

Care and Training Services Limited

Bluebird Care (Canterbury and Thanet)

Inspection report

161 King Street
Ramsgate
Kent
CT11 8PN

Tel: 01843570638
Website: www.bluebirdcare.co.uk

Date of inspection visit:
15 November 2016
17 November 2016

Date of publication:
22 December 2016

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?

Good ●

Summary of findings

Overall summary

This inspection was carried out on 15 and 17 November 2016 and was announced. Twenty four hours' notice of the inspection was given to make sure that people who wanted to speak to us were available during the inspection.

Bluebird Care (Canterbury and Thanet) provides care and support to a wide range of people living in their own homes including, children, older people, people living with dementia, and people with physical disabilities. The support hours varied from 24 hours a day to a half hour call and from one call to four calls a day, with some people requiring two members of staff at each call. At the time of the inspection 53 people were receiving care and support from the service.

A registered manager was leading the service, supported by the provider. 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 and associated Regulations about how the service is run.

People told us that staff were "very caring" and "fantastic". One person's relative told us, "Nothing's too much trouble for the staff who visit my relative". Everyone we visited told us the service they received from Bluebird Care helped them to stay at home, which was where they wanted to be. People had been asked about their care preferences at the end of their life and staff had worked with community nurses and hospice staff to support people who wanted to remain at home.

Staff and the provider shared a commitment to treat people with dignity and respect at all times and support them to be as independent as possible. It was their philosophy to 'do with, not do for'. People told us staff demonstrated these values when they provided their care and support. Staff went 'the extra mile' to provide compassionate care to people and support them when they were upset or worried.

The registered manager and other senior staff supported staff to provide a good standard of care and held them accountable for their practice. Staff were clear about their roles and responsibilities and were highly motivated to provide the support and care that each person wanted. Checks on the quality of the service people received were completed every month to make sure they were of the standard the people and the provider required. Action was taken quickly to address any shortfalls found.

People told us they had regular carers who knew them well, and provided their care in the way they wanted. People's age and personality had been considered when deciding which staff provided people's care. Staff worked as a team and provided cover for sickness or holidays.

Recruitment systems were robust. Checks, including criminal records checks had been completed to make sure staff were honest, trustworthy and reliable. Staff had completed the training and development they needed to provide safe and effective care to people and held recognised qualifications in care. Plans were in

place to regularly refresh staff's skills and further develop them in their role. Senior staff met regularly with staff to discuss their role and practice.

Staff knew the signs of possible abuse and the registered manager had raised any concerns they had with the local authority safeguarding team. People's care was planned and reviewed with them to keep them safe and help them be as independent as possible. Possible risks to people had been identified and action had been agreed with people to keep them safe, while supporting them to be independent.

Assessments of people's needs had been completed to identify any changes. Detailed guidance was provided to staff about how to meet people's needs as soon as they began to use the service. People's care plans had been reviewed with people and their relatives and changed when people's needs changed.

Accurate records were maintained about the care and support people received and about the day to day running of the service. Information was available to staff to help them provide safe and consistent care to people.

Staff supported people to continue to take part in activities they enjoyed. For example, staff obtained one person's favourite books on CD when they found reading difficult.

Staff supported people who needed help to take the medicines they needed to keep them safe and well. Staff recognised changes in people's health supported them to contact their health care professionals.

Staff helped people who asked for support to prepare the meals, snacks and drinks wanted in the ways they preferred. They made sure food and drinks they left for people were within their reach.

Staff followed the principles of the Mental Capacity Act 2005 (MCA) and supported people to make choices in all areas of their support.

Systems were in place to manage complaints received. People and their representatives were confident to raise concerns and complaints they had about the service. They told us that any concerns were addressed quickly to their satisfaction and did not occur again.

People, their relatives and staff were asked for their views of the service regularly. Their feedback had been used to improve the service offered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people had been identified and action had been taken to support them to remain independent and keep them safe and well.

Staff knew how to keep people safe if they were at risk of abuse.

People were supported by regular care staff who knew them well. They were introduced to new staff before they began to provide their care.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they worked alone with people.

