

Belrose Limited

Bluebird Care (Alton & Alresford)

Inspection report

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Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Outstanding ☆

Is the service effective?

Outstanding ☆

Is the service caring?

Outstanding ☆

Is the service responsive?

Outstanding ☆

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

This inspection took place on 3 and 4 May 2018 and was announced. The provider was given 48 hours' notice because they provide a domiciliary care service and we needed to be sure key people were available. When the service was last inspected in January 2016 they received an Outstanding rating. This was because the service had good leadership and management in place, provided an exceptionally effective service and was very caring.

There was a registered manager in post. 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.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the rights to sell a specific company's products in a particular area using the company's name. Throughout the report we have referred to Bluebird Care (Alton & Alresford) as Bluebird Care.

The registered provider, Belrose Limited, operates three registered locations: Winchester, Andover and Alton & Alresford. It is registered to provide personal care services to people in their own homes. At the time of this inspection Bluebird Care supported 105 people, however a personal care service was provided to 72 people. Of these, seven received live in care services.

Why have we rated this service as Outstanding?

People received an exceptionally safe service. The service had robust contingency plans in place to ensure when events occurred these did not impact upon service delivery. During the snowy weather in March 2018 the plans they put in place resulted in no care calls being missed. This was because of the total commitment of the care and management team. The systems in place for the management of medicines were exceptional. Records of administration were made electronically and care assistants could not log out of a care call until this had been completed. This meant those people who needed support with their medicines were able to take their tablets as prescribed. Any changes to people's medicines could be updated immediately in the care records and acted upon. Staff completed safeguarding adults and moving and handling training to ensure they maintained people's safety. Risk assessments were completed as part of the care planning process. Where risks were identified there were plans in place to reduce or eliminate the risk. Safe staff recruitment procedures were followed to ensure people were not looked after by unsuitable care and support workers. There were sufficient numbers of care assistants to meet people's care and support needs safely.

The service was exceptionally effective. Before people received a service, a comprehensive assessment of their care and support needs was carried out. For people who had email access they were sent a video message where the customer care manager introduced themselves. The assessments were person centred

and involved finding out about things that were important to the person. The staff team was well trained and the provider had a career pathway in place for all staff. Trainee care assistants completed the induction training and then had a three month probationary period during which they completed Care Certificate training. Ongoing training was arranged for all staff and included specialist training where people had specific care needs.

People were provided with assistance to eat and drink well where this had been identified as a care need. The care assistants and management team worked with other health and social care professionals to ensure people's health and wellbeing was maintained.

People were supported to be as independent as possible. Their mental capacity was assessed as part of the whole assessment process. People were involved in making decisions and encouraged to make their own choices about their care and support. The service was meeting the requirements of the Mental Capacity Act 2005.

The service was exceptionally caring. People were provided with assistance from either one, two or three care assistants to ensure continuity of care. The care assistants knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs. The staff ensured people were always treated with kindness and were listened to. The feedback we received from people being supported, their relatives and care assistants was overwhelmingly positive.

The service was exceptionally responsive. The care assistants were able to provide a particularly responsive service based on people's needs but flexible enough to adapt to changes. The care planning and service delivery arrangements were reviewed regularly and any amendments made as required. People were provided with information about the service and details about how to raise any concerns they may have. The provider used any feedback about the service, both positive and negative, to make improvements. Feedback from people was gathered in care plan reviews and in regular surveys and their views and opinions were valued and acted upon. It was evident the service was fully focused on meeting people's needs and they were completely satisfied.

Over the winter months the service had worked in partnership with the local GP surgeries and the NHS to provide a Bluebird Care JET (joint emergency team) rapid response service, to reduce hospital admissions and benefit the local community. A team of care assistants had been upskilled to conduct assessments to enable care and support to start within a few hours of the initial referral. This had prevented numerous admissions into hospital and people had been supported and cared for in their own homes.

