

Audagio Services Ltd

Bluebird Care (Totton)

Inspection report

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Totton
Southampton
Hampshire
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Date of inspection visit:
16 March 2020

Date of publication:
13 May 2020

Tel: 02382026500

Website: www.bluebirdcare.co.uk/totton

Ratings

| | |
|---------------------------------|---------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Outstanding ☆ |

Summary of findings

Overall summary

About the service

Bluebird Care (Totton) is a domiciliary care agency in the New Forest District and County of Hampshire. It provides care and support to people living in their own homes. Forty-four people were receiving support with personal care needs. 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. At the time of the inspection, 25 care workers provided care and support to 44 people, two of whom had 24-hour care.

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

People benefited from a service that was extremely well-led and focused on maintaining and if possible improving high standards of care. People who used the service, their relatives and local health and social care professionals said they were very confident that the service ensured people's safety and well-being and was alert to any concerns. The organisational structure provided staff with strong leadership and support and the provider maintained close oversight of standards. There was a comprehensive and robust system to monitor levels of care. This included spot check visits, audits and analysis of incidents to learn lessons and improve the service. Managers shared learning with staff to enable continuous improvement in standards of care for people.

Staff were highly motivated and exceptionally well-trained and benefited from a strong learning and development programme. This included some specific training delivered by local healthcare professionals where needed to support specific people using the service.

The service worked with other professionals and organisations to promote positive outcomes for people, for example with community nurses on protecting people's skin integrity and with the local reablement team for people who had recently come home from hospital.

People's needs and wishes were at the heart of everything the service did. The service carried out detailed assessments of people's needs and preferences, in discussion with people and their families to ensure people received care and support tailored to them as individuals. People looked forward to care workers visits and valued the punctuality and continuity of staff. One person told us "they often make my day". People's views were valued and responded to, and used to shape the service. Bluebird was seeking people's views about the qualities they valued in care workers to inform their recruitment. People and their relatives praised the caring and capable staff and all told us they would recommend the service to others. A family member said, "I couldn't ask for anything better either from the office team or the carers".

Staff had responded effectively to improve people's lives and enable them to continue to live at home, in accordance with their wishes. Staff were alert to people's changing needs. For example, when one person, with no immediate family was assessed as unsafe to use their gas cooker, staff arranged for the cooker to be

disconnected and sourced a frozen meal delivery service and a freezer, so the person could have microwave meals instead.

Staff understood their responsibilities to protect people from abuse and harm. People said they felt safe using the service and trusted the staff. Staff identified individual and environmental risks and managed them appropriately. People received their medicines safely as prescribed.

Staff showed empathy and kindness towards people they cared for. They showed clear commitment to building trusting and caring relationships to enhance people's lives as much as possible. People said the staff often went over and above their job roles to support them.

People's dignity and privacy was respected by staff. Care was delivered in a way that promoted people's independence. Staff said, "Supporting the independence of people in their own homes is key to what we do".

People and their relatives knew who to speak to if they had a concern. They were confident that if they raised a concern staff would deal with it promptly and appropriately. We saw evidence that this happened. A relative told us how staff were, "On to it at once" when they had raised a concern

People were supported to have the maximum choice and control over their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this. Staff sought people's consent and supported them to have choice, control and independence. A person said, "They always ask if there is anything they could do for me and how I like it done".

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 Good (published July 2017). At this inspection, the rating remained Good,

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Totton) on our website at www.cqc.org.uk.

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 receive 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Bluebird Care (Totton)

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.

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.

Inspection team

The inspection was carried out by one inspector.

