

Belrose Limited

Bluebird Care (Andover & Stockbridge)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Bluebird Care are a large national provider of care and support services to people in their own homes. It operates a franchise model with Belrose Limited, (The provider) managing four of these locations locally one of whom was Bluebird Care Andover and Stockbridge. The support provided included, short term help to recover from illness or following an admission to hospital, daily visits to support with personal care, meal preparation or medicines management, domestic support, companionship and live in care.

Not everyone who used the service received personal care. 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. 71 People were receiving a regulated activity when we inspected.

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

The leadership team had nurtured a culture within the service where there was a focus on the provision of outstanding care to people. There were high levels of satisfaction amongst the staff team and all staff told us they felt valued and their achievements were recognised. The views of people and their relatives remained central to driving forward improvement and service development. There were consistently high levels of engagement with staff to ensure that their views were heard and acted upon. The leadership team used its presence within the heart of the local community to undertake a number of initiatives to help benefit local citizens.

Care and support was tailored to meet people's individual needs and had made a positive difference to their lives. The service continued to use technology to enhance the service they provided. The support being provided was helping to avoid the risk of isolation and assist people to enjoy their hobbies and interests. Staff demonstrated an understanding of the importance of compassion when caring for people at the end of their life and worked alongside community healthcare professionals to ensure that people had a pain free and dignified death.

Overall people's medicines were managed safely and the systems in place supported this. There were some areas where improvements could be made in line with best practice standards. The registered manager and provider demonstrated a culture of openness and transparency in relation to safety and to learning from incidents. However, our review of people's records showed that there had been a number of incident forms which had not been escalated to the registered manager. People told us they felt safe when receiving care. Staff had a positive attitude to reporting concerns. They were confident the registered manager would act upon these. Risks to people, and to the care workers supporting them had been assessed and planned for. Systems were in place to help ensure there were enough staff to provide people with a service that was reliable and safe. Good practice guidance was followed to ensure infection prevention and control processes were implemented.

The provider had robust systems in place to build a team of reliable and competent staff. Staff were

extremely positive about their induction and training and the provider was continuously looking for ways to improve the training programme. Healthcare professionals consistently described the service as providing very effective care and the service continued to work collaboratively and seek innovative ways to support people with their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to have access to food and drink of their choice and found solutions to encourage people to eat and drink well.

Everyone told us they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and spoke of the importance of making a difference to people's lives. There was a clear focus on staff building trusting and meaningful relationships with people. Staff showed a good understanding of how to protect people's rights and of the importance of supporting people to make express their choices. Staff allowed people to direct their own care and demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence.

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

Rating at last inspection

The last rating for this service was outstanding (16 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we received any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was very effective.

Details are in our effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Bluebird Care (Andover & Stockbridge)

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke to 12 people who were using the service about their experience of the care provided and with six relatives. We also spoke with the registered manager, registered provider, the operations manager, culture and training manager and the live-in care manager. We spoke with a customer relations manager and a care co-ordinator. We either spoke to or received written feedback from 13 care staff. We viewed the care and support records for seven people, the recruitment, training and supervision records for three staff and other records relating to the management of the service such as staff rotas, audits and policies.

After the inspection

Following the inspection, we received feedback from four health and social care professionals about the care provided by the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Overall people's medicines were managed safely and the systems in place supported this. For example, staff had annual training and competency assessments.
- Staff were able to provide clear responses to how they administered medicines safely. For example, one staff member said, "We check their identity, look at [computer], check that medicines matches prescription and boxes and that everything is in date. We seek consent, ensure they are sat up and have a drink, check any special directions. If I made an error, I would phone 111 or an ambulance and report to the office or on call".
- The electronic medicine administration records (MARs) provided alerts should a person's planned medicines not be administered allowing office staff to take remedial action.
- However, there were some areas where improvements could be made in line with best practice standards in relation to medicines management.
- MARs had not always been transcribed correctly. For example, one person's allergy to penicillin had not been recorded correctly on their MAR and one medicine had been recorded as PRN when it was prescribed twice a day.
- When completing MARs, staff often used a code 'Other' to describe why a medicine was not given. However, there was not always a record as to what this meant. This is important to support staff to identify whether there are any themes or trends that might need referral to the prescriber.
- The level of support people needed with their medicines was not always consistently recorded and supporting information for the use of topical medicines could be clearer.
- Where people required medicines in the form of patches to be applied to their skin, staff were not consistently recording the site where the medicine was administered.
- The electronic MARs did not readily allow live in care staff to record the time each medicine was due / administered. This could impact upon staff being confident that the required length of time between doses had been achieved.
- The registered manager and provider were receptive to our feedback and provided assurances that procedures would be reviewed to address each of these areas.

Learning lessons when things go wrong

- Our discussions with the registered manager and provider demonstrated a culture of openness and transparency in relation to safety and to learning from incidents.
- Staff understood their responsibility to report and record incidents that occurred whilst providing care. However, our review of people's records showed that there had been a number of incident forms which had not been escalated to the registered manager.

