

Cojam Limited

# Bluebird Care Bournemouth & Poole

## Inspection report

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30 May 2023

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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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care Bournemouth & Poole is a domiciliary care agency providing personal care and support to people in their own homes and flats. Not everyone who used the service received personal care. At the time of this inspection 50 people were receiving the regulated activity of personal care from the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service provides care and support to both older people, some of whom have a diagnosis of dementia and people with a learning disability and autistic people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using the service and what we found

#### Right Support

People were given maximum choice, control and independence with how their care and support was delivered. People were supported to make choices about their daily lives and do things they enjoyed. There were enough staff to meet the needs of the service. Robust recruitment processes were in place to ensure staff had the necessary checks before starting work with the service. People were protected from avoidable harm by a staff team who knew how to raise safeguarding concerns both within the service and outside. Staff told us they were confident their concerns would be acted upon by the management team.

Staff knew people well and supported and encouraged people to live their best lives. Staff understood the importance of social inclusion and supported people to maintain and develop relationships that were important to them and to enjoy visits out to places they enjoyed.

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

#### Right care:

The service provided highly individualised care that provided people with the flexibility, choice and continuity of care. This led to major improvements in their well-being and safety. The provider took a proactive and highly responsive approach to understanding the needs and preferences of different people to ensure people were supported in ways that were specific to them and ensured the best levels of care and support. People's individual needs and preferences were central to the delivery of tailored services.

The provider showed innovation in ensuring people's independence was encouraged and their health, well-being and moral were improved or maintained.

Care promoted people's dignity, privacy and human rights. Support plans provided guidance for staff which ensured people received consistent, care and support. Staff were knowledgeable regarding how people preferred to be supported and understood people's individual behaviours and which events may trigger anxiety.

People received their medicines as prescribed. Medicines management within the service was monitored and staff had received training including assessment of their competency. Care staff had instant access to information about people's medicines and care needs on their mobile phones. This ensured care staff were provided with accurate, up to date information in order to support and administer medicines to people.

People were protected from the risk of avoidable infection. Staff had received training in infection prevention and control. Staff had access to plentiful supplies of personal protective equipment (PPE) and knew how to use it appropriately. The providers infection and prevention control policy and guidance were in line with government and best practice guidance.

Accidents and incidents were recorded, analysed for themes and trends and lessons learned were discussed with staff to ensure a process of continual improvement. There was a range of governance systems in place which supported oversight of the service. Leadership was visible, open and approachable and staff knew their roles and responsibilities. A range of audits supported quality assurance.

#### Right culture:

The ethos, values, attitudes and behaviours of management and care staff ensured people using the service led confident, inclusive and empowered lives. The management team demonstrated high levels of passion and commitment to ensuring the service provided the best care and support to both people and staff. A strong emphasis was placed on developing staff to ensure continual learning and development was key throughout the service. Staff ensured people received their support in ways they wished and were able to make their own choices regarding how they lived their daily lives.

The registered manager understood their statutory responsibilities and had made notifications to CQC as required by law. Staff felt appreciated by the service, and told us about the varied schemes, awards and incentives the service provided to show their thanks and make them feel valued. The provider and management team were passionate about their team and supporting their staff to ensure people received the best care possible. Staff felt involved and regular team meetings ensured all staff were kept fully informed regarding any changes with people's care or in the running of the service.

Bluebird Care Bournemouth & Poole worked closely with external health and social care professionals. The service was working hard to involve themselves in the local community to provide a level of support and guidance to people in the wider community.

The service actively sought feedback on the service it provided, and results of an annual survey were positive. The provider had a large range of processes for people, relatives and staff to feedback their views on how the service was run. These were analysed by the management team and the results fed back to all on a regular basis. People told us the management team of Bluebird Care Bournemouth & Poole were approachable, effective, supportive and fully available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service at the previous premises was good published on 15 June 2018.

#### Why we inspected

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bluebird Care Bournemouth & Poole

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience, who made telephone calls to people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection started on 23 May 2023 and ended on 30 May 2023. We visited the office location on 23,24 and 30 May 2023.

#### What we did before the inspection

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

#### During the inspection

We spoke with 5 people who used the service and 4 relatives about their experience of the care provided. We spoke with 5 members of staff including the nominated individual, the registered manager, the deputy manager, the recruitment and training lead and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written feedback from a further 6 care staff and 1 health and social care professional.