The service was exceptionally well led. The office structure consisted of the registered manager, two customer care managers, a care coordinator and a support coordinator. Additional members of the management team included the owners and directors (providers), the operations director, the live in care service manager, the culture and training manager the accountant and recruitment assistant. The provider was actively involved in the service, visited on at least a weekly basis and maintained a good oversight of how things were going.

The provider had exceptional systems in place to monitor the quality and safety of the service. Feedback was obtained from people using the service, relatives and the staff team. Any improvements that would benefit the people being supported and the staff team were driven forward by the enthusiasm of the provider, the management team and the care assistants.

There was exceptional leadership and management in place with a strong focus on ensuring the service was well led and run to a high standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service had improved and is outstandingly safe.

Is the service effective?

Outstanding 

The service remains outstandingly effective.

Is the service caring?

Outstanding 

The service remains Outstandingly caring.

Is the service responsive?

Outstanding 

The service had improved to be Outstandingly responsive.

Is the service well-led?

Outstanding 

The service remains Outstandingly well led.

Bluebird Care (Alton & Alresford)

Detailed findings

Background to this inspection

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

The inspection took place on 3 and 4 May 2018. The provider was given 48 hours' notice because they provide a domiciliary care service and we needed to be sure key people were available. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has used, or cared for someone who has used this type of service in the past.

Prior to the inspection, we looked at the information we had received about the service since the last inspection in January 2016. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We also looked at the Provider Information Return (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During the inspection we spoke with 15 people who used the service. We spoke with the registered provider, the registered care manager, two customer care managers, the care coordinator, the live in care coordinator and the culture and training manager. We also spoke with six care staff.

We looked at five people's care files and other records relating to their care. We looked at five staff recruitment, training and supervision records, key policies and procedures, completed audits and other records related to the running of the service.

Is the service safe?

Our findings

The service was outstanding in its approach to keeping people safe. People said, "Oh yes I am very safe. They are very nice people who come and make me a cuppa", "They treat me nicely", "They are excellent. They don't give me my medicines but they pop my eye drops in and do an excellent job", "The care workers are always professional and friendly. They respect me as my own person. I feel safe with them" and "They give me medicines and are very clean and hygienic".

The care assistants completed safeguarding, moving and handling and health and safety training in order to ensure the service they provided was safe. In respect of safeguarding people, the care assistants we spoke with were knowledgeable about abuse, knew what action to take if abuse was suspected, witnessed or a person made an allegation of harm. The staff team had access to the provider's safeguarding policy. Staff said they would report any concerns they had to the customer care managers, the care coordinator, the registered manager or the provider, but knew they could report directly to the local authority, the Police and the Care Quality Commission. The service had not needed to raise any safeguarding alerts with the local authority in the last year regarding the people they supported. No safeguarding alerts had been raised by other parties regarding the service provided by Bluebird Care.

Risks to people were assessed as part of the care planning process and then monitored. This included a moving and handling risk assessment where a person needed assistance to move or transfer from one place to another. A safe moving and handling plan was written, setting out the equipment to be used and the number of staff required. Other risk assessments were completed in respect of specific activities the person may take part in, medicines and health needs. Risk assessments were undertaken of the person's living environment to ensure the safety of the person and the care assistants who worked with them. During the initial assessment and subsequent care plan reviews, relevant risk assessments were revisited and updated where needed.

The provider had arranged in July 2017 for a community safety officer from the fire and rescue service to deliver a talk to the care team on promoting safety and wellbeing within the community. One care assistant told us they had attended the talk and then had arranged for the fire service to visit a person and install a smoke alarm. This improved the safety of that person in their own home.

In order to improve the safety for those people who would not consider receiving any practical help the service was looking at offering people assistive technology as an alternative. This was aimed at people living with dementia or cognitive impairment who would not accept help but were at risk of injury or getting into difficulties. One of the managers within the provider's three services was keen to move this forward and talked about the provision of sensor strips around door frames and a monitoring system. Alerts were programmed to be sent to next of kin or neighbours. This is a prime example to show that the provider and the team have an innovative approach to enable people to live with as few restrictions as possible.

