P & M Homecare Limited

Bluebird Care (Hook)

Inspection report

Acorn House
London Road
Hook
Hampshire
RG27 9DY

Tel: 01256762324

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bluebird Care (Hook) provides domiciliary care services to people living at home. They currently provide personal care to 44 people. Each person received a variety of care hours from the agency, depending on their level of need.

The inspection was conducted between 5 January and 16 January 2016 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

There was a registered manager in place. 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 felt safe and trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Staff recruitment practices were robust and helped ensure only suitable staff were employed. There were enough staff to support people; they were reliable and arrived on time.

Risks relating to the environment or the health and support needs of people were managed effectively and respected people's independence. There were also systems in place, including a lone worker policy, to help ensure staff worked in a safe way.

Medicines were given safely by staff who were suitably trained and competent. There were plans in place to deal with foreseeable emergencies and all staff had been trained to deliver basic life support.

Staff were knowledgeable and received appropriate training to support people. They completed a comprehensive induction programme and the provider was focused on continually developing staff skills. Staff were appropriately supported in their work by supervisors and managers.

Staff followed legislation designed to protect people's rights. Staff supported people in the least restrictive way possible and the policies and procedures of the service supported this practice.

Most people's meals were prepared by family members, but staff encouraged them to maintain a healthy, balanced diet and took action when people were at risk of weight loss. Staff monitored people's health and supported them to access healthcare services when needed.

The service delivered continuity of care to people by working in small teams that supported people within a specific area. People spoke positively about the relationships they had built with staff, which they valued and appreciated.

Staff used a variety of methods to communicate with people, including those living with dementia. People described staff as "wonderful", "friendly" and "kind". Staff were discreet and unobtrusive when working in people's homes; they protected people's privacy and involved them in decisions about their care.

The provider was committed to providing high quality care that put people at the heart of the service. People consistently told us they received highly personalised care and support that met their individual needs.

People's experiences of receiving care were enriched because staff used the latest technology to ensure they were fully up to date with the person's care needs before they arrived to provide care.

Staff worked proactively with healthcare professionals to achieve the best outcomes for people and responded promptly when people's needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. They were encouraged to remain as independent as possible.

The provider sought and acted on feedback from people to improve the service. There was a suitable complaints policy in place and people knew how to complain.

People consistently told us the service was well-led and said they would recommend it to others. Staff were motivated and enjoyed working at the service. They were supported to achieve their full potential through a career pathway and other initiatives to improve staff retention rates.

There was a quality assurance process in place that focused on continually improving the service. A range of audits was completed to assess and monitor the service, together with checks were conducted to monitor staff practice.

The service had a clear set of values and staff were committed to delivering high quality care focused on people's individual needs. There was an open culture in which staff were encouraged to raise concerns.

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 trusted staff and staff knew how to identify, prevent and report safeguarding concerns.

Potential risks to people were assessed and managed in a way that respected people's independence. Medicines were managed safely and administered by staff who were suitably trained.

Staff were reliable and there were enough staff deployed to meet people's needs. Recruitment procedures were robust and helped ensure only suitable staff were employed.

There were plans in place to deal with foreseeable emergencies.

Is the service effective?

Good

The service was effective.

Staff received a comprehensive induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and encouraged to continually develop their skills.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion.

Staff built positive relationships with people using effective communication methods. They protected people's privacy and dignity at all times.

People and relevant family members were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

The provider put people at the heart of the service and all staff were committed to treating them as individuals.

People consistently told us they received highly personalised care from staff who understood their care needs and encouraged them 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. Technology was fully utilised to ensure people received continuity of care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The provider sought and acted on feedback from people to help improve the service. There was an effective complaints procedure in place.

Is the service well-led?

Good

The service was well-led.

People and staff praised the management of the service. Staff were happy in their work and were supported to achieve their full potential.

There was a suitable quality assurance process that focused on continual improvement. These included audits of key aspects of the service and observational checks of staff practice.

Staff understood and were committed to the provider's values to deliver high quality care that met the individual needs of people.

There was an open and transparent culture in which staff were encouraged to raise concerns. CQC were notified of all significant events.

Bluebird Care (Hook)

Detailed findings

Background to this inspection

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

The inspection took place between 5 and 16 January 2017. It was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was used to conduct telephone interviews with people and their relatives.