- Whilst the service did not experience high numbers of incidents or accidents, it is important that these are consistently identified, investigated and used as opportunities to identify themes or trends. The registered manager assured us that systems would be reviewed to ensure that all incidents and accidents were escalated for their attention and review.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care. Their comments included, "Safe? Of course! I have no problems at all" and "I feel very safe with all of them". A relative told us, "Oh yes he is safe, as it happens I have been with him today, but I don't need to as I know that he is safe with them".
- Policies in relation to safeguarding and whistleblowing were in place and staff received annual safeguarding training.
- Staff had the Local Authorities 'See It, Stop It' App on their work smart phones which provided information about what they should do if they were worried about a person's safety.
- The provider sent new customers a video message identifying the staff member that would be visiting them. This had been in response to concerns locally that people were being visited by individuals claiming to be care workers.
- Staff had a positive attitude to reporting concerns. They were confident the registered manager would act upon these. One staff member told us, "I feel very confident that if I had any concerns that the management team would act accordingly. During my training I was instructed on how to deal with abuse correctly... We are always encouraged to talk to [Management] even if we have 'a feeling' about something and no evidence".
- The service had an emergency telephone line that operated out of hours which staff could call to seek advice or support from a senior manager in the event of encountering problems or concerns when visiting people in their home. People were also able to use this should they be concerned.
- All staff told us the on-call system worked effectively. One care worker said, "I have worked with another company previously, and I never felt so confident, Bluebird Care is very professional and have been very supportive when I need help".
- We did note that whilst a range of actions had been taken, A small number of potential safeguarding concerns had not been escalated to adult services. We discussed this with the registered manager who took specific learning from this in terms of future reporting of incidents of a concerning nature.

Assessing risk, safety monitoring and management

- Risks to people, and to the care workers supporting them had been assessed and planned for. For example, people had risk assessments regarding their nutritional needs, medicines management, falls, moving and handling and personal care support including oral hygiene.
- Risks associated with the person's internal and external home environment had been assessed to safeguard staff and each staff member had been issued with road safety guidance and winter driving tips to help ensure their safety.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as snow or bad weather. Each person's needs had been risk assessed to prioritise those who would be most at risk without care.
- The service had a 'heat wave plan'. This plan included guidance for staff on how to maximise fluid intake for people during hot weather to help prevent the risk of dehydration.
- The service continued to have a company car available for use by staff if theirs broke down. These systems and measures continued to help minimise the disruption to the service during exceptional circumstances.

Staffing and recruitment

- Systems were in place to help ensure there were enough staff to provide people with a service that was

reliable and safe.

- The provider had a clear strategy in place to recruit and retain staff. Staff retention was good and a number of staff had worked at the service for some years.
- New care packages were not taken on if there was insufficient staff to cover these whilst also providing good continuity of care to existing customers.
- The rostering system supported staff to ensure the delivery of safe care by alerting the office should staff be more than fifteen minutes late undertaking a care visit allowing them to take remedial actions. Out of hours, this alert was received by the on-call manager who was again able to address the matter promptly.
- None of the people we spoke with had experienced a missed visit. They all confirmed that if their care worker was going to be late or changed, they were informed of this. One person said, "[Staff member] from the office phoned me up at 4.30pm yesterday, just to me know that it would not be my normal carer today... I think that is very thoughtful".
- Staff told us that their schedules were mostly realistic, had suitable travelling time factored in between visits and allowed them time to build positive relationships with people. For example, one staff member told us how being assigned to visit the same people regularly allowed them to "Be more alert to any changes". Another staff member told us how the covering a rural patch could at times be stressful. To limit the impact of this, they said, "The team in the office keeps all my visits in the same area to prevent delays".
- A range of recruitment checks took place before staff started working at the service. Records showed staff completed an application form and had a competency based, formal interview as part of their recruitment.
- The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post.
- We did note that in the case of one staff member there was a gap in their employment history. The registered manager acted to obtain this information.

Preventing and controlling infection

- Good practice guidance was followed to ensure infection prevention and control processes were implemented. Staff had access to personal protective equipment (PPE) and people told us this was worn in practice.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people's outcomes were consistently better than expected compared to similar services.