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Notice of inspection

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

We visited the office location on 16 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We took this into account when we inspected the service and made the judgements in this report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the nominated individual, who is responsible for supervising the management of the service, with the compliance manager for the group of branches managed by the provider and the registered manager. We spoke with four people and four relatives. We reviewed a range of records, including care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service such as accidents and incidents and safeguarding records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed training materials and minutes of recent meetings. We spoke with eight people and their relatives, who were receiving care and support from the service. We sought feedback from health and social care professionals involved with the service and four members of care staff.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff who came into their homes to give support.
- Staff had received training about how to recognise and report abuse or avoidable harm and understood the different types of potential abuse. The service had received a positive audit from the local authority safeguarding team for reporting quality.
- A member of staff told us, "We discuss potential safeguarding incidents at meetings. If I had a concern I would report it immediately".

Assessing risk, safety monitoring and management

- Staff assessed individual risks to people's care, such as falls or choking, their home environment and health conditions. Staff put plans in place to minimise risk to people while respecting their need for independence. Staff checked people's mobility and other equipment regularly to make sure it was safe and well-maintained.
- Staff reviewed people's risk assessments quarterly to ensure they were still effective. However, if someone had a fall or had just returned from hospital, staff would review the risk assessments immediately.
- The office held a list of people rated by their level of need and individual risks so they could prioritise the delivery of their care in an emergency. Care workers had access to a Bluebird Care number to call 24 hours a day if there was an emergency and they needed advice.
- The service used an electronic care planning system. This improved safety because senior care staff could access care records remotely and monitor the delivery of care in real-time. Office staff could be alerted to tasks missed such as a medicine had not been given. If there was a change in a person's medicine, for example, if a person had just been prescribed antibiotics, the office could instantly update the care plan to reflect this, so the next care worker to visit would be aware of the change and ensure the new medicine was given. The system also improved safety for staff as the office would receive an alert if staff did not attend a call within 15 minutes of the time they were due.

Staffing and recruitment

- There were enough staff to ensure people could receive the support identified in their care plans. Staff said they had enough time to travel between calls as well as enough time to complete their tasks in people's homes. People told us they were happy with the punctuality and consistency of care staff. The service did not use agency staff and instead employed some carers on the basis that they would travel within the area covered by the provider to fill gaps.
- There was a robust recruitment process. This included an initial psychometric test as well as disclosure and barring service (DBS) checks for new staff before commencing employment. The provider said the

psychometric test gave insight into an applicant's suitability for care work and areas where they would benefit from support which the service could then address. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working in health and social care.

- The provider actively supported the well-being of their staff and encouraged staff to take their mental health as importantly as their physical health. They were registered as a Mindful Employer. Two staff had been trained to act as mental health champions and mindful mentors, with specialist training. This initiative had measurably reduced absence due to stress in the past year. The service also provided a health benefit plan for staff which included a confidential helpline for support.
- Staff had regular one-to-one supervision where they could review their progress and discuss any issues. Staff said in practice they contacted the office staff frequently for advice and support and managers were always helpful. A staff member said, "I can phone a manager at any time if I have a question". Managers also carried out observational spot checks. Staff had an end of year appraisal with the registered manager to focus on their performance and development needs.

Using medicines safely

- The service supported people to take their medicines safely. The service kept a record of people's medicines using an electronic monitoring system through which staff could update people's medicine administration records (MAR) on each visit. A person said, "They record my creams as well as my tablets". The electronic system recorded the time medicines were given which helped ensure doses were correctly spaced. The office team could monitor this.
- Staff received appropriate training in prompting and administering medicines, refresher training and competency checks. Audits had shown a slight increase in medicine-related incidents and staff were reminded to double-check every administration.

Preventing and controlling infection

- The office premises, which included a staff relaxation room and a training room, appeared clean and hygienic. A sign on the external door of the office reminded staff to wash their hands immediately on entry because of the heightened coronavirus risk. The service had ordered additional protective equipment to improve the protection of staff and people they supported.
- People were protected from the risks associated with the spread of infection. Staff received infection control training. They washed their hands and used disposable gloves (including latex free gloves for people or staff allergic to latex), and aprons when providing people with personal care in line with best practice guidance.