The provider had robust contingency plans in place to deal with any emergencies such as the recent bad weather. They said, "Due to our snow plan and the dedication from our whole team, we missed no care calls

when the bad snow came in March of this year". The service had thought ahead and some shopping calls were completed the day before the snow arrived. The service had planned, using 4x4's how to get staff to care calls in rural areas. It was evident the service's commitment to the people they supported was paramount. The provider told us Hampshire County Council had offered the support of 4x4s from their environments department, but everything had been covered because of the commitment of the staff team. Although the 'snow plan' had been successful the registered manager and provider had looked at how things had gone in order to identify if anything could have been done better. This evidenced the provider's commitment to continual improvement.

The service had sufficient home care staff to meet the care and support needs of the people they provided a service to. At the time of the inspection the service had one staff vacancy for the post of community team lead. This was a field based post. Recruitment for care assistants was an ongoing process and enabled the service to expand and meet demand for the service. The provider had begun to introduce salaried contracts for care assistants and these members of staff would be paid from start to end of shift, including travel time. The service was split into two areas, Alton and Alresford, each with a customer care manager, a community team leader and a team of care assistants. The registered manager ensured the skill mix in each of the teams was balanced. The provider said that care assistants could be drafted in from their other branches if there was a problem with capacity and calls could not be covered by the team.

Staff developed positive and trusting relationships with people which helped keep them safe. They had the time they needed to provide all of the assistance the person required. If necessary, they made the time available if a person was unwell and needed extra help. Care calls were not missed or shortened and people received the service they expected.

The service followed safe recruitment procedures to ensure only suitable workers were employed to work with the people they supported. Pre-employment checks were undertaken and included an interview and interview assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Where people required assistance from the care assistants with their medicines, the exact level of support was determined and detailed in their care plan. Care assistants received safe administration of medicines training before they were able to assist people and their competency was then rechecked regularly. The care assistants did not complete medicine charts but had to 'sign' electronically that medicines had been administered. If these signatures were not made an alert would come up in the office. This meant any medicine errors were picked up immediately and remedial action could be taken. The care assistant would be contacted if they had not recorded that medicines were administered. The system significantly reduced the risk that people did not receive their medicines. The service was able to make care calls that involved medicine that needed to be given at a specific time. This meant the care assistant would always be allocated at the correct time and people would take their medicines as prescribed.

The provider told us about one person who had been visited by the GP the day before and some of the person's medicines had been altered. The care plan in both the person's home, the care plan on the work mobile phones and the electronic records were updated simultaneously. This ensured the person's new treatment started at the earliest possible time.

Is the service effective?

Our findings

People were overwhelmingly positive about the service they received. They made the following comments when we asked them if the care and support service they received was effective. They said, "They are brilliant, they are excellent, they are very good at what they do", "Yes, they are very efficient. They get on with helping and I am happy", "They are excellent at their job.....all of them" and "They do as I ask and are ever so kind".

After enquiries were received about the Bluebird Care service, an appointment was made in order to discuss how they would be able to assist. Before the appointment the customer care managers (CCM) sent a personalised video message to those with email access to introduce themselves and Bluebird Care. This enabled the person to see who was coming to see them and ensured their safety. CCM's undertook a full care assessment with people, preferably in their own home prior to being offered a service. Before these meetings the CCM will be aware of what capacity the team had to provide care and support. During the assessment the CCMs sat and chatted with the person and any family members present and "did not like to just fire a series of questions at people". They said they had a conversation with people about what they needed. During the course of this conversation, the CCMs started to record "Ten things that are important to me" about the person. This was used to ensure each person was provided with a person centred service and their preferences were known.