We reviewed a range of records. This included 4 people's support and care plans, daily records, and 4 people's medicine administration records.

We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, 3 staff recruitment and supervision records, staff training records, staff spot check observation records and a range of the providers quality assurance records, audits, policies and procedures.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- People had risk assessments in place for their care and support. The service were working to make them more detailed to ensure risk management for people was robust.
- Staff talked knowledgeably regarding people's risks and how these would be managed to ensure people's safety. Risks covered areas such as, mobility, skin integrity and eating and drinking.
- Environmental risks had been assessed and evacuation plans were in place for people to enable safe evacuation in the case of an emergency. Staff had received training in how to use specialist equipment safely.
- There was a detailed system in place for recording and reviewing accidents and incidents. This meant any emerging themes or trends could be identified and lessons learned.
- We reviewed a selection of completed accident and incident forms and discussed with the registered manager the learning that had taken place following incidents. The registered manager told us, "The system works well. It's about looking for trends, we have picked up when people are not looking after themselves and allows us to pre-empt their care and provide care and support that is best for them."
- Learning around accidents and incidents was regularly shared through team meetings and supervision sessions.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways they preferred. Some people had medicines administered PRN, 'as required'. Improvements were being made to the PRN guidance for staff. This meant staff had the necessary information to support people to take their medicines consistently.
- One person told us, "Yes, the carers prompt me to take my medication at breakfast and evening." A member of staff told us, "I do support people with their medication. I take my time to make sure it is all done properly. It is all on [name of the independent electronic system] there, even their allergies, it is all explained, and we can look quickly for any side effects etc. It works well."
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines administration records (MAR) were completed and a full audit carried out on them each month. This ensured staff were correctly completing MAR and provided assurance that people received their medicines safely.
- Where people were administered topical creams, body maps and instruction documents were in place and provided clear guidance for staff.

Staffing and recruitment



- There were enough staff to safely meet the needs of people. There was a robust recruitment process in place.

The relevant checks such as employment references, health screening and a Disclosure and Barring Service (DBS) check had been completed before staff supported people in their homes. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Where possible people received their care from a regular team of care staff who were on time and knew them well, if visits were running late people were contacted by telephone to let them know. Comments from people included, "Normally there are just 2 or 3 carers who visit", "I have 6 regular carers visit during the week", "We have a small team visiting and I know the carers by name."
- Staff confirmed there were enough staff to support people safely. A member of staff told us, "Yes, there are enough staff. Thanks to [staff name] great work, we have lots of new carers and there are a lot of experienced staff as well, that can help with providing great training and set good examples." Another member of staff said, "Yes, there are enough staff. Even in cases of any emergency for example sickness there is always enough office staff to cover the calls."
- Staff confirmed they were given enough travelling time between visits to be able to stick to their rotas. A member of staff told us, "There is enough travel time to get to people. The shortest visit is half hour... If there is not enough time, for example if people need more time for support, we just phone the office and they will give more time." People confirmed staff telephoned them if they were going to be delayed.

#### Systems and processes to safeguard people from the risk of abuse

- We asked people and their relatives if they felt safe with the staff who visited them and provided their support. Without exception everyone told us they felt safe. Comments included, "Yes there is no problem with safety... I feel quite confident with my carers", "Yes, most definitely. I feel very safe" and "Yes, my husband does feel very safe with his carer, and he likes them a lot."
- Staff were clear about their role in protecting people from abuse and had received training in safeguarding. Staff knew how to identify and act on any concerns. A member of staff told us, "I have completed safeguarding training. There is a good channel for raising safeguard concerns if I needed to." Staff told us they were confident that the registered manager would follow up concerns. There was a system in place for monitoring safeguarding concerns to ensure all actions were carried out.
- The registered manager spoke knowledgeably regarding when to report safeguarding incidents to the local authority and CQC. Safeguarding concerns had been raised appropriately with the local authority. The service had a safeguarding policy and procedure in place.