Learning lessons when things go wrong

- Staff reported incidents and accidents that occurred in people's homes. The management team analysed reports to establish trends and shared the information with staff to reduce the risk of recurrence. At the time of the inspection there was a focus on reducing medicine-related incidents as the highest number of incidents in the last quarter had been with medicines. Staff who made an error had refresher training and competency checks.

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 good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A member of the management team assessed people's needs and choices before they used the service to ensure their needs and preferences could be met. The care plans contained expected outcomes of care and support and details of people's background and medical conditions. The assessments were in line with current guidance and best practice to achieve effective outcomes. Best practice was reinforced by staff training.
- Assessments were used to draw up a plan of care. This provided staff with the information they needed to give people the right support to help them maintain their quality of life and continue living at home. People received a call or visit in the first week of care to check that everything was going well, and regular checks over the first three months to ensure no adjustments were needed. Care plans were reviewed every three months.

Staff support: induction, training, skills and experience

- People and their relatives considered staff had the right training, knowledge and skills to meet their needs. New staff had three days classroom-based induction into the role, shadowed experienced staff until they were confident, and worked for a probationary period with regular supervision. All staff new to care completed the standards within the Care Certificate. These are nationally recognised standards of care that staff are expected to adhere to deliver safe and effective care.
- Staff received classroom refresher training in a range of topics. This was supplemented with e-learning. The provider had a well-equipped training room, and a system to highlight when training was due. The management team carried out observations of practice and also spot checks of care given in people's homes. The training matrix showed staff undertook mandatory training that included supporting people with medicines, moving and handling, basic life support and skin integrity. Some staff had dementia friends training and some had also benefited from a virtual dementia experience using specialist equipment to help them understand issues faced by some people living with dementia. Staff told us their training was excellent, staff member said, "It is brilliant face-to-face training".
- Some staff had training to support people with specific needs such as stoma care and catheter care, and percutaneous endoscopic gastrostomy (PEG) management (A PEG is a means of artificial feeding for someone who is unable to swallow food).
- The management supported care staff 24 hours a day, including weekends, while they were making visits to people. This enabled staff to seek additional support and advice where required.

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

- People were supported effectively with their dietary needs, including meal preparation and support during

mealtimes where this was part of their care plan. Care plans recorded people's individual food preferences, so staff could support them to eat food they found appetising.

- Information was included in care plans for any specific dietary, medical or cultural needs, including if people were on a special diet or had food allergies. Staff said they routinely offered drinks to people when making a call.

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

- People's care plans contained essential information about their health conditions and the names of external professionals involved with their care. This meant staff could make prompt referrals and seek professional advice if they had a concern. Care plans were reviewed and updated to take account of recommendations from healthcare professionals.
- We saw evidence of the service working in partnership with social services on a potential safeguarding issue. This issue was not related to Bluebird Care.
- Bluebird Care had adopted the Hampshire Herbert protocol which meant staff made a record of background information about people living with dementia that staff could give to the police in the event that the person went missing. This has been used once.

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.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.
- People or their legally appointed representative consented to their care plans in writing. People told us that staff always asked for their consent before providing personal care and offered them choices where possible about how they wished staff to support them.

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

- People and their families were very positive about the standard of care and support they received. One said, "all the care workers are so nice. They know the routine and look after me so well". Several people mentioned occasions when staff had gone above and beyond to support them, such as making an extra call when someone telephone to say they were unwell. A relative said "Having support with [my relative] from Bluebird Care has relieved so much stress from us both and enabled me to become a nice person again", the carers are "like our extended family".
- Staff were highly motivated about providing care and support to enable people to remain living in their own homes. Staff recognised the importance of providing care in ways that promoted equality and diversity. Care assistants said their role was more than just doing care tasks. It was also about developing rapport with people. Some people did not have relatives or other visitors and a care assistant said that they, "Looked out" for these people. A person said, "I look forward to the carers coming. I enjoy their company".
- The provider did their best to ensure people had consistent care workers which allowed them to develop caring relationships and help staff to understand how each person liked their care to be delivered.

