Belrose Limited

Bluebird Care (Alton & Alresford)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
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 11 and 12 January 2016 and was announced. This was to ensure people and staff we needed to speak to were available to speak with us.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name.

The provider operates three Bluebird Care franchises, of which Bluebird Care (Alton & Alresford) was the second to open. It is registered to provide personal care to people who experience dementia, people with learning disabilities or who are on the autistic spectrum disorder, older people and people with a physical disability or sensory impairment. They are also registered to provide personal care to children aged 13-18 years and younger adults. The service provides both a home care and support service and a live-in care service. At the time of the inspection there were 55 people using the service and provided with the regulated activity of personal 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 were extremely satisfied with the quality of the service they received. A person's relative told us "I cannot speak highly enough. I am very happy with the care" and "They provide care to a good standard." Other people's comments included "I have lovely carers," "They are really good" and "Staff are always very cheerful and ask if there is anything extra I need."

The service had a track record of being an excellent role model for the provision of outstanding domiciliary care provision. The registered manager provided clear leadership to the staff team and was valued by people, staff and the provider. There was a positive culture and the provider's value system placed people at the heart of the service. There was a whole team culture whose focus was on how could they do things better for people? Staff felt able to raise any concerns with management.

There was a strong focus on continually striving to improve. There were robust processes in place to seek people's views on the service and monitor the quality of the service. Information from customer surveys and the actions the provider took were shared openly and honestly with people. Feedback from people through surveys and complaints was used to continually drive service improvement.

The provider valued their staff and saw them as an asset to deliver high quality care to people. They appreciated that people wanted consistency in their care and that the way to achieve this was through staff retention. To achieve this they had identified a range of ways to retain their staff which enabled them to attract and retain good quality staff to deliver high quality care to people.

People consistently told us staff were well trained. Staff underwent a rigorous induction programme prior to providing people's care. People were empowered to be directly involved in training the staff in how to deliver high quality and effective care based on best practice. The dignity care staff champion shared their learning with peers. The registered manager had used innovative and creative ways of training and developing staff that enabled them to apply their learning in their practice in order to deliver outstanding care for people.

The provider had developed strong links with the local community. They worked alongside other organisations to ensure they followed current good practice in the delivery of people's care.

There was a strong focus on the use of technology in the delivery of people's care and the provider understood how its' use could improve people's experience of the care staff provided. People's care was being delivered more safely, effectively and responsively due to the provider's utilisation of technology to support the planning, delivery and monitoring of care.

There was a strong emphasis on the importance of people eating and drinking well. The provider's full utilisation of the electronic recording system meant they could very effectively monitor if people had received their required support with eating and drinking at each visit. Any issues were picked up promptly through the instant electronic feedback to the office staff from care assistants' visits on the care they had provided to people.

People and stakeholders consistently praised staff for their caring attitudes. The registered manager and staff were able to tell us about how they went 'The extra mile' for people and the difference this had made for them. Staff were highly motivated and had gone out of their way to support people and used their own initiative to seek out ways to support people in a caring and kindly manner. Staff were observed to be kind and compassionate both to people and their relatives, who valued the interest staff showed in them as individuals.

People unanimously told us that staff consulted them about how they wanted their care to be provided and gave them choices about their care. Staff were observed and heard to offer people choices about all aspects of the care they were providing to them. People's preferences were recorded in their care plans for staff to consult. Staff understood people's communication needs and used non-verbal communication methods where required to interact with people. Staff also used verbal reassurance and touch when people had limited understanding of the care staff were providing for them, in order to enable the person to feel safe and cared for.

Everyone we spoke with told us staff ensured their dignity and privacy was promoted. People were treated with respect by staff both when they were having their care delivered and in the way people were formally referred to, in their records. Staff had considered how people's rights to privacy could be compromised and had taken appropriate action to ensure their privacy.

People consistently told us they received personalised care from care assistants who understood their care needs. People's care and support needs were planned proactively in partnership with them and they had individualised care plans that were delivered by skilled staff. Care assistants were able to demonstrate their level of knowledge of people's care needs and knew how to work with each person to provide their care in response to their identified needs. External agencies confirmed to us that the service was flexible and responsive to people's needs. The provider used technology to enable them to be highly flexible and responsive to changes in people's needs.

People and their relatives told us the service was safe. Staff had undergone relevant training and understood their role in relation to safeguarding people and the actions they should take to keep people safe from the risk of abuse.

People told us staff managed any risks to them well. There were robust processes in place to ensure risks to people were identified and managed whilst also promoting people's independence and their right to take risks. Staff understood how risks to people were managed and were observed to follow the written guidance provided. There were processes in place to protect people and the security of their home when they received personal care, through staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

People told us they received their care at the times they wanted and received consistency in the staff providing their care. The provider used their electronic systems to ensure only staff with the correct training and skills were rostered to provide people's care. They set targets for the level of consistency people should experience in their care, these were monitored weekly and action taken to address any shortfalls for people. People's call times and delivery were monitored and office staff took immediate action to address any issues to ensure people's safety. Robust recruitment checks had been completed to ensure staff were suitable to work with people.

Care assistants had instant access to information about people's medicines on their smart phones and about any changes to people's medicines. This reduced the risk of any medicines errors occurring due to people's medicines information not being updated. People's medicine administration records (MARs) were now held on the providers' electronic care records system. Care assistants electronically signed people's MARs once they had administered their medicines. The provider's use of technology had significantly reduced any risk to people from staff either forgetting to administer their medicines or not signing their MAR. People received their medicines from trained staff whose competency had been assessed to ensure they received their medicines safely.