People were supported to take the medicines they needed.

Is the service effective?

Good ●

The service was effective.

Staff gave people information to help them make decisions and choices. When people could not make a decision, staff worked with them and other people who knew them well to make a decision in their best interest.

Staff had the skills they required to provide the care and support people needed.

Staff supported people to make the meals and drinks they liked.

Staff identified changes in people's health and supported them to tell their health care professional.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and went the extra mile to make them feel involved and valued.

People were treated with respect and given privacy. They told us they did not feel 'self conscious' when staff supported them with personal care.

People were supported to be independent and gave people reassurance when they needed it.

People and their families had been asked about their end of life care preferences.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and support with staff and staff gave them the support they wanted.

Staff supported people to take part in activities they enjoyed.

Complaints had been resolved to people's satisfaction. Everyone was confident to raise any concerns they had with the registered manager.

Is the service well-led?

Good ●

The service was well-led.

Staff were motivated and led by the registered manager. They had clear roles and were accountable for their actions.

The staff and the registered manager shared people's vision of a good quality service.

Checks on the quality of the service were completed continuously. People, their relatives and staff were encouraged to share their views and experiences of the service and these were acted on to continually improve the service.

The registered manager took part in local forums and groups to keep their knowledge up to date.

Bluebird Care (Canterbury and Thanet)

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 and 17 November 2016 and was announced. Twenty four hours' notice of the inspection was given because the location provides a domiciliary care service and we wanted to make sure we are able to speak with people who use the service and the staff who support them.

The inspection team consisted of two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed previous inspection reports, the Provider Information Record (PIR) and notifications we had received from the service. The PIR is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. Notifications are information we receive from the service when significant events happen, like a serious injury.

During our inspection we visited and talked with four people in their own homes and contacted eight people and one person's relative by telephone to get their views about the service they received. We also spoke with the provider and five staff. We looked at seven people's care and support records, associated risk assessments and medicine records. We looked at management records including staff recruitment, training and support records and staff meeting minutes.

We last inspected Bluebird Care (Canterbury and Thanet) in June 2014. At that time we found that the provider was complying with the regulations.

Is the service safe?

Our findings

We asked people if they felt safe when staff from Bluebird Care visited to provide their care and support. Their responses included, "Absolutely", "Yes definitely" and "Yes, yes, yes. I feel safe with Bluebird". They told us they had recommended Bluebird Care to their friends and relatives.

People told us they always knew the staff who provided their care and support. One person told us, "I have one regular staff who I have most of the time. They tell me if I'm going to have a new carer and introduce them". During our inspection office staff arranged cover for a member of the care staff team. The registered manager reminded office staff, "Always let customers know when the regular carer is on leave to prepare them" and "Always think about the customer. If you can get the same carer to provide cover for continuity for the customer, that's the best thing". People told us the staff usually arrived on time and always stayed for the required amount of time. People were informed if staff were running late and when they would arrive.

Staffing was planned around people's needs. One person told us, "I'm younger and Bluebird made sure I got someone compatible, near my age, with a nice personality, who was comfortable around my dog. They made a real effort to do that". Weekly 'new customer' meetings were held to discuss the needs of people who had requested a service and the number and skills of staff available. New people were only offered a service when there were sufficient staff with the right skills to meet their needs every day. Staff had regular hours so they supported the same people. Cover for sickness or holidays was provided by other members of the staff team who knew people well. An on call system was in operation to give staff any advice and support they needed. This included experienced staff attending people's homes to support their usual staff member in an emergency. Staff told us office staff provided any support they needed quickly, we observed this happening during our inspection.

The registered manager said that there had been some missed calls to people. When this happened they investigated, checked the person was safe and apologised to them. Most of the missed calls had been for domestic help only. The registered manager was keen that no calls were missed and staff were contacted every Friday to discuss their rota for the following week to make sure they were aware of any changes. Although this had only started recently the number of missed calls had decreased from October to November. The provider told us about a new system they were introducing to reduce late and missed calls. The provider had sent out newsletters to people and information to staff telling them about the new system so that everyone was aware.