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

- People and their family members told us they were always fully involved in making decisions about their care. People were introduced to new care staff before the new staff supported them. This enabled both the person and the care worker to check they were happy with the arrangements before support began.
- People were encouraged to say what they would like done at every visit and how they would like staff to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with dignity and respect. One said, "They would not do anything I do not want them to do". Staff told us that if people refused care at any time, they would document this and notify the office. All staff were trained in dignity and respect. Staff spoke respectfully about people to whom they gave care.
- The registered manager and staff were passionate about the importance of supporting people to maintain their independence, People were encouraged to identify the things they would like to do for themselves. The provider used this information to plan people's care and support. The service's commitment in their user guide was to "listen to what you say and agree what we can do".
- Private information was kept confidential. Staff were trained to manage confidential information in the right way.

- If people agreed, a password-protected system enabled a named relative to have secure remote access to their on-line care records, and they could send and receive messages and information, for example a change to medication. One relative said, " [name] sometimes gets muddled and refuses a bath because she had one at my house. I can put them right". Where relatives were unable to access this electronically, the service could provide a paper copy.

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 good. At this inspection this key question was rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning and delivery was tailored to each person. Person-centred planning is a way of helping someone plan their life and the support they need, focusing on what is important to them on an individual basis. Plans were developed through discussion with each person and, if appropriate, with a relative, who would also be involved in ongoing changes as people's needs and wishes changed. Care plans reflected people's preferred routines such as time of getting up and where they preferred to receive personal care. People had a paper copy of their care plan in their homes. All plans contained a highlight section detailing five areas that were of significant importance for the person. For example, an important detail for one person was that they wanted their morning newspaper as they were interested in current affairs, for another, the need to wear their hearing aids. There was more detail on people's lives and interests within the care plan. Records of each visit captured daily details of the care people received and included their well-being and mood. This enabled staff to be alert to someone becoming unwell or needing extra support.
- Bluebird Care offered extra services to respond to people's health needs, for example a simple health check to people who wanted it, to measure blood pressure, temperature and oxygen levels. If there was a concern, staff would escalate this to the relevant health professional.
- In extreme weather the provider had used their own four-wheel drive vehicle to take some care staff to their calls in remoter rural areas so that no people missed visits. .
- Staff told us they took people to appointments, collected and delivered prescriptions, and kept an eye on people's stocks of medicines, pads and food supplements. An example of effective response to a person's needs was when staff noticed that a person had become unable to cook safely due to their increasing forgetfulness. Bluebird care staff had sourced and set up a meal delivery service and helped the person obtain a freezer for the meals, so the person could remain living at home.

The person and their relative were both delighted with the solution. Staff also told us they were helping a person whom they had supported for several years had in his move to a care home. Staff were visiting him at his new home to help him settle in. This was an example of going above and beyond in supporting to people.

We saw from written compliments, and heard direct from people and their families, how much they appreciated that the service anticipated and responded to people's needs, especially when a person did not have family living nearby.

- We saw several examples of how the service responded quickly as people's needs changed, for example by increasing or extending the length of visits, and in some cases moving from daily visits to providing live-in care, when people needed a greater level of support to continue living at home. We saw an example where care staff had raised concerns that the visit length for one person was not long enough to meet their care

needs. The manager had extended the length of the visits immediately, while negotiating the increased time with the local authority. This meant the person had the care and support they needed as soon as their additional need was recognised.

- The provider had recognised that elderly people were feeling anxious about the media coverage of the coronavirus pandemic. They had written to them about the expectation that services would continue, other than the wellbeing events. As a gesture to show their concern, the provider had delivered small welfare baskets, containing some essential day to day goods, to their most vulnerable customers.
- The provider had contacted staff about being alert for symptoms, and the action to take, and giving reminders about the importance of using personal protective equipment and handwashing. They also provided an information video for staff.