#### Preventing and controlling infection

- Staff were trained in infection control and understood their responsibilities for keeping people safe from infection.
- We asked people and relatives if the care staff respected their property and left it clean and tidy. Without exception, each person replied positively, stating yes, care staff respected their property and left it clean and tidy.
- Staff had access to and wore personal protective equipment (PPE) such as disposable gloves, masks and aprons. They had received training in this area.
- During the COVID 19 pandemic the provider had introduced a range of improvements to make sure people and staff were kept safe, reduce the risk of infection and reduce the levels of anxiety and isolation relating to the pandemic. These included weekly communications, introduction of voluntary work by volunteers to support the existing staff, and the implementation of a detailed infection control contingency plan. COVID specific risk assessments were introduced for staff and people. This ensured morale and well-being was maintained during this difficult time.

# Is the service effective?

## Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People's rights were respected, during the inspection documentation was reviewed and updated to ensure it was in accordance with the MCA 2005.
- Staff understood the importance of ensuring people made decisions for themselves. Comments from staff included, "I always ask consent for every procedure in care. I seek permission from the client. We follow person centred care", "Consent to care must always be obtained prior to starting any package of care. We assume that the customer has capacity, unless proved otherwise."
- People told us staff supported them to make decisions for themselves and they were involved in their day-to-day care. Staff told us how they supported people to make decisions about their care and support. One relative told us, "Yes, I do hear the carers chatter with my wife and do hear them ask her for consent."
- Staff had received training in relation to the MCA. Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.

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

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with themselves and their family. These assessments then formed the basis of people's care plans which gave staff guidance on how people preferred their care and support to be delivered. One relative told us, "Yes, my wife had a care plan review last week, where all her needs were discussed in detail."
- The provider offered a wellbeing check at assessments which covered checking blood pressure, oxygen

levels, temperature and general well-being. Staff were able to access GP connect services, which with consent from people, allowed staff to access people's medication and health records without having to take up GP's or District Nurses time. This information allowed staff to assess people's ongoing care needs and ensure they were provided with effective care and support.

- There was a system in place to ensure the most suitable staff were matched with people to ensure they could fully support their individual care needs. For example, ensuring staff had relevant specific training to match the person they were supporting such as, catheter care.

Staff support: induction, training, skills and experience

- To continually upskill staff, the provider had implemented specialist dementia training to ensure staff were able to effectively support people living with dementia. This ensured staff were given the confidence and knowledge to provide specialist person-centred care. Staff had found the training, "A useful tool on how to respond positively as well as giving customers living with dementia the necessary support."
- Staff spoke positively regarding the induction and training they had received. A member of staff told us, "We do a lot of training, we keep learning all the time. We do mobility training, wheelchair training, catheter training, a whole lot of training. It all makes sense and is done at the right level. We become more confident with the training; it's very well delivered."
- New staff were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider had implemented a 12 week career pathway that all staff completed. Staff were provided the opportunity to progress in their career with full support from Bluebird Care Bournemouth & Poole. The pathway encouraged and supported staff to progress in their chosen career and provided a clear route through professional development opportunities.
- The provider had made improvements to their training programme. This included 8 areas which covered; falls prevention, dignity, continence care, nutrition and hydration, medication, dementia, safeguarding and infection control. Staff were trained in these areas so they could effectively support people with their specific health needs and provided staff with the opportunity to progress their careers.
- Staff told us they felt well supported and received regular supervision, appraisals and spot checks. A member of staff told us, "My supervisor comes to assess me at work regularly. She goes through my notes daily and gives points to correct whenever needed." Another member of staff said, "We have annual appraisals and also regular spot checks."
- People told us the staff were well trained, knew them well and supported them in ways they preferred. Staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently. Comments we received from people included, "I think they are well trained and knowledgeable", "I am so pleased that this agency has trained their staff to safely care for me" and "The staff are very well trained, and I am confident in the carers."

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

- People's needs had been assessed in relation to their eating and drinking. People's dietary needs were known and met, including if they had allergies to certain foods or needed specific support with eating their meals.
- People were supported by staff who understood their food and drink preferences. One person told us, "Carers tend to make me snacks as I get my meals from [independent ready-made meal supplier] and often will pop it into the microwave for me at lunchtime. They also give me glasses of water to drink during the day."
- One person told us, "They know I like 'builders tea', marmite and peanut butter toast and a host of lovely

things."

- The provider had compiled an 'Our Favourite Recipe' booklet for people, relatives and staff. This included a range of people's favourite meals, snacks and puddings along with the individual recipe for people and staff to follow so they could all enjoy their favourite foods.
- Staff received training in food safety and hygiene. A member of staff told us, "We do meals for people. Chicken wings is a favourite for some people. People all have their favourite meal where possible, for some its egg on toast. We always leave people with a drink they like."

