

W&S Flint Services Ltd







Bluebird Care Exeter

Inspection report

5 Wrentham Business Centre
Prospect Park
Exeter
Devon
EX4 6NA
Tel: 01392 426006
Website: www.bluebirdcare.co.uk

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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?	Outstanding	

Overall summary

The inspection was announced and took place on 22 and 23 September 2015. Bluebird Care Exeter domiciliary care agency provides personal care and support to older people in their own homes in Exeter and the surrounding area. They also provide a live-in service. At the time of this inspection the agency was providing a personal care service to 87 people.

During our inspection the registered manager was present. 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.

The feedback we received from people was positive. Those people who used the service expressed satisfaction and spoke highly of the registered manager and staff. For example, comments included, "The carers are very good. I can't fault them", "The people they

Summary of findings

employ are nice and it's very reassuring" and "There's nothing wrong with this organisation at all. They're all good. They come first thing, wash and dress me, give me my medicine and breakfast, then the same one will come back again at 11.30. They've been looking after me for five years and I'm really, really pleased."

The service provided good support for people during end of life care. There was a specialist end of life nurse who co-ordinated care planning for those requiring end of life care. This included separate end of life care plans devised to use specialist skills when providing this care. The service focussed on providing community support and maintaining people's independence at home. They also offered subsidised outings for people so they could enjoy trips out with care staff outside of allocated care provision. Other initiatives included introducing other opportunities for people receiving care using staff skills outside of the care sector such as hairdressing and massage therapies.

There was outstanding leadership and support from a well organised management team and co-ordinated office arrangement. This valued staff providing them with clear career pathways, training and rewards to encourage a stable and skilled staff team. Staff morale was good and staff felt proud to work for Bluebird Care. Bluebird Care had won various care awards and had set up a community grant where local charity and voluntary organisations could apply and receive monies to support their projects such as the East Devon Parkinson's Support Group. The agency then matched people using the service to charities that could offer additional support if people wanted. There was ongoing investment in systems to further improve the service such as visit monitoring systems and leadership courses.

The safety of people who used the service was taken seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Where there were issues the service responded well, investigated and addressed them in line with their policies and procedures and drove forward improvements for the future.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent

support from care workers who knew them well. Some people commented that they sometimes had not met a care worker before who was visiting them although a weekly rota informed people which care worker would be coming. However, the service endeavoured to provide regular care workers where possible. Staff told us if they had not met someone before, which was not often, a supervisor would come out and introduce them if they asked. This generally happened when care workers were covering sickness or holidays.

People felt safe and secure when receiving care. They all trusted the care workers to have the skills to keep them safe. People had positive relationships with their care workers and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People spoke highly of the quality of care provided by the care workers. No-one had any complaints about any of the care currently provided.

People who used the service felt they were treated with kindness and said their privacy and dignity was always respected. People said if they preferred female care workers then that happened, for example. Everyone said their care workers treated them respectfully and kindly and took extra time to make sure their needs were met. One person said, "I did have a regular girl who was fantastic but she's gone and now I've got [another care worker] who'll bring the milk in and listen out for me in case I call out and need my pillows propping up." People received a service that was based on their personal needs and wishes. Care plans were detailed and staff felt they had enough information to meet people's needs, including up to date information recorded in daily records. Changes in people's needs were identified and their care package amended to meet their changing needs. The service was flexible and responded positively to people's requests where possible. People who used the service felt able to make requests and express their opinions and views. For example, one person said "I needed someone to come at a different time because I had to go to hospital and they slotted me in." Another person said, "I think [a supervisor] is coming next week as they come and reassess my needs. When I've asked for extra hours, they've been there and really helped me."

The registered manager was very committed to continuous improvement and feedback from people,

Summary of findings

whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service. There was an organised office team with clear roles and

staff were very happy working for Bluebird Exeter. They said they were fully supported and valued by the registered manager, provider and the office team. There was a programme of training, clear career progression opportunities and one to one supervision that enabled them to provide a good quality service to people. Staff consistently spoke about how they could provide good care and how much better Bluebird Exeter was to work for than other agencies they had worked for in the past.