We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspector visited the service's office on 5 and 6 January 2016 and spoke with additional people and relatives, and staff, by telephone between 10 and 16 January 2017.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 10 people who used the service, or their relatives, by telephone. We visited and spoke with three people and their family members at home. We spoke with two directors of the provider's company, the registered manager, two supervisors, a care coordinator, the staff member responsible for recruitment and eight care staff members. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection we received written feedback from a healthcare professional.

We last inspected the service in September 2014 when we identified no concerns.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the care staff who supported them in their homes. One person said, "I've not had any worries with the staff who come; I feel quite safe with them." Another person told us, "I feel very safe; they are brilliant care workers." A family member confirmed this, saying, "We have no issues about safety with Bluebird Care."

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. This training was refreshed regularly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. For example, they were able to describe the provider's policy, which required any injury to a person, such as bruising, to be recorded on a body map. A supervisor would then investigate the cause. If a satisfactory explanation could not be provided, the injury was reported to the local safeguarding authority to consider whether additional measures were needed to protect the person from harm.

The registered manager shared details of a safeguarding referral they had made regarding a potential risk posed to a person by a family member who was caring for them. This had led to the family member receiving help from Social Services to support them in their caring role. The registered manager told us that when the family member needed further support, at a later date, they had contacted the agency directly. The registered manager told us, "[The care worker] had built a positive relationship with the [family member] by not judging them and being open. As a result, [the family member] got the help they needed, which safeguarded [the person] who was very vulnerable."

People were protected from individual risks in a way that supported them and respected their independence. One person had the option of using two pieces of equipment to support them to move. One piece of equipment presented more risks, but the person had chosen to use it in preference to the other piece of equipment. Staff told us they supported the person to continue using their preferred equipment, but were vigilant while doing so. Another person was at risk of skin breakdown. They had made an informed decision to decline a pressure relieving mattress that had been offered and had chosen to use a normal mattress instead. Staff had respected the person's decision and were monitoring the condition of the person's skin closely, so prompt action could be taken if it deteriorated. A further person had accepted the need to change position regularly, and records showed they were supported to do this at each visit.

People and staff were also protected from environmental risks. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, alerted to trip hazards in and around the house and advised where to wash their hands. The provider had an arrangement in place with the local fire service to refer people (with their consent) for a fire safety check of their home and this had led to additional fire safety measures being taken to protect people

from the risk of fire. Where the person did not have a family member to test their smoke alarm, staff from the service did this for them on a monthly basis.
The provider took the safety of staff as seriously as they took the safety of people receiving the service. There was a lone worker policy in place and staff were provided with information and guidance issued by a national charity supporting personal safety. The guidance was followed by staff, including supervisory staff who were the first to visit a new address. The provider had also issued all staff with smartphones that allowed them to record when they arrived to support a person and when they left. If the staff member failed to arrive or leave as expected, an alert was sent to supervisors, so they could make enquiries and ensure the person was supported and the staff member was safe. Staff provided examples of when the system had been used to good effect. For example, a staff member told us, "The other day, the [technology] wasn't working well, so the office contacted me to check I was okay." Following an incident where a staff member was put at risk by a family member, arrangements were made for all future calls to be attended to by two staff.

Robust recruitment procedures were in place to help ensure that only suitable staff were employed. These started with an initial telephone screening of applicants, followed by the use of psychometric tests to help identify the applicant's behaviour and attitudes. The results of the tests enabled interviewers to ask more relevant question to assess the applicant's suitability for the role. In addition, an 'employee referral scheme' was in place to reward staff who recruited care workers, which staff told us they had used. One of the directors told us these initiatives had "produced a better quality of recruits". Feedback from people indicated that this approach had helped the service recruit skilled staff with the necessary values. One person told us, "All the staff are absolute perfection. It says a lot about their recruitment process." Staff files included records of interviews held with applicants, together with reference checks. In addition, checks were made with the Disclosure and Barring Service (DBS). A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were only accepted if sufficient staff were available to support the person. One of the supervisors told us, "We make sure we take on more staff and then take on more work; not the other way round." Office staff produced a schedule each week to record details of the times people required their visits and the staff that were allocated to them. These were then sent to the person (or their family members) so they knew who would be supporting them at each visit. Staff absence was covered by other staff working additional hours or by a staff member attending calls from the office. This provided resilience to help make sure calls were not missed.

People told us staff were reliable and usually arrived on time. One person said of the staff, "They are usually on time. If they're running late, it's not by much and someone normally calls to let us know." Another person told us, "[Staff] always telephone me if there is an odd occasion they are late; this is very rare though and they usually stay longer than the time agreed." A family member said of the staff, "They are brilliant; they never let us down." The staff member responsible for setting people's schedules told us, "Bluebird want to achieve excellent care for our customers, which means getting the right care in the right place at the right time."

