WA & S Associates Ltd

Bluebird Care (Northumberland South)

Inspection report

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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

Overall summary

Bluebird Care (Northumberland South) is a domiciliary care service providing personal care and support to people within their own homes, in the Northumberland area. Most people using the service were older persons.

The service also delivered care and support to people living with dementia and to people with a learning disability. At the time of our inspection there were 33 people using the service.

Summary of findings

This inspection took place on 3 and 4 September and was unannounced. This was our first inspection of the service since it was registered.

A manager was in post who had been registered with the CQC to manage the service since it was first registered. 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.

People spoke very highly of the staff who supported them, saying they felt safe in their presence. Appropriate systems were in place to protect people from abuse and there were channels available through which staff could raise concerns. Records showed that safeguarding matters had been handled appropriately and referred on to the appropriate local authority safeguarding team for further investigation.

The provider and registered manager enjoyed an open culture and staff told us they found them approachable and supportive. The provider had clear visions and values and he had future plans in place about how he wanted the business to develop. Both the provider and the registered manager were passionate about delivering an excellent standard of care and this was evident in their desire to continually improve. They had embraced technological advances in the domiciliary care sector and were in the process of embedding a sophisticated electronic system into the service. The registered manager had obtained qualifications and awards during her time at the service and she had applied what she had learnt into her management role and shared her knowledge with staff. The service had won acclaim and awards for their contribution to the care sector and the local community, and the provider had introduced staff award schemes which staff said made them feel valued.

People's needs and risks that they were exposed to in their daily lives were assessed, documented and regularly reviewed. Staff supported people to manage health and safety risks within their own homes and refer matters on to third parties if necessary. Medicines were managed and administered safely. Recruitment processes were robust. Staffing levels were determined by people's needs and the number of people using the service. We had no concerns about staffing numbers. Records related to staff training showed that this was up to date and staff received the support they needed to ensure they had the skills relevant to their roles and the varying care needs of the people using the service.

Supervisions of staff practice and annual appraisals took place regularly, as did staff meetings. Staff told us they felt supported by management and could approach them at any time, with any matters or concerns. CQC monitors the application of the Mental Capacity Act (2005). There was evidence to show the service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis if necessary. Decisions that needed to be made in people's best interests' had been appropriately taken.

Staff displayed caring attitudes and people told us about examples of care where the service had gone over and above their expectations, to fulfil their goals and ambitions. People were very complimentary about staff and said they were supported in a way which promoted and protected their privacy, dignity and independence. They said they enjoyed kind and positive relationships with staff and there was continuity of care which they appreciated. An equality and diversity policy was in place and the registered manager conducted learning sessions with staff to promote people's right to equality and diversity. The provider had 'gone the extra mile' to ensure that the care they delivered was extremely personalised.

There was a complaint's policy and procedure in place which people were made aware of at the point they started using the service. People's views and those of their relatives were gathered through surveys and staff told us that they had the opportunity to feedback their views via staff meetings or supervision sessions. Care records were very person centred and demonstrated that the provider was responsive to people's needs. People were supported to access the services of medical healthcare professionals if they needed such input to maintain their health and wellbeing.

The provider promoted social inclusion and had arranged themed events for people to attend if they so wished. People's right to make choices and consent to their care was promoted and there was evidence that the service

Summary of findings

worked in partnership with other organisations and healthcare professionals, to obtain the best possible outcomes for people, when they transitioned between services.

Auditing and quality monitoring of the service delivered was carried out regularly and records showed that where any issues were identified, these were addressed promptly. Checks on staff practice were undertaken so the provider could be sure that staff retained and applied their skills. Records were stored appropriately and confidentially.

Summary of findings

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.

People told us they felt safe when receiving care and support from staff.

Systems were in place to report matters of a safeguarding nature to external organisations if required. Staff were aware of their personal responsibility to report any instances of abuse or harm.

Care delivery was planned and risk assessed. Medicines were managed safely and staffing levels ensured that people's needs were met.

Recruitment procedures were thorough and staff who worked at the service had been vetted before they started working with vulnerable people.

Is the service effective?

Good

The service was effective

People reported that staff met their needs and they were appropriately trained. Staff received training in key areas and in specialisms related to the needs of the people they supported.

The provider followed their legal responsibilities under the Mental Capacity Act 2005. People and staff told us they felt communication within the organisation was good.

