

RCH Futures Limited

# Bluebird Care (Cherwell)

## Inspection report

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16 January 2019

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

We inspected Bluebird Care Cherwell on 15 and 16 January 2019 and the inspection was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Bicester and the surrounding areas. It provides a service to older adults some living with dementia, physical disabilities, sensory impairments and younger adults. Not everyone using Bluebird Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. On the day of the inspection the service was supporting 74 people.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good.

At this inspection, the service had made significant improvements and has been rated overall outstanding.

Why have we rated this service as Outstanding?

People were valued and respected as individuals allowing them to be partners in their care. There was an exceptionally strong ethos within the service of treating people with dignity and respect. People were at the forefront of the service delivery and the provider was committed to and passionate about providing a high-quality service.

We received exceptionally positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered. There was evidence the staff often went 'the extra mile' to meet people's needs.

People and relatives, without exception said they had and would definitely recommend Bluebird Care to families and friends. Staff told us most of the referrals to the service were through word of mouth.

People's confidentiality was maintained at all times and the registered manager explored innovative approaches to ensure where the information was needed to be shared this was done in a secure and safe way. Staff always took time to support people to be independent and improve their well-being. The use of electronic records and care planning documentation allowed staff spending less time on the paperwork and

meant staff were able to spend more quality time with people delivering a high-quality care.

Bluebird Care was very well-led which resulted in provision of outstanding care. The service had a clear management and staffing structure in place. Office staff and care staff worked well as a team. Staff aimed to provide a high quality of service and they had a sense of pride working at the service.

The leadership, governance and culture were used to drive and improve high-quality, person-centre care. The provider had effective systems in place to monitor the quality and safety of the service that included the use of technology. There was evidence available where an area for improvement had been identified, a prompt action was taken to address it. Actions from the audits were used to further develop the service. The registered manager monitored service delivery on ongoing basis and effectively used feedback from people, relatives and staff to improve the systems, practices and people's experiences.

The provider, management team and staff developed, promoted and implemented innovative ways of involving people in developing high-quality and outstanding practice that was sustained over time. The service growth was steered by people's changing needs. The provider continually sought training opportunities for staff to ensure they could still provide excellent care. This meant continuity of care was guaranteed over time as staff could continue to meet people's changing needs.

The service was an integral part of the local community. The team developed various community links that reflected the changing needs and preferences of the people who used the service. Staff were passionate about exploring community initiatives and new ideas. They had created positive links and a strong community presence within the local area most of it in their own time. People talked about how this involvement had impacted positively on their increased well-being.

Bluebird Care had an excellent workplace culture for staff. Staff were highly valued by the provider and management team. Staff contributions were highly appreciated and celebrated. Staff told us they were proud to work at the service and called it a family business. Staff told us they felt part of the family and spoke very highly about the support they received and how they were encouraged to be fully involved in the development of the service.

The service continued to provide safe care to people. People told us they felt safe receiving care from Bluebird Care. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Staff demonstrated they understood how to keep people safe and records showed that risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

People continued to receive effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

The service continued to be responsive. People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately. The service was flexible and supported people to attend social events and prevent social isolation. People knew how to

complain and complaints were dealt with in line with the provider's complaints policy. Staff knew how to support people during end of life care.

Bluebird Care worked well in partnership with other agencies, social and health professionals and external organisations.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service improved to Outstanding.

People told us that staff went the extra mile for them. People's feedback was overwhelmingly positive about the service.

Staff recognised what was important to people and how little things made a huge difference to people's well-being.

People's privacy, dignity and confidentiality was always respected.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Outstanding ☆

The service had improved to Outstanding.

There was excellent leadership in place and a structure that supported staff at each level. The registered manager and all staff showed enthusiasm and passion to continually improve people's outcomes.

The provider had robust systems for monitoring and assessing the quality of service in place.

The service had a positive approach, a transparent and open culture demonstrated by the entire team at the service.

People, relatives and staff were fully involved, listened to and their voice was used to improve the service delivery.

Staff worked well with external professionals that were

complimentary about the service.

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# Bluebird Care (Cherwell)

## Detailed findings

### Background to this inspection

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

This inspection took place on 15 and 16 January 2019 and was announced. The inspection team consisted of an inspector and one 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.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from two social and health care professionals who regularly visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with 10 people and four relatives. We looked at four people's care records and four medicine administration records (MAR). We spoke with the provider, the registered manager and six care staff. We reviewed a range of records relating to the management of the service. These included six staff files, quality assurance audits, staff communication letters, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

# Is the service safe?

## Our findings

Bluebird Care continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "Safe, absolutely do. I've no reason not to feel safe. Been with them a year". One person's relative said, "We feel safe because we know most of them really well. We feel comfortable with them".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person was at high risk of developing pressure sores. The person had a risk assessment and a risk management plan which included the use of pressure relieving equipment. Risks relating to use of equipment were clearly identified and managed well. People had environmental risk assessments to identify and minimise any potential risks in people's homes.

