

Clarity Bristol Ltd

Bluebird Care Bristol West

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This comprehensive inspection took place on 31 October, 2 November and the 8 November 2018 and was announced. At the last comprehensive inspection in August 2016⁵ the service was rated as Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting 40 people in the City of Bristol. Not everyone using Bluebird Care (Bristol) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had two very experienced managers in post. Both of whom had worked for the provider at their other location for a number of years. As part of the provider's restructuring plans they had both transferred to the Bristol branch in the last six months. This was after the previous registered manager had left. One of whom was in the process of applying to be registered with us. 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.

There was also a care manager who took management responsibility for matters related to the care needs of people who used the service. 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. Each manager had clear roles and lines of responsibility. The team and people we spoke with were very positive about the managers. Staff told us "They seem to work really well together" and "They just gel together".

People continued to receive safe care and support from staff who understood their responsibilities to manage risks and report concerns. This was where there were any issues relating to people's safety. Medicines were managed safely. Care calls were closely checked and monitored to ensure people did not experience missed visits.

People, their relatives and healthcare professionals told us they were exceptionally happy with the care and support provided by Bluebird Care Bristol. People were at the heart of the service at Bluebird Care Bristol. The service worked hard to build and create a person-centred culture throughout all levels of the service. The managers and managing director led their team by example, showing strong, inclusive and creative leadership. The leadership team focused constantly on improving the service and creating positive outcomes for people.

The service played a key role in the community, taking part in and funding and facilitating schemes, events and initiatives. These all aimed at creating awareness and engaging people and staff creatively in stimulating meaningful activities and events.

There was a real emphasis on partnership working with other organisations to reach positive outcomes for people. There was excellent feedback from professionals who worked with the service about the quality and responsiveness of the care provided. Bluebird Care Bristol worked in partnership with other professionals to help people stay in their own homes when could have been at risk of being admitted to hospital.

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

People and relatives all told us staff were exceptionally caring and supportive. People were fully involved in their care. People's views, experiences and wishes were proactively sought and highly respected.

The provider, acting manager and other senior manager promoted a culture that respected and valued people and staff. The provider looked for ways to continually improve the quality of care and ensured they met the fundamental standards of care. For example, the way that meetings were conducted had recently been reviewed. Staff now held shorter, and more open 'huddles' to engage with all of the team in a positive way. Feedback about these new approaches from staff was universally positive. Staff said communication had really improved and they felt even more valued.

Staff were positive about the support and training opportunities they were constantly being offered. The provider ensured staff were competent and had the skills and knowledge to understand how to meet people's needs. Staff had a caring approach to their work and understood the

The service had a strong, visible person-centred culture. People were placed at the centre of how the service was run at all levels and at all times. The service ensured people were made to feel valued and that they mattered. There were many ways that the service went that extra mile to exceed people's expectations and hopes for the service. For example, they held regular social days and invited everyone who used the services and their relatives and friends to come. Feedback showed this significantly improved people's physical and emotional wellbeing and reduced their risk of isolation. The service also worked hard to help people to stay in their own homes. If people had to go to hospital they continued to be supported, and visited (free of charge) by their main carer.

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Staff were positive about the support and training opportunities they were constantly being offered. The provider ensured staff were competent and had the skills and knowledge to understand how to meet people's needs. Staff had a caring approach to their work and understood the values of the organisation they worked for.

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 remained good

Is the service effective?

Good ●

The service remained good

Is the service caring?

Outstanding ☆

The service has improved to outstanding.

People were supported by a small team of local based staff and they had built very caring relationships with the staff they saw.

The provider led the service with an extremely caring approach. People felt staff were all very caring and went out of their way to make sure they and their families/carers had a high quality of life and optimum wellbeing.

People benefitted because the service had a strong and visible person-centred culture. The provider was also committed to providing a service which put people at the heart of everything they did.

People's privacy and dignity was always respected. Staff supported people sensitively with their personal care needs fully very aware of the need to maintain confidentiality.

Is the service responsive?

Outstanding ☆

The service has improved to outstanding.

Care records were person centred and the provider ensured people were fully involved in discussions about how they wanted care and support to meet their individual needs. Innovative technology was in place to ensure the records could be accessed, used and updated by all who needed to see them.