People were supported where necessary to consume the food and drinks they needed to remain healthy and they were supported to access healthcare services as and when required.

Is the service caring?

Good

The service was caring.

People described staff as "excellent" and "marvellous". They said they enjoyed positive relationships with staff and relatives were more than satisfied with the service their family members received.

The service went over and above people's expectations to support them to achieve their goals. Privacy, dignity and independence were promoted by staff and people were encouraged to be as independent as possible. Equality and diversity was promoted through shared learning sessions which were facilitated by the registered manager.

People and their relatives said they felt informed by the service and involved in the planning of their care, or when any adjustments in care were needed.

Is the service responsive?

Good

The service was responsive.

Care was person-centred and care records were well maintained and reviewed regularly.

A complaint policy was in place and one complaint that had been received was handled appropriately and in line with the provider's policy.

People were aware of their right to complain and said they would feel comfortable raising any issues that they may have with management.

Summary of findings

Is the service well-led?

Good

The service was well-led

The provider and registered manager promoted an open culture and were passionate about delivering care of an exceptional standard. They had clear vision and values, and communicated well with the staff team.

The provider set high expectations and targets for the service and had incorporated technology which allowed him to monitor and measure performance.

Social inclusion was promoted and the provider had arranged several themed events for people to attend within the local community if they so wished.

The service had been won acclaim and awards for their contribution to the care sector and the local community, and the provider had introduced staff award schemes which staff said made them feel valued.

Bluebird Care (Northumberland South)

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 3 and 4 September 2015 and was unannounced. The inspection team consisted of two inspectors and an expert by experience with personal experience of using this type of service, or caring for a person who uses this type of service.

Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of deaths and other incidents that have occurred within the service. In addition, we contacted Northumberland safeguarding adult's team and Northumberland local authority contracts team. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we visited four people in their own homes and spoke with a further eight people on the telephone, all of whom used the service. We also spoke with six people's relatives to gather their views about the service, six members of the care staff team, the administrator, the registered manager and the provider. We reviewed a range of records related to people's care and the management of the service. These included looking at seven people's care records, five staff files, the electronic planning and operation system used by the organisation and records related to quality assurance and the operation of the service.

Good

Is the service safe?

Our findings

People told us they felt comfortable and safe in the presence of staff who visited them in their own homes. Comments included, "I feel very safe with them" and "I feel very safe with this service, I couldn't ask for better". Relatives told us they were confident that their relatives were well looked after. One relative said, "We have every confidence now that if we go away X (family member) will be safe and looked after."

The service had safeguarding policies and procedures in place for staff to follow designed to protect people from abuse or improper treatment. Staff were aware of their own personal responsibility to report matters of a safeguarding nature, in order to ensure that vulnerable people remained safe and were protected from abuse. They told us they had received training in safeguarding which involved identifying signs of abuse and what action should be taken in response. Training records confirmed this. Records retained about historic safeguarding matters showed the provider had been proactive and reported concerns to the local authority safeguarding team for investigation. They had also put measures in place to prevent the same situation from arising again.

Risks that people were exposed to in their daily lives (such as being at risk of infection or falling) had been assessed by the provider and documentation about these risks was available in people's homes for staff to refer to. Records showed that these risks were regularly reviewed. The service was mindful of health and safety risks within people's own homes and supported them to remain safe. Environmental risk assessments were carried out by the provider at the point that the care package commenced, so that staff were aware of any potential health and safety risks within people's homes when delivering care. Staff told us that if they had any concerns about health and safety whilst visiting people's homes, they would immediately telephone the office so that arrangements could be made to support the person in whatever way was necessary.

Procedures were in place to report accidents and incidents that occurred whilst people received care, or for example, where a staff member arrived at a person's house and an accident or incident had already occurred. All staff were issued with a mobile phone which they had on their person during working hours, so they could call the office if they needed any assistance, or if they were delayed during a care visit and needed to notify the next person they would be visiting. There had not been any accidents involving people at the service since the service was first registered. There was a recording system available for these to be recorded should they occur in the future. Records of accidents and incidents that had involved staff had been retained and showed what action had been taken and whether any third parties had been contacted.

