personalised care was provided and they showed us examples of how this was achieved and the positive impact it had on people who used the service. For example, one person was no longer able to engage in gardening, which was a hobby they had enjoyed for many years. As a result, the service bought the person a tomato plant and they were able to look after it indoors. We were shown photographs of this, and the joy that it brought the person to be able to grow tomatoes again.
- The service was also very proactive in ensuring people who lived alone were not isolated. We were shown an example where a person who was unable to see their family at Christmas was provided with a hamper full of food which was delivered by their regular care workers and eaten together.
- The service demonstrated an excellent understanding of the needs of different people and delivered care and support in a way that met those needs whilst promoting equality. For example, the registered manager told us about a person who had phoned asking whether the service would be prepared to look after an [older LGBT person] who did not have any family support. The registered manager explained this would never be an issue and with the person's consent referred them to a charity which connects LGBT people with activities, support, events and befriending.
- People's care plans were very detailed and included personalised information pertaining to their individual needs, including specific detail about their likes and dislikes. Care workers were able to tell us exactly how people liked their care delivered and were aware of small details. One care worker said, "The care plan is useful for getting to know people. It changes all the time to reflect people's needs. Care plans are electronic so changes can be updated instantly." Another care worker explained, "I have enough time to support people. I don't rush. I usually talk as I do things. We talk about art, movies, travel, something I have watched

on TV I will share with them."

- People and their relatives also told us that care plans were detailed and that they were able to access them. A relative said, "All care is documented, which is available for us to see in the app. The time of evening visit has been adjusted and this seems better, we were accustomed to panic phone calls from [relative] later in the evening, but there have been none since the care started. We are now looking at the possibility of arranging an outing for [relative] with assistance from Bluebird."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Managers and care workers understood the support people needed with communication and demonstrated an excellent understanding of people's communication needs. The registered manager gave us an example. "[Person] has changed the most since we first took her on. She can't communicate very well. She has vascular dementia. She will blink her communications. Where we have been looking after her for so long, we understand her communication needs." The person's care plan was also reflective of this, with information such as, 'I blink once for yes.'
- Communication needs were assessed and set out clearly in people's care plans. These included impaired hearing, vision or speech, or difficulty processing information due to impaired memory.
- The service shared people's communication needs with paramedics and hospital staff, in the event people needed an ambulance or to go to hospital.

End of life care and support

- People were supported to plan for and have a dignified, comfortable death in their own home, if that was what they wanted. One person was receiving palliative care with the support of a palliative care team and district nurses. This person's wishes were clearly documented in their care plan and a contingency plan was in place to make the person as comfortable as possible.
- The registered manager told us, "At the moment we have a lady receiving palliative care but she gets stressed in the evenings and we find her on the floor in the evenings. We liaise with the district nurses and palliative team. The family has asked she doesn't go to hospital. The ambulance come and put her into the bed. What we are trying to do at the moment is keep her as comfortable as we can in her own home." We saw evidence that care workers were proactive in ensuring that a hospital admission could be avoided and it was this person's care workers who were complimented by the London Ambulance Service. In addition, we saw that measures were put in place to try to reduce the number of falls and avoid the person from ending up on the floor.