Any feedback from healthcare professionals was provided to staff to ensure they had up to date guidance about people's healthcare needs and how to meet them. People were supported to maintain good health and to access health care services as required.

People told us staff had sought their consent for their care and treatment. 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. Staff had received relevant training and understood the principles of the Act. People's consent to their care had been sought in line with legislation and guidance.

The provider had a compliments, concerns and complaints policy which outlined to people how and to whom they could address any concerns they had with the service. People told us they knew how to complain if they needed to and that if they had raised an issue it had been promptly addressed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had been safeguarded from the risk of abuse.

Risks to people had been identified. Measures were in place to manage risks whilst still supporting people to remain as independent as possible.

The provider used technology fully and innovatively to plan and deliver people's care. They ensured people were provided with skilled staff to meet their care needs safely.

People's medicines were managed safely for them by trained and competent staff. Technology was being fully utilised to ensure people received their medicines safely as prescribed.

Is the service effective?

Outstanding ☆

The service was outstandingly effective.

People received outstanding care that was based on best practice. People who used the service and outside organisations were involved in training staff in accordance with current best practice. The registered manager used innovative methods to enable staff to link their training to people's experience of the care provided.

There was a strong emphasis on the importance of eating and drinking well. Any risks to people associated with eating and drinking were quickly identified and addressed for the person.

People were supported to maintain good health and to access health care services as required.

Staff had received training on the Mental Capacity Act 2005. When people lacked the capacity to do so legal requirements were met.

Is the service caring?

Outstanding ☆

Staff were outstandingly caring.

Staff had formed strong caring relationships with people who used the service. They took the time to listen to people and get to know them. They went out of their way to make people feel valued, cared for and cared about.

People told us staff consulted them about how they wanted their care to be provided and gave them choices. Care assistants were kind and gentle to people who had limited capacity to understand what they were doing.

The preservation of people's privacy and dignity was central to the way their care was delivered.

Is the service responsive?

Good

The service was responsive.

People consistently told us they received personalised care from care assistants who understood their care needs. Staff supported people to maintain their independence.

Staff were skilled in working with people to meet their care needs.

The service was highly flexible and responsive to changes in people's needs.

Concerns and complaints were always explored thoroughly and responded to in good time by the provider.

Is the service well-led?

Outstanding

The service was outstandingly well-led.

The provider had created a very positive staff culture and value system which placed people at the heart of the service. They valued their staff, developed them and had identified ways to retain them to ensure continuity of care for people.

The service had a track record of being an excellent role model for the provision of outstanding domiciliary care provision. They had strong links with the local community and were part of it. Links with community groups were used to promote the importance and value of social care to people and to access training and development opportunities for staff.

The registered manager provided clear inspirational leadership and was valued by people, staff and the provider. There was a strong management team both within the location and across

the provider's other services.

There was a strong emphasis on continually identifying ways to improve the service for people.

Bluebird Care (Alton & Alresford)

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.

The inspection took place on 11 and 12 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff we needed to speak with would be in. This inspection was completed by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received feedback from two commissioners of the service and a representative from the local carers' centre who were all very positive about the care provided to people.

During the inspection we visited three people and their relatives. We spoke with the registered manager, the provider and four staff. Following the inspection we spoke with a further eight people by telephone.

We reviewed records which included four people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service has not previously been inspected.

Good

Is the service safe?

Our findings

People consistently told us they felt safe in the care of staff. They told us "Definitely I feel safe" and "Yes I feel very safe"

Staff told us they had undergone safeguarding training, and this was confirmed by records. Staff were able to describe the purpose of safeguarding and the signs which might indicate a person had been abused. Staff were clear about their responsibility to report any concerns they might have about people's safety. Staff had access to the provider's safeguarding policy to provide them with written guidance about the actions they should take in the event a person was at risk from abuse in order to keep them safe. They also had access to a safeguarding folder which contained relevant information and a flowchart to guide them through the process of making a referral. The service had not had to raise any safeguarding alerts for over a year; however, records demonstrated that the registered manager had liaised with the local authority to seek their advice about whether an incident that had occurred should be reported as a safeguarding alert. People were kept safe as staff understood their role and responsibility and sought advice as required.

People told us "Staff manage any risks" and "They manage risks well." A commissioner confirmed that the service assessed risks to people before they commenced the service and did not agree to provide a person's care if they could not safely manage all of the identified risks to the person.

Risks to people in relation all aspects of the provision of their personal care and environmental risks had been assessed and control measures put in place to minimise their occurrence. People's risk assessments also reflected the person's abilities and how care assistants could support the person's independence. For example, a person's records documented 'I like to have a shower in the morning. I am very independent but I like to have a carer present for security and stability.'

A care assistant was observed to gently support a person during a visit as they mobilised, not rushing them, pointing out hazards and asking them where they wanted to sit. Where people required moving and handling equipment to move them safely, this was provided. There was clear written guidance for care assistants about its use. Records demonstrated all staff had completed moving and handling training, to ensure people were moved safely.

Staff were able to explain to us how risks to people were managed. For example, they told us if there was any risk that a person might not be able to open their front door then they discussed the option of a key safe for them. They told us they checked the dates on food in people's fridges where required, to ensure people were not at risk of eating out of date food. Where people required equipment to be used in the provision of their care its location was documented, and there was a risk assessment for its use. If people were at risk of falling and used a lifeline emergency call pendant this was noted on their care records and there was guidance for staff to ensure the person was wearing it. We observed a care assistant supporting a person and noted that their electronic care plan said they used a lifeline. The care assistant made sure that the person was wearing the lifeline before they recorded that this support had been provided. Records demonstrated that in addition to risks to people being documented in their care records, staff were emailed

about any changes in risks to people. Risks to people had been robustly identified and measures put in place to ensure peoples' safety.