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?

The service was safe.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Risks to the health, safety or wellbeing of people who used the service were addressed in a positive and proportionate way.

Care workers had the knowledge, skills and time to care for people in a safe and consistent manner.

There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character.

Peoples' medicines were managed safely.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

People experienced positive outcomes as a result of the service they received and gave us overall positive feedback about their care and support.

Staff were provided with on-going effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to a strong person centred culture. They also provided good ways of offering additional community and support services to benefit people receiving care in their own homes.

Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

People valued the relationships they had with care workers and expressed satisfaction with the care they received.

People were pleased with the general consistency of their care workers and felt that their care was provided in the way they wanted it to be.

People were treated with kindness and respect and staff often went above and beyond their roles. Staff built meaningful relationships with people who used the service and were given ample time to meet people's needs and provide companionship.

Good



Summary of findings

Is the service responsive?

The responsiveness of the service was good.

Changes in people's needs were recognised and appropriate action taken, including the involvement of external professionals where necessary. Where there were issues these were owned and appropriate action taken to drive improvement.

People felt the service was generally flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Good



Is the service well-led?

The leadership and management of the service was outstanding. A well organised office staff team had clear roles and the provider was forward thinking and continually investing in systems which would benefit people using the service.

The management team promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency. These were owned by all and underpinned practice.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at the heart of.

The service worked in partnership with the local community and other health organisations to benefit the people they cared for.

Outstanding



Bluebird Care Exeter

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 22 and 23 September 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. 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 asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous

inspection reports before the inspection. We checked the information that we held about the service and the service provider which included any quality issues dealt with by the local safeguarding team.

We spoke with 14 people in total who received a service from Bluebird Care Exeter. Eleven by telephone, and three relatives. We also visited three people with their permission in their own homes. When visiting the agency office we spoke with the provider, registered manager and a quality supervisor. We met two care workers at one person's home and spoke to a further four on the telephone. We reviewed a range of records about peoples' care and how the domiciliary care agency was managed. These included care records for six people, six medicine administration record (MAR) sheets and other records relating to the management of the domiciliary care agency.

These included four staff training, support and employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the provider had sent to people, complaints and incident reports.

This was the first inspection of Bluebird Exeter since they registered with the Care Quality Commission (CQC) in October 2014 after moving locations.

Is the service safe?

Our findings

Everyone we spoke with said they felt very safe in the hands of Bluebird Care Exeter and the care workers who supported them. We also spoke to people who had topical creams applied, help with medicines and people who need hoisting or standing assistance.

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction and on-going training. This included prevention, protection, staff responsibilities and sharing information. The registered manager had also completed a qualification for managers in safeguarding and shared their knowledge with staff. Care workers were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The registered manager informed us that any concerns regarding the safety of a person would be discussed with the local authority safeguarding of adults team and referrals made when necessary. We heard examples where safeguarding issues had been identified and dealt with appropriately to keep people safe. This included addressing issues raised and ensuring there was learning and improvement through training and communication across the service. One person had been identified as at risk of self-neglect and the registered manager told us how they monitored when people regularly cancelled visits. This was recorded in their care plan and visit log and discussed with the person and/or their family and the local safeguarding team and social services and monitored to ensure the person was safe.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These were carried out by a supervisor in the person's home where possible or in hospital before a care package commenced or re-started. Assessments were person centred and involved the person. People recalled having an initial meeting/visit with a supervisor where the care package was agreed. One person who had recently left hospital and who had two carers to deal with their needs, which included managing their oxygen mask and tube as well as moving them said, "The care package was arranged in hospital and they arrived straight away the next morning. I have a laugh and a chat with them and if they finish early they always ask what else I'd like them to do but I'm not really used to it yet so I haven't asked them to do more but I could."