Checks were completed on staff to make sure they were honest, trustworthy and reliable before they were employed. Potential new staff completed an application form including their employment history. Two references were obtained about their character and practice in previous jobs. Further references were obtained if needed to satisfy the provider that staff were suitable. Criminal background checks were completed including making sure staff were safe to work with children. Some people had been involved in recruiting the staff so they had a say about who might support them. The provider had plans in place to trial psychometric testing to help them understand if candidates had the attitudes and attributes required to be a good care worker.

Staff had completed training about different types and signs of abuse. Any concerns they raised to the registered manager had been reported promptly to the Kent local authority safeguarding team. Procedures were in place to keep people's money safe when staff went shopping for them. Checks completed showed staff handled people's money safely. People told us they trusted the staff when they were in their homes. The provider had a 'gifts' policy. Staff told us they thanked people for any gifts they were offered and declined them.

People had looked at possible risks to them with staff and agreed the support staff would offer to keep them as safe as possible. Detailed guidance was available in each person's home for staff to refer to. For example, one person used a standing aid to help them stand up. Their care plan instructed staff to tell the person, 'Up we go [person's name]' before they help them to stand. The care plan also stated, 'stand me up so I am standing tall and straight. Remember that I am little so don't hurt my arms'. The person told us that all the staff supported them in the same way and they felt safe when the staff helped them to stand.

Changes in the way risks were managed were recorded in people's records. Staff were informed of the changes before they visited people. Staff told us they usually visited the office to read the new care plan before they provided the person's care. Environmental risk assessments had been completed and action was taken to manage risks. For example, staff used circuit breakers when they used electrical equipment, such as kettles in people's homes.

Incidents and accidents were recorded and reported to the registered manager. The registered manager checked all of the reports and took any required action for example, making referrals for advice and support if people had fallen or had been unwell. A business continuity plan was in place to make sure that the risks of people not receiving a service in an emergency, such as damage to the office, were managed.

Some people needed help to take their medicines. There were policies and procedures in place to make sure they were supported safely, by staff who were trained in safe medicines management. Information was available to staff about where people stored their medicines and the support they needed. People told us staff helped them in the way they preferred. People told us that staff supported them to remain as independent as they could with their medicines. Two people told us they took tablets without support and staff applied creams or patches for them.

Staff checked to make sure people were taking their medicines as prescribed by their doctor and prompted them when necessary. During our inspection one person asked staff to administer their medicines as they were forgetting to take them. Staff had identified the person was not taking their medicines correctly and had discussed the support they could offer them. With the person's permission, staff asked the person's doctor for a list of medicines. This helped staff check they were giving the person the right medicines at the right time.

Records were kept of the medicines staff administered to people. Monthly checks were completed to make sure these were completed correctly. Checks had identified that on occasions staff were not correctly recording the medicines they gave people. Action was taken to improve staff's practice including meetings with a supervisor and extra training. Subsequent checks showed that medicines had been recorded correctly.

Is the service effective?

Our findings

People were supported to make choices about the care and support they received, including the type of support they wanted and when they wanted it. People told us they were given information in ways they understood to help them make decisions. For example, one person told us they could not hear very well and staff spoke to them clearly to help them understand. Staff described to us ways in which they supported people to make choices, such as showing them items or limiting the number of options offered. People told us staff respected the choices they made and knew them well.

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. Staff had received training in relation to the MCA. We checked whether the service was working within the principles of the MCA.

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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). Where people are at risk of being deprived of their liberty and live in their own home applications must be made to the Court of Protection. The provider was aware of their responsibilities under DoLS.

People were able to make straightforward day to day decisions, such as what they wanted to eat and the clothes they wore. Staff helped people make decisions by giving them choices in ways they understood. For example, staff told us one person became confused if they were given more than two options at a time, so staff showed the person two options at a time, such as two skirts, to help them choose what they wanted. If the person did not want either option, staff offered two different options until the person was happy with their choice.