The community lead care assistant for the service told us when they completed spot checks on staff practice they checked to ensure they were wearing their uniform and identification. People were informed on their weekly rosters which care assistant was to attend each visit so they knew who they should be expecting. People's records contained information about the entry arrangements for care assistants to the person's home, to ensure they knew how to enter the property and how to ensure the person's home security was maintained. The service ensured people's safety through the operation of robust systems to ensure people's security.

Staff told us there was an on-call system to ensure people and staff had 24 hour access to assistance in the event of an emergency. There were processes in place to ensure that on a Friday care assistants were contacted to discuss any issues which could potentially arise for people over the weekend. The registered manager was proactive in identifying any potential issues which could impact on people's safe care.

The service had a contingency plan in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery due to an emergency had been assessed and rated, in order to identify who would be at the highest risk. This ensured the provider had prioritised people's care provision during such an event. People were protected as robust processes were in place to manage emergencies.

People told us they received their care at the time they wanted it and that they had consistency in the staff providing their care. Their comments included "I get the care when I want it," "Carers come at the right time" and "We get the same group of care staff delivering the care."

The registered manager told us that they used their electronic staff planning system to ensure people received as high a level of consistency in care assistants as possible. Consistency of staffing was reviewed weekly within the reporting structure; records for the week of 4 to 10 January 2015 demonstrated 95% of people had been allocated known care assistants to them. Technology was used to ensure people received safe care from staff who knew them and understood their care needs.

The staff planning system had a preference tab to enable the registered manager to allocate staff skilled in the provision of each person's care. For example, if a person required staff with specific training such as Percutaneous endoscopic gastrostomy (PEG) feeding only staff with this training could be rostered. A PEG is when a person cannot receive nutrition or medicines orally and a flexible feeding tube has been placed through their abdominal wall and into their stomach. The provider's innovative use of technology meant they could roster only staff with the correct skills for people's visits to ensure they received their care safely.

The provider's new electronic care records system, enabled office staff to monitor people's call delivery times. They could then take action where there was any failure to deliver the person's visit either within the specified time or for the required duration. For example, the system would alert the office staff to any calls that were late by more than 15 minutes so they could investigate the reason with the rostered care assistant. Staff told us they produced weekly reports on the deviance of people's call times from those scheduled. This meant they could then identify any issues with the delivery of any particular visits and address them for the person. People's call times were very actively monitored and prompt action taken with the introduction of this new technology to ensure their safety.

The registered manager told us that by using the staff planning system to plan workforce requirements, they had identified that they had limited care assistant availability for one area in the mornings. Therefore they

had targeted their staffing recruitment and recruited a care assistant to meet this need. The provider monitored staffing requirements very closely with the use of technology and used the information generated to target their recruitment requirements to ensure they could provide people with their preferred care times.

Staff told us and records confirmed they had undergone recruitment checks these included the provision of suitable references, a full employment history, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records demonstrated a rigorous record was made of the applicant's job interview, to ensure there was a record of what had been discussed and to demonstrate any gaps in the applicant's history had been explored. People were kept safe as relevant recruitment checks had been completed.

People told us they received their medicines as required. A person told us "I get my medicines and they are well organised"

There was clear information within people's care records about their medicines. The information provided included: what medicines the person took, directions for administration, the time of administration and the route of administration. There was also guidance for staff about the arrangements for requesting people's medicines.

The registered manager told us that previously when people's MARs had been paper based they had identified there were a significant number of gaps one month in relation to staff forgetting to sign for the application of people's creams. They addressed this by providing medicines refresher training for the whole staff group at a team meeting. People had been kept safe as the registered manager had used the medicines monitoring process to identify a trend which had the potential to impact on people's care and took immediate action to address this with staff and ensure people's safety.

People's medicine administration records (MARs) were now documented electronically on the providers' electronic care records system. Care assistants had instant access to information about people's medicines and any changes to people's medicines, such as commencing an antibiotic were immediately entered onto the system by office staff. This reduced the risk of errors as care assistants had instant access to up to date information. Care assistants now electronically signed people's MARs. If a care assistant had not administered a person's medicines as scheduled at their visit they were immediately alerted to this on their smart phone. The office was then alerted if the care assistant went on to leave the person's home without administering their medicine. The new system had significantly reduced any likelihood of care assistants either forgetting to administer people's medicines or forgetting to sign the MAR sheet. People's medicines were being administered safely for people as the provider had introduced new innovative technology to ensure risks to people associated with medicines were managed safely.

Staff told us they had completed medicines training and records confirmed this. The provider completed spot checks on staff and this included checking their competence to administer people's medicines, this was confirmed by records. A care assistant was observed to administer a person's medicines. They put on gloves before they checked the person's medicines against what they were prescribed and spoke with them as they administered them to provide reassurance. Then they documented electronically that the person's medicines had been given. People received their medicines safely from competent staff.

Outstanding ☆

Is the service effective?

Our findings

The provider and the registered manager were highly committed and passionate about staff training and development. They told us "We want the best training for our staff" and "Our focus is to support staff in their learning and development." People consistently told us that staff were well trained they said "Definitely the carers are well trained."

The registered manager told us and records confirmed that new care assistants underwent a five day classroom based induction, followed by three days shadowing a more experienced member of staff. Their competency was then assessed before they undertook a12 week probationary period. This included supervisions, spot checks on their practice and review meetings and a probationary appraisal during week 12. Staff underwent a rigorous induction programme prior to providing people's care to ensure they had the required knowledge and skills to provide people with high quality care.