The provider was very driven and passionate and worked with other agencies well. This was to aim to create a warm friendly community where people were supported to access events and follow their interests.

The service was run very flexibly in how it provided support to people. There were regular reviews that people were an active part of. Staff and relatives, with permission, had access to up to date information to see what care had been carried out.

Is the service well-led?

Good ●

The service remained good

Bluebird Care Bristol West

Detailed findings

Background to this inspection

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

This inspection took place on 31 October 2018, and 8 November 2018 and was announced. We gave the service two days' notice of the inspection because we needed time to arrange our calls to people who used the service.

We visited the office location on 8 November 2018 to see the managing directors, managers and office staff; and to review care records and policies and procedures.

The membership of the inspection team included two experts-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. Both our experts-by-experience had an area of expertise in care at home services.

Before our site visit we looked at information we held about the service. This included previous inspection reports and notifications sent in by the provider. Notifications are incidents the provider is required by law to submit to CQC.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We interviewed by telephone 12 people who used the service and four relatives.

During the inspection we spoke with the managing director who runs the service, two managers, the training manager, a coordinator, two lead supervisors and five care workers. We also received feedback from two healthcare professionals about the service.

We looked at four people's care records, four staff files and a range of records relating to the management of

the service.

Is the service safe?

Our findings

People continued to receive a service that was safe. People told us they totally felt safe being cared for by staff. One person said, "Yes, I feel safe." Relatives comments included, "I find them all absolutely wonderful without exception, they know what they are doing" and "They are so well trained someone comes out and makes sure they know what they are doing" and, "We are so happy of course we feel safe without exception."

The provider ensured there were effective systems in place to minimise the risks to people from abuse. Staff told us, training records confirmed that they had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. When allegations or concerns had been brought to the manager's attention they had worked in partnership with relevant authorities. This was to ensure issues were properly investigated and people were kept safe.

People's medicines were managed safely. When needed care workers offered guidance and prompts to ensure people had taken their medicines. Each person's care records included information about how to manage their medicines arrangements. All staff had received training in the safe management and administration of medicines.

To provide people with assurance about their visits each person was sent a weekly rota each week, which clearly told them the name of the staff due to visit the following week. The agency aimed to arrive within 15 minutes of the visit time stated on the rota. People told us staff were on time and always stayed for the full duration of the visit. If staff were running late for any reason, or there were staff changes, people said the office staff contacted them to let them know. Care staff worked in small geographically based teams, led by a supervisor. This meant people had good continuity of care by staff that developed a relationship with them. A 24 hour on call system provided people and staff with out of hours support and advice by senior staff.

The care co-ordinators said they had an alert on the electronic system which identified any late visits, as all care workers signed in when they arrived at a person's home and when they left. They could then call the person and the staff member. People said there had been no missed visits. The care co-ordinators could check that people's visit had happened.

Each person had robust risk assessment in place. These were about their care needs and their home environment. The information in the risk assessments was very detailed. There was clear and comprehensive information about how to move and handle people safely, or how their dementia may impact on them.

Risk assessments also included details about what equipment people needed for support with their care to stay safe. This included shower chair, and hoists. The risk assessments set out to staff to check equipment was safe and ready to use. There were also risk assessments for people who required support with meals.

These set out how to support people safely for example, always checking food dates and safe storage.

There were also detailed environmental risk assessments were also comprehensive, detailing where gas meters were located, for example, escape routes for use in an emergency, and how to adjust heating controls. This showed the service ensured people were cared for in a safe way in their own home.

There was a business continuity plan in place to keep people safe in the event of an emergency that may impact on the service people would receive. For example, plans were clearly set out as to what the service would do in the event of failure of the telephone system and the loss of key staff. There were clear instructions for each staff member and a contingency plan set out. This included people's assessments and their needs. This was to ensure those identified as at higher risk were prioritised.

Risks that each person could face were set out in a risk assessment stating whether they could be flexible with visits, and what family support they had in an emergency. This enabled the service to plan in the event of an emergency and provide the care people needed.