Staff support: induction, training, skills and experience

- The provider was passionate about providing innovative and high-quality training and had robust systems in place to build a team of reliable and competent staff.
- The 'Bluebird Care Promise' provided staff with framework for their induction and training which was tailored both to the needs of people using the service, but also to ensure that staff had the skills needed to provide high quality care and to support their career progression.
- Prior to starting, new staff completed a role specific induction. For care staff this was a five-day classroom-based course which included completion of the Care Certificate. The Care Certificate sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.
- The service had recently introduced 'Twilight training' to provide a more flexible route for experienced care workers who might otherwise not be able to attend the five-day induction programme. The provider told us that by adapted the training programme in this way they had successfully recruited two experienced care workers to the team.
- This was followed by three days of shadowing during which they were mentored by an experienced staff member.
- All staff also undertook dementia friends training as part of their induction. This helped to raise awareness amongst staff of the challenges of living with dementia and how this might affect their daily lives.
- One of the people we spoke with commented on the effectiveness of this process saying, "I've had some trainees come to watch how the other carers do their jobs, then they come to me fully fledged and they are always good".
- Staff spoke extremely positively about their induction. One staff member said, "I attended one-week training in Winchester where we went over everything needed including moving and handling, issuing medication... I had four shifts of shadowing and I am working on my care Certificate... I feel supported by the management team, I am having a face to face this week as I am fairly new, and they like to see how you're getting on". Another staff member said, "When we started [Training and culture manager] set our goals for learning each day... Each day we had particular subjects to cover which meant it was broken down into 'bite-sized' pieces, easier to understand and ask questions etc".
- The provider employed a dedicated culture and training manager to develop and deliver their extensive training programme and there was a well-equipped training base where staff could be trained using profiling beds, hoists, and mannikins for training staff on resuscitation techniques and catheter care.
- The mandatory training consisted of annual updates in moving and positioning, medicines and safeguarding people. Every three years staff undertook health and safety training which covered food hygiene and infection control updates. In addition, staff undertook first aid training every three years and

completed one off specialist training in areas such as catheter care and management of incontinence where this was needed to meet the specific needs of people. Some staff had undertaken training in the management of artificial feeding devices and care of tracheostomies and on conditions such as Parkinson's Disease.

- Staff were encouraged to undertake nationally recognised qualifications in dementia care and end of life care, although to date the number of staff that had completed these was low.
- The service continued to have 'Champions' in key areas of learning such as dementia and maintaining skin integrity and stoma care. The champions accessed additional training resources and keep abreast of the latest updates in their chosen field. Using this knowledge, they acted as a point of contact for staff if they required any support or advice and cascaded their training to others.
- There was evidence that the provider was continuously looking for innovative ways to improve the training programme.
- They used a range of techniques to deliver the training to ensure it was tailored to the needs of the staff which included role play, face to face training and discussions in team meetings.
- The provider was currently exploring options for introducing annual training on the General Data Protection Act and managing behaviours that might be challenging to others.
- There were introducing an equality and diversity course and a level 3 qualification in the Mental Capacity Act 2005.
- Staff were very positive about their training and told it helped to ensure they were competent in delivering care. One staff member told us, "We are always notified if we have a new customer that has specific needs that we need additional training for and then we have a group session with either our own trained staff or someone from an outside company will come in, like when we had trachea training". A second care worker told us, "It's the best training I've had, its fun and you are all asked to join in and because you have enjoyed it you learn more, I am frequently asked if there is anything else I want to do".
- Following completion of a successful induction, staff received bi-monthly supervisions, some of which were face to face meetings and some observational spot checks. This allowed senior staff to monitor staff practice ensuring it continued to meet the high standards expected, and to identify and address any further training needs. Twice a year, the registered manager met with each staff member to undertake a review of their performance and evaluate any additional learning or professional development needs.
- All staff told us they felt very well supported in their roles. For example, one staff member told us, "We do have regular supervisions and I am always made to feel very supported in what I do or say during these".

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

- People consistently described the care and support they received as being very effective at meeting their needs and everyone was very happy to recommend the service to others. Their comments included, "I get on very well with [care workers], they know what they are doing" and "I would rate the company as top class and I would recommend them, it is a wonderful company". A relative said, "I think the care is high class...I've found the carers to be very good".
- People told us the service provided a prompt and effective response to new enquiries about care provision and worked in partnership with them and their family to assess their needs and to explore with them in detail what they wanted from their care and support which they valued.
- Two people told us how the service had quickly and efficiently facilitated their return home from hospital. In another example, we saw how additional calls to enable staff to support a person with a new course of antibiotics had been put in place promptly. A relative told us staff had been "Very efficient and were really good at setting everything up".
- The customer care managers who completed the initial assessment in people's homes had access to a range of technology including a laptop and printer so that assessments could be undertaken promptly, and care plans signed and created the same day to enable care to start as soon as possible.

- There was a holistic approach to assessing, planning and delivering care. The care plans viewed covered a range of areas including personal care needs, support with medicines, nutrition and hydration and mobility. Staff were instantly able to be updated about any changes to a person's care plan or support needs via their smartphones.
- New approaches to ensuring that assessments captured people's needs in relation to protected characteristics were being implemented. For example, an action plan had been developed and included objectives such as providing telephone interpreting services and materials and leaflets in alternative languages. The training programme was being revised to include learning about different cultures and faiths. Plans were also in place to develop a recruitment strategy that would attract more male care workers to the profession to reflect the customer base of the service and to review marketing literature to ensure this was fully inclusive of all sexual identities.
- Systems were in place to ensure that staff had access to best practice guidance to support good outcomes for people. For example, staff had an App on their smart phones which enabled them to access useful scenarios, information and videos relating to all aspects of care including pressure care, catheter and stoma care and health and safety at work.
- Staff were also able to access the provider's policies and procedures through this App. One staff member told us how they had recently used the App to check about the Mental capacity. They said, "It's a very efficient tool, as I can use it straight away to get information to support me in my daily job". Another staff member said, "The staff guide is a great 'go to' tool to keep yourself up to date with everything you need to know when working in care".