In addition to regular supervisions, staff received spot checks on their practice and annual appraisals. Care assistants underwent additional training in areas such as catheter care and incontinence care. Staff were trained in percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is when a person cannot receive nutrition or medicines orally and a flexible feeding tube has been placed through their abdominal wall and into their stomach. Staff underwent nationally accredited dementia and end of life care training, which they could use as evidence towards their professional qualifications. People were cared for by staff who had undertaken nationally accredited training. Some staff had undertaken tissue viability training and shared their learning with other staff to enable all staff to benefit from their knowledge. The appointed dignity champion had made a presentation to staff in order to share and promote good practice in treating people with dignity. The registered manager told us staff had written their thoughts on dignity and these had been displayed in the office as a 'Dignity Tree,' staff had also written and shared poems on dignity. People were treated with the utmost dignity as staff were able to apply the principles of the bespoke training they had received in relation to dignity. Staff were trained to follow best practice and supported to share their learning across the staff team through peer to peer learning, to ensure people received high quality care from highly trained staff.

Care assistants had received a talk on Multiple Sclerosis (MS) which was presented by people who use the service and a representative from the MS Society. The provider had also arranged for a carer of a person who experienced dementia to speak with staff about their experiences. In November 2014 the provider invited the local ambassador for the Alzheimer's Society to speak with staff about their experience of living with dementia. People who use services were empowered to be involved in training the staff in how to deliver good, effective care to people. Staff had undertaken bespoke training to ensure people who experienced MS had their individualised care needs met.

The registered manager told us they had arranged a talk by the Princess Royal Trust for Carers on 28 May 2015, which arranges emergency respite for carers. The service worked in partnership with this organisation to train staff and improve their awareness so they could share this information with people and their carers' and work with them effectively to meet people's needs.

In July 2015 staff were involved in a practical training session to enable them to gain insight into the experience of people living with the loss of a sense. As the service provides care to people who live with sight or hearing loss this developed staffs' understanding of people's experience. People who experienced sight or hearing loss were cared for by staff who had received bespoke training to enable them to meet people's needs in relation to their sensory loss. In December 2015 the registered manager arranged for care assistants to participate in a role play session to demonstrate the difference between good and bad care practice. Staff then had to feedback on what was positive and what was negative about the care provided. The training was linked to the competencies in the care certificate to enable staff to understand the link between their practical training and the competencies they were required to demonstrate. The care certificate is the recognised industry standard for the induction of social care staff. Learning from the session was shared across the provider's locations via the staff newsletter so other staff could see how informative and fun the session had been. The registered manager had used innovative and creative ways of training and developing staff that enabled them to put their learning into practice to deliver outstanding care for people.

People had benefited immensely from staff having received end of life care training. The quality of the training staff received had enabled them to provide people with high quality care at the end of their life. Compliments received from people's relatives demonstrated how much they valued the quality of care staff had provided at the end of their loved ones life and their level of professionalism. A person's relative had reflected upon how well staff had ensured the person's spiritual needs had been met. Another family described the support provided as 'Inspirational.' A staff member told us this was their area of interest and they had been trained and supported to work with people receiving this care. People had received outstanding care as the provider had ensured the staff providing this care had received high quality training to enable them to deliver very high quality care.

The provider was focused on continually developing staff skills and practice over time. They told us they encouraged all staff to undertake a Qualifications and Credit Framework (QCF) qualification in health and social care. Staff confirmed this and records demonstrated six of the 23 care assistants had completed at least one QCF level and a further 15 were in the process of completing one. Staff were all encouraged and supported to undertake professional development to enable them to provide high quality care.

There was a strong emphasis on the importance of eating and drinking well. Staff had received relevant training and were able to demonstrate to us that they could recognise the signs a person might not be drinking sufficiently and the actions they would take. A person told us "The carers make sure I have a drink" People's care records provided guidance for care assistants about people's food and fluid needs and preferences. A person's care plan said 'Carers should ensure I have a drink when they are present and leave me with a drink. At night I like a mug of Horlicks.' People's care plans documented any food allergies they had. People were cared for by staff who were well trained in relation to fluids and hydration and had written guidance to support them.

The provider's new electronic care records system meant that where people required support to eat and drink this was documented on the system. If a person declined their planned support with eating or drinking, this information was documented by the care assistant and instantly electronically relayed to the office. During the inspection office staff showed us how a person had declined a drink as scheduled during their call. Therefore the care assistant had logged this support as not complete and documented that they had left the person with a glass of water to drink to ensure they had access to fluids. The electronic system still sent an alert to office staff so they were aware of this information and they then checked if any further action was required to ensure the person was adequately hydrated. Office staff reviewed the system to identify if this person had refused fluids at any other visits over a period of time. This enabled them to very effectively monitor and review the risk to this person of them becoming dehydrated and to take any required

action.

When people were supported by the care assistant to have a meal as part of their visit. Staff recorded not only that the person had eaten but the food groups that the meal comprised of. This enabled office staff to monitor how much and what foods people were eating and to identify and address any issues in relation to malnutrition for the person. For example, a person might be eating at each visit, but if they ate little or limited their food choices to particular food groups. This could be identified through the electronic system and any required action taken, to support the person and ensure they did not become malnourished. People's food and fluid care was being innovatively monitored and the impact for people was that any small changes or risks to them in relation to eating and drinking could be identified and addressed very promptly to ensure they did not become malnourished or dehydrated.