The service used an online portal care planning system and this was launched in September 2015. Preparation of the care plan started in the person's home at assessment and the CCM was able to print out a copy of the plan using a portable printer and leave this with the person. This information fed straight back to the office therefore was instantly available for the care coordinator to start planning care calls. The care assistants were each provided with a work mobile phone, containing an 'app'. These apps provided all the information care assistants required to provide the care and support for the person. The system ensured people were provided with an effective care service and no calls or care tasks were missed. The system was also used for logging in and out of care calls, so the provider and registered manager could monitor that people received the right amount of care and support.

The provider gave each person who received a service from Bluebird Care a copy of the customer service promise. This document set out the arrangements in place for gathering feedback from them about the quality and effectiveness of the service. People were advised what to do if the service provided was not fully effective for them and gave them the opportunity to have a say about the service.

All home care assistants were well trained in order to do their jobs well and effectively. New staff had a four days skills assessment programme to complete at the start of their employment plus a one day induction to the company. They then had a three day shadowing programme and worked alongside an experienced care assistant out in the community for practical field based training. After six weeks, the new recruit would have a meeting with the trainer for a review of how things were going and discuss any issues. Newer Care Assistants were able to talk with the teams CCM and identify areas of knowledge or skills to support the care assistants development. These agreements were then confirmed and reviewed with support from the

registered manager.

The provider was committed to ensuring the staff team was well trained and had a career pathway in place for all staff. Trainee care assistants completed the induction training and then had a three month probationary period during which they completed Care Certificate training. The Care Certificate was introduced in April 2015 as the new minimum standard for induction for those commencing a career as an adult social care worker. The Care Certificate comprises of 15 modules to ensure workers were suitably trained and able to deliver safe, effective, responsive care. In addition competency assessments were carried out in care delivery, medicine administration, moving and positioning. Care assistants were encouraged to complete health and social care diplomas (QCF) at level two and able to apply for senior care assistants posts when they were available. Community team leaders were trained to QCF level three. Dementia care, end of life care and specific health conditions were examples of other training. Care assistants who had worked for other care providers said the training at Bluebird care was "phenomenal" which meant the staff were able to provide an "excellent service".

For one person being supported the care assistant who supported the person was supported to upskill their knowledge of autism and learning disabilities through the CPD (continuing professional development) process. The service had created a reading list, accessible on the work mobile phone so the care assistant was able to look at relevant policies and further reading materials. The registered manager explained it was still early days with this person but they had already enabled the person to interact with people of his own age group and do things such as shopping, grabbing a coffee and going bowling that ordinarily would have been with a parent. The service used technology, the latest guidance and training to promote the development of care assistants knowledge in specialist areas and provide the best possible care.

The provider was proud of the training and support provided for the care team and had made a Bluebird Care promise to all care assistants. The promise covered the induction training and shadowing, the electronic care planning and monitoring system, staff meetings and supervisions, further training and qualification opportunities.

The registered manager had a wealth of experience in the care sector particularly community based services and was in the process of completing a level five diploma in leadership and management.

Staff received regular supervision meetings with their line manager and told us they felt well supported in order to do their jobs well. Staff meetings were held on a monthly basis. These may be senior care assistant meetings, community team leader meetings and care assistant meetings. We were told about 'Stop Start and Continue' meetings where teams looked at work practices and work rotas to decide if things could be done differently. These measures ensured the staff team worked together, communicated where changes were needed and took a collective responsibility for the quality and effectiveness of the service.

The level of support people needed in respect of meals and drinks was assessed and recorded in the care plan. Care assistants could assist people with preparing meals and drinks within their home, checking food sell-by dates or supporting them with shopping. Where people were at risk of malnutrition or dehydration, this was recorded in their care plan and the staff kept an eye on them. Any concerns would be reported to the office staff and health care professionals.

Each person was registered with a GP of their own choice. When people started to receive a service from Bluebird Care, the registered manager sent a letter to the GP informing them of this, if the person consented to this. The staff team had close working relationships with other health care professionals such as occupational therapists, physiotherapists, hospital staff and district nurses.