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

- Healthcare professionals consistently described the service as providing very effective care. For example, one health care professional told us their client had "Consistently given high praise for the carers supplied by Bluebird. In fact, they do not know what they would have done without their input. ... This agency is an absolute pleasure to work with and I hope that we can continue to work together in the future". Another healthcare professional told us, "The whole clinical team have positive things to say about Bluebird, and we are impressed with their sensible attitudes and clinical aptitude".
- We saw examples whereby staff had responded quickly when observing that people were unwell, seeking prompt medical assistance and staying with them until they were comfortable and safe. On one occasion, the prompt response from staff in calling 999 had meant that paramedics had been able to quickly recognise that a person was suffering from Sepsis, allowing them to be admitted to hospital and treatment started as soon as possible.
- The service continued to work collaboratively and sought innovative ways to support people with their healthcare needs. For example, staff had worked alongside an occupational therapist to develop a personalised moving and handling plan for one person. This had involved ensuring that the care workers supporting the person were suitable skilled and competent to carry out single handed transfers so that more flexible and timely support could be provided.
- Following on from their involvement in a joint project with the local Clinical commission group, Bluebird were now implementing a new project where by staff would be undertaking a range of monthly physical observations or wellbeing checks to help identify that a person's health might be deteriorating to inform escalation to, and conversations with, healthcare professionals.
- Care workers regularly dropped off and collected prescriptions or delivered samples to the surgery if urine infections were suspected for example. This enabled treatment to be started in a timely manner.
- The provider's electronic care management system allowed healthcare professionals such as paramedics to access key information about a person in the event of an emergency by scanning a bar code in the person's care file in their home. GPS technology was used to ensure this was only possible if the paramedic

was, for example, at the same post code as the person to ensure the privacy of the information.

- Bluebird care provided people with information sheets containing tips on staying safe in the sun and hot weather and helping them to recognise that they might be suffering with symptoms of urine infections for example. This empowered people to lead healthier lives.
- We saw examples where staff had gone above and beyond in their commitment to work with others to deliver joined up and effective care that had positive outcomes for people. For example, staff had worked with one person's health care professionals and private care assistant to make the person's wish of going on holiday a reality. There had been a number of barriers to overcome, but by effective joint working and planning, the holiday had been possible and had had a positive impact upon the person's mental wellbeing.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- The registered manager told us that everyone using the service was currently able to consent to the care being provided.
- Legal frameworks regarding consent were being followed and people's consent had been documented.
- To ensure there was clarity about whether people had appointed a legal representative to reach decisions about their health and welfare, the registered manager performed checks with the Office of the Public Guardian and documented the results of these.
- Staff displayed a clear understanding of the principles of the MCA and told us how they applied these when caring for people. For example, one staff member said, "We must always assume that every customer is capable of making their own choices unless otherwise stated and every customer has the right to be asked about every task we perform and given the choice to do the task or not". A second staff member said, "If one of our customers has dementia their mental capacity can be assessed using the Mental Capacity Act 2005 framework. This is to ensure if they lack understanding as to what will benefit them, that the right action is taken to make sure the customer has the best outcome and care provided".

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

- Where this was part of the agreed care provision, staff supported people to have access to food and drink of their choice.
- Care plans contained detailed information about people's food likes and dislikes.
- Staff went above and beyond to find solutions to encourage people to eat and drink well. For example, one care worker told us they had been looking after a person who was not eating well. They said that they had addressed this by preparing her sandwiches in small bite size cubes as the person found it hard to hold and bite a large sandwich. They said, "Also, we found if we ate our lunch with her this encouraged her to eat