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff told us, "We report to the office and can also report to the police, social services or CQC (The Care Quality Commission)".

Staff told us and records confirmed there were enough staff to meet people's needs. One member of staff said, "We always have enough staff to cover all the calls". People told us they always had their visits completed on time. One person commented, "They come seven days, they're always on time and very consistent".

Bluebird Care had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to work alone until references and disclosure and barring service checks (DBS) had been received.

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. The provider had a live system which prompted staff to sign MAR charts before logging out.

People were protected from the risk of infection. The provider had infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices. People told us staff protected them from the risk of infection. One person said, "Two carers that come are trained, they always use gloves and aprons".

The provider had a clear procedure for recording accidents and incidents. These were audited and analysed to look for patterns with the aim of learning from them. Records showed there had not been any significant trends identified.

## Is the service effective?

### Our findings

Bluebird Care continued to provide effective care. People's needs were assessed before they received support from the service. This ensured the service could meet people's needs and expectations.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, food safety, safeguarding and medicines. Staff also completed training in Parkinson's disease and dementia training. The provider facilitated the 'Grey Matter' training during induction. This was a knowledge based programme which required new employees to evidence their learning throughout their new journey. One member of staff told us, "Induction was really good. A lot of learning and I shadowed another member of staff until I was comfortable to work on my own".

Staff told us they sought verbal consent whenever they offered care interventions. Staff sought permission and explained the care that was to be given. For example, when people were supported with personal care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. People were supported in line with the principles of the MCA. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We always presume capacity in the first instance. If we have to make decisions for a person, that has to be in their best interest".

People were supported to maintain good health. Various healthcare professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records. The service was flexible enough to ensure people attended hospital appointments when required. People told us they were supported to attend health appointments. One person said, "They'll do anything for you. I have regular carers, they would notice if I needed a GP for anything they're really good".

People's nutritional and hydration needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences and any allergies. One person told us, "They cook food for me, they give me breakfast lunch and tea. Tea time I have a butty and the next person washes up. They always leave drinks and snacks with me". Staff had received training in supporting people with complex needs. For example, people with swallowing difficulties as well as supporting people with percutaneous endoscopic gastrostomy (PEG) feeding (where people are given nutrition through a feeding tube).

## Is the service caring?

### Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found this key question had improved to 'Outstanding'.

People we spoke with told us the care and support they received from Bluebird Care was of an exceptionally high quality and their caring and compassion was commendable. One person told us, "The carers go above and beyond, oh yes. Last year it was a Sunday and it was snowing very heavily and my carer lives three and a half miles away. She walked all the way here to give me my care and back again". Another person said, "They do go the extra mile, one time my carer convinced me to go into hospital. I wouldn't be here now if it wasn't for her. They ring me and check up on me. I wouldn't hesitate to recommend them to anyone. The most genuine people you could ever hope for". Another person commented, "Above and beyond always. One night I fell before my evening call. When the carer arrived, she called an ambulance and made sure I was ok. She put cushions under me for support and gave me a blanket she stayed with me until one o'clock in the morning when the ambulance arrived. She wouldn't leave me, nice girl, I think they'd all do it".

The service was a family run organisation and had a strong and visible person-centred culture which motivated staff to provide exceptionally compassionate care. The provider put people at the centre of everything they did. When we spoke to the provider, they were emotional and passionate about the service they provided. The provider told us, "It's personal for us. We created this service following receipt of poor care. It gives me the passion. Everyone is entitled to receive high quality care. We are about people". It was clear talking to staff, they shared the same vision. Most of the staff had experienced poor care for a loved one and they were all determined to make a difference. The registered manager commented, "We are big on what each individual person wants and needs". One member of staff told us, "High quality care should be a human right. Anything less should be unacceptable".

Bluebird Care ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. Staff we spoke with told us they did not only care for the person who required support but the whole family as well. For example, a member of staff went for a call visit and found the person's relative unwell. They called for a doctor and made sure the relative was alright before they left. Staff also visited people when they were in hospital and people told us it was very nice to always see familiar faces in an unfamiliar environment. This holistic care approach and staff consistency allowed for the easy development of relationships. One member of staff said, "I visit the same people regularly and have developed really meaningful relationships with them. I can easily pick up when something is not right". One person told us, "I couldn't ask for better carers. They are regular and I know them all. Been with them five years". Another person told us, "The accommodated all my needs. When they are here, they are here exclusively for me. They are part of my family".