Where people required assistance to take their medicines, these were managed and administered safely. The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. For some people, the help required was limited to verbally reminding them to take their tablets; for other people staff needed to administer medicines to them, for which they had received appropriate training. Following the training, supervisory staff assessed the competence of the staff

member and offered further support if needed.

People who were supported with their medicines had clear plans in place, detailing the medicines they were taking, the dose and time of administration. All medicine administration was recorded electronically on the provider's computer system, via the smartphones issued to staff. This allowed live-time monitoring of medicines administration by office staff who could then flag up any concerns or variations. In addition, staff checked the quantity of all boxed medicines at each visit so any discrepancies could be investigated promptly. Staff we spoke with understood their responsibilities relating to the administration of medicines and worked to the provider's medicines policy.

The service had a business continuity plan in case of emergencies. This covered eventualities including extreme weather. They had assessed the vulnerability of people using a 'priority tool' based on a red, amber, green rating system. This identified which people most at risk if service provision had to be reduced. The registered manager told us two staff members had access to 4x4 vehicles that could be used in adverse weather and said they would work in partnership with the local authority to ensure people received the necessary support in an emergency. In addition, all staff were trained to administer basic life support to people, if needed.

Good

Is the service effective?

Our findings

People praised the quality of service delivered by Bluebird Care (Hook). Comments from people and family members included: "All [the staff] seem well trained and know what they're doing"; and "The care workers are very good indeed; they certainly know what they are doing".

Staff underwent a comprehensive induction programme to help ensure they had the required knowledge and skills to provide people with high quality care. This included a four day classroom-based training programme, followed by 'shadowing' where they worked alongside experienced care staff for two days, or until they felt confident and competent to work unsupervised. Arrangements were also in place for staff who were new to care to complete the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. A family member told us, "New care workers are nervous, slightly unsure; however, I must say that it is clear to us that Bluebird has a culture to provide good skilled care workers. I am so impressed." A staff member who was new to the role told us, "The training was good and [managers] have been really helpful. I now feel confident to attend any call."

Experienced staff were required to maintain and refresh their knowledge on a regular basis. This included essential training, such as moving and handling, infection control, safeguarding adults and first aid. In addition to the scheduled training, staff could request any extra training they felt would benefit people. For example, one staff member had asked for, and was given, extra tuition in the use of a hoist as they had not used one for a while. Another staff member told us, "The managers are really good; they always encourage us to go on courses and to learn." The service received a request to provide end of life support to a person with a percutaneous endoscopic gastrostomy (PEG). This is a tube that allows food and medicines to be given directly into the stomach. To accommodate this, six members of staff received specialist training and were able to provide appropriate support to the person during the last few months of their life.
Most training was delivered on a face-to-face basis. However, the provider had recently started offering additional training to staff in the format of workbooks. These were designed to supplement the face-to-face training and covered subject areas in which staff had expressed an interest, such as diabetes and epilepsy. The provider was focused on continually developing staff skills and practice over time. For example, staff were supported to gain vocational qualifications in health and social care. A staff member said of the provider, "They provide a lot of training. The standards [of the training] are very good and you come back feeling much more confident."

The area covered by Bluebird Care (Hook) included some remote rural areas. One of the directors told us some staff were not confident driving in these areas. In order to support them in their work, they had contracted with a driving instructor to provide additional tuition for staff working in these areas who felt they would benefit from it.

Staff were able to demonstrate an understanding of the training they had received and how to apply it in practice. For example, they explained how they communicated with people living with dementia by remaining patient, asking simple questions and providing continuous reassurance. A family member of a

person living with dementia told us, "[My relative] doesn't know what's happening or why, but [the staff] talk to him the whole time, as he needs reassuring, and it really helps." Some people had catheters to support their continence. A catheter is a device used to drain a person's bladder through a flexible tube linked to an external bag. Staff explained how they monitored the output of catheters, to help identify blockages or infections, and were clear about the action they would take if these occurred. 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. For example, some staff had undertaken specialist tissue viability training and shared their knowledge with other staff to the benefit of people.