The provider had considered emergency planning and had business continuity plans in place with procedures for staff to follow, designed to ensure that people remained safe. For example, there was a policy in place for staff to refer to should they arrive at a person's home and be unable to gain entry. An 'on-call' file was retained in the office which contained people's emergency contact details and those of staff and other third parties, so that this information was to hand. The registered manager, or other staff who were on call out of hours, retained possession of this file. Information was available of previous events that had occurred out of hours and how they had been dealt with. We saw evidence that staff had called the office where they were running late on their visits to people and also where they had sought medical assistance for people if required. The business continuity plan gave staff guidance about what to do in the event of, for example, a loss of business data or loss of telephone communication. Each event had clear protocols in place to be followed. This showed the provider had considered, and put contingency plans in place, to deal with the impact of external factors beyond their control and the resulting potential impact on people's safety.

Where necessary, people were supported to take their medicines safely. Individual records related to the administration of medicines were maintained within people's homes. These records, which were well maintained, detailed the type of medicine prescribed and the date and time that it was taken. Staff told us that they supported people to take their own medicines independently, once they had dispensed it from the relevant container. They were knowledgeable about their involvement in the management of people's medicines. A detailed medication policy was in place which gave information and guidance to staff.

Staff told us that they felt able to deliver people's planned care in the time allocated to them for each home visit and people confirmed this. Home visits were allocated to care

Good

Is the service safe?

staff on a weekly rota by the administrative staff based at the provider's office. Any issues or changes to rotas, visits and staffing were reported to administrative staff and overseen by the registered manager if necessary. Staff were required to review their rotas and text the office to confirm the visits they were undertaking the following day, to ensure that there were enough staff available and no care visits were missed. This showed that there were systems in place to monitor any staffing issues. The staffing compliment consisted of the provider, registered manager, office co-ordinator, supervisor and care staff. Staff told us they reported to the registered manager directly or their supervisor. We had no concerns about staffing numbers or structures within the service.

Records reflected that the provider's recruitment procedures were robust. Staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Staff also completed a health declaration questionnaire. Disciplinary procedures were in place and there was evidence that the manager had dealt with matters of a disciplinary nature promptly. The provider had systems in place designed to ensure the person's health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Good

Is the service effective?

Our findings

People were positive about the service they received and the staff who supported them. One person told us, "They (staff) seem to know what they are doing. I am going to hospital tomorrow and my usual carer is off and they have brought another lady (a care worker) today to meet me, so that should work." Another person said, "They come and take me out; it keeps me in touch with things. The girls are very polite and I do feel very safe with them especially when we are outside." Other comments included, "They (staff) seem very well trained. They know what they are doing" and "I particularly like the fact we get the same carers, that works well." This showed the provider achieved their identified objective of delivering continuity in care. People said they appreciated this.

We spoke with people's relatives to establish how they viewed the service and the care delivered. Comments they made included, "The staff are very capable" and "It's a fantastic service; the girls are so good with X (family member), they have a laugh". One relative explained how staff met the needs of their family member. They said, "X (family member) has dementia and can shout and be angry with them (staff), but they manage her fine. The last provider wasn't so good. X (family member) is incontinent now and these girls (staff) are diligent in making sure that she is clean and her skin is looked after."

Staff told us communication between themselves, and management and office staff, was good and they were kept informed about changes in people's care or aspects of the service. People and their relatives talked of good communication between themselves and care staff, either face to face or via the telephone. They also told us that if they needed to contact the office about any matters, they were usually dealt with efficiently. One relative said, "The manager has been key. We communicate with them weekly; it has given us confidence that we can plan effectively for X's (family member's) future care as we want to keep her at home. This is an excellent service."

Staff records showed that they received training in key areas of care delivery and safety, such as infection control, moving and handling, the MCA and Deprivation of Liberty Safeguards (DoLS), and equality and diversity. An induction programme was in place which staff told us was informative and prepared them for their role. The registered manager told us that all new staff completed a three day initial induction training course and refresher courses in key areas were planned ahead. The provider had recently sourced training from an external company as opposed to the registered manager delivering training herself. The registered manager said this had given her more time to manage the service more thoroughly and staff benefitted from receiving training from a third party. Staff had also received training in areas relevant to the needs of the people they supported such as autism awareness. In addition, internally the company issued training booklets periodically to staff to refresh their knowledge of certain topic areas such as medication and safeguarding.