Staff were aware of the need to ask for people's consent and asked them for their agreement before providing any care. An assessment of their capacity to make informed decisions was made and they were encouraged to say how they wanted to be looked after. Their preferences were respected. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care but not generally applicable to services provided to people in their own homes.

The provider told us they planned to introduce additional specialist courses for all staff at level two MCA as part of their continual professional development. This meant increased staff knowledge in this key area to ensure the service was effectively supporting and empowering their right to make a decision in line with the act.

Is the service caring?

Our findings

People were overwhelmingly positive about the service they received and said the service was exceptionally caring. They said, "They are so kind and always smiling. They treat me with respect and they listen to me when I talk", "Yes, they respect my religion. They are always respectful to me", "If I ask for anything, it is no trouble and they are very kind and willing" and "We are very happy with the care and rate the service as very good".

The service logged all compliments received from people using the service and their relatives. Feedback was shared with the office team and the care assistants. Examples of comments made included the following: "Thank you for the quality of care after mum had taken too many tablets and was unwell", "X is a wonderful carer", "I would like to thank all the care staff who look after my grandmother, for all their hard work", "Having Bluebird Care has been a very positive experience. All the carers are wonderful" and "Y is fantastic. I enjoy her company and look forward to her visits".

The provider and registered manager were able to tell us about examples where care assistants had acted in extreme kindness. After fully recovering from an illness one person had been supported by their care assistant to re-apply for their driving licence. This meant the person regained their independence and were able to visit their spouse who lived in a care home. Another person, living with severe dementia, wanted to remain in their own home with their elderly dog. The care assistant helped look after them and the dog, giving them both their medicines. This helped the person stay in the home she loved for longer.

When people started to receive a service the registered manager sent a welcome letter and also sent a video message to those with an email address (previously referred to in the effective section of the report). Care assistants were trained to understand the 'person centred approach' to care and used the information in the care records to get to know the person better. How people were treated by the care assistants was monitored by regular reviews, communication between the office and people being assisted and also communication with relatives. Those care assistants we spoke with evidenced that people were always treated with kindness, were treated as individuals and was "an expectation" of them, instilled by the management team and the provider.

People were included in discussions about their care and support, encouraged to express their views and make decisions for themselves. People's preferences, likes and dislikes were always respected. They were asked by what name they preferred to be called and any preferences regarding the gender of the staff.

Staff were knowledgeable and supportive of the people they were assisting. They knew what the person liked, their preferences and choices. Their care records included a document called, '10 golden rules about me'. These documents were completed with the person when they started receiving a care service. They could include details about their important aspects of their life so care assistants could have meaningful conversations with them. Those staff we spoke with all demonstrated their respect for the people they supported and always ensured they took account of preferences. They strived to maintain the person's dignity at all times, when delivering personal care and when out and about in the community with a person.

Is the service responsive?

Our findings

The comments people made supported the fact that the service provided by Bluebird Care (Alton & Alresford) was particularly responsive to people's needs and flexible enough to adapt to changes. People said, "They ask me what I want, then they do it. They give me a bath, always get me my tea and a cool glass of cordial. They are my friends" and "They discuss what I need. They listen to me, they always listen". When we asked people if they knew how to raise any concerns we received a resounding yes.

People had a care file in their homes containing a paper copy of their care plan and a customer guide. This contained information about the service, the office hours, out of hours contact details and the complaints procedure. The welcome pack and other documents were produced in written format but the service had access to the Bluebird Care main office if other formats were necessary. The registered manager told us they had researched the best way to provide information to one person who had dyslexia. Each person had an individually devised plan of care that met their specific care and support needs.