her lunch". In another example, a care worker bought one person fish and chips on their way to their visit as they knew how much the person enjoyed this, but was no longer able to get it for themselves.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Everyone told us they were supported by staff who were kind and caring. One person told us their care workers were "Wonderful" and another person said, "They [Care workers] are all so kind... we get on well and have a good laugh sometimes". A third person said, "They [Care staff] are all so kind and I can't fault them". One person told us that their care worker did "Everything with a good heart" and that they could "Depend on them".
- Staff displayed a genuine desire to enhance people's wellbeing and spoke of the importance of making a difference to people's lives. For example, one care worker told us, "No value can be placed on the ability to make someone laugh or smile and make their day better and help them to maintain their independence as much as possible. I feel privileged to go into their homes and be a very important part of their lives". Another care worker said, "The best part of my job is knowing that I, and my fellow colleagues make a positive impact on our customers and their families. A third care worker said, "I Love making people smile, very often people are poorly or depressed, making them smile is a tiny thing for me but a massive thing for them".
- There was a clear focus on staff building trusting and meaningful relationships with people. This helped to ensure that people felt comfortable in the presence of their care staff. For example, one person told us how following the completion of practical tasks, staff used any time left to sit with them and have a cup of tea and a chat which they valued rather than rushing off. A second person said, "We do have a good chat every day after they have done their work". Another person had described their live-in carer as, "Part of the family now and I consider her my friend". A relative told us how staff all knew their family member "Little personal ways".
- Similar sentiments were reflected in the large number of compliments the service had received. For example, one read, 'We are so impressed with [Care worker], the care and bonding is so lovely to see, she has a wonderful relationship with Mum' and another said, 'Yesterday we had a really bad day but as soon as the carer arrived she had us laughing'.
- People confirmed that the support they received had a positive impact on their wellbeing. One person told us how their regular carer was "Cheerful" and helped to lift their spirits every time that they came. A second person said, "I think all the staff show that they enjoy their work, I always look forward to seeing them". A relative said, "I often hear gales of laughter coming through the bathroom door when they are there, and I know that [Person] is happy...90% of them are outstanding, I wouldn't change anything".
- People shared examples with us of how staff had at times exceeded what was expected of them. For example, one person told us how they had received a card from Bluebird on their birthday. They told us, "It was a surprise and it was really nice of them, it was very, very nice indeed".
- Christmas cards were sent to each person and for Easter 2019, the management team had made

arrangements for a local brownie group to make handmade cards for each person which we were told people had really appreciated.

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

- People told us they were listened to and that they had been involved in drawing up and reviewing their care plan, for example, one person told us, "The manager comes around to see me once every six months, they like to come round and check what my feelings and thoughts are, if there is anything that needs changing or if I need anything else to be done".
- We did note that some of the records relating to reviews lacked detail and did not always reflect how the person had been involved in the review. The Customer Care Manager took specific learning from this in terms of future recording of reviews.
- Staff showed a good understanding of how to protect people's rights and of the importance of supporting people to make express their choices. One staff member told us, "We always let people make decisions about what they would like to wear or what food they would like or where they want to go."

Respecting and promoting people's privacy, dignity and independence

- Each person felt they were treated with respect and the support they received helped to maintain their dignity.
- Staff demonstrated a clear understanding of how to provide care in a manner that was mindful of people's privacy and dignity.
- Staff allowed people to direct their own care and demonstrated a thorough understanding of the importance of providing just the right amount of support to maximise people's independence. For example, daily records showed that care workers encouraged people to get involved in helping them to do tasks such as changing bed linen or cooking. A relative told us how their family members care was being reduced as both they and the care workers had been able to encourage the person to do more for themselves.
- One staff member told us, "It's about keeping their independence. ... We are not there to take over, just to assist when and where it's needed" and another said, "We have a client who still wants to do as much as he can for himself. He only wants help with his shirt buttons, shoes and socks. He would like to remain this way for as long as he can. I just let him know at each visit that he is more than welcome to ask for more help if he should ever need it".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. 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

- The care provided by Bluebird care was tailored to meet people's individual needs and this was evidenced by both the people we spoke with and the numerous compliments that had been received by the service.
- There was evidence that the service had supported people to overcome barriers and achieve positive outcomes in their lives. For example, one person was living with a chronic condition which meant they were at risk of losing their voice. Staff were working with the person to produce a voice bank. A voice bank is a process that allows a person to record a set list of phrases with their own voice, while they still have the ability to do so. This recording is then converted to create a personal synthetic voice allowing them to still communicate.
- We saw examples where staff were thinking creatively about how they might support people more effectively and this was also reflected in the feedback from a health care professional who told us staff had the, "Ability to think outside to box and work flexibly to create solutions to new challenges. For example, a care worker told us about one lady who had lost their husband. They said, "She was very quiet, underweight, we started monitoring her meals, she kept leaving these, so we had a chat with her and found out she had been used to having her main in the evenings, so we rearranged her care and now it is starting to help, and she has started to put on weight".
- Staff supported people to regain their skills and confidence. For example, one care worker told us about a person who was often reluctant to take an active part in his care and support. They said, "On several occasions recently, we have managed to encourage him to help us in the kitchen. This started with having his opinion on how to cook something. Now he does (not every time) stand and show us how he used to do certain things. After his diagnosis.... he thought about giving up (those are his words) but he's finding his confidence again".
- Live in care staff had originally been engaged to support one person to return home to die. With the care workers support, the person began to improve and has been able to start mobilising for short distances. We were told that they had had recently celebrated their birthday and were again 'Enjoying life'.
- Care plans included person-centred elements such as a 'What is important to me' and a '10 Golden rules about me' document. These contained information about the person's key relationships, routines, habits, places and events that have been important to the person and any religious or cultural preferences. These were detailed and provided staff with an insight into the person and what was important to them.
- Staff told us the care plans were helpful and provided them with the information they needed to meet people's needs in a person-centred way. One staff member told us, "They tell you everything in such detail about the way the customer wants things done". They explained how one person's care plan detailed how they liked to be washed in a certain way with certain flannels for certain parts of the body. They said, "I feel

that this is respecting the way she wants to be washed and enables care givers to be able to do that without [The person] having to explain every time it's a new care giver". A second care worker told us "We have a summary of each customer giving some background information, so we can know a little bit about them personally and their wishes which is a great conversation starter. The information supports us to deliver personalised care".