Staff told us they received enough training. One staff member commented, "We get plenty of support and training and we can ask for help whenever we need it." They also said that they had regular supervision sessions and an annual appraisal, where they could discuss their performance and any issues or support that they needed, on a one to one basis with the registered manager or a supervisor. The records related to these supervisions and appraisals were brief and the registered manager told us she had already identified this and planned to adapt the current forms to include more detail. Competency assessments of how staff administered medicines and spot checks on the standard of care they delivered, were carried out at regular intervals by either senior staff or the registered manager to ensure that staff skill levels and knowledge were maintained. Staff told us they felt fully supported by the registered manager and provider who provided them with good leadership and equipped them with the necessary skills to do their jobs.

The service supported people in the preparation of their meals and, where necessary, assisted

them to eat and drink. Most people using the service at the time of our inspection only needed support with preparing their meals. Staff were proactive in ensuring that people got the medical support that they needed. People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this input. Records showed that where staff had arrived at a person's home and they were concerned about their welfare and well-being, they referred the matter to the registered manager who gave advice or guidance or sought more immediate medical attention if necessary. People's families were also kept informed in these circumstances.

Good

Is the service effective?

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We discussed the MCA and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the registered manager. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. The registered manager confirmed that nobody using the service currently lacked capacity to a level which would require a Court of Protection order to be in place. Care records showed that people and/or their families were asked if an attorney had been instructed to deal with their health and welfare matters, at the point of initial assessment. However, where attorney's had been appointed, copies of these documents had not been obtained. The registered manager assured us that they would review all records and obtain any such documents as soon as possible, to ensure full records about appointees were retained.

People told us that staff obtained their consent before delivering care. Where people were unable to consent to their own care and treatment, there was evidence to show the provider referred matters related to people's capacity and any decisions that needed to be made in their best interests, to the relevant healthcare professionals. Best interest decisions are part of the MCA. The MCA states that if a person lacks mental capacity to make a particular decision, then whoever is making that decision or taking any action on that person's behalf, must do this in the person's best interests. The registered manager told us about a recent incident where a person living with dementia did not have the capacity to understand the implications of refusing to go to hospital, following a fall. The registered manager liaised with the emergency services and the person's family member, and a decision was made by all parties that it was in the person's best interests for her to be taken to hospital for assessment and further treatment. We were satisfied that the provider was aware of, and carried out their legal obligations under the MCA. Best interest decisions were evident in the daily notes written in respect of each person's care, but the registered manager told us that following our inspection and feedback, she would ensure that all future best interest decisions were documented on a separate form for ease of reference.

Good

Is the service caring?

Our findings

People told us that they were extremely happy with the service they received and the positive relationships that they enjoyed with staff, who they described as very caring and competent in their roles. One person told us, "The girls are marvellous. I find them excellent. I really couldn't rate X (care worker) highly enough." Another person commented, "X (care worker) is a sweet pleasant girl, she really is." One relative told us, "They are very gentle with X (family member)" and another said, "I cannot ask for better". The impact of the caring service that people received was evident in the examples of care that they told us about. One lady described how care workers had enabled her to feel more confident and secure when out and about in the community, through their supportive and caring natures.

The provider and registered manager were passionate about delivering a consistent, caring and personal service, which people could value. Staff told us they primarily worked in small teams delivering care to the same individuals, which allowed them the opportunity to get to know the people they supported very well. People told us that staff were friendly, supportive and regularly enquired about their wellbeing, sharing stories with each other about their lives.

We reviewed compliments that had been received in the service. One card received stated, "It's not often or almost rare that this funny old world presents people that truly care, are passionate and considerate to those who really, desperately, need it most. My dad and I were touched for the care and effort you have given and shown. It has meant a huge difference to allow us to function better". Another compliment received verbally had been documented and stated, "X (person) called to tell me that his carer had exceeded in expectations whilst taking him out shopping". This demonstrated the positive impact the service had on people lives and their families.

The service had an equality and diversity policy in place for staff to refer to and they had completed training on this subject. We saw minutes of a team meeting where the registered manager had built in a discussion and learning session on equality and diversity. She had gone over the policy with staff and given them scenarios of situations they may come across when delivering care, based on people's diversity and individuality. Open discussion took place at these sessions about how staff would handle each scenario. The registered manager told us she aimed to ensure that staff approach was consistent and fair to all persons, irrespective of any factors such as their religious beliefs or sexual orientation. This type of learning exercise enabled staff to support the provider's vision and policy that people should receive an individualised personal service, free from all forms of prejudice and discrimination.

People told us that staff supported them to be as independent as possible and do as much as they could for themselves, such as preparing meals and completing household chores. They said their privacy, dignity and independence was promoted and protected, whenever personal care was delivered.