A person's relative told us "They always contact the GP as required." People's care records demonstrated who was involved with the person. People were in contact with a range of healthcare professionals such as GP's, nurses, dentist, continence service, optician, consultants, occupational therapists and the hearing clinic. A person's records demonstrated staff had noticed a person had sore skin on one area of their body and they had immediately alerted the district nurses about this so action could be taken. Records showed a person had been seen by the Speech and Language Therapist, the service had a copy of the assessment and the guidance provided. This ensured care assistants were aware of the support the person required. Records demonstrated that when people had seen healthcare professionals, in addition to updating the person's care plan with any relevant information. Staff were emailed any guidance provided to ensure they were aware of how to support the person to maintain good health. People's care records demonstrated care assistants had liaised with healthcare professionals.

People told us staff had sought their consent they said "Carers ask my permission" and "I was asked to sign my consent."

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

The registered manager told us and records confirmed that care assistants underwent training in MCA during their induction programme. Staff were able to explain to us the principles of the Act and their role in supporting people to make decisions. People's care plans demonstrated they had been asked to provide their written consent for their care and treatment and noted any support they required to make their own decisions. Where people lacked the capacity to consent to their care staff had recorded that family members had been involved in making the decision for the person on the basis that it was in their best interests. Some people had a lasting power of attorney (LPA); this is when a person has appointed another to make decisions on their behalf at a time when they lack the mental capacity to make them. There was a copy of the document on people's files to ensure staff were aware of who they were legally obliged to consult about the person's care. Care assistants reflected in their daily notes that they had sought people's consent in respect to the provision of different aspects of their care. People's consent to their care had been sought in line with legislation and guidance.

Outstanding ☆

Is the service caring?

Our findings

People and stakeholders consistently praised staff for their caring attitudes. People told us the "Carers are very kind and do anything I ask" and "Carers provide the care in the way I want." A person's relative told us "They are very caring people" and "They also help me." Another relative said "They have fun with him. They treat him with respect and speak with although he might not remember." A commissioner of the service informed us 'The managers/seniors and staff seem to be very caring.'

People valued their relationships with the staff team and felt that they often went the 'Extra mile' for them. The registered manager told us about how a care assistant had supported a person to access financial support from a local charity to enable them to meet with a family member whom they had not been able to see for some time. The staff member also supported the person to make the journey to see their relative, this was confirmed by records. Another staff member had been asked by a person to arrange a birthday card for the person to give to their relative. The staff member used one of the person's family photographs and had this made into a card for the person to give. The care assistant had used their knowledge of the person to enable them to give their relative a special personalised card. The results from the October 2015 Customer Quality Survey included people's written feedback about how caring staff were. One person had commented 'X makes me special chocolate mousses, sometimes my carer feeds the birds, they have also photographed a hedgehog outside to show me.' Staff were highly motivated and inspired to offer kind and compassionate care to people.

The registered manager told us they ensured people were sent a birthday card to celebrate their special day. They told us people who used the service valued them highly and that one person had invited staff from the service to participate in their birthday celebrations with them and their family. People's birthdays were celebrated in the staff newsletter. A staff member told us "We try and make people feel special on their birthday." Staff recognised the importance of people's birthdays and that not everyone had someone to celebrate their special day with.

We visited a person with a care assistant. The member of staff was the first visitor the person had seen that day. The care assistant greeted them in a warm and friendly manner. They chatted with them about how they were, what the weather was like and what was happening in the town that day. They ensured that before they went to complete a task such as preparing the person's breakfast they told them what they were doing. The care assistant interacted with this person continually throughout their visit providing them with an opportunity for social interaction in addition to their care. At another person's visit we observed the care assistant changed their demeanour depending on whether they were speaking with the person or their relative. The person receiving care was in a quiet mood and the care assistant's tone of voice reflected this. Their relative enjoyed the interaction that the visit brought and the care assistant engaged in friendly banter with them. The person's relative told us "You can have a good laugh with them." People were cared for by staff who were sensitive to people's presentation and mood and interacted with them accordingly.

People's care records contained a document '10 golden rules about me' This provided care assistants with information about what was most important for them to be aware about the person. For example, for one

person watching TV was important to them, family visits and going to their lunch club, whilst another person did not like spiders. For one person it was documented how they liked their bed to be made. The minutes of the 5 November 2015 staff meeting demonstrated staff had reflected upon good practice in terms of how doing small things for people such as emptying their bin can have a big impact on people's experience of care. We observed on one call the care assistant emptied the bin for a person who was unable to do this easily for themselves. The person appreciated this gesture and expressed their thanks. People received care from staff who were motivated to be caring and guided by the provider about ways in which they could make a difference to people's day.

People unanimously told us that staff consulted them about how they wanted their care to be provided and gave them choices. A person told us "Yes, I was consulted about my care and how I wanted it." Another commented "Yes, I get lots of choice" and another person told us "Yes, staff respect my wishes."

People's care plans noted their dietary preferences and preferred foods and drinks. A person's care notes demonstrated the care assistant had made the person's tea in accordance with their preferences. A person's breakfast call stated 'I will usually have cereal but I will let you know what I would like.' During a person's call a care assistant was heard offering the person choices about all aspects of their care. For example, what they wanted to wear, what they wanted for breakfast and what they wanted to drink. People were offered and supported to make choices about all aspects of their care.

People's care plans contained details of their communication methods and any sensory impairment which could impact on the person's ability to communicate such as a sight or hearing impairment. For example, one person had a hearing impairment and their care records noted 'You need to speak clearly to me.' A staff member explained to us how they used various communication methods with people who were unable to communicate verbally including non-verbal communication and writing. Staff told us how they were supporting a person who had limited verbal communication and capacity to understand what care assistants were doing when providing their care. They said they always talked the person through the care they were providing and held their hand to provide them with physical reassurance. Staff were informed about people's communication needs and used a variety of approaches with them to ensure these were met so that people's care could be provided in a sensitive and re-assuring manner for them.