The service had effective and safe out of office hours arrangements in place. These enabled care workers and people using the service to ask for support outside of 9 to 5 hours office hours. When external health professionals used the same electronic care system they could also access and input information about the people they saw. This was subject to agreement from the people concerned.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. People were positive in their views of the staff who supported them. One person told us, "The staff can't do enough for you, they are always checking to make sure you are happy." Another person said, "I don't know where they find them they are so well trained and so kind each and every one of them they are like family," and further feedback included, "The staff are always saying is there anything else I can do for you. They never rush and they sit with me and have a chat after everything has been done."

People were supported by staff who had undergone a thorough induction programme, which gave them the skills to care for people effectively. The induction required new care workers to be supervised by more experienced members of staff. This was to ensure they were safe and competent to carry out their roles before working alone. New staff received weekly supervision spot checks during their induction week - and supervisors carried out regular 'spot checks' including ensuring new staff were happy using the electronic system. The provider had implemented the national skills for Care Certificate for all new care workers employed at the service. This is a nationally recognised set of standards.

People were supported with their needs by a staff team who received regular ongoing training. This helped staff to feel confident in meeting and understanding people's health and support needs. There was a support system in place for staff to help to develop their knowledge and skills. Staff told us they felt motivated to provide a high-quality service.

Care staff worked in small local teams managed and supported by a supervisor. This system helped to reduce travel and was also aimed at supporting a high staff retention and continuity of care for people. Staff told us this made their work more enjoyable and less stressful. One staff member said, "They definitely put a lot of care into making sure you don't have to travel to far, it's the best job I've ever had." Another staff member said, "The office staff are really helpful and they make sure you don't have to travel too far." This helped ensure visits were on time for people.

People's rights were respected because before they received any care and treatment they were asked for their consent. Care workers acted in accordance with their wishes. For example, how they wanted their personal care delivered. Every person we spoke with confirmed that staff always asked them for consent before they assisted them with all aspects of their care.

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

People who may not have had full mental capacity to make specific decisions were protected. The service understood the legislation and how to ensure that people's human rights were protected. The managers and staff demonstrated they understood the principles of the MCA and their codes of practice.

People were well supported to see appropriate health and social care professionals when they needed additional support with their health needs. There was clear evidence of health and social care professional involvement in people's individual care records. This included GPs, district nurses, physiotherapists and occupational therapists who all supported people with specific health matters and guided staff. Staff ensured other health and social care professionals were involved to encourage health promotion whenever possible. For example, one staff member was also a qualified dietician. They offered extra guidance and support around nutrition whenever this was needed for someone.

Some people were supported with their nutritional needs to maintain optimum health. Staff supported some people by preparing meals, drinks and snacks. We saw information in care plans that set out what actions were needed. These included ensuring people had a jug of fluids and snacks left for them at the end of every visit. The staff told us they closely monitored any changes in people's eating habits and in consultation with them would contact health professionals if they were concerned.

Is the service caring?

Our findings

The service was exceptionally caring. People and relatives told us staff were all exceptionally positive and gave us strong praise of the staff. They described them as extremely caring and supportive. Comments from people included: "The quality of some of the individual carers is wonderful". "It's the dedication of carers. Not one dislikes their job, I'm impressed by that", "They are like family they can't do enough for you, they are always asking is there anything else I can do for you" . "I don't know where they find them, they are all so caring," "They are a lifeline to us," and "They will sit and chat with me when they are done". Everyone said they would recommend the service to others. One person said, "This is the best agency I have ever used."

Healthcare professionals gave us email feedback about the caring nature of the staff. They said the staff were 'exceptionally' caring and supportive to people they were also seeing with their treatment and care. A professional told us the service was always planned with them in ways that aimed to ensure that people where ever possible did not have to go to hospital, but could stay in their own homes.

The provider had put in place a scheme to give additional care and support to people when they were admitted to hospital. Each person who was admitted to hospital received a free visit from their key carer. People were also sent a get-well card and a small teddy bear to remind them that all the staff were thinking of them. People told us this scheme had been a real lifeline for them and had made them feel they mattered. One person said, "It makes you realise you are not forgotten."

People told us that staff go the "extra mile", speaking with staff and looking at records gave us numerous examples of this. One staff member told us that last Christmas they had visited people who did not have family or friends on Christmas day. The member of staff had been to see people and taken them a home cooked Christmas meal made by their family all in their own time. This scheme of visiting people on Christmas day was going to be extended this year with more staff involved. This is a clear way that staff had gone the extra mile to show compassion and extra care to people who could be isolated at Christmas.