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

- People had access to medical and health services where necessary. People's care plans set out the support they needed from staff to maintain their health. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- A health and social care professional provided written feedback that stated, "The staff at Bluebird Care Bournemouth and Poole have done a fabulous job at building a rapport with [person] and [person] now engages well with their care and support. The care staff have raised concerns promptly ... They always respond to requests and are happy to adapt. They offer a person-centred approach and work well in partnership."
- People's emergency contacts had been sought and they were clearly visible for staff if needed. Where the service had sought medical and specialist advice this had been done in a timely manner. One person told us, " Once the care staff were concerned about my [medical condition] and after asking my permission they sent photos to my GP surgery. My GP phoned me and advised me that all was ok."
- The service worked collaboratively with other agencies, such as GP's, occupational therapists and district nurses. This ensured people received effective care which improved people's quality of life.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- People were treated with dignity and respect. The provider had revised their vision, purpose and values which embraced equality and inclusion for all. A member of staff told us, "We always promote and uphold our company values. The company values include respect, empathy, autonomy, innovation and well-being. Each one of these values impacts directly on the great quality of service we provide. We like to go above and beyond to meet the needs of our people. I like to ensure that the staff members follow the ethos and values of the company."
- An equality and diversity and human rights approach was well embedded in the service. The registered manager discussed the improvements that had been made to their equality, diversity and inclusion program. This was done by raising awareness on gender identity, different cultures, religions and ethnicity. They did this by running a programme called 'Culture Club'. The Culture Club improved team morale by giving staff a sense of belonging and understanding. Through facing the same challenges staff worked together to overcome them. This included embracing diversity with staff, people and relatives. Staff also attended regular culture club meetings where they could learn and discuss different cultures and countries that staff came from. A member of staff told us, "I feel supported, meetings are run well, we have now started the culture club which is working well and I really enjoy it." Another member of staff had commented, "Culture Club is great. I recommend it to anyone curious and eager to learn from others. It's been a good experience so far and I'm looking forward to the next sessions." This resulted in staff feeling listened to, seen and recognised and appreciated. Staff had commented they were so glad that they felt able to raise this in a safe and trusted environment and it helped the network to be more inclusive to the whole workforce.
- Staff had received training in equality and diversity when they commenced their employment. This meant they were aware of the key principles and understood it was important to treat each person as an individual. Staff were encouraged to become dignity champions which was an online good practice site.
- The provider ensured a corporate Bluebird staff form was reviewed and amended as staff had feedback it was not inclusive for people that identified as non binary. This form was then rolled out nationally which made the team members feel valued and accepted within the team. Care and support plans reflected how people wished to be addressed with the pronouns of their choice.
- The registered manager discussed the improvements made to their equality, diversity and inclusion program. This was done by raising awareness on gender identity, different cultures, religions and ethnicity. They did this by running a programme called 'Culture Club'. This included embracing diversity with staff, people and relatives. Staff also attended regular culture club meetings where they could learn and discuss different cultures and countries that staff came from. A member of staff told us, "I feel supported, meetings are run well, we have now started the culture club which is working well and I really enjoy it."
- We asked people and their relatives if the care staff were kind, caring and treated them with dignity and

respect. Each person replied positively, comments included, "Yes, the carers are very caring, kind and respectful", "Most definitely, they are very kind and caring", "Oh most certainly they are very caring and kind." In relation to dignity and respect people told us, "Yes absolutely they treat me with dignity and respect", "Yes always", "Yes very much so" and "Oh yes definitely."

- People's spiritual and cultural needs were documented in their care plans and any special wishes and preferences listed for staff to be aware of. People told us they felt respected, and their views were listened to.

Staff had developed positive relationships with people and demonstrated they knew people well, how they preferred their care and support to be delivered and what interactions worked best for each person.

#### Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions.

Respect for privacy and dignity was well embedded throughout the service. Staff and people felt respected, listened to and valued. Staff demonstrated genuine empathy, compassion and kindness for the people they supported. This was clearly reflected when we spoke with staff, as their passion and commitment for ensuring people received the best care and support was fully demonstrated.