Staff were appropriately supported in their work. All staff received a range of supervisions with the manager or a supervisor. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. During their 12 week probationary period, staff either received weekly supervisions or observations of their practice by a supervisor or a staff mentor. After 12 weeks, this usually reverted to monthly supervisions or observations, unless the staff member needed additional support. A staff member told us, "I ask for supervisions all the time to air any concerns; for example if customers need some equipment or if a call length is wrong." Staff who had worked at the service for more than a year also received an annual appraisal to assess their performance and identify development objectives for the coming year. The provider maintained a comprehensive record of all of the support provided to staff. This helped ensure that training, supervisions and observations were all kept up to date.

Staff protected people's rights by following the Mental Capacity Act 2005 (MCA). 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Where people were able to give consent, their agreement to the care and support they received was recorded in their care records. Information indicated that one person was not able to make decisions about aspects of their care. As part of the care planning process, family members had been consulted and an assessment of their capacity had been completed, together with a best interest decision for them to receive the care and support outlined in their care plan. The record of the best interest decision was not clear as to whether staff or a family member had made the decision, but the registered manager undertook to clarify and document this correctly. Following the inspection, the registered manager sent us a document showing how staff had correctly documented a best interest decision they had made about the provision of a live-in care worker to support another person on a 24 hour basis.

Staff were clear about the need to seek consent from people before providing care or support and we heard them doing this when we visited people in their homes. A staff member told us, "You've always got to assume that [people] can make decisions and give them the opportunity to do it. If I think they're making an unwise decision, I may point it out in a polite way, but they have the freedom to make choices". The need for staff to seek consent was reinforced in people's care plans and records of supervisory checks, which showed this was a particular focus when staff were observed providing care. Another staff member told us, "I used to think that it was [the person's relative] who made decisions for [one person]; but I'm now clear that it is [the person's] decision that counts as he is able to communicate decisions now I've got to know him and have earned his trust. When he has [an infection], he shuts down and can't communicate his decisions, so we put off any major decisions until he recovers." This demonstrated that staff understood and followed the principles of the MCA.

Most people's meals were prepared by family members. Where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. One person said of the staff, "They get my meals ready and always leave me with a couple of

drinks." Where people were at risk of weight loss, or unwell, we saw food and fluid charts in place which monitored their intake. A family member told us, "[The care workers] always take an interest in mum, for example what she's eating, and call to say she's gone off something or is asking for something in particular, so I can go and buy it."

A staff member described how they encouraged and supported a person who was living with dementia to eat. They said, "If I asked [the person] what they wanted for dinner, they would say 'I'm going out, I don't want any'. So I pop something in the microwave while giving her her medicines, then say, 'Look, what you think of this?'. She always says, 'Oh yes, lovely' and eats it. I can then offer her a choice of puddings, which she can make; but if I did that with a dinner, she wouldn't accept any choice as she would say she was going out."

Staff knew people well and monitored their health on a daily basis. If they noted a change they would discuss this with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors and community nurses. A family member told us, "[A care worker] noticed [my relative] wasn't well one day; they called the ambulance and stayed until I got here." Essential contact numbers for relevant professionals were available to staff to enable referrals to be made promptly. In addition, where requested, staff accompanied people to healthcare appointments to provide support.

Good

Is the service caring?

Our findings

People's needs were met by staff in a caring and compassionate way. People described staff as "wonderful", "friendly" and "kind". Comments from people included: "They show real care and are attentively helpful"; "They are very pleasant and full of fun"; "Everything is done with complete charm"; and "They are absolutely wonderful; I look forward to them coming". A family member said of the staff, "They are very professional. They know where the line is between being over-friendly and being professional." Another family member told us, "There's a very impressive culture; very caring. It does not matter who you get; they are all caring and kind." A healthcare professional told us they had observed that care workers were "very caring towards the patients and the patient's family members".

People spoke positively about the relationships they had built with care staff, which they valued and appreciated. Comments included: "They're like daughters to me. They know me well and we have long conversations"; and "When I am at a low ebb, the care workers do lift my spirit". A staff member described how they gained the trust of a person who was anxious about using a hoist. They reassured the person and slowly introduced them to the hoist by "going at their own speed and treating them as an individual". They added, "She was very nervous, but now she just has a laugh and chats away all the time." A senior staff member told us, "We always try and match staff with people they get on with so they are compatible." A person's relative told us they had not got on with one care worker and they had raised this with the office; the care worker had not been rostered to support the person since and the provider's electronic planning system was designed to ensure this remained the case. Other people, who got on well with their care worker, specifically asked for the care workers to visit them when they were admitted to hospital, which they did.