Improving care quality in response to complaints or concerns

- People and their relatives knew how they could raise concerns or complaints and told us any complaints that had been raised were promptly dealt with. Comments included, "We only had one complaint...The office took it very seriously, they refunded the fee and did not send that [care worker] again, it was all handled very openly. We had a regular contact person at the office...and all office staff have been very professional. I have recommended the agency to others."
- Where complaints had been received, these had been investigated in line with the provider's complaints policy and people and relatives were involved in reaching an outcome that was satisfactory to them. This meant that complaints had been used to help improve care quality.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service promoted an exceptionally positive working environment and during our inspection we saw that there were very high levels of satisfaction across all staff. Care workers shared their positive experience of working at the service. Comments included, "I like working for Bluebird. I am comfortable working with everyone here. Good relationships with the service users" and "I've only been here a short time, but I feel like I've been here for years. They get me."
- People, relatives and care workers were very keen to share their positive view of the registered manager. One care worker told us, "I feel 200% supported here. Anything I ask for they look after me." Another care worker said, "[Registered manager] is always there when you need her, day and night." Comments from relatives included, "[Name] is an excellent manager" and "Under the changed management they have been significantly better. I see staff as well trained and they appear to get a lot of satisfaction from their work" and "There was a huge improvement with the new management. They recruited more and better staff, leading to a better level of care and less turnover of staff, also the office is more efficient."
- People and their relatives told us about the benefits of having consistent care workers. One person told us, "I have three different care staff who come, all lovely people. They speak loud and clearly to ensure I can hear them properly. Time keeping is absolutely good, and they never seem rushed when they are with me." A relative said, "Three consistent staff visit [relative] and he likes to chat with each of them, I think he likes both the variety of staff, and the fact there are just the three of them at any time." Low staff turnover meant that people had the same care worker for long periods of time and both care workers and people using the service knew each other well. We saw that this had a positive impact on people and their care, for example the recent compliments from the London Ambulance Service about two care workers, and the positive impact of having carers that knew the person well.
- The service used a paperless system for care workers to access rotas and care plans on their smartphones. Care workers used the system to log in and out of their calls which meant that times were recorded accurately. In addition, relatives could use it to find records and care plans. The managers also used the system to categorise people who used the service in relation to their needs. They told us this system was introduced in 2020 and has resulted in them being able to plan for any changes in people's care needs.
- In addition, where necessary and with the appropriate consent, the service used a device to monitor movement, temperature, and door activity that could be viewed from anywhere via a portal. The device allowed the provider to monitor the person's home, producing immediate detailed analysis that could be used to decide on an aspect of their care needs such as whether a person would benefit from care during the night. After the inspection, the registered manager explained the positive impact of the device stating, "[The

device] build[s] a bigger picture of the customer activities when the carers or family are not there. It has proved to be a great way of monitoring a customer during the night, particularly with sleeping patterns and trips to the bathroom. The equipment allows us to record when doors are opened and closed, both internal and external, as well as cupboards which may have medication in. As well as monitoring movement in the home the [device] also allows us to monitor the temperature and lighting in a room which has again been extremely helpful in understanding what is going on when the customer is alone at home."

- One of the directors told us about their imminent plans to implement a piece of equipment that care workers will be trained to use in order to respond to the need to further improve care and support outside of hospitals. "The gadget will significantly improve the early detection and treatment of the many major causes of problems and diseases that will likely lead to a visit to a doctor or hospital. Every customer who becomes ill starts their journey at home, we believe it makes perfect sense to begin to monitor from here." If the person chooses to use the device, it is placed on their finger and monitors pulse, blood pressure, temperature, oxygen saturation and respiration rate. The director elaborated further and said, "As well as collecting these vital readings we have created a well-being questionnaire so that the customer's general wellbeing status is also assessed. The results will be securely stored and can be shared with the customer's GP or other health care professionals when required and with permission." After the inspection, one of the directors explained further, "This is an additional service people can have if they choose. We monitor their stats and a score is generated. The score is used across healthcare systems and if there are any concerns, the portal will flag these up and we then cascade the information to the relevant healthcare professionals." This showed innovation and a dedication to achieving positive outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection, we found the provider to be open and honest. They were transparent when things went wrong and we saw examples of how lessons were learnt. For example team meeting records showed discussions with staff when any issues were raised and these were discussed as learning points.
- The registered manager was knowledgeable about their regulatory requirements. For example, they were aware of what they had a duty to notify the Care Quality Commission about, and the service operated within the conditions of registration imposed upon it by the regulator.