- People and relatives told us staff spoke with them respectfully and were attentive to their wishes. One person said, "Oh yes, definitely they treat me with dignity and respect. I have a shower and toilet on the ground floor and I use it regularly and never close the door and the carers leave me to it and knock the door to check I am ok." Another person told us, "Oh yes, If I have visitors the carers will close the door for my privacy."

- We asked people and their relatives if the care staff supported them to retain their independence. Without exception each person told us they did. Comments included, "Without a doubt they do, I really believe they do enable [person] to retain a great deal of independence" and "Yes, most definitely."

- Encouraging independence was important to staff in order to support people to remain in their own home for as long as possible. Staff told us of the importance of supporting people to keep active and how they helped them to maintain their independence by providing support with cleaning and shopping.

- People's records were kept securely locked away and staff demonstrated a good understanding of maintaining confidentiality.

#### Supporting people to express their views and be involved in making decisions about their care

- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support. People and relatives told us the service and staff considered their views.

- People's records showed evidence that people and those important to them were consulted and involved in creating and updating their care and support plans.

- We asked people and their relatives if they were involved in decisions about their care, and whether they had seen their care plan? A relative told us, "Yes, it is on the table. It was discussed with my wife and myself when they reviewed the contents of the care plan last week." Another person said, "Yes, it's here in the lounge".

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's individual needs and preferences were central to the delivery of services. People's care and support was delivered in a person centred way. However, some documentation needed more detail about the person. The provider responded immediately to make changes and showed us improvements made, with further developments planned.
- There were numerous examples of positive outcomes and highly individualised care that had provided people with flexibility, choice and continuity of care. One person had a history of poor mental health and had become increasingly isolated and depressed. Staff provided consistent, individualised care and built up trust, respect and understanding which resulted in the person being able to gain confidence, re build important relationships and interact with professional health and social care professionals after many years of disengagement. This led to major improvements in the person's wellbeing and safety.
- Visiting health and social care professionals commented the service was focused on providing person-centred care and support and had achieved exceptional results. A health and social care professional had stated, "You're all doing an amazing job with [person]."
- The provider took a proactive and highly responsive approach to understanding the needs and preferences of different people. They delivered individualised care which was accessible and promoted equality to ensure people received the best level of care and support. One person needed an immediate package of care put in place after some time spent in hospital. The person required high levels of specific care, the provider acted immediately and tailored an individualised package of care for the person, involving and consulting with external health and social care professionals to ensure the correct package of care was put in place. This took into account their specific needs to ensure they were supported in ways they preferred that allowed the person to stay in their own home which was paramount to their health and well being.
- People's individual needs and preferences were central to the delivery of tailored services. People's needs, abilities, background, and preferences were documented, known, and supported by staff. Care plans were reviewed to ensure they remained current. Information about people's needs was easily accessible to ensure staff could provide care and support to people in ways they preferred. People's care and support plans provided staff with personalised detail so that staff could get to know people well and understand what was important to them.
- Reasonable adjustments were made in innovative ways to encourage independence and maintain people's health, well-being and morale. Staff gave many examples of when they had gone the extra mile to ensure people had all they needed to maintain and improve their levels of independence. This included working effectively with external health and social care professionals to ensure appropriate equipment was



installed to enable people to return quickly from hospital. This was particularly important where people had no family and getting back into their own home was paramount to their well being and ensuring them a high level of independence.

- Staff were given plenty of opportunities for learning, development and reflective practice on equality and diversity, both individually and in their teams, this influenced how the service developed and promoted equality and diversity at the core of the service. The management team at the Bluebird Bournemouth & Poole service ensured a corporate Bluebird staff form was reviewed and amended as staff had feedback it was not inclusive for people that identified as non binary. This form was then rolled out nationally which made the team members feel valued and accepted within the team. This resulted in staff feeling listened to, seen and recognised and appreciated. Staff had commented they were so glad that they felt able to raise this in a safe and trusted environment and it helped the network to be more inclusive to the whole workforce. Care and support plans reflected how people wished to be addressed with the pronouns of their choice.
- People and their relatives were involved in the creation of their care plans. All first care visits were completed by Bluebird Care Bournemouth and Poole supervisors to ensure consistency.
- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life. Where required, people's care records were able to reflect their end of life wishes. For example, their wish to remain in their own home and any other special requests.
- We discussed end of life care planning with the registered manager and reviewed previous care records for people that the service had cared for at the end of their life. The provider had received feedback and thanks for their end of life care.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard, (AIS). The Accessible Information Standard tells organisations what they have to