When people were unable to make complex decisions, staff worked with them and people who knew the person well, including their family and case manager, to make a decision in their best interests. Information about important decisions people had made, such as not to be resuscitated, were accessible to staff in people's homes. Staff knew who did not want to be resuscitated and shared people's decisions with visiting health care professionals.

People told us staff supported them to maintain good health. Guidance was available to staff about how to identify changes in people's health and how to obtain support for them. For example, details of the signs and symptoms of high and low blood sugar levels were included in the care plans for people living with diabetes. One person told us, "Staff will say if they are concerned about my health and tell staff in the office. They arranged for the community nurse to come and dress a wound I have". Another person told us, "One day I was very poorly, [staff member] was very considerate and asked if I wanted them to ring my GP".

When people asked, staff supported them to see their health care professionals by arranging home visits or accompanying them to appointments. One person told us they usually contacted their doctor themselves. They told us they were having difficulty hearing people on the telephone and had asked the staff member to call their doctor for them. The staff member called the doctor in the person's presence and told them what the doctor said. Another person told us staff had noticed their health had changed and with their permission had requested that a community nurse visit them.

Staff supported people to prepare meals and snacks. One person told us, "I cook for myself, my carer helps me with sandwiches and I make drinks now". People told us staff prepared the food and drink they liked, in the way they preferred. Guidance was available to staff about people's preferences and the support they needed. For example, one person's care plan stated the person liked one wheat biscuit for breakfast 'with a big spoonful of yogurt on top and milk. Do this as soon as you arrive, so the milk soaks in and the biscuit is soft enough to eat. Then toast and marmalade, cut into four triangles'. Another person's care plan stated, 'I like to drink lemonade, water and milk. I have difficulty swallowing so please be patient with me'; 'Please encourage me to eat. I will only eat very small amounts' and 'I have a very small appetite'. The person's relative told us staff always left drinks of milk and lemonade where the person could reach them and encouraged them to eat.

Staff had completed first aid and basic life support training. One staff member had found a person unresponsive when they arrived to provide their care. The staff member told us they were 'petrified' but performed life support on the person until paramedics arrived. Following a trip to hospital the person made a full recovery.

Staff were supported to develop the skills, knowledge and qualifications necessary to offer people the care and support they needed. One person told us, "[Staff member's name] is definitely well trained. They are first class and know what I need". Staff received an induction when they started work at the service to get to know people, the care and support they needed and to understand their role and responsibilities. New staff completing training in a number of key areas including dementia awareness and end of life care. They worked alongside experienced staff to help them build relationships with people and provide care in a consistent way. Each new staff member had a one to one meeting half way through and at the end of their 12 week probation period to review their performance. The competency of staff was checked throughout their probation period, which was extended if needed, for extra training and support.

Staff who had not worked in social care before told us they were supported to develop the skills and attitudes they needed to complete their role. One staff member told us they were grateful the registered manager and provider had seen their potential and given them the opportunity to work in social care which they 'loved'. Staff who did not have experience of providing care to people completed the Care Certificate, (an identified set of standards that health and social care workers adhere to in their daily working life).

There was an on-going programme of training which included recognised qualifications in care and training to meet people's needs, such as dementia and effective communication. Completed training was tracked and further training was arranged when needed. Staff had development plans and told us they were supported to complete higher levels of recognised qualifications to support their career development. Senior staff in the organisation had recently completed 'train the trainer' training in a number of key skills including moving and handling and medicines management. This allowed the registered manager and provider to make sure the quality of training was at the standard they required. Staff received new or refresher training promptly.

Two staff had recently completed Dementia Champion training. One staff member told us they had learnt a

lot from the training and were enthusiastic about sharing their knowledge with other staff. Plans were being developed to support people's friends, relatives and other people they met regularly to understand dementia and how they could help the person. The aim of this was to increase people's awareness of dementia and how to support people so they could remain as independent as possible, living in their own home.