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, people with impaired vision were provided with a copy of the weekly staff roster in a larger font to make it easier for them to read. Some staff had undertaken addition training in supporting people living with dementia and had become 'dementia champions'. Their role was to enhance the awareness and understanding of dementia by staff and relatives. One of them told us, "I promote awareness [of the condition] to others, such as people's families, to help them understand it. They always have a lot of questions and now I feel I can explain things better to them." They described how they supported a person whose communication skills had diminished significantly. They said, "We use facial expressions, through eye contact or look for head movements to try and understand what they want. Or we'll ask them a question that only needs a 'yes' or 'no' answer to make it easier for them". Another staff member told us, "If I say [to one person] 'I'll see you tomorrow', she would say, 'I won't be in'; so now I always say, 'I may be round your way tomorrow, is it OK if I pop in?' and she's happy with that." A further staff member told us, "If people struggle to make choices, we would show them objects. For example, I would show them a banana and an apple, so they can then choose one of them."

People said their privacy and dignity were protected and respected at all times. Comments included: "They're very mindful of your privacy; like they always ask permission to look in drawers for fresh clothes"; and "I have never felt awkward in the care workers' presence". The provider's induction process had a strong

focus on preserving people's dignity and people's care plans provided information to help staff protect their privacy. For example, one stated staff should: "Encourage me to use the toilet. Stand outside to give me privacy but reassurance."

Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. They described the practical steps they took to protect people privacy. A staff member told us, "We keep people covered as much as possible; make them feel comfortable; close the blinds or curtains and usually ask family members to leave the room. Today, a [healthcare professional] visited while we were providing personal care to [a person] so we asked them to wait outside until we'd finished." Another staff member said, "You have to approach [people] carefully and build up their trust. I wouldn't just dive in straight away; it may take a couple of visits until someone is happy to receive personal care."

People consistently told us that staff consulted them about how they wanted their care to be provided and gave them choices. One person said, "I tell the care workers to do what they want with me and my care, but they always say 'no'. They always tell me they must discuss and involve me in the decisions and care." The care planning process started with an assessment of the person's needs and developed over time as people's needs changed. Records confirmed that people were also involved in reviews of their care and in discussing any changes they wished to make to the way their care and support was delivered.

Good

Is the service responsive?

Our findings

People consistently told us they received highly personalised care from staff who understood their care and support needs. Everyone who was receiving care from Bluebird Care (Hook), or their relatives, told us they were completely satisfied with the quality of care they received. One person said of the staff, "I'm very keen to do whatever is easier for them; but they're very keen to do what's better and easier for me." Another person confirmed this, saying, "[The care workers] fit in with how you want things done." A family member said of the staff, "They really understand what I need for my relative; they're really on the ball. They do really care." Another family member told us, "[Staff] are very skilled indeed; they really look after my relative well."

The provider's values were focused on putting people at the heart of the service and providing high quality care that met their individual needs and wishes. One of the directors told us, "We want to be able to sleep at night knowing our customers and staff are safe and we're delivering a quality service." When we spoke with staff, they consistently demonstrated a shared understanding of, and commitment to these values in their work with people. For example, a staff member told us, "The company want us to deliver the highest level of care we can and to treat the customer as an individual." Another staff member said, "The ethos is to do your best for the customer and to do what they want at the time they want it." A further staff member told us, "[The managers] want the care to be person-centred and to take into account what the customer wants; that's pushed a lot."

When we spoke with staff, they demonstrated a high level of insight and awareness of people's individual support needs and how each person preferred to receive care and support. A staff member told us, "It's often the little things that are important to people; for example, I found out that [one person] prefers powdered milk in their tea. It's only a little thing to us, but it's a big thing to them." Another staff member knew that a person who drank coffee only liked 10 granules of coffee powder in their drink. They said, "You have to get it right as they won't drink it if you put more or less in." A further staff member described the multitude of ways that people liked to be supported to dress. They said, "You'd be surprised how many different ways you can put a top on someone. Everyone likes it doing differently and you have to respect that."

The provider had recently introduced 'customer focus meetings'. These brought together all of the staff that provided support and care to a person, together with external health and social care professionals where appropriate, so the person's needs could be discussed and understood fully. These helped ensure that all staff adopted a consistent approach in accordance with their individual needs and wishes. The registered manager provided an example of where a customer focus meeting had been used to good effect to support a person with Parkinson's disease who was receiving care from a number of different services. They felt the person was not being supported to move in a consistent way by all of those involved, so coordinated a meeting of their staff, together with another service provider and an occupational therapist. The registered manager said, "It worked really well and gave us a fuller picture of [the person] and their needs, and we received positive feedback."