Assessments included environmental risks and risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care workers about how to support them when moving around their home and transferring in and out of chairs and their bed. Assessments were updated as any changes occurred. For example, one person had refused the assistance of two care workers as indicated in their assessment. The registered manager had phoned the GP to organise for an additional occupational therapist (OT) assessment as the person was having falls and slipping as they could not weight bear. After this OT assessment the person had new equipment and was happy to accept two care workers assisting them together.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs but recruitment was generally on-going. At the time of the inspection there were 59 care workers employed. The number of care workers supporting a person was increased if care workers identified an increase in need. The service worked in conjunction funding commissioners to ensure people had the care they needed.

The agency planned travel time between each visit using post codes. This decreased the risk of staff not being able to make the agreed visit times. Staff said they had no problems making it to each visit on time unless there was very busy traffic for example. Everyone we spoke with that received a service from the agency said they had never had missed visits and that on the rare occasion when a care worker had been up to half an hour late someone had telephoned them beforehand to keep them informed. For example, one care worker said they had been late one day as they had not visited a person's home before and got lost. They had been able to ring the office who had phoned the person and the next people due for visits to explain. Generally funding commissioners allow 30 minutes either side of a stated time and this was what people expected. This was confirmed by people that we spoke with who received a service. Some people had higher expectations and mentioned care workers being up to 30 minutes late or not arriving at a time they would like. However, this was more about the times that had been available when the service had been commissioned and people's expectations rather than any problem with the service.

Is the service safe?

Records showed there had been one incident of a missed visit due to a care worker not seeing a rota change. The registered manager had addressed this and new procedures were in place where care workers had to formally acknowledge that they had seen new/amended rotas. The provider told us they were in the process of buying a new call system which meant that care workers would have to ring in to the office to say they had arrived and when they left a person's home which would also greatly minimise the likelihood of this happening again.

Recruitment checks were completed to ensure care workers were safe to support people. Staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID.

People were happy with the support they received with their medicines. One person said, "There's nothing wrong with this organisation at all. They're all good. They come first thing, wash and dress me, give me my medicine and

breakfast, then the same one will come back again at 11.30. They've been looking after me for five years and I'm really, really pleased." Medicines were managed safely at Bluebird Care Exeter.

People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered and reviewed appropriately. Care workers were able to describe how they supported people with their medicines. Records and discussions with care workers evidenced that care workers had been trained in the administration of medicines and their competency assessed.

Is the service effective?

Our findings

Everyone we spoke with said that care workers were very well trained and were very competent in their work. They all trusted the care workers to have the skills to keep them safe. People said care workers stay for the full amount of time allocated, always asking whether there was anything else they need before leaving. No-one said they felt rushed by the carers. The agency motto was “on Time, Each Time, For the Whole Time.” One person said, “I generally have the same care workers which I like, even if they are new they seem to know what to do and I think this is only when they are short.”

People were supported by care workers who had the knowledge and skills required to meet their needs. All staff we spoke with said they were fully supported by the registered manager. One person said, “We get loads of training. When I was new I did shadowing for a week until I was confident. We have staff meetings every month which is good as you can be lonely working in the community. I can always ring the office if I have a problem and they help.” Another care worker said, “You can read the care plans which give you enough information to do the job and of course we can ask the people. If you are not covering sickness etc we tend to have the same regular people. I am lucky to have known the people I work with for two years so I know them really well.” Another care worker said, “We can ask for any training if we want to and I know you will get it. I feel I know what to do in my job, which is a lot better than other agencies I have worked for.”

The service was run as a franchise of Bluebird Care which is a large national company. The franchise employed the regional training officer as part of their own initiative. The franchise therefore had the benefit of a regional training officer and resources. All new care workers completed a 12 week induction programme at the start of their employment that followed nationally recognised standards. Completion of the induction workbook qualified staff towards credits on a qualification credit framework (QCF). Topics included Principles for implementing duty of care, Safeguarding, Person-Centred Support, Health and Safety and Role of the Care Worker.