Staff spoke with knowledge about people's needs. The effectiveness of training was reviewed by observing staff and discussing their practice with them. One person told us, "[Senior staff member's name] comes to check on the girls to make sure everything's alright". Feedback from their observations was given to staff immediately and discussed at regular one to one meetings with them. Any changes needed to staff practice were discussed and agreed at these meetings. The one to one meeting enabled staff and the registered manager to track staff's progress towards their objectives. Some one to one meetings took place in people's homes, with their permission, and they were invited to comment on the staff member's performance. Staff had an annual appraisal and completed a self-appraisal before meeting with a manager to discuss their development needs and career ambitions for the next year.

The provider told us about plans to expand the learning and development support they provided to staff with plans for a dedicated training centre. Staff's personal development was important to the provider and they had invested in a career development programme for some staff, including the registered manager.

Is the service caring?

Our findings

People and their relatives told us the staff who supported them were "very caring" and "fantastic". Their comments included, "Nothing's too much trouble for the staff who visit my relative", "My carer is very kind. Nothing phases them" and "No issue is too big or small for the staff to do" and "[Staff members name] is the most excellent carer I could ask for".

One person told us, "The girls we see are certainly caring. They hired a hall in Ramsgate and made cakes for (a cancer care charity). They raised £300. They came and got us and took us. I think that's going above and beyond". Staff, people and their relatives had baked cakes and sold them at a fund raising event they had organised. People told us they had enjoyed being involved and raising money for charity.

People told us they were happy with their care they received and it met their needs. They told us their care was individual to them and their preferences. All the people we visited told us the service they received from Bluebird Care helped them to remain in their own home. They told us this was very important to them as they did not want to move into a residential care home.

People appeared happy and relaxed in the company of staff. They told us the staff were very approachable and they could discuss any problems or concerns they had with them. One person told us "My carer is a good listener", another person said, "Staff always sort things out".

The provider, registered manager and staff had signed up to Social Care Commitment. The Social Care Commitment is made up of seven 'I will' statements which promise to provide people who need care and support with high quality services. The provider and staff demonstrated the statements in all areas of their work. For example, care staff asked the provider for help when a person's needs changed and they were unsure if it was safe to continue to support the person to have a shower. The registered manager had met with the person and discussed their needs and wishes. Together they had agreed that it would be safer for the person to be supported to bath by staff. The person was pleased staff had discussed their concerns with them and the registered manager and felt clean and safe having a bath.

Staff had completed training and were highly motivated to 'Always promote and uphold the privacy, dignity, rights, health and wellbeing of people who need care and support'.

Staff spoke with people, and each other, with kindness, respect and patience. They described people to us in a positive way and told us about people and things that were important to them. For example, one person who had served in the armed forces told us how staff had supported them to watch the local remembrance parade, wearing their medals, on Remembrance Sunday. Staff had researched the local Remembrance Sunday parade and found it passed the front of the person's home. The person usually sat at the back of their home, with a view of their garden. With the person's agreement staff had moved their chair so they could watch the parade from the window at the front of their home. They told us this was very important to them that they paid their respects to their friends and comrades on Remembrance Sunday. They told us watching the parade made them feel very proud of their service in the armed forces and what they had done

to keep people safe.

People told us they had regular staff and had built up relationships with them. One person told us, "[Staff member's name] is marvellous. They always ask permission to do things. I couldn't ask for a nicer person". Staff were familiar with people's life histories and knew their family and friends. One senior staff member told us that one person could be reserved when they met new staff. They told us, "I tell staff the person's story to help them understand why the person is reserved". Staff told us it was important that they got to know people well and understood how they liked to be spoken to.

People's care plans included words and phrases people used to describe how they lived or items they liked. One person's care plan informed staff, 'I enjoy looking out over the bay, seeing the sunlight bounce off the water'. Staff made sure the person was able to look at the view from their window whenever they wanted. Staff used the words people used to help people understand the choices or the support they were being offered. For example, on person's care plan stated, 'I like to have a 'bikkie' or two with my warm milk'.

Staff went the extra mile make people feel valued. One staff member had noticed that a person had become quiet and withdrawn when their spouse passed away. On the person's birthday the staff member baked them a cake that they knew they liked. The person told the staff member that the cake had reminded them that people cared about them and they became more like their 'usual self'. One person told us, "My carer makes me feel ok about everything".