People said they felt informed by the service and involved in their care. One relative told us, "We were involved in the care planning." This was evident in people's care records where we could see people and their relatives had been consulted about their care and involved in care based reviews, as they had signed certain documentation. There was information about the service and for example, how to report concerns and complaints, within people's care records held within their homes.

The provider told us that because the staff team knew people so well, they could support people to set and achieve personal goals. They told us about a recent occasion where they had assisted a person to fulfil their ambition to travel abroad and listen to classical music in Vienna. The provider had facilitated this trip by providing a staff team to travel with the person and support them with their personal care whilst away. In addition to the staff team, the person had expressed their wish for their friend, living in another part of the United Kingdom, to accompany them on this trip. The registered manager told us that they recognised the importance and positive impact of good family and friend structures and therefore completed a six hour return car journey to collect this person's friend who could not drive, so they could accompany them on their trip. Both the provider and registered manager told us they felt privileged that they had had the opportunity to make this person's dreams come true, and they had gained great pleasure from their involvement.

We discussed the impact of this trip with the person. They enjoyed telling us about their experience and commented that they never thought it would be possible for them to travel abroad, given the physical conditions they had. They told us that following a last minute glitch in travel

Good

Is the service caring?

arrangements they had given up hope of being able to go abroad, but the registered manager had advocated on their behalf and personally resolved the matter with the travel company, enabling the trip to go ahead. The person told us that they did not have any family members to support them in this way, and that the input from the provider and registered manager had been priceless. They said it had enabled them to fulfil a dream that they never thought would have been possible. We saw the provider had invited the person to write a synopsis of their trip and this had been posted on the provider's website for people to view. The provider delivered a service to this person which was beyond their expectations and they supported them to overcome difficulties and obstacles and to realise their dream.

The registered manager told us that if necessary staff acted as an advocate for people, but where people wished to appoint an independent advocate, they would support people to access advocacy services as and when needed.

Good

Is the service responsive?

Our findings

People, their relatives and staff told us that the manager visited people in their own homes when they first commenced their care package, to introduce the company and to ensure that their needs could be met effectively. The relative of a person new to using the service shared their experiences with us and said, "This is a new service for us and the care was fully discussed with the manager. She explained to us that the service was flexible and we have changed things since we started. I know I can ring them up and discuss things if need be. I am very happy with the care so far." Another relative told us, "They certainly meet our needs. The manager spent an hour and a half with us planning the package and tailoring it to our needs. They have been very good, most professional in suggesting things to tailor the service better to my relative's needs."

One relative expressed how the service had helped their family member transition between the hospital and their own home with a care package being put in place. They said, "The care plan was very well organised and quickly put into place. We are very happy with the manager and the organisation of care." The registered manager told us that they worked in partnership with other organisations and healthcare professionals to ensure that where people moved to use their service, or they needed support to access other services, the transition was as seamless as possible.

People told us that their care was planned and delivered in a way that was personal to them and their care package was adapted as their needs changed. The provider carried out a pre-assessment of people's needs, prior to them receiving care from the service. One person told us, "Our alternate carer is the supervisor, so she checks on things regularly." Another person told us, "After the last hospital admission my relative had, we now have an admission package, so if we are away they (the service) will deal with the admission and visit X (relative) in hospital. They have been very good, most professional in suggesting things to tailor the service better to my relative's needs. We also now have a testimony, so that can go with her to hospital. It is a narrative of who my relative is and what they need. They (the service) have been excellent in suggesting things like massage for my relative's legs." People told us that supervisors or the registered manager visited them from time to time to check they were happy with their care. They said they were comfortable with ringing the office at any time and felt confident that any issues they raised would be promptly addressed. The provider tailored care packages to people's needs, planned care effectively and responded when adjustments or changes were needed.

Care records were very person-centred and they were written in the first person. For instance, one person's care records detailed the specific manoeuvres they undertook when transferring during bathing routines and how they rotated their legs around. Staff confirmed they had the information they needed to support people appropriately and we found that they were knowledgeable about people's needs. There was evidence that staff responded to matters and issues brought to their attention, in respect of people's health, safety and their general well-being. Records showed that people had been referred to external organisations for input into their care as and when necessary. The registered manager told us that staff were expected to report, for example, any defects in equipment in people's homes to her, so that she could then liaise with family about this matter and possibly obtain a replacement. This showed that the provider was responsive and proactive to changing circumstances.