The service had creative ways of reflecting people's personal histories and the staff were matched with people's interests and personalities. This gave staff, people and relatives a lot to engage and talk about during care visits. For example, one person enjoyed cross stitch and used to complete a lot of pieces in a short period of time. The person's condition deteriorated and they were unable to complete what they were

cross stitching. A member of staff who liked cross stitching offered to complete the piece for the person. The person was very pleased, grateful and happy with the end product.

Staff cared for people and each other in a way that exceeded expectations. Staff treated people as if they were their own family, as far as they could whilst maintaining professional boundaries. For example, one staff member found that a person they were supporting was planning to have sandwiches for Christmas dinner. The member of staff offered to make a Christmas dinner for this person in their own time. The person was very specific about what they would like and the member of staff ensured everything was available. We spoke to the person and they told us, "At Christmas my carers were coming anyway and the manager asked me if I was having my family over. I wasn't sure and she said, 'I'd like to make you a Christmas dinner I don't live far from you'. I said, 'Oh no you don't have to do that', and she said, 'I'd love to bring you a dinner'. There was no charge I wasn't expecting it at all. It was very caring. It was a lovely big dinner. My daughter came and we shared it".

It was clear the high-quality care people received had a positive impact on quality of life. One person told us, "I've got a better quality of life since I've had them. When I came out of hospital they were there to welcome me home. They do go the extra mile because they will stay after their time if I need them to. They help me to achieve my independence, encourage me with my mobility. I trust them they support me and accommodate my needs. They make phone calls checks to make sure I'm ok because of my history. I feel fully involved". Records showed the provider was increasing taking on more people with complex needs catered by knowledgeable staff determined to make a difference. One healthcare professional told us, "If an increase in care is required, the team do their best to accommodate this to ensure that the client's needs are met".

Staff genuinely cared for each other and this made team work the norm. One member of staff told us how they had been supported by the registered manager and the whole team when they had an emergency family bereavement whilst on a visit call. A member of staff from the office had kept that member of staff on the phone to allow the registered manager enough time to get to them. The registered manager arranged for the staff members car to be parked safely and then drove them home.

The provider went above and beyond to ensure people were satisfied with the care provided by staff. They maintained a 'customer retention' record (Ability of a service to retain people needing support over a certain period). This showed they had done everything possible to meet people's changing needs. One example, was a person who had developed a life limiting condition whilst receiving care from Bluebird Care. The provider discussed the possibilities of ensuring continuity of care with staff. As a result, staff attended extra training for the complex needs that had arisen to ensure that person needs were met. This meant the person continued to receive care from staff that knew them well.

The provider valued and respected their staff. They believed happy staff gave the best quality of care. They told us, "We strive to make a workplace that everyone wants to work". We saw evidence that the provider did all they could to ensure staff completed their visit calls in a timely way. For example, one staff member's car broke down. The provider arranged a replacement car for the staff at no cost to them to ensure they could still give care. One member of staff said, "This provider has the right ethos for care".

People were treated with dignity and respect. One person said, "They always ask for my permission, they respect me and I trust them. If a different person is coming they ring me up and ask me if I'm comfortable with that person. They're caring, kind and compassionate. I have a carer who is around my age, I can have a banter with her". Another person told us, "They're caring and kind. They always ask if there's anything they can do for me. If there's anyone else here they keep me covered and doors shut". When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans and

daily records was respectful. One member of staff told us, "We treat people as we would like to be treated, we respect their wishes".

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carrying out personal care tasks for themselves. The staff member told us, "I encourage people to do what they still can". One person told us they were supported to be independent. They said, "I'm much better since they've been coming. I can do a lot more for myself. They've encouraged me".

The provider recognised people's diversity, they had policies in place that highlighted the importance of treating everyone in the same way. People's diverse needs, such as their cultural or religious needs were reflected in their care planning. Staff told us how they supported people's diverse needs. One member of staff said, "We treat people as individuals whilst respecting their choices. We do not discriminate anyone for their beliefs or anything else".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely. Staff knew how to maintain confidentiality.