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.

- Care plans included information about disability and any sensory loss which staff collected as part of the person's initial assessment and used to set out in the care plan what information and communications support they needed. The registered manager said they could provide a care plan in large print or high contrast. When supporting a person who was blind, staff read out information to that person, including what they had recorded as daily activities so that everything was in the open. All staff had received training in the Accessible Communication Standard.

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

- Bluebird Care funded several activities to reduce people's social isolation. There was no cost to those benefiting from these activities. Care workers and family members brought people to monthly activities in the community. This enabled people to meet others who received a service from Bluebird Care. They were able to take part in activities such as cake decorating, arts and crafts and a carer's café.
- Other examples of activities funded by Bluebird to benefit the people they cared for were an annual Christmas party and participation in the local Remembrance Day parade, outside staff working hours. Also, once a month a person was voted 'Sparkle of the Month' and could choose a special activity that they would enjoy, perhaps being taken out for a few hours or having a fish and chip meal. One person had a wheelchair they had never used, so staff took them out to a park. We saw pictures of these events showing people enjoying themselves.
- The service played an active part in its local community including by staff volunteering and running activities at charity events such as Totton Family Fun day and during Dementia Action week. Some staff were Dementia champions.
- People said that care worker's visits reduced their loneliness and contributed to their well-being. A person said the care visits from staff "Often make my day". Another said, "I like to have some company". Quotes from relatives included, "They make him laugh", and "They love him to bits. They understand exactly what he needs and nothing is too much trouble"; "they support the family too".
- People new to the service received a short introductory video about Bluebird Care to help people understand the service. However, everyone also received a Welcome pack including a customer guide, Bluebird's privacy policy and how to report a concern.

Improving care quality in response to complaints or concerns

- People's concerns were listened to and responded to. People and relatives said it was easy to pick up the phone if something had gone wrong and office staff always investigated their concerns promptly. The manager said they aimed resolve issues quickly before they could escalate into a complaint. A relative said, "If we have any issues Bluebird Care will try to accommodate us", and another said, "When I had a concern they were onto it at once" One relative told us that when a carer had not been compatible with a person, "they sorted it out and arranged for someone else to come".
- The registered manager sought feedback from people and from their relatives twice a year in a satisfaction survey. Over 90% of people and relatives were happy.
- The service recorded compliments and we saw numerous cards, letters and emails from families about the care people had received.

End of life care and support

- People were well supported to have a comfortable, dignified and pain-free death. Staff prioritised meeting the needs of people near the end of life, and worked closely alongside professionals and community nurses to support people nearing the end of life to be cared for at home, when this was what they wanted. A relative told us, "Bluebird are helping my husband remain at home which is what he wants". Some staff were trained in end of life care and staff said there was strong support for staff who had been involved in caring for someone who was terminally ill.
- Staff were aware of the importance of compassionate practical and emotional assistance at the end of life and made exceptional efforts, generally at short notice, respond to people's needs. The registered manager gave us an example of someone whose relative Bluebird Care had supported at the end of their life in the previous year. The spouse of that person also wanted to spend their last days in their own home, to feel near to their loved one. Bluebird Care quickly assembled a team, including office staff who had training and experience in care, so that they could provide round the clock care to enable the person's wishes to be fulfilled.
- In another example, we saw that the care manager on their weekend off, had stayed with a person who was very near to the end of life until their family, who lived outside the area, were able attend. The family had not been able to get there until 11pm.