People explained that they were always given a choice about the care they received or whether they accepted it. This showed that staff recognised people's individual rights to make their own decisions, where they were capable of doing so. People told us they were supported to pursue activities if they wished to do so and if this was part of the support they had agreed in their care contract with the service. For example, the service offered a companionship service and people could access this form of support to pursue activities of their choice. In addition, the provider had arranged themed events for people to attend if they so wished, in the hope that this prevented some individuals without their own family support network, from feeling socially isolated.

The provider told us they gathered people's views and the views of staff and relatives via care review meetings, staff meetings and supervisions, and surveys. We reviewed the results of surveys carried out in 2014 and 2015. The feedback was very positive. One person had commented that they had "No suggestions or ideas for improvement". Another person had responded with the answer "A big yes!" to the question, "Are you satisfied with the service you receive from Bluebird Care?" The frequency of care review

Good

Is the service responsive?

meetings was monitored to ensure they were carried out in line with the provider's policy and where actions were needed as a result of discussions, these were recorded along with the outcome and date of completion. Staff confirmed they could feedback their views through staff meetings, which were held monthly, or alternatively during their individual supervision sessions with their supervisor or the registered manager. Meeting minutes showed that staff were able to raise issues and share their views openly in this forum.

The provider had a complaints policy in place which detailed how complaints were handled and the timescales involved. Complaints or compliments received were retained within a file held at the office. The complaints policy was also brought to people's attention in the customer guide issued to people when they started using the service. There had only been one complaint received by the service since it started operating. We saw this complaint was recorded, appropriate actions were taken, records kept and correspondence sent to the complainant. The outcome of the case was clearly documented. People we spoke with said they had not had any reason to complain to date and staff told us they would actively report any concerns or issues that people raised with them during care delivery.

Good

Is the service well-led?

Our findings

A registered manager was in post who had been registered with the CQC to manage the regulated activity, since December 2013. The provider was aware of their responsibilities in line with the requirements of the Care Quality Commission (Registration) Regulations 2009 and had submitted notifications as and when required.

People gave positive feedback about the registered manager. Comments included, "X (registered manager) is very approachable, she's good, really hands on" and "I am very happy with the manager and the organisation of care". One compliment card personally thanked the registered manager for their input into a person's care, for their support and understanding.

People told us that they were very impressed with how the service was run. One person said, "It seems to be very well organised. They have a chap in charge (the provider); my son gets on well with him and respects him." Another person told us, "Any problems we have had have been dealt with. I would recommend them to anyone. The carers are absolutely brilliant and it has not all just been about my grandad, it has been about us as relatives also. There has never been any short service or anything." A third person told us, "The organisation is very efficient. They provide an excellent alternative to you looking after yourself. I have absolutely no complaints at all."

Staff told us they held the registered manager in high esteem and enjoyed a positive, supportive and productive working relationship with her. They said they could approach the registered manager about anything, at any time, and the matter would be discussed and addressed as necessary. Two staff members had written thank you cards to the manager which were displayed in the office. One of these cards read, "I would like to thank you for giving me the opportunity to work for you as a carer. From my first day, the induction training you gave me was excellent. I feel you have been there for me as my care manager 100% and you have given me all the help and support I have needed". The other card read, "Just a little card that says a huge THANK YOU". We spoke with one staff member who told us, "X (registered manager) is the best manager I have ever worked for. If something is wrong, she puts it right straight away."

The provider told us he had every confidence in the registered manager and we saw that in a recent supervision, he had praised her for the contributions she had made to establishing and developing the service, from its initial registration with the CQC. The registered manager told us that she enjoyed a positive open working relationship with the provider, who was present and worked at the service daily. She said that they worked together to ensure that the service they delivered was of a high quality and that continuous improvement was paramount.

We spent time with the provider and discussed their vision, values and aims for the future. They told us, "I am proud of what we have achieved so far. We strive for continuity of care. People have a small team of care workers so that there is always someone supporting them that they know. Our plans in the future are to expand our service geographically. I want staff to be caring and supportive to everyone. I want to change people's lives. Social isolation is something that I am keen on tackling. We have organised a few events, some coffee mornings and other events. Last year we took a group of people to Beamish museum for a 1940's day. X (registered manager) and staff volunteered to go. It was a great day. I love it when people ring up and say that they have received good care from my staff."