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

- The registered manager and management team all worked closely to ensure the quality of care provided remained consistently high. For example, we saw that spot checks were carried out monthly to check whether people were happy with their care and whether standards were being met. We saw examples of spot checks which looked at care worker punctuality, hygiene practices, equipment checks, communication and record keeping and these were all positive. A relative told us, "They let me know when they intend to carry out a spot check on staff at our home and ask for agreement to it. There is a good emphasis on quality assurance. We have a regular review at our home, of [relative's] care needs and how they are meeting them."
- Performance management processes were very effective and records showed new care workers received weekly face to face meetings with the management team, and more experienced care workers received monthly meetings. Additional meetings were booked as and when requested or deemed beneficial by the management team. This helped to create an open and honest culture amongst employees within the service.
- There was a visible, cohesive and capable leadership and management team at the service. The registered manager was supported by the two directors, who were active within the service. People, their families and staff told us they saw the directors and registered manager often and knew who they were.
- Staff spoke about the strong leadership of the service, which included all managers.

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

- The service demonstrated an extremely proactive approach to being an equal opportunities employer and employed people from diverse backgrounds as well as people with medical needs. Records showed the registered manager and directors were robust in ensuring risk assessments and supervision for staff members with medical needs were carried out and updated regularly, with input from medical professionals. The registered manager explained the positive impact on the morale of these members of staff and that reasonable adjustments were made to support their needs.
- The service was also proactive in ensuring people from the LGBTQ+ community were supported. After the inspection the registered manager told us 'We have an LGBTQ+ inclusion and community file for signposting concerns, queries, and general help for people in the community who are unaware of where they can receive information and support if needed. Examples of organisations we signpost to are Stonewall, Opening doors, Regard, GEMMA, SCIE and other hub information.'
- We saw evidence of how the provider ensured staff wellbeing was supported, for example they had recently been accredited as a 'Mindful Employer'. One of the directors explained, "This is an accreditation that shows you are positive about mental health and what you are doing about it. We contacted our local MIND charity. I went and did a presentation there and met with the team there to ask how they can support us. Off the back of that they offered to train [registered manager] in MIND mental health and first aid training. Now she can cascade her learnings to the carers and they can do the same with each other." Carers told us this was invaluable to their sense of wellbeing. One carer said, "Last year my client died when I was there, his family were there as well. It was unexpected. Management called me, we had a long conversation and offered me counselling and I felt supported." In addition, the registered manager explained, "One carer was having personal issues, I helped her get the support she needed. She is much better now and is still able to work. Happy staff, happy customers and happy workplace."
- The registered manager told us when exemplary compliments were received about a care worker, they presented them with a certificate and a pin badge to express their gratitude. This was then shared within the team to celebrate the high level of care provided and during the inspection care workers told us how motivating this was.
- The registered manager was proactive in engaging with local government in order to advocate for people with dementia. The registered manager told us and records showed they were in regular contact with their local MP to discuss changes in legislation, and most recently about the lack of funding for dementia care. In addition, their relationship with the local MP had a positive impact on people who used the service. After the inspection one of the directors gave us an example of this when they helped support a person with the backing of the local MP to choose Bluebird as their care provider.
- The service was a member of the Care Workers Charity. One of the directors explained, "The Care Workers Charity offer counselling for [care workers]. They can get a hardship grant through this if they are struggling massively. Our staff feel hugely supported."
- The service carried out annual surveys which followed our key lines of enquiry to ensure they were embedded and integral to the monitoring of quality. Records showed the 2021 service user and relative's survey reflected the high quality of care that was being provided.

Continuous learning and improving care

- There was a leadership culture which both nurtured and empowered staff and a commitment to their training and development. The provider had placed real emphasis on the importance of this by investing in training for all staff. Care workers told us about the high quality of training provided and that they were provided with refresher training on a regular basis.
- The registered manager monitored the quality of service provided and records confirmed this. A comprehensive programme of audits was conducted regularly to monitor and assess procedures through spot checks and telephone checks, an annual survey and general conversations with people and their

relatives. The service shared the results of questionnaires with participants, customers and other people in the community in order to be as transparent as possible. In addition the service produced newsletters that were shared with people who used the service, staff and the community.