When people commenced the service they were provided with a copy of the customer guide and welcome pack, which was confirmed by records. Information such as the complaints policy was available to people in alternative formats where required such as braille, large print or in other languages. Staff newsletters were used to alert staff to local information which they could share with people. This kept people informed of local events they may not otherwise have been aware of. The provider ensured a range of information was provided to people about their care in formats they could understand.

People's preferences about their care had been noted such as the time they liked to receive their calls. Staff told us a person we were visiting did not like to be assisted to get up early. When we checked the person's staffing roster we saw their call was arranged daily for mid-morning as per their preference. The staff rostering system could be used to document people's preferences so if there was a care assistant they did not want scheduled this could be accommodated. A person's relative told us they had not got one with one care assistant and they raised this with the office and they had not been rostered since for their loved ones calls. The providers' use of technology in the planning of people's calls was used to support people to make preferences about who they wanted to provide their care.

Everyone we spoke with told us staff ensured their dignity and privacy was promoted. A person told us "Yes, they uphold my privacy and dignity." People's relatives said "They preserve his dignity and shut the door and

pull the curtains" and "The door is always shut for care." The results from the providers October 2015 Customer Quality Survey demonstrated that of the 31 respondents 100% said care assistants were polite and treated them with respect.

People's care records documented their preferred term of address. There was written guidance for care assistants that they were to address people formally unless invited by the person to do otherwise. Staff confirmed they addressed people formally and referred to them formally when writing their care records. When we visited people we went with staff in a Bluebird Care (Alton & Alresford) branded car. At each visit the care assistant parked a short distance from the person's home explaining that not everyone would want their neighbours to know they were receiving care, hence they did not park the car on their drive. When we entered a person's home we observed the care assistant opened the front door using the key from the key safe. They then locked it behind us saying that as they were going to be providing personal care to the person they did not want any risk of a neighbour just 'Popping in.' When staff provided people with personal care they were observed to ensure that the door was shut. The provider promoted an ethos of treating people with respect. This was embedded in staff practice and reflected in how they delivered people's care.

The provider had appointed a care assistant as a dignity champion. They told us their role was to promote people's rights to be treated with dignity and privacy. They did this both within their practical work with colleagues who shadowed them and through spot checks on staff practice. They also provided training sessions for staff on dignity and information for staff through the newsletter. Staff were able to describe to us the measures they took to preserve people's dignity when providing their personal care. A staff member told us "It's about how we would want our mums to be treated." The provider had a strong focus on ensuring people received their care in a dignified and private way. This was embedded within practice in the service and reflected in people's experiences of the service and their positive feedback.

Good

Is the service responsive?

Our findings

People consistently told us they received personalised care from care assistants who understood their care needs. Their comments included "They provide exactly what I want," "Carers know what I need" and "Absolutely the carer understands my needs." A commissioner told us 'The service is responsive'. They informed us that Bluebird Care (Alton & Alresford) were selected to be the main providers for a joint hospital prevention scheme, to reduce the need for people to be admitted to hospital. 'Because a reliable, responsive & flexible service was required to deliver the care for this project.' A representative from a local organisation told us 'We, as an organization, have utilized Bluebird Care (Alton & Alresford) services on occasions to find replacement care. We have found that they have been very responsive and provided a safe and a caring service. They keep us well informed and updated us as and when required.' People and external organisations told us the service provided responsive care in the way people wanted.

People told us their needs had been assessed before they received a service. A person told us "They assessed my needs and I was involved" another person's relative commented that staff had completed "A good assessment" before they provided their loved ones care. People's care records contained a form 'What you need to know and do to respect my lifestyle choices.' This documented the person's living arrangements, their daily routine – how they liked to spend their time, places and events that were important to them such as their work history, their religion and social interests. It also detailed the support they required and how they wanted it provided. People's care plans were developed with them and reflected their care needs and how they wanted them to be met.

Staff told us they could access the new electronic care records system via the smartphones they were provided with by the provider. This meant they could read people's care plans on-line and check the care records from the last call before they actually visited the person. Staff had instant access to up to date information about people's care and could therefore spend their time on visits with the person rather than reviewing their records.

There was clear guidance in people's care records about how care assistants were to support people. One person's record in relation to daily living noted 'I need support with eating and drinking and personal care. Please ask what I would like to wear for the day. Please ask what I would like to eat.' Staff were able to tell us about people's care needs and their individual preferences. For example, where they liked to sit and their routines. A staff member told us "We get to know people quite well" and went on to tell us about a person's interests. They also said "We provide care in the way people want." Staff told us one person enjoyed the radio so they always encouraged them to have it on. The registered manager told us new people using the service were called at the end of their first week of service to check if they were satisfied. Then they received a further call at the end of the first month. People received personalised care that was planned in consultation with them. Their care was delivered by staff who had a sound knowledge of people's care needs and preferences.

People were supported by staff to maintain their independence. A person told us "They take me shopping and that promotes my independence." One person's care plan said 'I will go into the bathroom and will

wash myself' before describing what support the care assistant was to provide. A care assistant was heard on a visit to check with the person if they wanted to do a task themselves or if they wanted help. A person we spoke with told us how they had received a significant amount of support when they had been discharged from hospital, but how this had gradually reduced as they now required less support. A care assistant told us how the registered manager had obtained jigsaws for them to take and use with people as an activity. They also told us about a person who experienced dementia who liked visiting charity shops and how staff took them so they could enjoy trying clothes on. Staff understood the importance to people of retaining their independence and provided responsive care that recognised what people could do for themselves and what they required support to accomplish.