## Is the service responsive?

### Our findings

People continued to receive responsive care from Bluebird Care. People, their families and healthcare professionals were fully involved in developing care plans. The care plans included information about people's personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences about what time they preferred to have their visits. The service worked around people's availability rather than theirs. People's abilities and hobbies were considered and staff did all they could to accommodate people's preferences. One person told us, "They fit round my needs. I feel involved in my care, yes definitely".

The provider used an electronic records system. Staff accessed care plans for each person they were going to visit through the 'app' on their mobile phones. An app is a computer program or software application designed to run on a mobile device such as a phone. This system ensured staff had up to date information on the care and support they needed to provide. Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit. During the visits, staff confirmed electronically that each of the tasks they were expected to complete had been done and they were unable to log out of the call if there were any omissions. A 'real time' account of the visit was recorded by staff and alerts and concerns could be reported to the office immediately. Staff's records were descriptive of care and support given.

Bluebird Care was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person who had been admitted to hospital and required more visits. Records showed the person's visit schedule had been adjusted to meet the person's changed needs.

People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, complying with the Accessible Information Standard (AIS). The AIS is a framework put in place making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider made sure they complied with the standard. People could access information regarding the service in different formats to meet their diverse needs. Staff knew people extremely well and knew how each person communicated.

People knew how to raise concerns and were confident action would be taken. One person we spoke with told us, "I had a problem with the carer's perfume, so I told her she shouldn't come to people's houses with lots of perfume in case people are allergic. I told the office they stopped that. No formal written review yet the bottom line is we are very happy. They're very responsive to any odds and ends". Bluebird Care had systems in place to record, investigate and resolve complaints. The service's complaints policy was available

to all people, and a copy was kept within people's care records in their homes. Records showed no formal complaints had been received since our last inspection.

Staff told us they had received training and knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times. At the time of our inspection no one was receiving end of life care.

## Is the service well-led?

### Our findings

At the last inspection in May 2016, we rated this key question as 'Good'. At this inspection, we found excellent leadership further embedded in the service. People experienced an individualised care service that exceeded their expectations and one they could trust and rely on. Staff overwhelmingly described feeling supported, respected and valued by the management team and were committed to providing people with the highest standards of care. This key question had improved to 'Outstanding'.

We were met by a very welcoming provider and registered manager. They told us they were genuinely looking forward to our visit and were keen to show us what the team had done to provide excellent care to people. They welcomed the inspection process and saw it as a vital way of holding the service to account.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in The Health and Social Care Act 2008 and associated Regulations about how the service is run.

Leadership at the service was exceptional and the vision and values of the service put people at the heart of everything they did. The registered manager had been in post for just under a year. They had developed within the service from a carer to supervisor, coordinator and finally to a registered manager. This meant the registered manager had knowledge of what was expected in most of the care roles under her management. The registered manager was keen to continue developing their leadership skills and those of the staff. They had direct support from a hands-on provider. They were passionate about their role and had a clear vision to keep improving the quality of the service.

The service had a strong emphasis on continuous improvement. Improvement and development was steered by people's changing needs. This allowed the provider to tailor people's individual needs and enabled staff to deliver bespoke care. For example, staff feedback reflected the limited care available around mental health in the community. Most of the conversations had been through talking to people who were using the service and their relatives. The provider found this as an area on need and a development opportunity. The provider told us they had discussed this with staff and decided to develop the service in this direction. This would involve training staff to support people with mental health and then take on their care. The provider was in the process of gathering information and liaising with other multidisciplinary teams and the local authority to ensure this would be transitioned swiftly.

There was significant emphasis on continuously improving the service. The registered manager assessed the quality and safety of the service through real time audits via the electronic record system 'Pass System'. This provided an effective oversight of what was happening in the service, concerns responded in a timely way, allowing reviews of care to be completed instantly. Audits included health and safety checks, safe management of medicines and people's care records. We saw that these audits identified shortfalls immediately as they occurred allowing any action that needed to be taken to be done quickly without compromising people's care. The provider also facilitated external audits to monitor the quality of care. The

recent audits had clearly shown improvements in staff recording compliance.

The provider valued and acknowledged staff contributions. The service had reward schemes for staff for when they go above and beyond their role. Staff received flowers and certificates for passing their probationary period as well as a yearly 'loyalty bonus' to thank staff for their hard work. Staff told us they really appreciated this unexpected gesture and this just showed how much the provider valued them.

We spoke to the provider about their management structure. It was clear they valued each and every member of staff as a piece of the puzzle. The provider told us, "We have a flat structure. We are all equally the same". Staff told us they felt valued and involved in the development of the service. Staff told us, "An exceptional family atmosphere here. Very supportive management that I can talk to anytime", "Brilliant teamwork. The best company I have ever worked for" and "Coming to work here is the best move I ever made. We all sing from the same hymn".