- In addition, the service had a comprehensive quality improvement and development plan to monitor the quality of care being provided and to implement new ideas and innovations. After the inspection, the registered manager explained, 'You will see previously completed items on the plan include implementing the Care Friends app, the Haringey carers forum and mental health first aid training. All these ideas came from the team sitting down and discussing the QIDP [quality improvement and development plan] and asking the question of "what more can we do?". This demonstrated a culture of accountability to see ideas through and a proactive approach towards quality improvement which had a positive impact on people using the service.'
- We saw examples of compliments that had been received from people who used the service. Comments included, 'We would just like to thank the ladies for their patience, professionalism, empathy as we get [relative's] care package amended, we are so grateful we have you help [relatives]. It's kept them calm and reassured when they could have been so stressed' and 'My [relatives] will be moving elsewhere and I know they will greatly miss the Bluebird carers, I hope it will be possible to find an agency that is equally as good.'

Working in partnership with others

- The service was extremely committed to building strong links with the local community and were very keen on sharing their work with us. For example, one of the directors explained they were looking to build a relationship with Haringey First. Haringey First are a carers charity for unpaid carers. They also told us they had built a relationship with an organisation called 'Haringey Reach and Connect' who helps older people stay confident and independent in their homes. After the inspection the registered manager explained, 'We are focusing on building on the relationship with all partner organisations, holding events, delivering training and more as we believe the collaboration will only further our learning and the combined delivery of services to older people living in the borough.'
- People benefitted from the provider's affiliation with other organisations and the registered manager and directors were passionate and dedicated to linking up with local organisations to learn and improve the service, with the main goal of improving care for people. Examples of this included the registered manager being a 'train the trainer; in dementia, who cascaded this training to all staff and records confirmed this. The registered manager explained how as a result of this training, they implemented dementia friendly activities for people such as creating playlists, colouring books and playing cards. The registered manager was also a 'dementia friend' through the Alzheimer's Society.
- The service had also created a networking forum with the view of sharing best practice methods through meeting with other local professionals. The most recent meeting was in November 2021 and the next one was planned for July 2022. The registered manager told us three other care agencies attended the meeting and there had been a positive impact on people in the community. For example, after the inspection the registered manager explained, 'An example of the impact [of the forum] was seen in a series of events that happened a few weeks after the meeting. We were contacted by Haringey council to ask if we could support a client who only spoke Hindi. Although we could not help, we knew from the forum meeting, that another agency had carers who spoke Hindi and that they had spare capacity at that time. We were able to tell the council who could then contact that agency directly. This has most likely saved a lot of time and effort for the local authority brokerage team and may have led to a quicker discharge for the patient who was in hospital at the time of the call.'
- After the inspection, the registered manager told us about their work with Haringey Care Navigators stating, 'We work with Haringey Navigators to help discover and support new and existing customers across the borough of Haringey. Care Navigators are health and social care professionals who provide a free impartial and confidential service to older people in Haringey'. The registered manager explained how they recently signposted a person to this organisation to receive support, having a positive impact on the person's

wellbeing.

- In addition, the directors and registered manager worked closely with an organisation called 'Care Friends'. The registered manager told us, "This is a referral system where care workers can personally recommend people to come into care. It has a financial incentive [for the care workers]. It's a portal that we can see how many people have been referred and how many people have been interviewed." After the inspection one of the directors explained how this incentive had a positive impact on people who used the service, "It means we get really good carers. Our carers don't recommend people unless they feel confident in the quality of the person they're referring so clients get access to really good carers." This had a positive impact on people and staff and provided incentives which promoted motivation and confidence among the workforce.
- The registered manager was also signed up to attend The North Central London Registered Manager Network.