do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly detailed in their care and support plans. Details and instructions for staff were clear and shared with others as required. The provider had implemented AIS champions within the staff team and had developed an AIS assessment tool.
- The service demonstrated an innovative approach to using technology. Innovative and outstanding steps were taken to meet people's information and communication needs over and above complying with the Accessible Information Standard. Working closely with a software developer, the provider had developed an independent communication application. This meant the name, photograph and time of the next visit was displayed on an electronic tablet. The provider told us this had majorly reduced anxieties for people and had been very well received. One person told us, "I have an e tablet which shows when the carer will be coming, plus a picture of the carer. It's very good."
- Communication needs assessment were completed for people. These included different communication methods incorporating sight, hearing, body language and speech. For people who were hard of hearing staff spoke clearly using shorter more precise sentences to enable people to listen easier.
- Staff were mindful for people who were visually impaired, blind or deaf. These included ensuring food, drinks, mobility aids, television remotes and telephones were in easy reach at all times.
- One person who had hearing difficulties preferred communicating through their electronic tablet on an independent app. Staff typed what they needed to say and the app displayed the text in large letters which allowed the person to read it easily.



Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to maintain contact with those important to them including family and friends.
- The service took pro-active steps to encourage independence. Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs and followed best practice guidance so people could live as full a life as possible. The service took a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained.
- The provider had purchased a wheelchair accessible vehicle car to support and encourage people to re-engage with the local community,. The registered manager explained following the COVID-19 pandemic people had been very reluctant to leave their homes and generally re-engage with the community, which affected their well-being. This was particularly difficult for people who had mobility restrictions and needed a wheelchair. Standard vehicles will not accommodate wheelchairs. By purchasing the wheelchair accessible vehicle the provider provided people with the means of support to allow them more flexibility and freedom to take trips out to places they enjoyed in a comfortable and safe way and improve their well-being.
- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. During the inspection the provider made amendments to the policy to ensure information relating to CQC's role as a regulator was correct.
- People and their relatives knew how to make a complaint and who to speak to. They felt confident any matters would be addressed. One person told us, "Yes I do know how to complain. We have a booklet on how to. I haven't had to complain."
- Complaints received had been actioned and reviewed in accordance with the providers complaint policy.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was an innovative, supportive, open and positive culture throughout the service, with a strong ethos on providing effective and responsive care to people and an inclusive and supportive environment for staff. Staff told us the registered manager and management team were always available for advice and guidance. One member of staff said, "I feel totally appreciated. The directors and the management team are hot on their staff's well-being, and this is reflected upon, by various different workshops arranged by them. At these workshops we discuss and share our thoughts on healthy living and wellness."
- Staff were highly motivated, spoke passionately about their clients, the service they were able to give and were proud to work at Bluebird Care Bournemouth & Poole. Staff told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance. Staff praised the registered manager and management team, comments included, "The registered manager is fantastic, they make me feel comfortable, they are easily approached and a good listener, with a very practical and logical mind but equally full of empathy", "The management team are very approachable and they always make time for us when we need to talk about something. I trust them both and I know they'd do anything for our customers' well-being just as much as I would"
- Staff well-being was championed and their views carefully listened to and actioned by the management team. The registered manager discussed how changes to the on-call system had been made after it was found the original system was leaving staff stressed and tired. They explained in order to prioritise the well-being of staff, the new on call system reduced the number of additional working hours by introducing flexible working. This meant staff felt well supported, had improved work-life balance with the resulting improved continuity of care for people as staff sickness and absence reduced.
- The provider was pro active in listening to their staff and acting on any concerns raised to ensure staff consistently felt well supported and valued. They had introduced a number of specialised benefits and packages to ensure the staffs well-being, morale and job satisfaction were continually reviewed and staff given the support they needed. Benefits covered, additional remuneration of fuel, specialised training programmes, inclusive social events and flexible working arrangements. Staff were proud to work for the service, this was reflected in the staff survey that showed 100% of staff confirmed they were given the best environment, tools and supportive culture to provide an outstanding service to people.
- People, relatives and health and social care professionals felt the service was well led. Relatives told us, "Yes I do know who the manager is and it is well managed "and, "It's brilliant and I do know the manager".
- Staff were proud to work for Bluebird Care Bournemouth and Poole. The provider had created a culture of inclusion, where quality of care and staff wellbeing was at the core of the service. Staff told us, "I really feel

proud to be part of an excellent team. The employer always motivates us. They are supportive, the supervisors are role models" and, "I feel proud to work for Bluebird Care Bournemouth and Poole. The care team go the extra mile when it comes to our customers. We pride ourselves in delivering exceptional service to them."