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 good. At this inspection this key question has now improved to outstanding. 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; 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 and provider were passionate about ensuring people received a consistently high standard of care that was flexible and responsive to people's needs and developed in partnership with people. People and their relatives told us the service was excellent. One relative said, "I would recommend them to everybody". Other comments were, "I cannot fault them at all". "This is a very good company who not only listen but also support. Great team of carers and the office staff are brilliant".
- The service was flexible in accommodating people as their needs changed and they needed more frequent or longer visits, or ultimately live-in care. We saw that people had had been supported to remain at home following interventions from the service in liaison with local health and social care professionals, for example helping people obtain hoists or wheelchairs. Care staff were motivated by and proud of the service and its success in enabling people to stay independent at home.
- The service prided itself on the immediacy of its responses to feedback from people and staff to ensure people's safety. For example, when a care worker recently reported by telephone that a person claimed to have fallen earlier that day, staff immediately revised the falls assessment for that person. An additional task was added for each care worker to ensure the person's walking stick was to hand at the end of each visit.
- Staff were encouraged to report all incidents in the care record and we noted that the reporting rate was high. A person told us "they seem to record everything, even if they drop something or if I have moved my medicines". Care staff had a list of incidents that they must report by telephone to the office, such as a change in a person's skin condition or refusal of medicine. This enabled the team to seek clinical advice if necessary. Care staff told us that there was no blame in reporting incidents and they understood that reporting incidents meant that lessons could be learned and lead to improvements in care for people.
- The registered manager was extremely knowledgeable about the different needs of people and the support they required. Staff told us they felt well supported in their caring role and that guidance from senior staff had enabled them to improve the care and support they provided to people. Staff told us the easy-to-use electronic care planning system enabled them to provide the right support for people because the information in care plans was clear and up to date, and daily recording was easy. This freed up time for carers to build relationships with people which they knew people and their families valued.
- The service placed a strong emphasis learning from concerns and incidents. Incidents and accidents were categorised by type, for example medicine incident (carer led), medicine incident (customer led), slips, trips and falls, skin integrity. Managers audited these and used them to monitor people's safety and in some cases to identify a staff training need. The service had developed new training for all care workers intended

to reduce the recent modest increase in medicine incidents. This training was in addition to specific training and competency testing for any staff involved in individual incidents.

- The registered manager understood that it was their duty to be open and honest about any incident or accident that caused or placed someone at risk of harm. The provider and registered manager understood their responsibilities in notifying CQC and local authorities about any reportable issues of concern. The service recorded incidents in detail and staff investigated every incident in the week they occurred, and immediately in the case of incidents that impacted on people's well-being. The records maintained by the service showed that appropriate and prompt actions had been taken in relation to incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider recognised that recruiting and retaining capable, empathetic and well-supported staff was essential to providing high quality care that people expected. Staff told us their responsibilities were clear and many also told us they found care more rewarding than their previous jobs. They said that morale was high and retention of staff was good which meant that most people benefited by receiving care from the same regular team of care workers.

- The registered manager had worked for the service for five years and acted as a role model for staff. They demonstrated exceptionally well their understanding of care delivery as well as managerial responsibilities. For example, they told us that it was important that they stayed up to date with new guidance, research and development in social care. Staff members confirmed that they received information about important changes through team meetings, newsletters and emails. The registered manager was supported by a provider who was actively engaged with people, staff and stakeholders of the service.

- There was a clear management structure and staff worked described to us how they worked effectively together. Staff had written job descriptions as well as organisational and individual goals and objectives. For example, the registered manager, care coordinators and supervisors all had monthly performance indicators to meet. Staff performance management processes were effective, reviewed regularly, and reflected best practice. The registered manager carried out one to one supervisions and annual appraisals where they fed-back to staff on their performance, acknowledged their strengths and discussed areas of improvement.

- The registered provider and registered manager worked closely to ensure that the quality of care remained consistently high. They spoke regularly about quality assurance measures, and had a formal monthly meeting to discuss the service's business plan and potential new clients. The registered manager held daily morning catch up with the office-based team to discuss quality issues and any changes to people's needs. Regular more formal meetings of office staff and care staff also took place to cascade information, including best practice and discuss concerns from people or staff about changes to people's needs. Staff said they valued the regular meetings.