We observed a visit during which the care assistant told us the person had declined one aspect of their personal care. They documented this and told us that the next care assistant would then be aware of this information and could offer the person this support again, as they may then wish to receive the care. The registered manager told us staff had also completed a training session on working with people who were resistant to care to promote their understanding of how to support people responsively. A staff member was able to tell us how the team had worked with a person over a period of time, in order to modify one of their behaviours which was creating challenges for them in their life. The changes staff had achieved with this person in relation to their personal care had improved their quality of life. People's wishes were respected in the way their care was delivered. Skilled staff developed relationships with people, encouraging and supporting them to receive the care they required over time.

The registered manager told us a person's needs had changed and they no longer wished to get up as early as they had been. The registered manager had discussed this with the person's relative on the morning of the inspection. The person's relative requested the time of their visit was then changed to lunchtime in response to the change in the person's preferences. The registered manager's use of the staff planning system instantly showed the calls rostered and staff availability so they were able to check if they could provide the new requested time and commenced the person's amended lunchtime visit the same day. The service was flexible and responsive and able to respond instantly to this change in the person's requirements and to provide their care at their new preferred time.

The registered manager told us people had their care reviewed every six months. People's care records demonstrated their care had been reviewed with them and their relatives where appropriate. A person's relative confirmed to us "We get reviews of care." People's reviews of their care demonstrated they had been asked if they had any concerns about the service, whether any changes were required and asked if they were satisfied. People were involved in regular reviews of their care and encouraged to provide feedback on the service they received.

A person told us "If something isn't right they try and do something about it" A person's relative told us "I was not happy with one carer. I raised it, they listened and changed them." The results from the providers October 2015 Customer Quality Survey demonstrated that of the 31 respondents 97% knew how to complain.

The provider had a compliments, concerns and complaints policy which outlined to people how and to whom they could address any concerns they had with the service. The policy detailed for people how their complaint would be handled and how to take it further in the event people were not satisfied with the response. Staff were able to tell us about their role if they received a complaint, in ensuring they passed it to the office for investigation. Records demonstrated that when any complaints had been received, the registered manager had investigated them, in accordance with the provider's policy and responded to the complainant with the actions taken. Any required actions from complaints such as changes to a person's

care plan, for example, had been completed. People had been provided with information about how to complain, staff understood their role and the service had been responsive to any issues raised.

Outstanding ☆

Is the service well-led?

Our findings

The provider placed people at the heart of the service. Their values were based on the customer coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff told us they learnt about these values during their induction. Staff consistently demonstrated their understanding and application of the values in their work with people during the inspection. People were treated with dignity and respect, for example, by not parking the provider's branded car on their drive. In addition to their values the provider had a customer service promise which outlined what people should expect to receive from them in terms of quality of care and service. Values were integral to people's care.

The provider told us in September 2015 they had launched a career pathway for staff. Under the new pathway they had introduced a range of new roles to enable care assistants to have access to a clearly defined pathway from the role of a trainee care assistant to a community team lead. The provider told us and records confirmed there was a clear ethos of developing staff member's skills and promoting them within the service wherever possible. People benefited as the provider had taken action to attract and keep their staff which in turn provided continuity for people in the delivery of their care.

The registered manager told us they were being supported by the provider to complete a Level 7 accredited qualification in Strategic Management and Leadership, this was confirmed by records. At all levels of the organisation there was a focus on the development of staff and they were supported to achieve accredited qualifications to continually improve the service people received.

The provider gave significant weight to people's feedback about staff performance when determining who should receive their care assistant of the month award. Compliments were discussed within the staff team and used positively to motivate staff. The staff newsletter was used to recognise staff who had done something extra for people. When staff completed their probation they received an award in the team meeting. The provider promoted the link between people's positive experiences of their care and staff performance and recognition.

The provider told us the registered manager had created a "One team culture" which pulled together and functioned as one across both the office and community based staff. A staff member told us "It's a constructive and motivating place to work." Staff told us they could raise any issues and that it was an 'Open culture' where they felt comfortable to speak out. A staff member said "Office staff ask for our views on people's care. If I am unhappy about something I raise it." Another told us the provider had stood up at the start of their induction programme and said to the group "Well done for getting this far you have been handpicked." The staff member told us this made them feel valued and "Part of something." People benefited from the positive culture as staff felt part of a single team where they were able to speak out if required.

The provider told us their objective was to share staff talent and skills across all of their locations to enable them to operate the same way at each location and therefore ensure consistency for people. The registered

manager told us and records demonstrated that when the new care certificate was introduced for example, which is the industry required induction for staff new to providing social care. They had worked with the provider's other manager's to identify what action they needed to take to ensure the staff induction programme met these new requirements. People had benefited from the sharing of resources and knowledge between the locations. As this ensured good practice and ideas to improve the service were implemented across the provider's locations.

The provider told us that to support the ethos of being one company they had held a team away day in June 2015. During the away day they had completed a team building exercise to support the team to develop their own vision of the company. This was accomplished through staff completing a visual representation of what the company was aiming to achieve for people in the form of a picture; which was then displayed within the location. Staff had been actively involved in defining the future vision of the service.

The service had found innovative and creative ways to enable people to be empowered and voice their opinions, through people's direct provision of staff training. The service worked in partnership with other organisations such as the Alzheimer's Society and the Multiple Sclerosis Society to make sure they were following current practice and providing a high-quality service. The provider had forged a link with the local Methodist church and members had provided a training session for care assistants on spiritual care. The provider had received feedback from a person's loved one who had received end of life care from the service. They had reflected upon how well staff had ensured the person's spiritual needs had been met. People had benefited from the provider's recognition of people's spiritual needs and the development of staff knowledge on this topic.