- The provider's rostering system helped staff to ensure that people's individual preferences were met, and that continuity of care was good. For example, calls could be 'locked in' which meant they could not be reallocated in error. This was to help ensure that people that needed strictly time specific care for medicines management for example, received this as planned.
- If a person had indicated that they were not compatible with a particular care worker, or only wanted female staff, these preferences could also be pre-set, and an alert received should staff be allocated that did not meet the person's preferences. One person told us, "I suppose there is always the potential risk of a personality clash but when it has happened, they always said, 'we'll sort it out' and they have arranged for someone else to come".
- Each week, the care co-ordinator undertook a 'continuity audit' to review whether improvements could be made, by reducing for example, the number of different care workers that provided a person's care.
- People told us they were generally happy with the continuity of care provided and that their care workers were reliable, usually arrived on time and stayed for the correct length of time. For example, one person told us, "On the whole, they arrive on time, if they are late, they always have a good reason".
- A number of people spoke of the flexibility of the care workers and their willingness to do anything that was asked of them wherever possible. For example, one person said, "I am very pleased all round and anything I ask them to do they always do it".
- Staff maintained detailed daily notes which not only described the care that had been delivered, but also demonstrated that staff valued the individuality of the person and understood how their actions contributed to the person's wellbeing. For example, daily records showed that staff were applying perfume, styling hair and arranging flowers. Staff recorded their conversations with people whether this be about how their birthday celebrations had gone or about how lovely their carpets looked after being cleaned.
- The service continued to use technology to enhance the service they provided. The provider used a digital care management platform which staff could access on smartphones. Staff were very positive about the App and felt it supported them to focus more on the delivery of care rather than the completion of records. One staff member said, "It is easy to use software, which contains all the information about customers that we need to know and ensures that we are notified of medication or task changes in real time".
- A recent evaluation of the system by Social Care Institute for Excellence (SCIE) found that the system helped managers and staff better manage risk but also to deliver high quality care whilst also demonstrating accountability and transparency to people, their families and health and social care professionals. For example, people were able to give consent for their relatives or pre-approved, health and social care professionals to have access to their care records via an App. This allowed relatives to access the 'Live' care notes and communications about their family member from anywhere in the world. One relative told us, "Its great, I can go on the internet and get on and I can see that the visit has been made and the notes from that visit" and a health care professional said, "Yes - I have access to the [App] which is an extremely transparent and valuable tool for me to keep a close eye on the care needs of my client".
- The provider was a member of regular workgroups with the developer of the App to ensure further innovations to the system.
- Since our last inspection, the registered manager had introduced a secure WhatsApp messaging service for the staff team. This was used to enable staff to communicate minor issues or updates with one another such as traffic problems. All care workers felt this had been a great innovation. For example, one care worker said, "If a customer needs a loaf of bread, we are all able to see this so anyone nearby or the next care worker can get this". Another staff member said, "It's an incredible tool, put a message on there for help and

you have a response within a second".

- The provider had recently upgraded each staff member's phone to ensure they were able to access key information quickly and effectively.

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

- Staff supported people to continue to feel involved in their local community and to take part in activities or social events that were meaningful to them. For example, one staff member told us "I have a gentleman that I take out in his car for a few hours each time I see him. It's always his decision as to where we go or what he would like to do. He is in a wheelchair and communicates with a letter board, so I help him communicate with others in shops or pubs".
- We saw examples where the support being provided was helping to avoid the risk of isolation and assist people to enjoy their hobbies and interests. For example, a staff member told us how they were supporting one person to continue to overcome physical obstacles and enjoy using their model train sets.
- In another example, we were told how a care worker had been instrumental in helping a person move and settle in their new home and how this had resulted in the person going back to their previous activities and even trying new ones.