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

- The registered manager was aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager ensured duty of candour was fulfilled by involving people and their families.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events such as serious injury and allegations of abuse.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The management team demonstrated high levels of passion and commitment to ensuring the service provided the best care and support to both people and staff. A strong emphasis was placed on developing staff to ensure continual learning and development was key throughout the service. The nominated individual was in the process of completing a Level 7 Senior Leadership Apprentice Programme, equivalent to a postgraduate degree. The programme was designed for senior leaders who wished to make a real cultural change in their workplace. The nominated individual told us, " Undertaking the Level 7 in Senior Leadership has focused me on developing my skills to shape our organisational culture... I have led changes which empower people to work in a more self-managed way, introducing initiatives that give people autonomy in their roles whilst ensuring we maintain the highest levels of regulatory standards. Giving people freedom, trust and responsibility has given them ownership and helped us to improve levels of engagement."
- Staff were empowered and supported to progress and develop. Clear examples were given throughout the inspection which showed staff were continually provided with the tools and support to progress with their chosen careers. One member of staff, within a two year period had progressed from a care assistant to a deputy manager, studying for their Level 5 in leadership for Health and Social Care and being awarded , "Office team member of the year 2022".
- The management team and staff understood their job roles and worked closely together as a team to provide the very best care to people. Regular spot checks and observations were conducted on staff. These were completed in a timely way to ensure staff were consistently following their training and delivering person-centred care to meet people's needs.
- Quality assurance systems were multi layered to ensure the quality and safety of the service was maintained. The registered manager told us they felt they had an excellent oversight of the service and demonstrated a strong commitment to learning and making continual improvements to the service people received.
- Governance and quality procedures were in place. During the inspection various improvements were being addressed including increasing oversight of some documentation to ensure robustness.
- The provider had policies and procedures in place for all aspects of the service. Staff were given full access via an application on their phone or with paper copies. This meant they were able to access guidance and correct ways of working in a timely way.
- The registered manager discussed how changes to the on-call system had been made after it was found the original system was leaving staff stressed and tired. They explained in order to prioritise the well-being of

staff, the new on call system reduced the number of additional working hours by introducing flexible working. This meant staff felt well supported, had improved work-life balance with the resulting improved continuity of care for people as staff sickness and absence reduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service regularly sent out quality assurance surveys to people and relatives. We reviewed a selection of these which had all been positively completed, comments included: "The bluebird care young ladies are truly brilliant. They are all bright and cheerful, extremely pleasant and nothing is too much trouble. We are so lucky to have them.", "I would definitely recommend bluebird care. I am always pleased to see the carers and feel as though they are friends as well as carers."
- The provider completed themed surveys in order to highlight what was especially important for people and their relatives. Themes included, what are barriers to mobility and how can people be supported to visit out and about in their local communities and towns. There was an annual survey staff were encouraged to complete that provided valuable feedback to the management team on staff morale. There was a, 'happier habitat ' survey specific for the office team in order to obtain their views.
- Staff attended staff meetings. These ensured information was shared and minutes were made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported. A health and social care professional told us, "I have found them to be a very efficient service".
- The provider had developed a Stakeholders Report. The provider told us this had given transparency for stakeholders and provided regular feedback to all interested parties. The report highlighted successes and challenges that the service had experienced and had been positively welcomed. The provider had been asked if it could be shared throughout the wider Bluebird Care Company as an example of good practice.
- The service worked with local communities through running and supporting many events and projects. These included newsletters, dementia workshops, celebrations and activities for people.
- Staff were recognised through ongoing commitment to support their well-being. There were staff recognition schemes such as, 'Employee of the month award.' Good practice was celebrated through monthly staff newsletters and the opportunity to be rewarded with incentives such as an extra day's annual leave and certificates.