People were supported and encouraged to be independent. The provider and staff shared a philosophy of 'do with, not do for'. One person told us, "The staff know I'm independent and respect that". Staff told us they had the time to support people to do things in their own time and it was very important that people were supported to remain independent. They told us how they supported new staff to understand that it may be quicker to do things for people but supporting people to do things for themselves helped people maintain their dignity and self-esteem. Staff knew what people were able to do for themselves and offered them support when they needed it. Staff told us one person was reluctant to do things for themselves at times, such as having a wash. Staff prompted the person to try to wash without support, reassuring them and reminding them that they could do it.

Staff accompanied the inspector when we visited people and introduced us. People had been asked if they were happy for us to visit and speak to them. Everyone had agreed to see us and knew why we were visiting. Staff asked people if they would like them to remain while they spoke to the inspector or if they were happy to speak to us on their own. Everyone chose to speak to us on their own and were confident and keen to tell us about the service they received.

People were involved in making decisions about the service they received. One person told us, "The staff go out of their way do whatever I want". People's views were listened to and suggestions they made were put in place. Information was presented to people in ways people could understand which gave them reassurance. One person told us staff in the office called them each week to tell them who would provide their care on each day of the week. The staff who visited the person wrote this down for them to help them remember. They left the information where the person requested so they could always find it to refer to. The person told us this was very important to them as they liked to know who would be visiting them each day.

People's privacy and dignity were respected. One person's relative told us, "The staff are genuine and treat my relative with dignity, privacy and respect. They always close the bedroom door when they help my relative with their personal care". Another person told us, "I have never felt self-conscious with my carers. We have a good rapport. I really trust them". People decided how much privacy they had and were supported to

wash and dress in private. Some people preferred the reassurance of staff staying with them in the bathroom, while other people preferred to be alone and called staff when they needed support. One person told us, "My carer gets me into the bath and stays within ear shot while I get myself sorted but closes the door". Staff told us they always asked people, "Would you like some privacy?" and respected their wishes.

Staff were aware of the need for confidentiality and people's personal information was kept securely. One person told us, "The staff who help me don't gossip about other people they see". People had signed a form to show they had given their consent for records to be kept about them. A limited number of staff could look at people's personal information which was held electronically. There was good communication between staff members with a handover between 'live-in' staff and detailed records in people's homes about the support they had received and any changes in their needs.

The management team knew how to obtain advocacy support for people who needed or requested it. No one required the support of an advocate at the time of our inspection. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

People had been asked about their care preferences at the end of their life. Their choices and wishes were included in their care plan and were available to staff and visiting professionals. Everyone had decided that they would like to remain at home at the end of their life. Staff had worked with community nurses and hospice staff to support people to do this safely. No one was receiving end of life care at the time of our inspection.

Is the service responsive?

Our findings

People told us they and their relatives had been involved in planning their care and that staff provided their care in the way they preferred. One person told us, "The staff always ask permission to do things". Everyone we spoke with knew what was written in their care plan and had signed it to show they agreed with it. People's care plans were written in the first person for example 'I like to look my best at all times and would like your help to do so'. One staff member responsible for writing people's care plans told us, "We like the care plan to be the written instructions from the customer to the staff member. Like the person was speaking to them". People agreed with the instructions in their care plans.

People who were considering using the service met with a senior staff member to discuss their needs and wishes. A comprehensive assessment was completed with people and their representatives. This included detailed information about how the person preferred their care to be provided. One person told us, "I had a full assessment before I started with Bluebird. When I was confused they took their time with me". Another person said, "I had an assessment, someone came to see what I needed". The assessment helped the registered manager make sure staff could provide the care and support people wanted.

Assessments of people's needs were regularly reviewed to identify changes in the care people needed. People were involved in these reviews and told us, "I'm continually being assessed because of my changing needs" and "They assess me all the time because of my changing needs". Detailed guidance was available to help staff provide care in the way people wanted. For example, one person's care plan stated, 'Reposition me in bed and ask if I am comfortable before leaving. I use a slide sheet for moving up and down. One carer each side of the bed. Use roll technique to put the slide sheet into position. Smooth out. Say "ready, steady, slide"'. Guidance to staff about the support people wanted was amended as people's needs and preferences changed.