Another staff member had researched the life history of a person living with dementia. The person concerned did not speak, however they used to sing in a choir. The staff member had started singing with the person and they had begun to sing as well. This is a further example of how staff had engaged with people in an exceptionally caring way and enhanced their life and wellbeing as a result. Two people that used to be old friends and both used the service were supported to get back in touch. A cream tea was arranged for them at a local luxury hotel. Both people benefited considerably from being able to see each other again and reminisce about their old friends.

One member of staff often went to local parks and gardens with one of the people they supported. Photos of these trips were seen in the office and in literature about the services. The staff member had also given up some of their own time to ensure they could go with the person on a regular basis on these outings. Another person experienced anxiety and was no longer able to care for and walk their dog. The team who visited this person agreed to work with them and make sure they could look after their dog as well. This has meant they are less anxious and they are able to stay at home with their much-loved pet. Another staff member had

worked very closely with a person they supported who could not verbally communicate. With their care, support and encouragement the person had begun to write how they felt. They were now able to clearly express themselves in this way.

The provider also gave each person who used the service a craft box free of a charge. This contained a variety of arts, crafts and needlework materials. We saw photos of one person who after using their craft box had begun to write messages to the staff. The person concerned lived with dementia and had not written for many years. This was a further example of how people had benefited by the service going the 'extra mile'.

The provider showed how they were exceptionally caring in many ways. They funded every person who used their service to receive a birthday card on their birthday. Specific care was taken to ensure people who may not have family or friends received a card and a gift on their birthday from the service. They also sent out a bereavement card and bereavement support pack to family members when people had died. A provider newsletter kept people up to date about new staff and people who used the service.

The service had won an award in 2017 for their Carers Centre Coffee mornings. This initiative was started to enable people who are carers for their loved ones to have a short break away with other people in the same situation as themselves. The Carers Centre Awards had recognised that this was and is an outstanding initiative that showed great promise.

The staff team had supported local charities that were relevant to the needs of some of the people they supported. A recent team event that had involved a team walk and work out had raised £3000 for Cancer research. This achievement was also celebrated in the services newsletter. Everyone who used the service including staff received a copy.

Staff told us how they worked alongside the GP's and district nurses to further support the people they visited. As they visited every day they often saw changes and shared these to ensure they had all the equipment they needed or when a person was not quite themselves. For example, staff said they often made sure their shopping was ordered and kept in contact with their next of kin, leaving out menu plans so the person ate what they liked to maintain their weight. Staff also went on days off to take people to hospital appointments and, spending time there to support them.

One person said, "I've used them for a long time and they have always respected that." One person had specific instructions in place for the level of support they needed when they were being supported in the community. It was important for the care assistant to be aware of this and to give them enough privacy when they were with their friends and family. The guidelines included situations when this would be necessary and how they would communicate with each other, especially when the person needed some support. Another person's care plan highlighted the importance of encouraging their independence and giving them the opportunity to do as much as they could on their own, but also highlighted what areas they needed support with.

Staff we spoke with were very aware of the key importance of showing the upmost respect and maintaining privacy while promoting independence. The staff told us that care records were all very clear and detailed so that they knew the levels of support people needed. One staff member told us, they supported a person who was living with complex mental health needs, with their personal care. They could tell us the challenges they faced and how they managed to work with the person and encouraged them to do it in a way which ensured their dignity was respected and their needs met in the most reassuring way.

People told us that staff respected their privacy and dignity and always tried to encourage their independence. The service has a named dignity champion. Their role was to promote dignity and respect across the whole workforce. Staff told us that the importance of always treating people in a very dignified

way was raised with them in training and at staff meetings on an ongoing basis.

People's care plans included detailed information about how people wanted to be supported with their personal care. This included how much privacy they wanted when at home or out in the community. The care plans included situations when this would be necessary and how they would communicate with each other, especially when the person needed some support. Another person's care plan set out the importance of encouraging their independence and giving them the opportunity to do as much as they could on their own, but also highlighted what areas they needed support with.