Care records were all kept electronically in the Bluebird Care offices, with paper copies in the person's own home and as secure data on the care assistant's phones. The plans detailed the person's medical history and reason for needing support. The care assistants were able to access all risk assessments, moving and handling profiles, details regarding medicines, personal care needs, food and drinks needs, and domestic support needed. The times and days of care and support were detailed. During the care calls the care assistants had to confirm electronically that each of the tasks they were expected to complete had been done and they were unable to log out of the call if there were any omissions. An account of the care call was recorded by care assistants in 'real time' and alerts and concerns could be reported to the office immediately.

Care plans were reviewed on a six monthly basis or as often as necessary. One of the plans we looked at had been reviewed because the person's spouse was unwell and no longer able to assist with medicine administration. Their care plan had been updated, specific training had been organised for relevant care assistants and the level of support had been increased. One care assistant told us they had reported back to the office that a person's health was declining and an extra care call had been allocated at tea-time. The service was highly responsive when people's needs changed. This meant people would continue to receive the right care and support they needed and took account of any changes.

The service took account of people's preferences when planning their care calls. One person attended a prayer service each evening therefore their calls were planned to take place after this. Another person liked to attend church each Sunday and was particular about how they liked to dress and needed assistance with their makeup. The service had responded to a request from a young physically disabled person for a care assistant to support them with swimming as they no longer wanted to rely upon a parent.

During the winter months for the last two years the service had provided a Bluebird Care JET Service (joint emergency team). This was the initiative of the providers and run in partnership with the NHS and local GP surgeries. The purpose of the service was to provide a rapid response service to reduce hospital admissions

and benefit the local community. A team of care assistants had been upskilled to conduct assessments to enable care and support to start within a few hours of the initial referral (maximum four hours) and prevent an admission into hospital. The care assistants were also upskilled in NEWS observations (national early warning score observations) - a nurse from the local hospital had delivered training to the JET team to enable them to take six vital observations. This relieved pressure on the community nurses and enabled people to remain in their own homes and avoid hospital admissions. There were agreed processes in place to escalate and report increased health concerns to medical professionals so they could make informed clinical decisions. The provider was proud because this was a first for the home care industry. They had shared the practice with other Bluebird Care franchisees and a neighbouring local authority. In the period between January 2017 and end of March 2018, 420 people across Hampshire had been looked after at home and did not require hospital admission.

The local clinical commissioning group had written to the provider in April 2018 thanking them for their "engagement, support and service delivery in Mid Hampshire" and stated, "You have an organisation and service you should be extremely proud of".

The provider had a complaints, suggestions and compliments policy and listened to all feedback, concerns and complaints. People told us if they had any concerns or were unhappy about any aspects of their care they would feel able to raise these with any of the care team. We looked at the complaints log and how the three complaints received in the previous six months had been handled. After one person's complaint had been resolved the family had written to the service saying, "I am very happy with the relationship built up between father and the care assistants". With one other complaint the operations director had visited the person in their own home and explained the reason for changes in the terms and conditions of service delivery (notice required for cancellation of calls) and an 'agreement reached letter' was sent. Outcomes from any complaints were reviewed by the registered manager and the provider in order to identify any areas for improvement so changes could be implemented.

The service would endeavour to continue looking after people when they were unwell, very poorly or at the end of their life. They would need to do this in conjunction with the person's family, and health and social care professionals where appropriate. Care assistants received palliative and end of life care training and were also supported by a member of staff who had previously worked in the local hospice. They told us, "I have been called upon by my colleagues for advice and planning to do some teaching sessions". Some of the complimentary letters the service had received were from the relatives of people who had passed away – the letters praised the provider and the care team for delivering such a kind, sensitive and supportive service.

Is the service well-led?

Our findings

We asked people if the service was well led. They said, "Yes, it is very well led. They are lovely people and they do a brilliant job", "Care is excellent quality. They are my friends now" and "The managers come out and see me and ask me to tell them how things are going. They always ask if anything could be better and to be honest I cannot find fault in anything".

The provider had a good reputation with Hampshire County Council and had won several local business awards for the three Bluebird Care services they operated. The provider has also been the first care provider to achieve an overall outstanding rating in each of the three services they operated.