- The provider used a quality assurance survey to seek formal feedback from staff, and the office managers said there was also constant feedback from staff through conversations by telephone and in person, as well as through regular meetings and staff supervision.

- The service had recently adopted a paperless human resources management system. The registered manager said this was very easy to use and had enhanced the management of HR functions by highlighting any information gaps, which enable the team to address these, for example checking that staff reviews and supervision had been completed on time.

- Staff were aware of whistleblowing procedures and had staff champions for whistleblowing. The service had not had any whistle-blowers.

- Policies and procedures were in place to aid the running of the service. Staff had access to a 'Staff guide' app on their mobile phones through which they could refer to key current policies such as safeguarding and infection control when delivering care to people. This meant that people were assured that people were

getting the care that was in line with best practice.

- There were effective auditing systems in place to drive and improve high-quality and person-centred care. Records showed audits and checks were carried out for care plans, risk assessments, medicines administration records, staff training, safeguarding, complaints, accidents, and finances. There was healthy competition between the branches within the franchise on audit performance which the provider said helped to sustain high standards of service to people.
- The service to people was protected in the event of external disruption because Bluebird had made plans in advance for the way staff would continue to provide safe and robust care in an emergency. The service had had drawn up a rolling plan to meet the needs of people during the expected coronavirus pandemic. At the time of inspection tight controls had not yet been announced. Through their planning, the provider recognised that they might not be able to maintain the same high level of service in the event of significant staff sickness. They had rated people they looked after according to their level of risk so that, in an extreme situation, the most at risk would be prioritised. However, at the time of inspection the provider anticipated that all the people they supported would continue to receive essential care, by sharing staff flexibly across the four branches as necessary.
- All the above features of the service showed governance was extremely well embedded and the provider and registered manager had a robust oversight of the safety and quality of the service being delivered to people.

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

- The provider kept under review the day-to-day culture and values of the service which aimed to be a leader in the local area. Their motto was "One Family" to include everyone from care assistants, people and their families and other health professionals. People and relatives said care workers looked after them as if they were family and appreciated the friendly feel of a local service. A care worker said we wouldn't hesitate to have our team of carers looking after our own family members". The values underpinning the strategy were Better recruitment, Better training, Better Support, Better Technology and Better Pay.
- The service recruited using an initial psychometric test which gave them insight into an applicant's suitability for care work and areas where they would benefit from support. To further improve their recruitment of the right staff, they had recently sent a survey to people called, "Help us to Help you". This new survey asked people about the qualities and skills they valued most in care staff. The service planned to incorporate the findings into its recruitment process to help them recruit care workers that could meet people's needs even more effectively.
- The provider paid staff during training and for travel time. The provider said they allowed a generous time allowance between each care visit to minimise the stress of travel. Staff told us that this helped them arrive at each visit relaxed and able to provide unhurried care to people they supported.
- Staff told us the registered manager and provider cared about their physical and mental health and was flexible towards their needs. The provider told us they were in regular touch with one of their first care workers who had suffered a period of ill health and had visited them in hospital. The provider encouraged staff to take their mental health as importantly as their physical health and was registered as a Mindful Employer. Two staff had undertaken specialist training to act as mental health champions and mindful mentors. We saw evidence that this initiative had measurably reduced absence due to stress in the past year. The service also provided a health benefit plan for staff which included a confidential helpline for support. The registered manager had taken an accredited course in mental health first aid.
- People benefited by being cared for by staff who had a positive attitude to their work because they felt valued by their employer. The registered manager fostered staff engagement through regular meetings of staff at all levels; regular newsletters and social and wellbeing events for staff such as pamper evenings and team outings. Staff achievements were recognised by certificates and celebrated through staff nominating a

"carer of the month", someone who had gone beyond in providing care and support. At the end of the year staff nominated a "carer of the year". The registered manager ensured staff birthdays and their anniversaries of starting work were celebrated, and staff were also given awards for innovative ideas and rewards of extra holiday for longer service. The provider gave gifts to staff at Easter. The staff recognition awards increased staff morale and improved staff engagement. This benefited people as well, because care workers who felt valued by their employer were happier in their roles, and more productive and took less time off.