People told us that staff always spoke in a caring and compassionate tone, involved them in conversation during the tasks and explained what they were doing and reassured them throughout. People all said that staff always fully respected their privacy and dignity and always tried to encourage their independence. People's care plans included detailed information about how they wanted to be supported with their personal care, including how much privacy they wanted when at home or out in the community.

Is the service responsive?

Our findings

People and relatives all praised the responsiveness of the service. They said where they had needed to make changes or improvements these had all been listened and responded to. People gave examples of the service moving visit appointment times, saying "They have been very accommodating ", "I get the rota's every week they emailed them to me, it really helps " and "We changed the timing of the visit and it was easy to do ", "They are very well organised and the office staff make sure you have all the information you need."

Feedback from relatives showed how much the organisations support meant. Feedback from relatives included, "We would be lost without them, they seem to have a knack of picking the right people", "We have a good relationship with all of the staff" and "They sing and giggle with her and talk with mum. They are always asking her if there is anything else that they can do."

People chose how the service supported them with their day to day needs. Care was planned not just as tasks but how care and support best fitted into each person's lives. People could choose how much support they required and when it was delivered. For example, staff were responsive to changes in people's arrangements. On the day of our visit to the office one person's care package was being increased because they were receiving end of life care support. The manager told us that the agency always ensured without any consideration of cost that a staff member could sit with a person if they were at the end of their life. This is a clear example of how the service was highly responsive.

Where ever possible people were introduced to staff with similar interests to enable them to build a relationship. The care provider was flexible and responsive to people in finding creative ways to meet individual needs and preferences. This meant they enabled people to live as full a life as possible. For example, staff had recently supported two people to go on a tea dance together.

The service was also working with charities so people using Bluebird could meet other people, which helped facilitate social inclusion. This activity was shared and celebrated in the providers newsletter. Another recent initiative had been a good health drive. Staff and the people they supported had worked together to prepare and cook healthy attractive meals. An award had been given to the 'winner' chosen by the managing director. These achievements were also shared in the service's newsletters with people and staff.

In August 2018 a summer fun day took place. This was fully funded by the managing director. We saw many photos of people and staff together taking part in a range of activities. People also made scones and sandwiches with the support of staff for the day. People told us how much they had really enjoyed and appreciated this event. The service had introduced a lending library for people. This was a free service for people from which books may be borrowed and taken away for their own stimulation and entertainment. The feedback about this service was universally positive. The service came to people's homes and was very much appreciated by people.

Staff provided support to meet the diverse needs of people using the service. Some people received their weekly care rotas in adapted form, as they were visually impaired. The registered manager had arranged for

these people's rotas to be printed in larger fonts for them to be able to read their rota and understand when staff were due to arrive.

The staff providing end of life care had received specialist training to gain an insight of care of a person needs before and after their death. They felt it was important for staff to understand the whole journey. Staff were able to support relatives and loved ones at that time with arrangements.

Staff told us how they supported a partner after a family bereavement, ensuring the person receiving care was looked after whilst there was a funeral and helping them get there without having to worry. Staff also told us they felt it was important to attend the funeral of people they had looked after. The provider ensured that staff who wanted to do this were always able to.

Each person who used the service had their own 'Hospital Passport' completed about their needs. A Hospital Passport is a document about the person and their health needs. It also contains other useful information, such as a person's interests, likes, dislikes and preferred method of communication. Healthcare passports can be very useful if a person should go into hospital. This enabled hospital staff to get to know the person and support them effectively.

The service had a highly responsive system in place to monitor people's health and wellbeing and immediately respond to changes or concerns. People's care plans were recorded on the service's electronic monitoring system and information could be and was updated in 'real time'. People's care plans were very detailed and included information about people's likes, interests and background. They gave clear information about the support people needed to meet their physical and emotional needs. They provided staff with sufficient information enabling them to provide care effectively.

Staff monitored people's healthcare needs and where changes in needs were identified, care plans were updated immediately using the computer system. For example, one staff member had spotted small changes in a person's mood they had kept in touch with a relative and together they had rung for a GP and the person received swift care and treatment. People could also see their own notes and with permission family members were also given access as well. Care plans were divided into 'tasks' which staff were required to acknowledge they had completed during the care visit using mobile phones provided by the service. All entries were transmitted to the office interface, where entries and alerts for 'tasks' which had not been completed were monitored in real time. This enabled senior staff to monitor care taking place as it happened and identify any concerns where people had not received care as planned. A member of staff said, "The system really works for us and we can see all the changes in real time".