End of life care and support

- Staff demonstrated an understanding of the importance of compassion when caring for people at the end of their life and spoke with sadness about losing people they had cared for. One care worker told us, "We get to know so many people and get to touch so many lives, that eventually, with some customers we are able to build a strong connection... it's very sad and painful to watch them go, when they pass away". This was reflected by a second care worker who told us, "The worst part of my job is losing a customer when they pass away, sometimes it's like losing family".
- Staff told us how they ensured that families were provided with the emotional support and practical assistance they needed when their family member was dying or with coming to terms with a terminal prognosis. For example, one staff member told us how they supported a couple to see that the time left was an opportunity to talk to one another and remember, which the partner later said had helped them. Another care worker told us about a person they cared for saying, "I felt privileged to be able to assist her family to be able to keep her at home where she wanted to be. I supported the husband, involved him as much as possible. He knew when we were coming. He would have a cup of coffee made, he would go and bring fresh water and take away linen. I still go and meet her husband at least once a month, I just pop in and have coffee, the family know they weren't just a customer".
- Staff worked alongside community healthcare professionals to ensure that people had a pain free and dignified death. For example, one care worker told us about a person who in their final days began to experience some pain during personal care. The care worker liaised with the community nurse regarding this and arranged for some additional pain relief which staff were able to offer the person before they assisted with her care. They said, "The support from the district nurses was great and it meant the person was able to die at home".
- The service was not currently providing anyone with end of life care, however, they were committed to equipping staff with the skills needed to understand and meet the needs of people in their final days. They currently offered staff access to nationally recognised qualifications in End of Life Care. One care worker told us how their training had helped them to suggest the use of baby toothbrushes to undertake oral care as these were more gentle and comfortable for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and planned for.
- One person needed to use a communication board to express their needs. Communication boards usually contain the letters of the alphabet, common words or phrases and pictures of common items and/or actions. People with limited or no verbal communication skills can point or use their eyes to look at the phrase they wish to communicate. It took some time for staff to be suitably skilled in the use of this board but to support this, there was a similar board in the office to help train staff and develop their confidence with its use. The person's family told us. "The carers are brilliant... even the weekend ones know the board and how to use it".
- In another example, changes to a care visit such as a time change, were texted through to one person so that they could enlarge the font on their mobile phone and more easily read what it said.

Improving care quality in response to complaints or concerns

- None of the people we spoke with had any concerns about their care. Were this to be the case, they and their relatives were confident that they would be listened to and action taken in response. For example, one relative told us, "If you phone them up with a problem they put it right it straight away".
- A complaints policy was in place. Two complaints had been recorded and responded to appropriately including an apology.
- The registered manager also kept a minor concern log and these along with complaints were used to improve and develop the service people received.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- It was evident that the leadership team had nurtured a culture within the service where there was a focus on the provision of outstanding care to people.
- Many people and their relatives had commented on how the care and support had made a difference to their lives and had had a positive effect on their wellbeing. Comments included, 'I have really clicked with my carer, she only needs to look at me and my pain goes away' and 'I love all my carers and think that it is a fantastic team'. One person said, '[Care worker] is a lovely lady and really got to know what I like. I miss her when she is off'. A professional had written to the service to say, "[Care worker] is doing such a brilliant job with [Person] and is really aiding her recovery with all the work she is doing".
- Since our last inspection, the provider had continued to develop and improve the service, and this has led to people continuing to experience good outcomes and to there being a high level of satisfaction with the service provided.
- Staff were extremely positive about all the management team and had confidence in their ability to lead the service well. One staff member told us, "Yes I feel that the [Management team] is an outstanding team to work with, I feel that they are all very approachable and very responsive to my needs when needed. Another staff member said, "Whatever [registered manager is doing it's excellent. I have never worked with so many people that are all so helpful and genuinely care about all of the customers 100% and are always willing to help if you are struggling".
- Staff spoke positively about the provider and valued that they maintained an active role in the service. One staff member said, "[Registered provider] is very approachable if we wanted to talk to him about anything he's always willing to listen and help where he can, you don't see that very often in businesses with the bigger bosses, but he takes time to get to know his staff which is great". Another care worker told us the provider was "The heart of the team, when we had the snow this year, he came out in a 4 x 4, we did not miss one call, if you've good management you have a good team, he is very approachable".
- Health care professionals were very positive about the leadership of the service with one saying, "Yes, staff are clearly valued and supported well by the organisation enabling them to give a very good standard of care to my client".
- The provider understood that the recruitment and retention of capable, valued and supported staff was critical to achieving the high-quality care and to building a skilled and competent workforce.
- The provider had introduced a clear career pathway to support staff to progress into more senior or leadership roles within the organisation by gaining additional qualifications and taking on additional duties.

- There were clear initiatives in place to recruit both young and more mature care workers. One care worker told us how they valued this saying, "I worked in care for 32 years, bluebird see the potential in anyone, no matter what their age".
- The provider and registered manager were committed to looking after the wellbeing of the staff team in a way which exceeded expectations and were introducing a range of initiatives to support this. For example, plans were in place to train and introduce mental health first aiders to provide staff with someone to talk to about their mental health or wellbeing but also to equip senior staff with the ability to identify that a staff member might be struggling, after, for example, a bereavement of a person they may have worked with for some time.
- Well-being clinics were being introduced to provide staff with a range of well person checks and they also had access to a personal health benefit scheme which included access to a confidential employee helpline to provide advice about health and employment concerns.
- There were high levels of satisfaction amongst the staff team and all staff told us they felt valued and their achievements were recognised. One staff member said, "I was awarded best carer of the month, and nominated among other colleagues for best carer of the year. It's always good to feel appreciated, it means that you are doing a good job".