- People were encouraged to give feedback on their care at any time which contributed to ensuring the safety and high quality of the care being delivered. The registered manager said they had regular telephone and email conversations with people and families, and supervisors visited people regularly to carry out spot checks of care, and to update care plans which were all opportunities to check whether the service met people's expectations. The service sent out a six-monthly satisfaction survey. People and families could also use an independent online review platform for people and families to give their feedback. The results of the most recent survey, in February 2020, showed a 100% recommendation rating.
- The registered manager said they expected all staff to treat people in the right way without discrimination. They were inclusive in their management approach and provided equal opportunities to staff to further their careers with the provider. The registered manager told us they took pride in enabling staff to realise their potential and this promoted high levels of satisfaction among staff. The human rights values of Fairness, Respect, Equality, Dignity and Autonomy (FREDA) underpinned the service. The service carried out a quarterly equality impact review as part of monitoring compliance.

Continuous learning and improving care

- The provider and registered manager had a clear vision for driving improvement and had invested in recruiting and training the right staff and acquiring technological systems to enable all staff to provide a very high standard of care to people.
- The service had a strong organisational culture of continuous improvement and learning from concerns and incidents. The service ran at least one training session a month for staff aimed specifically at improving the outcomes for people within the service, based on recent incidents. An example was training on Falls and Falls management which had been run in response to a small overall increase in falls revealed in the January 2020 audit.
- The focus on the continuous development of staff ensured that people were cared for by staff who were exceptionally well-trained. Staff undertook a wide range of training, including specific training in relation to people's individual support needs such as stoma or catheter care. Staff had opportunities to achieve vocationally relevant and national qualifications in health and social care. The registered manager described how they had developed their own career within the service. The service had two leadership development programmes, one for future managers and one for future deputy managers. Staff also received non-vocational training appropriate to their role, such as time management, staff supervision and conducting appraisals.
- The quality and safety of people's care was underpinned by the service's quality assurance processes. Daily, weekly and monthly reports from the system were designed so that managers could identify and quickly address any individual issues as well as emerging patterns or trends, such as an increase in medicine incidents. Care staff used an online recording system to report incidents via their mobile phone, and management reviewed these records each day including debriefing staff where appropriate. The provider carried out monthly quality reviews of the branches under their control, and the national office for Bluebird Care carried out quality assurance reviews annually and provided feedback on areas that could be improved, if necessary.

Working in partnership with others

- People's physical and medical needs were supported through the service's emphasis on working in

partnership with external services such as district nurses, occupational therapists, social workers and GPs. In some instances local professionals had provided training in aspects of specialist care. They worked with the local reablement service when people first came home from hospital. The registered manager had monthly contact with these external services to make sure care workers were properly supporting them in promoting good outcomes for people they both looked after. Several families told us a doctor or social services had recommended Bluebird Care to them.

- People's safe care was a priority for the service. Records showed that staff had contacted health and social care professionals where there were any concerns for example in the event that a person had refused their medicine, had a fall or compromised skin integrity. Staff had supported people to attend health appointments where appropriate. Care staff followed advice from community nurses in the application of creams to support people's skin integrity. In another example, we saw care staff had raised concern with the occupational therapy team about whether staff should move a person using a hoist that had passed the due date for its regular safety check.

- The provider had developed relationships with local dementia services and people living with dementia. This meant that some staff had dementia friends training and some had also benefited from a virtual dementia experience using specialist equipment to help them understand issues faced by some people living with dementia. Staff told us that this information and training had enabled them to better understand the experiences of people living with dementia.