People received care and support that was highly responsive to their needs and individualised to their wishes and choices. The managers told us that when new enquiries or referrals came in they would arrange an appointment to meet people at home or in hospital to discuss their needs. The assessment went through what the person wanted to achieve, whether it was short or long term and what care and support people felt they wanted. After this information had been obtained they would start to match the person's interests and needs to staff. They would then complete the necessary care plan and risk assessments. The managers told us they always start with the person and tailor the care to what they want.

The service used an online colour coding system to identify visits in geographical areas so that visits are carried out by very small teams in 'runs' This improved continuity for the people who used the services. Everyone we spoke to said that the staff who visited them were always a small consistent group of carers and this was appreciated by everyone we spoke with. Staff told us they were also given plenty of travel time and that - visits were never crammed together.

Where people's care plans required amending, such as when a person had new medicines prescribed, senior staff could amend people's information immediately to ensure the service held the most current information. A member of staff told us, "We use pass app it is the best thing I've ever used when we began everything was paperwork we had to go in blind if I have to go to a new person we can read everything about the person on the app". All this information was kept secure and was password protected.

There were in depth on-call handover reports which highlighted where there had been changes during the day and night. A weekly senior staff 'Huddle' meeting also discussed how new people using the service were, any issues and how new staff were finding the service.

The provider complied with the Accessible Information Standard (AIS). This is law put in place from August 2016 which makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For people with a visual impairment, their care plan, which had been read out to them. Relatives told us the staff described in detail their clothes to ensure they had a choice and understand it fully. This all enabled the person to continue to fully understand their care needs. One person taught the staff to use their own sign language. This achievement was celebrated very respectfully with photos of the person showing how they work with staff to communication with them. These photos with permission were used in literature and guides about the agency to celebrate excellent practice and peoples' achievements. The service also offered braille documents for people, large prints, and communication aids specific to people who were deaf.

People were involved in how their care needs were identified and planned. Feedback from people included when we asked if they had been involved in their care planning included "Yes a few weeks ago," and "Someone came to assess me, she did an assessment. Now I have a person to help every week. It works well," and "Yes we had a review about two months ago."

Some care packages were commissioned for a set period, working towards a specific goal. This was in relation to improving the person's health or wellbeing. The service monitored people's progress and liaised with health and social services if the person required longer term care input.

A healthcare professional told us that the service helped ensure people did not go to hospital on many occasions helping people to stay in their own homes. Staff had an excellent understanding of what was important to people and provided support in line with people's preferences, but also suggested more effective ways of delivering care based on how people were feeling. For example, encouraging people to rest or go slowly if they were not feeling so well.

Is the service well-led?

Our findings

There was currently no registered manager for the service. The managing directors confirmed to us after our visit that a full application has now been sent to us for the acting manager to apply to be registered with us.

Bluebird is one of the largest providers of homecare services in the UK. It operates a franchise model with more than 200 offices supported by a national head office.

People and relatives spoke very clearly about the exceptional quality of care and management provided by staff at Bluebird Care and how they felt very involved in their family member's care. Comments included, "They have been amazing at finding staff with just the right skills and care.", "They are so flexible and all of them are kind, caring and reliable", "If I have any questions or I am concerned the management and office staff keep me informed",

Staff told us "The management are very approachable and regularly make contact" and "Our online system is fantastic, I can then see what the notes are for each visit." Further feedback from people included, "The service is excellent, and I have not come across any problems at all."

Staff spoke very highly of the managing director who was described as a "A lovely bloke", "A very nice person" and "Very Approachable". The managing director shared with us their vision for the service, and this information was made clear in the service user guide that each person was given. They were committed and constantly striving to achieve a high standard of care that would be the sort of care and support they would be happy for a member of their family to receive. They aimed to achieve this by investing in their staff and the infrastructure of the service. They invested in staff and people with a range of staff reward schemes, the service's online care planning system, and their own funding of social events for people to prevent them feeling isolated.