Care workers confirmed they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people’s care records and the agencies policies

and procedures. They confirmed that the induction process included shadowing other staff and spending time with people before working independently. Training was provided during induction and then on an on-going basis. New care workers’ induction included weekly meetings for 12 weeks with a member of the management team and observations of their practice. It was only after they had been signed off as being competent in all required areas they then received a formal letter that confirmed they had completed their probationary period. New staff received a welcome pack and a Bluebird Care bag including a USB stick with the staff handbook and important policies to keep and a free fob watch. There was a clear career progression including various rewards for each achievement such as health insurance, return of the criminal check and induction fee and free break down cover. This showed that staff were valued and promoted a stable staff team who were motivated. Staff had a 12 week induction as probationary care workers for three months with weekly supervision. Various training was expected such as QCF Level 2/3, understanding of safe handling of medication, dementia and end of life care. After six months further training was provided and again at one year as well as on-going. Staff were praised and valued with certificates and a gift presentation and group photograph. There was a bonus scheme offered as an incentive for reliability and standards to achieve to pass the probation period. Staff “continued professional development progress logs” showed this was happening. The provider had also commissioned a nurse Phd student to review the induction programme in line with the new national Care Certificate over three months looking at ways to improve the programme.

An on-going training programme was in place that included courses that were relevant to the needs of people who received a service from Bluebird Care Exeter. Care workers had received training in areas that included equality and diversity, manual handling, medication and health and safety. Some staff were also undertaking long distance learning courses in dementia care, end of life care and diabetes. A training matrix showed which staff had undertaken what training and when they were due.

Care workers worked in teams managed directly by a supervisor. There were also assistant supervisors who could cover care workers if they were absent. A senior co-ordinator devised the staff rotas and “runs” so that as much as possible care workers visited the same people on

Is the service effective?

a regular basis. Initial calls and enquiries for care were recorded, assessed by the supervisor and allocated to care workers who had free visit time in that area. Allocations were done on a computer calendar where vacant slots could be easily identified. Care workers then received clear rotas of their visits in good time. A separate supervisor was responsible for managing care workers who provided live-in care. At present nine live-in staff provided care for four people in their own homes. One care worker who provided live-in care said they were well supported as the work could be intense. They knew who to call for support and felt they had the skills and information they needed to provide good care, again saying this was much better than other agencies they had worked for.

People were happy with the support they had to eat and drink. People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. Where people were identified as being at risk of malnutrition or dehydration care workers recorded and monitored their food and fluid intake. Care workers confirmed that before they left their visit they ensured people were comfortable and had access to food and drink. We saw this happening when we visited one person's home. Another risk assessment outlined a risk of the person refusing food due to memory loss. After discussion with the relative a method of encouraging the person to accept food was recorded in their care plan. An additional visit was added to check on their food intake and a food monitoring chart commenced.

Care workers were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their

health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists and other healthcare professionals based on individual needs.

Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered manager told us that if they had any concerns regarding a person's ability to make a

decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. For example, self-neglect risks were identified and managed well with appropriate health professionals. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests. Although this does not apply in a domiciliary care setting staff were aware of the practical application. Mental capacity and DoLS training was included in the training programme that all staff were required to participate in. Staff were able to explain sufficiently what MCA and DoLS were and care plans detailed people's needs and preferences such as which family members they wanted to be involved or not.

People confirmed they had consented to the care they received. They told us that care workers checked with them they were happy with support being provided on a regular basis. People signed their care plans having discussed them with staff. The initial pack given to people receiving a service advised people to contact the service if they did not agree with anything in their care package and to discuss any changes with staff so they could be included in their care plan. Care workers also recorded when people consented to the care that had been provided. Care plans stated, "I, [X], have been involved in drawing up my care plan and I give consent for the care to be provided as described in the care and support plan."

Is the service caring?