Staff provided the care and support people needed. People told us staff encouraged them to do what they were able for themselves and helped them to do other things. They told us that staff did not do anything they did not ask or want them to do. For example, one person was able to brush their own teeth and needed staff to give them the toothbrush and a cup of water.

People told us staff knew their routines and provided their care when they wanted. One person told us, "I've got a wet room and twice a week the staff help me have a shower as I requested". Another person had four calls each day; the early morning call was to make the person comfortable and meet their continence needs. Their care plan informed staff, 'I am not an early riser, this call is a little early to give me a wash'. The person had a second call in the late morning, 'To get me washed, dressed and ready to face the world'.

People's relatives and friends continued to support them as the person wanted. Information was available to staff about the support people's friends and relatives gave them. For example, one person told us that a friend provided some meals for them and the staff heated them up when they wanted them. Another person's care plan informed staff, 'I need my carers to dress me each morning. [Relative] will tell you where my clean things are kept, if they have not got them out already'. One person's relative told us staff prepared

the person's meals and they supported them to eat.

The provider had purchased a new electronic needs assessment and care planning system. All new assessments were completed using the new system and provided staff with detailed information about people's needs and wishes. Information from the assessments was used to write people's care plans with them during the assessment. Senior staff were in the process of rewriting everyone's care plans. People told us staff had read their care plans to them and they had signed them on a tablet computer in their own home. The new care plans contained detailed guidance for staff about all areas of people's care. This helped new staff get to know the person and provide their care consistently. Plans were in place to give staff smart phones so they were immediately alerted to any changes in the care people needed. Paper care plans were being maintained until the new system was fully operational.

Staff supported people to follow their interests and take part in social activities. One person told us, "The staff take me to church on a Sunday". Another person liked to do crossword puzzles and staff made sure they had their preferred daily newspaper crossword and a pen before they left the person's home. Another person enjoyed reading but was no longer able to do this without support. A staff member had obtained the person's favourite novels on CD from the local library so the person could listen to their books whenever they wanted.

Everyone we spoke with told us they would contact the office staff about any concerns or complaints they had. One person told us, "If there's a problem I talk to [staff member's name] in the office". People who had made complaints told us the concerns they raised had been resolved quickly to their satisfaction. One person told us, "I complained about a couple of staff were smoking outside. The smell lingered on their clothes. I complained to the office and the staff stopped doing it". Other people told us they had not had to make a complaint but were confident that any concerns they raised would be acted on. In their Provider Information Return, the registered manager told us they encouraged a culture of openness and transparency with staff, people and their friends and relatives.

The provider had a policy and procedure for dealing with complaints, concerns, comments and compliments. They promised to respond to complaints within one day and investigate within 28 days. Every person was given a copy of the procedure which was also produced in an audio format. All complaints had been recorded and investigated. The registered manager often went to meet complainants face to face to talk about the issues. They learned from complaints and took action to improve the service including arranging additional training or supervision for staff. The registered manager said they did not currently collate the topics of any complaints to look for any patterns but would do this in the future.

Several people had sent thank you cards to the agency staff. Comments included "I can't thank you all enough for your kindness, patience, knowledge and friendship" and "Thank you so much for the care and attention you gave my (relative). I know they enjoyed your visits and chats".

Is the service well-led?

Our findings

The registered manager was leading the service; they were supported by the provider and senior staff. The registered manager and provider understood relevant legislation and kept their knowledge and skills up to date by attending training, conferences and forums and support groups held locally with other providers. The registered manager had several years' experience of caring for people in their own homes and was qualified. The registered manager was a member of Registered Managers Support Network and attended local meetings. The Registered Managers Support Network is organised by Skills for Care and aims to reduce registered managers' isolation by offering peer support and giving registered managers the chance to speak to people who can assist them improve the quality of services. Skills for Care help providers, managers and staff create a better-led, more skilled and valued adult social care workforce.