The provider promoted a very positive culture that was very person-centred with values that were based on being open, inclusive and empowering. They had a clear vision for the service to make people's experience outstanding. The managing director and managers were clear that they aimed to provide a service that enriched lives. To ensure this was achieved staff were well supported and valued. Caring for staff was high on the agenda to encourage staff retention and therefore consistency for people. There was a benefit package for staff which included feedback from people using the service. The provider had an in-house award scheme which recognised, re-enforced and praised in a very open way positive staff values, attitudes and behaviours. For example, there was a 'Carer of the month', 'Carer of the year' and long service awards. These were celebrated at an awards ceremony. National Bluebird care awards gave opportunities to further praise staff.

The managing director used creative and innovative methods to communicate their vision. The managers and managing director led their team by example, showing strong, inclusive and innovative leadership that focused on improving the service and creating positive outcomes for people. On the date of our visit to the office a staff award was being given. An initiative had been created by the management team to reward the

staff member who cooked and presented the most attractive and well-balanced meal to the person they were supporting. We saw photos of numerous entries. Feedback from people and staff was that this had been a fun, positive and engaging activity to be a part of.

The managing director had also recently funded a social event with food, drinks, music and fun activities for all people and staff who wanted to attend. This had taken place at a local rugby club, people told us how much they had really enjoyed this day. People had been supported to attend free of charge. We saw many photos of people and staff who looked as if they were really enjoying the day.

Staff were actively encouraged to share this vision by participating in opportunities to reflect and put the vision into the practice using real life scenarios. The service used team meetings, supervisions, away days, newsletters and role-play activities to give staff a chance to explore their understanding of the provider's vision. Staff understood the vision and were delivering the service in accordance with its ethos.

There were posters produced by staff in a team meeting, which celebrated the provider's values. They described the service shared values around being caring, person centred, committed to team work and always being utterly respectful. Staff and people, we spoke with fully understood these values. One staff member said, "It comes from the top". They said the managing director always showed these values in how they trained staff and the people who used the service. For example, all staff were now given a paid day off on their birthday as a recognition of their role in the team. The staff we met told us they had never worked for a company as supportive as this.

One of the managers showed us examples of the many other charity events the service had participated in to raise awareness and funds to causes in the local community. The service also provided free support to carers who were looking after family members. They encouraged staff to become involved in community events, increasing their knowledge and social conscience.

The service's office displayed pictures celebrating all the events that staff had participated in. Staff were recognised for these efforts and had received internal recognition and awards for going beyond in their roles. The service worked in partnership with other local and national organisations to provide support to people who used the service. The service had signed up to a crime prevention and a fire safety scheme. These schemes were independently run and helped people make informed choices about their safety and wellbeing at home. There was a strong emphasis on continually striving to improve the service. There were close links with a number of older person's forums in the area. People were sent newsletters and key information about a range of support groups and forums in the region.

A member of staff said, "The visits are well planned and driving is kept to a minimum. The managers are good communicators, we are a great team and they are supportive and they support us as a team, with communication and support the agency have it all and I am looking forward to progressing through the company." A third member of staff commented, "I have had amazing support the managers are good at communicating with me they constantly make sure I am ok. It is now much more organised; the managers are a lot more hands on its made a massive change and I feel a lot more supported than I did before."

A clear management structure was in place comprising the managing director, acting manager, care manager and senior staff. Each person's roles and responsibilities were clearly defined, outlining the part they played within the service and their contribution to the overall quality and safety. The service also shared resources with the provider's two other locations. These included sharing learning between management teams and senior staff, joint staff meetings where best practice and updates were shared, joint learning and training resources and flexible staffing arrangements between branches to support the

provider. This helped promote a culture where learning was encouraged through reflective practice to drive forward innovation and improvement.

The managers oversaw the quality of the service through comprehensive auditing and reviews of the service's performance. The registered manager had set up an auditing system where every member of office staff regularly reported on a set of key performance indicators to them. These included staffing levels, staff training and supervision compliance, continuity of care and scheduled reviews of people's care needs. The managers collated this information to form an overview of where the service's priorities lay. This included where senior staff or staff required additional support. It also included whether the business could grow sustainably without compromising the quality of the care delivered. The managers regularly met with senior staff to review this progress. This was to ensure staff throughout the organisation understood what they were working towards. The service also used a regular internal quality audit to monitor quality and outcomes for people.

The manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.