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

- Both the provider and registered manager demonstrated a passion and dedication to make the service the best it could be, and this approach was reflected in the staff team and throughout the service including the values and competency based way in which staff were recruited through to the training programme, the wellbeing initiatives for staff and the systems in place to seek and act on feedback from people.
- All of the staff we met understood the importance of providing people with a high-quality service. They were all positive, hardworking and motivated to perform their role.
- There continued to be a clear management structure in place with each person's roles and responsibilities clearly defined.
- Expertise and knowledge was shared between the provider's four registered managers and senior team through regular managers meetings where issues such as the quality of care, complaints, staff retention and recruitment, health and safety matters and regulatory compliance were discussed.
- The provider held manager 'away days' and team building days that were an opportunity for the managers and staff to come together away from the office to reflect upon the future direction of the service and to explore new initiatives or ideas. The outcome of these days fed into the service improvement plan and progress with achieving these reviewed an on-going basis throughout the year.
- There continued to be a focus on continually improving the service. The Bluebird care franchise completed an annual audit of the service and a 'mystery shopping' exercise had helped to identify that improvements could continue to be made to how new enquiries were responded to.
- The registered manager continued to report to the provider on a range of key performance indicators. This allowed the provider to have oversight of the performance of the service.
- Office staff undertook telephone calls to each new person after their first week and after their first month of receiving a service to see how the care was progressing and to ensure any issues were addressed in a prompt manner. Each Friday, the care co-ordinator rang each person to check they were satisfied with their care and to help anticipate or prevent there being any unexpected problems with the care over the weekend.
- The registered manager undertook audits of the daily care notes to ensure these evidenced that staff were providing person centred care. We did note that more attention was needed to ensure that the audits of MAR charts was sufficiently probing. Action is being taken to address this.
- The service continued to be registered with the Trading Standards 'Buy with Confidence' Scheme which

meant they had been vetted and approved to ensure that they operated in a legal, honest and fair way.

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

- The views of people and their relatives remained central to driving forward improvement and service development. Six monthly surveys were used to seek feedback about the quality of service provided. The results of the last survey were positive with 100% of respondents stating that their care was carried out professionally and 94% satisfied with the service provided. The common themes for improvement were more effectively communicating changes of staff member or timing of visit. The feedback we received during our inspection indicated that action had been taken to improve this.
- There were consistently high levels of engagement with staff to ensure that their views were heard and acted upon. A staff survey had been undertaken in August 2019. 22 staff had responded with 19 staff stating that they strongly agreed or agreed that Bluebird care were an employer they could trust and that they felt valued as an employee. We saw evidence of how feedback was being followed up.
- The management team had undertaken a 'Stop, start, continue' exercise with staff to seek their views about what was working well and what things should be changed going forward. One of the areas staff had indicated needed to start was enhanced pay. To address this, the provider had started to pay all staff traveling time between calls and had started to offer staff a range of salaried hour contracts whereby they were guaranteed to be paid for a certain number of hours each week.
- Alongside this, staff absence was robustly managed, albeit in a supportive manner to help ensure that the service to help prevent this impacting on the continuity of care people received. We were told that this approach which included supporting staff to access wellbeing and counselling courses had reduced absence rates within the service.
- There were consistently high levels of positive feedback from staff and they confirmed that their views and opinions were valued and acted upon. One staff member said, "I have made some suggestions to better some customers lives, and I was listened to" and another told us, "Yes, I feel as though we are listened to if we raise any issues or concerns or even if we share a good idea about something. We're not felt to feel like just another member of staff which is what makes us feel proud to work for this company".
- Staff told us team meetings were collaborative and that they were asked for their views about what could be done differently or better to improve the service provided. One staff member told us, "I always learn something from the team meetings to improve my performance as a care worker".
- The leadership team used its presence within the heart of the local community to undertake a number of initiatives to help benefit local citizens. For example, staff had donated a range of toiletries through the use of a 'reverse advent calendar' to enhance the relative's room at the local hospice.
- Staff supported a range of local community events to raise awareness of care issues and to support local good causes. For example, staff had a stall at the Stockbridge fete which had served as an opportunity to myth bust about quality issues within the care sector and had held a 'Name the bear' competition at a local supermarket. The proceeds from both events were given in aid of The Care Workers Charity.
- The office was occasionally used as a centre for community activities. People, some of whom might be isolated, were invited to come along an attend craft and coffee mornings.

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 to notify CQC of certain important events which might occur within the service.
- The provider and registered manager encouraged an open and honest culture at the service and both understood their responsibilities in relation to Duty of Candour.

Working in partnership with others

- The service had a systematic approach to working with other agencies to enhance people's care. This was evident in the case of one person, where due to their complex needs, staff were attending regular multidisciplinary meetings with a range of healthcare professionals to help ensure that the person received the very best care. This was reflected in the comments of one healthcare professional who told us, "I have also had the pleasure of working with the managers, particularly [Customer care manager] and she has always been very helpful during attendance at meetings and she has followed things through".
- The service was working with a local organisation to explore how they might be able to become involved in supporting their initiatives to support family care givers.
- Senior staff gave talks to local college students who were studying health and social care to help them understand the challenges and the benefits of working in the sector.