Staff told us that the registered manager and provider were supportive and always available by phone to give advice and support. Staff told us the office staff responded quickly to their requests for support and guidance. We observed this happening during our inspection. The registered manager and other senior staff led by example and supported staff, giving them feedback about how they might improve their practice. Staff who wanted to, were supported to develop their leadership skills. The registered manager had attended training to develop their knowledge of the Care Quality Commission's (CQC) new inspection process. They had used the skills they learnt to prepare staff for the inspection and provided us with relevant information in the Provider Information Return (PIR).

Staff were motivated and enjoyed working at the service. People we spoke with told us the staff were "dedicated". One staff member told us they had been pleased to return to work at the service following a break. Staff told us the registered manager recognised other commitments including caring and parenting responsibilities, they had and supported them to work around these commitments. One staff member told us, "The registered manager is always there to support us. She has been like a mum to me". Staff were distressed on occasions when people they had supported passed away. A senior member of staff debriefed the staff and offered support. Staff told us they worked well together as a team.

Staff understood their roles and knew what was expected of them. They were clear about their responsibilities and were held accountable. Staff attended regular team meetings to discuss the service being provided. The provider had organised staff meetings for all staff in the past but found smaller group meetings were more effective. The registered manager used the smaller staff meetings to facilitate learning sets and to go through policies and procedures with staff. The provider had introduced awards to recognise and reward staff for their contribution to providing good quality care.

Staff were encouraged to make suggestions about the service. They told us the registered manager listened to their suggestions. People, their relatives and staff were asked for their feedback about the service each year. More than half of the 77 surveys sent to people had been returned and slightly less than half had been returned by staff. The results had been summarised and were mainly positive with everyone saying they were treated with respect. Comments included "We are entirely satisfied with the service." Some people asked to be informed about any changes to their regular care staff and the registered manager made sure

this now happened. Other stakeholders including district nurses, GP's and other professionals were not surveyed for their views, the registered manager agreed to do this in the future.

The registered manager had good oversight of how the service was running and how staff were performing. She organised regular spot checks of staff's practice and made sure all staff had regular supervision meetings and a yearly appraisal. Staff were committed to providing a good service and spoke with us about aspiring to provide an 'outstanding' service to people. All the staff we spoke with told us they would be happy for a relative of theirs to receive a service from Bluebird Care.

The registered manager and provider took action to address any shortfalls they identified with the service. For example, in the PIR the registered manager told us they had identified a 'longstanding problem with office staff not updating customer and staff contact sheets' which meant changes in people circumstances were not recorded. They had trialled recording the information electronically and found it made a 'considerable improvement'. Senior staff told us this helped them when they responded to out of hours enquires from people and staff.

The provider told us in their PIR that they had a statement of purpose which set out the culture and values of the services including promoting involvement, compassion, dignity, independence, respect, equality and safety. The registered manager and senior staff practiced these values and led by example. They reminded staff about the organisation's culture and values during the recruitment process, training, supervisions and appraisals. Staff shared the provider's vision of good quality care, which they described as, "Putting the customer first".

The provider had introduced a social media page that staff used to update each other, for example, about traffic jams. The registered manager used the site to recognise and praise staff and to share information. Staff told us they liked the site and found the information useful. No one's names were used and people's confidentiality was protected. When staff stopped working for Bluebird Care their access to the site was removed.

The provider kept the service under review and put plans in place to continually improve the service provided. Plans were underway to strengthen the management team with the aim of improving risk management and increasing responsiveness and effectiveness. The provider had purchased a new electronic care planning and monitoring system. Plans were in place to trial the system with a small number of staff, including some who were not confident with technology, to identify and solve any problems before it was rolled out to the whole staff team. Once operational, the system would quickly inform office staff if any calls had been missed so they could respond and make sure people received the care and support they needed.

Services that provide health and social care to people are required to inform the CQC, of important events that happen in the service like serious injury and safeguarding incidents. This is so we can check that appropriate action had been taken. The provider had informed CQC of significant events.

Accurate records were kept about the care and support people received and about the day to day running of the service. All the records we asked for were available and up to date. Records were stored securely including electronic documents which were password protected.