It was evident that the provider was passionate about delivering a service he could be proud of. He sought to enrich people's lives through the delivery of high quality care and through providing people with experiences which increased their overall wellbeing. Community links had been developed and some people who may have been socially isolated, had the opportunity through the service to partake in community activities, either with support from staff, or by partaking in events organised by the provider. The provider showed us a newspaper article where he had arranged a 'Rock and Roll day last year and coffee afternoon for people to attend if they so wished.

The ethos of the service was, "Your life, your care, your way." The provider's statement of purpose for Bluebird Care (Northumberland South), described their vision as: "Bluebird Care provides excellent quality care to keep you safe and comfortable in your own home. We believe it is your life and your care, so it must be your way. We see each of our customers as unique with your own individual lifestyle and needs. We keep you in control and provide you

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with the care and support that you want, where and when you want it." The findings of this inspection and feedback from people who used the service confirmed that this vision was met.

In June 2015 the service was recognised in the Homecare.co.uk awards, as a Top 10 recommended Home Care Agency in North East England, based on the standard of the service they delivered. In addition, the service received a North East Better Health at Work Bronze Award, which recognises the efforts of local employers in addressing health issues within the workplace. They were the only domiciliary care service to have completed this award in the North East region. The provider told us that this was big commitment, but that it was important to value and promote staff wellbeing. The registered manager had been required to attend meetings and briefings throughout a period of a year, carrying out competency based tasks and offering services and support to staff, for example, by promoting health and tackling issues such as, alcohol abuse and stress. The registered manager told us that she had built sessions into team meetings about these topics and provided support where she could. The registered manager told us that where necessary, she would signpost people to external specialist support organisations, who may be able to help them.

Staff dedication and hard work was recognised through award schemes. Certificates were on display around the office, such as an award for the 'Care worker of the month', 'Dedication over the past year' and 'Compliments from customers'. Staff told us that these awards provided them with an incentive to 'be the best they could be' and they appreciated the fact that the provider had chosen to acknowledge and recognise their good practice.

The registered manager had attained a range of qualifications since starting to work for the service, which included 'Train the Trainer' accredited courses that qualified her to deliver specific training courses to the staff team. Staff meetings took place monthly and were used as support and learning sessions, and to pass on important messages and management information. We saw that learning had taken place based on information the provider had sourced from the Alzheimer's Society, about how to support people living with dementia to meet their eating and drinking needs. The registered manager assured us that she worked in partnership with local healthcare professionals as and when needed, to ensure that people received appropriate help and support, from the relevant healthcare professionals. Care records evidenced this.

The registered manager had a thorough overview of the service and was very knowledgeable about individual people, their needs and how the service supported them. Quality assurance tools had been introduced to monitor the service such as auditing daily hand written notes, which were returned to the service on a monthly basis from people's homes to ensure standards of record keeping were maintained. The registered manager audited these and then recorded what actions were taken where she identified any issues or concerns. Staff competency checks on the administration of medicines were carried out by the registered manager and also unannounced spot checks on staff practice during care delivery. Matters of a disciplinary nature were investigated thoroughly, action was taken where necessary and the information was documented on staff files. Records of accidents and incidents, complaints and training were kept up to date and used to monitor where action needed to be taken, or adaptations were needed to people's plans of care or risk assessments. The provider had also sought to gather the views of, and reasons why some staff had left the organisation, by asking them to complete an exit questionnaire. This showed the provider was open to feedback and keen to identify any issues that had resulted in staff leaving the organisation, with a view to addressing these, and retaining staff.

At the end of our inspection we fed back some suggestions for further development. The provider and registered manager welcomed the inspection process, noted our feedback and immediately made plans to address the suggestions that we had made.

The provider had applied the use of technology to enhance the service and the experiences of people who received care. He was in the process of implementing an electronic monitoring and data system, designed to manage people's care records and provide real time information to the office, from staff in the field. This system was impressive and the first group of staff using the system demonstrated to us that they had access to all of the information they needed about the people they supported, at all times. They said that the new technology had enabled them to spend more time talking to people when they visited. There were plans in place to develop this further and the provider was

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looking into making information about people's care available to their relatives via a smart phone 'app', which, with the person's consent, their families could log into securely. This would enable regular sharing of information and even more involvement for people and their families, in people's care.

Care records were retained within people's home and other records related to the operation of the service were held securely within the office. Access was restricted to those staff who needed it, to ensure confidentiality.