The provider focused their service on their theme 'Family- like branches on a tree, we all grow in different directions yet our roots remain as one'. They had a tree on the office wall with a picture of every member of staff on it. It was clear talking to staff they understood they were an important part of that tree. This was reflected in the way staff worked as a team and genuinely cared for each other. One member of staff told us, "That theme makes me want to do more every day and give the best care".

Feedback from people and community healthcare professionals spoke highly of the registered manager's influence and leadership within the service. We found they had embedded a positive, inclusive, open and transparent culture, focusing on delivering exceptional care. People experienced a service that went above and beyond their expectations and was dependable. People told us the registered manager, supported by the office team, was always available and approachable. One person said, "I have already recommended them to somebody, definitely well led organisation". Another person told us, "They have good communication, they listen and I trust them. I have the office numbers I can phone them and they're very flexible. They fit round my needs. I feel involved in my care all the way, yes definitely". One healthcare professional commented, "We have a good working relationship with the manager of the agency. Policies and procedures are followed and the staff appear to be really happy in their roles".

Relatives' feedback was overwhelmingly full of praise for the consistently reliable service that provided family members with empathy and high-quality care. One relative commented, "I'm in contact on the phone and I'm reassured of the best care all the time. They have an app I can look at her notes and know what she eats, when she had a shower and if she took her tablets. This company is amazing". Another person's relative said, "It's not a company, it's our service and we are part of its growth".

There were high levels of satisfaction across all staff and morale was extremely high with staff saying they felt very well supported in their roles. Staff told us there was exceptionally good teamwork and the registered manager went the extra mile to set an example by being open and supportive. Care staff and the office staff told us they felt the service was well-led and that they were valued and respected by the registered manager and provider who were always available to them. The registered manager led by example. Staff described how the registered manager had supported them both professionally and personally and the positive impact this had on their well-being. One member of staff said, "I had a sudden bereavement during a visit. I rung the office and they just cared for me, all of them. Sorry, I get emotional talking about it". The registered manager and provider demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances and family relationships. They often worked alongside staff and people knew them well. This enabled them to have continuous oversight on the care the people received.

Staff were well-supported to understand and meet people's needs through learning and development. Staff training records showed the provider facilitated further training whenever people's needs changed to ensure those needs could still be met. The provider enabled new staff to care to have the best possible training to prepare them before they went into people's home. The provider had a replica of a generic looking person's bedroom with all the possible clutter and equipment on site. This gave new staff a clear understanding of what they may come across during care visits and how best to support that person. Staff were very complimentary about that training room and told us it made their first days in people's houses manageable as they were well prepared.

The provider had taken time to invest in technology to enable staff to provide high quality care. Each system had been introduced following discussions with staff. Staff then reviewed and fed back to the provider on how each system worked and any improvements required to make it perfect. For example, the provider had implemented a 'Webroster' which staff could access on a phone app. This enabled staff member to pin point their location in an emergency, had a built in SOS button for emergencies, therefore safeguarding staff against lone working. Staff could also access a quick staff guidance on the app as a reminder about how to complete certain tasks.

The service was an important part of its community. It had developed excellent community links to reflect the changing needs and preferences of the people who used it. For example, they worked closely with organisations, such as Parkinson UK which allowed them to have a better understanding of people's needs, provide support to people and their relatives as well as sign post them for more support at home. As a result of this, Bluebird care was the preferred provider for respite sits for people living with Parkinson's disease.

Staff from Bluebird Care offered free of charge respite sits in their own time for the cancer support and therapy, the Humming bird centre. This was aimed at giving community carers a break and also provided a networking opportunity for staff. Staff valued the time they spent with people in the community.

The service supported 'Happy at Home', where the organisation supplied volunteers to assist older people with companionship and hospital appointments. Bluebird Care also supported local events, for example, stalls at fetes and breast cancer event at a local pub with raffle prizes. They also held a cupcake day for Alzheimer's inviting people from the local community. This was a well-attended and appreciated occasion which the community had been pleased with.

Regular reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, staff and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

Records showed the service worked closely in partnership with the local authority and multidisciplinary teams to support safe care provision. Advice was sought and referrals were made in a timely manner which allowed continuity of care. The service was transparent and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people. The service was a member of national organisations such as United Kingdom Homecare Association (UKHCA), Skills for Care and Social Care Excellence of Institute (SCIE). This allowed them to keep up to date with latest knowledge and information around best practice care.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also

understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people come to harm.