There had been a change in the registered manager since the last inspection. The registered manager had been in post since December 2017 and had a wealth of experience in the adult social care sector. The office structure consisted of the registered manager, two customer care managers, a care coordinator and a support coordinator. Additional members of the management team included the owners and directors (providers), the operations director, the live in care service manager and the culture and training manager. The provider was actively involved in the service, visited on at least a weekly basis and maintained a good oversight of how things were going.

The provider had a career pathway in place for all levels of staff. There was a clear commitment by the service to provide the best possible staff who were well trained, had the right qualities and would always deliver an exceptional service. Trainee care assistants received excellent induction training and then ongoing training to ensure they remained working at the expected high standards. Care assistants were expected, and supported to undertake level two and level three qualifications in health and social care. The provider had plans for the two customer care managers to complete level five leadership and management training. Feedback we received from care assistants we met included, "I am very proud to work for Bluebird", "The best job I have ever had", "They (the management team including the provider) care about us as well" and "There is a total commitment from all to be the best".

The provider monitored the leadership of the registered manager through six monthly survey forms sent to the care team. This process enabled the provider to obtain feedback on the successes of the registered manager and any areas for improvement. The provider informed us of improvement actions they had taken in the past because of feedback received via this process, for example a change of job role to one better suited for a member of staff. It was evident the service was centred around the people they supported and there was a strong management focus to ensure the service was well led and run to high standards.

There was a real team spirit within the care and management team. The provider organised 'away days' for the care team in order to develop team building skills and revisited the values of the organisation. Examples of these away days included raft building and an Olympic inflatable sports day followed by a 'Stop, Start and Continue' exercise. In this the care team were encouraged to share their ideas which would benefit the people they supported and also themselves, in their working day. Examples of changes that had already been implemented included better work rota planning thereby reducing 'zig-zag' travelling and an increase

in specialist training. The next office team away day was planned around 'the changing future of care' and assistive technology and a SWOT analysis (strengths, weaknesses, opportunities and threats) would be undertaken.

A range of different staff meetings were held. The two customer care managers held care staff meetings with their care team on a monthly basis. Care assistants were included in discussions regarding the CQC key lines of enquiries and therefore understood what was expected of them in delivering an exceptional care service. The operations director held separate customer care manager, coordinator and community team leader meetings. In these best practice discussions took place and information was shared about events and ideas. Monthly registered manager meetings were held by the provider with the managers from the three offices to discuss performance, strategy and share best practice.

Each week the registered manager reported to the provider on all aspects of the service performance. Weekly meetings were held with the office staff where there was a review of each teams work load. It was evident from the systems the provider had in place that the service was entirely dedicated to provide a high quality service with exceptional leadership and management in place.

On a monthly basis, the provider and co-ordinator looked at a number of key performance areas to ensure their resources (the care assistants) were being well used. They checked to ensure the staff were not spending too much time travelling between care calls, thereby reducing contact time with people. They also checked to see if there was a reduction in permanent allocation of care assistants to a person, which may affect continuity of care.

The provider had a programme of regular audits in place to ensure they continued to exceed CQC requirements. These included care record audits, staff record audits and an analysis of any accidents and incidents, complaints or safeguarding alerts raised. The service was audited on an annual basis by the Bluebird Care franchise quality manager. At the last audit the service had received a 94% score and an action improvement plan. The audit had identified missing documents in some staff files and this had been rectified. Every three months the three registered managers do an office swap day and spend the day auditing each other's office to ensure compliance remains high. All these measures enabled the service to make any improvements and prevent reoccurrences of any events.

The provider had the full range of policies and procedures in place and these were regularly reviewed. Care assistants were able to access key policies via the staff handbook app on their mobile phones. The key policies we looked at were, management of medicines, safeguarding and complaints. When policies were amended, the care team were notified electronically and the registered manager was able to check these were read and understood.