Assessments of people's care needs were completed by one of the care supervisors, who then developed a

suitable plan of care. The care plans we viewed provided comprehensive, detailed information to enable staff to provide appropriate personal care in a consistent and individualised way. They included clear directions to staff about how the person preferred to be washed and how they liked to be supported to dress; for example, which arm the person liked to put through their top first, where staff should position themselves when washing the person and how the person liked to be dried. There were similarly clear plans to advise staff how to provide skin care to people who were being cared for in bed. A staff member told us, "We make the [care plan] around the person; it's very much focused on them as an individual." Another confirmed this saying, "You have to focus on the person and what's important to them."

A care supervisor told us, "The company's focus on treating people as individuals is very strong. I want everyone to have the care specific to them, so I enjoy writing the care plans to try and make that happen." Care staff were encouraged to identify ways the care plans could be improved. For example, a staff member told us, "Anything we can do to make the care plans better we do; like with one lady we leave glasses of water with her medicines, but the [care plan] didn't mention that she needs a spoon to take them, so we added that to the care plan."

Staff responded promptly when the needs of people they supported changed. They recognised that some people's mobility or cognitive ability varied from day to day and were able to assess and accommodate the level of support the person needed from hour to hour. A staff member told us, "[One person] can change a lot from one day to the next. We monitor his orientation, his communication and his mobility and can tell when he has [a urine infection]. We then call the GP." A family member told us, "[Staff] pick up on things; they're quite observant. For example, they noticed some swelling [to my relative] down below and they called me over to show me and I called the nurse in." While providing care to another person, staff had identified a potential choking risk and this led to an assessment by a speech and language therapist 10 days later.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. For example, two people required full support with most aspects of their personal care, but were still able to brush their teeth and were supported to do so. One family member told us, "[Staff] get his toothbrush ready and [my relative] scrubs his own teeth. They're very keen to let him do as much as he can." A staff member told us, "I encourage independence by offering choices, for example with meals. I'll get a couple ready and ask them to choose which one and where they want to eat them; at the table or in a chair. It's often the little things that matter to people." Another staff member said, "It's easy to take over [when supporting a person], but we are all about independence and enabling people to live the life they want. If they can still make a cup of tea, then we let them do it." A further staff member told us, "You can't always stick to the care plan; people can change their mind, so you have to listen to what people say, and observe their body language."

People's experiences of receiving care were enriched because staff used the latest technology to ensure they were fully up to date with the person's care needs and any concerns before they arrived to provide care. Staff told us they were able to access the electronic care records system via the smartphones they were issued 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 with the person during visits, rather than reviewing their records.

The registered manager told us they also used the technology as part of the staff planning system to help ensure people received care from a small, consistent team of staff who were able to develop a good understanding of the person's needs and how they preferred them to be met. The registered manager said

this was particularly important for people who were living with dementia and who became anxious if visited by staff they did not know. This was confirmed by the people and family members we spoke with. One person told us, "I have different care workers, but they all provide the same care; no problem with this, they're all pleasant people." A family member added, "The care workers are excellent. They know my relative's illness; they know how important it is to have continuity."

Staff recognised the need to obtain detailed information about the story of people's lives, their previous employment, hobbies and particular interests in order to understand the person and their needs. They said the care plans provided all the information they needed to enable them to do this. One staff member said, "The care plans are so detailed you feel you know the person before you go in. People will often be really anxious and we can put them at their ease by knowing about them and how best to approach them. For example, a new person last week was very anxious about [being supported with personal care], but the background information in the care plan helped me find things we had in common. She took to me and relaxed. Before you knew it she was washed, dressed and downstairs having her breakfast."

People's care needs were reviewed with them and their relatives whenever needed. They were automatically reviewed after one month and then at six monthly intervals thereafter, or whenever a person's needs changed. On the day before our inspection, staff had identified that a person's heel was becoming sore and was at risk of breaking down. They contacted a community nurse and worked proactively in partnership with them to ensure the risk to the person's skin integrity was effectively managed. The community nurse recommended that the person rested their leg on a pillow to take the pressure off their heel. When we visited the person, we saw staff had positioned a pillow, as recommended, and the person's care plan had been updated to reflect this need. On the second day of our inspection, a physiotherapist had visited another person and recommended staff support them to complete a programme of exercises. A staff member had picked up on this and was already in the process of updating the person's care plan to help ensure staff provided this support during future visits.