The provider told us staff had become 'Dementia Friends' and promoted to people dementia awareness week. They had signed up to 'Dementia Friendly High Streets' for Alton, to make local people experiencing dementia aware staff had received relevant training. The provider was a dementia ambassador for the Dementia Friendly Hampshire project. The service was working as part of the local community to promote best practice for people who experienced dementia.

The provider told us that in addition to providing the service they also had a role in promoting the importance and value of social care locally. They had given a presentation to the local Rotary club and were liaising with the local clinical commissioning group about making social care presentations at GP practices. By highlighting the value of social care for people the provider was challenging negative perceptions and demonstrating its value for people in supporting them to live well independently. People had benefited from the provider's community presence and links which they had used to secure additional training for staff and to raise the importance of high quality homecare locally and its value to people and the community.

People consistently told us the service was well managed. Their comments included "Yes, it is well managed" and "The registered manager has rung me to update me on things." A staff member told us "Management are 100% supportive" and in relation to the provider "X is here often. He is always popping in and knows all the staff." Another told us "There is good communication from the supervisor and the manager." Staff understood their roles and responsibilities.

The registered manager had used the senior care staff meeting on 15 October 2015 to work with the senior care team on what the traits of being a good model in relation to the provision of high quality care were. A staff member told us part of their role was to model good care for new staff when they shadowed them as part of their induction. People benefited from a service that recognised the role of its senior staff in modelling and demonstrating good care for people.

The registered manager told us they had reviewed the recruitment paperwork in relation to recording staff interviews for example, and refined and developed it. They had produced a more detailed record which incorporated a scoring element to the staff interview to enable them to assess if candidates met their requirements. They had also reviewed and increased the number of times care assistants were required to meet with the care manager, to include additional reviews at four and weeks of the new staff member's probationary period This enabled them to review their performance, and to identify any areas of concern across their probationary period, in addition to their supervisions and spot checks. People had benefited from an increase in the level of monitoring and support for new staff. People's care had been positively impacted upon by the registered manager's ability to continually review the systems in operation, recognise where they could make improvements and to take action.

The service had a track record of being an excellent role model for the provision of outstanding domiciliary care provision. The Great British Care Awards celebrate excellence and good practice across the care sector. In 2014 a staff member from the location won the South East 'Home Care Co-ordinator' award. In 2015 the provider was awarded the 'Service Excellence' Award at the Winchester Business Excellence Awards. The provider's continual focus on improving the quality of the service for people had been formally recognised and celebrated in the achievement of these awards.

The provider was continually striving to improve the service. They had identified, purchased and implemented an innovative electronic care recording system to enable them to deliver a high quality service to people. The provider told us they had actually viewed and purchased the system in June 2015 but then took six months to embed it and ensure it would be well delivered for people before making it 'live' in December 2015. Records demonstrated staff had been supported through the introduction of the new system and they had received training and support to ensure they were competent and felt able to use it. The new care planning and recording system was entirely electronic and enabled all staff to have immediate access to information input about people's care on smart phones supplied by the provider. Staff had to enter on the system the care they had provided for the person and if an aspect of their care was not delivered. Initially this showed as an alert to the care assistant if they tried to leave without delivering the care and then an alert was raised with the office for them to follow up. People's care was being monitored live rather than issues with their care delivery not being identified until care staff raised it or their care notes were returned to the office. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them for the person. Staff told us the next stage of the project was to introduce an application whereby people and their relatives would be able to view their 'Live' care records as well. The innovative and effective use of technology had impacted upon the responsiveness of the service in being able to monitor care people's care delivery almost 'As it happened' and to identify and address any issues for peoples' very quickly. The system was an innovative way of ensuring staff were kept up to date with changes to people's care.

There were robust processes to monitor the quality of the service provided. Office staff produced weekly reports which were then collated by the registered manager into a weekly provider report. Topics covered within the registered managers' report included care hours delivered, the level of continuity people received in relation to staffing, quality monitoring, feedback, safeguarding, complaints and training, for example. Once reviewed the weekly report was then utilised to produce a list of actions and completion dates for the registered manager to complete with their team in order to address any issues identified. There were meetings across the week both between the registered manager and their management team and with the provider to continually review performance and service delivery for people.

A person's relative told us "They check if we are happy, we get questionnaires." The providers Customer Quality Survey was completed on a six monthly basis. An action following the survey in May 2015 was to

produce a weekly report on staffing allocation in response to feedback from people about the consistency of care assistants on calls. The registered manager told us this was now reported on and reviewed on a weekly basis and this was confirmed by records. The provider had also set a target of 90% for the level of consistency people should receive; records confirmed this was being achieved.

The October 2015 survey showed that people had a very high degree of satisfaction with the service. There was one area of concern for people which was the communication of changes when there was a change in care assistant or they were delayed. The registered manager was able to demonstrate the measures they had taken to address this area and to monitor the changes they had implemented. During the inspection office staff were heard ringing a person to inform them the time of their call had been brought forward and that there had been a change of care assistant. The results of the surveys and the resulting actions were openly and transparently shared with people via a newsletter. People's feedback had been listened to and changes made to improve the service as a result of feedback received.

In December 2015 staff files had been audited. Other areas of the service that were audited included people's care plans, the registered manager audited five people's care plans per month. They were able to demonstrate that when issues had been identified such as a missing document in one person's file which had been addressed. The provider had been audited for the first time by Bluebird UK in July 2015; the service had scored 95%. The audit had identified four minor actions were required as a result; records demonstrated these had all been addressed as required. Processes were proactively used to continually drive service improvement for people.