People's care records confirmed that people had received care and support in accordance with their care plans, in a personalised way and with the consent of the person. Two staff members showed us the work they were doing to help ensure the quality and consistency of the care records. Where the records were not sufficiently detailed, they were brought to the attention of the staff member concerned and they were provided with additional guidance. We viewed a selection of unsolicited thank you cards and letters that confirmed people received personalised care from staff who understood their needs. One family member had called to report that the ambulance service had had to take their relative into hospital. They said the attending paramedic had praised the care records that Bluebird staff had completed, including the records of the person's food and fluid intake. They said this was "exactly the sort of thing they needed to help with their assessment."

The provider used a range of methods to seek and act on feedback from people. These included one-to-one conversations with people and their relatives when supervisors conducted their observational checks and reviewed the person's care plan. Feedback forms were included in the information packs given to people when they started using the service. In addition, questionnaire surveys were sent to people and their relatives twice a year. Responses were then collated and analysed to identify improvements that could be made to the service, which were actioned promptly. For example, people had said they were not clear about how to raise a complaint and we saw the procedures had recently been included in information that was kept in people's homes.

The provider was not satisfied with the level of feedback these approaches provided, so to supplement and enhance them, they had recently employed an external company to proactively seek and manage feedback

from people and their families. This provided an opportunity for people to share their views with an independent person, anonymously if they wished. The directors said this had given people more confidence to provide an open and honest assessment of their service.

There was a suitable complaints procedure in place. One person told us, "I have the office number and the complaints procedure, but have had no reason to use it." We viewed a complaint from a family member relating to care and support that had been provided to the person's relative. This was investigated thoroughly by one of the directors. The staff involved had provided detailed accounts of their actions, previous concerns were reviewed and there was frequent contact with the complainant throughout the process. Another complaint, regarding a breakdown in communication, had led to a clarification of roles and responsibilities within the office. This demonstrated that outcomes from complaints were used to improve the service.

Good

Is the service well-led?

Our findings

People consistently told us the service was well managed and praised the quality of care they received from Bluebird Care (Hook), saying it was "absolutely wonderful" and "extremely good". They said they would recommend the service to others. One person said, "It's an excellent service all the time." Another person told us, "I cannot fault the service the care workers provide." A further person said of the service, "Oh honestly, it's just perfect." Comments from family members included: "Bluebird strive for excellence; the office [staff] genuinely care and the care workers genuinely care. That is the feeling my relative and I get"; "The [registered manager] is always available to contact; the office is very approachable"; and "I feel they advocate, and carry out, what they say; good service by providing care workers who provide excellent care to my relative." Written feedback from a healthcare professional said of the management team, "They have been very thorough and on the ball with their communication both written and verbal. They have kept to their promises; they have communicated appropriately and effectively, and they have been very personable."

People benefitted from staff who were happy and motivated in their work. From speaking with staff, it was clear that they took pride in their work and felt proud of working for Bluebird Care (Hook). Comments from staff included: "It's a great company to work for; they really look after me"; "I like my job and feel [managers] value what I do"; "There's good support and [the managers] are there to listen. You can raise any queries and they always get back to you"; "I feel valued and appreciated; we get lots of praise"; "[The managers] are very supportive; there's always someone on call and they respond straight away"; "If they know of a problem they'll move heaven and earth to fix it" and "The company is absolutely fantastic. You've got someone to listen to you and they absolutely value what we do". A staff member who had a wealth of experience in care said, "I have worked for the NHS and other care providers for many years. I was thinking about coming out of care altogether as I was disillusioned with the quality, but Bluebird has restored my faith. The standard of care is superb; they are an outstanding company."

The provider was committed to supporting staff to achieve their full potential. To this end, they had introduced a 'career pathway' for staff, which had led to the appointment of three 'care champions' and three 'staff mentors'. Care champions were responsible for reviewing people's care plans, monitoring the standard of care delivered on a day to day basis and passing on best practice guidance to other staff. Staff mentors were responsible for tutoring new staff, including during their probationary period. One of the care mentors had also become a 'skin care champion'. They had received specialist training in skin care and worked with other staff to increase their understanding of skin breakdown. The registered manager told us this had led to more referrals to community nurses and staff felt more confident to discuss treatment regimes with nurses and challenge decisions they felt were not appropriate for people. The registered manager told us, "The career pathway is a really good thing; it has given [staff] and us a lot. Seeing [staff] thrive and develop is great."

The provider was taking action to improve staff retention levels and reduce staff turnover. Prior to being employed, new staff were given a clear outline of the job and the expectations of the service. We were told this had help minimise the drop-out rate at an early stage of a care worker's career. In addition, when a staff

member left the service, they were invited to an 'exit interview' to help identify areas of improvement. The provider offered a variety of different contracts to suit the individual needs of staff members, including zero hours, guaranteed hours and salaried contracts, together with recognition and benefits schemes that rewarded long service. These included membership of one, three and five year clubs which enabled the provider to demonstrate their appreciation of the commitment shown by staff. These measures helped ensure people were supported by consistent care staff who were committed to their work.

There was a clear management structure in place. This consisted of the directors, the registered manager, office-based supervisors, care supervisors and lead care assistants. A programme of meetings helped ensure that all aspects of service delivery were monitored; improvement actions emanating from the meetings were completed within the set timeframe and followed up at the next meeting. Care staff told us they were supported well by the office staff. One said, "You can phone in something, even if it's minor, and it's dealt with there and then. This morning, someone's E45 [cream] hadn't arrived from the chemist, but they got on the case and it will be delivered later today."

There was an appropriate quality assurance process in place that focused on continually improving the service provided. The directors were actively involved in running the service and visited weekly. They held a monthly quality assurance meeting with the registered manager to assess and monitor the performance of the service. In addition, a variety of audits was undertaken by supervisors and managers on a regular basis. These covered all aspect of the service and included care planning, medicines and staff training. The audits identified changes that needed to be made. For example, a recent care plan audit identified the need for a person to receive a care review and this had been completed. The registered manager said all actions were completed promptly; although records were not always available to verify this, they undertook to improve the way they tracked and monitored improvement actions identified by the audits.

The 'care champions' were in the process of auditing the daily care notes recorded by staff. Some of these were up to nine months old, so any learning from them was of limited value. We discussed this with the registered manager, who told us of plans to bring the auditing of these records up to date in the near future. They said the auditing had already identified a staff member who needed, and was receiving, additional support with note writing.

Unannounced 'observational checks' were completed by supervisory staff and managers to check staff were working to the required standards. The checks covered all aspects of care including punctuality, safeguarding, moving and positioning practices, medicine administration, consent, dignity and respect. They also provided an opportunity for people to feedback on the performance of staff. Where the checks indicated staff needed additional support, this was provided. A staff member told us, "Spot checks are really scary, but they cover everything and it's rewarding when [the supervisor] tells you you've done well."

The provider was committed to continually improving the service. They had plans to introduce additional technology to support people to receive their medicines safely. They were also working with an independent company to introduce technology that would help family members assess the level of support their relative needed by monitoring the way they moved around their home.

The provider operated another Bluebird Care service in a neighbouring county and shared best practice and training resources between the two branches. The registered manager kept up to date with developments in adult social care through links with, and circulations from, the local homecare association. The provider was also supporting them to gain a level five diploma in health and social care. The registered manager told us, "The [directors] are fantastic. They've encouraged me and helped me develop my skills. The level of support is quite remarkable."

There were processes in place to enable the directors and the registered manager to monitor accidents, adverse incidents or near misses. These helped ensure that any patterns or trends could be identified and addressed. It also meant that any potential learning from such incidents could be identified and cascaded to staff, thereby improving the safety of the service.

There was an open and transparent culture within the service. As part of the induction process, staff were given information about the provider's whistleblowing policy. Whistleblowing is where a member of staff can report concerns to a senior person in the service, or directly to external organisations. Staff described the management as "approachable" and said they were made welcome when they visited the office. The registered manager notified CQC of all significant events and there was also a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made. In the interests of openness, all team meetings and supervision meetings with staff were recorded on a disk and a copy given to the staff member. The registered manager told us the disks had been used to help clarify what was and wasn't said during meetings, so any ambiguities could be cleared up quickly. A staff member told us, "Bluebird encourage [staff] to raise any concerns and to report any problems." Another staff member said, "[The managers] expect me to be professional at all times and to do the best job I can and if there are any concerns to notify them. They want you to be open and honest."

Records showed care staff had informed supervisors on the rare occasions that they made a medicines administration error. This had allowed medical advice to be sought for the person and further training to be given to the staff member concerned. A healthcare professional said of the management team, "They have been very open and appreciative for any feedback or information I have been able to provide them with."