Our findings

The service provided good care to people especially those requiring end of life care. There was a specialist nurse within the team who co-ordinated and supervised people receiving end of life care. The service had an NHS contract which referred people to the service for end of life care. They hoped to recruit more specialist care workers to create a care specialist team. There were separate end of life care plans tailored to meet these specialist needs. For example, covering mouth care, pressure area care, feeding by tube, the importance of music and positive interaction.

Supervisors went out to assess people's needs and the care plan was handwritten at that time with the family in the person's home. If an urgent service was required due to end of life needs a tick box summary could be done to enable staff to deliver care until the full care plan could be devised. This enabled people to be transferred from hospital and cared for at home more quickly. The care plan included details of all health professionals and contact details of those involved, equipment used, resuscitation status and the important relationships and interests in that person's life. For example, one person loved particular television programmes related to their interest which staff facilitated. The care plans were very detailed about people's medical needs, including specialist nutritional information and people's preferences relating to end of life care.

All care staff had now been trained in end of life care with the training programme devised by the regional trainer for Bluebird Care and the end of life specialist nurse was also qualified as a "train the trainer" to deliver training in house. One example showed how a person had requested the removal of their catheter. The staff had supported the person who then remained continent and preserved their dignity and wishes. One person had written to Bluebird saying "I find the care worker faultless in the way they care. We were happy to have them visit our home." This relative had visited Bluebird since their relative's death and expressed their thanks for care provided especially on the "last night." Staff had also training from a funeral company helped staff get a better understanding of what happens next when people die, this enabled staff to be empathetic and informed when talking with family members.

Everyone that we spoke with, without exception, told us they were treated with kindness and compassion by the care workers who supported them and that positive

relationships had been developed. People's comments included, "I would recommend the agency because the carers are very good, very nice and so good to my husband", "They're very, very decent people who come. I'm very pleased with the help they give me and I've recommended the agency to others", "The people they employ are nice and it's very reassuring" and "The carers are really nice. I have a laugh and a chat with them. I only wish I could have my favourites all the time. The carers are very good. I can't fault them."

The service also looked outside care provision to offer opportunities for people to meet and go on supported outings called Customer Days Out. Care workers supported people to access the community and minimise the risk of them becoming socially isolated even if this was not part of people's formal care plan. The Bluebird Care Exeter regular newsletter showed people enjoying a trip to the local donkey sanctuary, having lunch where the service also adopted a donkey. The newsletter also included people's birthdays with their permission so staff could acknowledge and celebrate these during their visits. The registered manager told us how they hoped to also offer other services based on staff skills outside care such as pedicures, massages and hairdressing. This valued staff skills and enabled people to have accessible options.

People spoke highly of the quality of care provided by the care workers. No-one had any complaints about any of the care currently provided. Most people had had regular care workers for long periods of time. People said that care workers often went above and beyond and paid attention to details ensuring they were left after a visit with everything they needed. No-one felt rushed and there was thought given to providing proportionate travel time between visits. For example, one person said "I did have a regular girl who was fantastic but she's gone and now I've got [X] who'll bring the milk in and listen out for me in case I call out and need my pillows propping up." Another care worker had left a note for the next care worker to buy the person some milk as it was all out of date. Other daily records noted how the care worker had helped someone pack for a trip away and laid out warm clothes if people were going out. Care workers said that everyone cared about doing a good job. One supervisor had waited at a person's house for the district nurse to discuss the person's care in partnership. Another person had been assisted with their hoist out of their chair to help them look for their jigsaw pieces.

Is the service caring?

People's dignity and privacy was respected and people told us if they had expressed a preference it was taken into account. For example, one person only had female care workers as requested. Another person preferred that the supervisor did not watch care being delivered during a spot check so the care was talked through instead. When the service employed male care workers they sent letters to female customers to ensure they were happy receiving care from a male. Everyone said their carers treated them respectfully and kindly and took extra time to make sure their needs were met. One person said "The other day I woke up really dizzy and I don't know why. The girl called the doctor for me and then she came extra early that evening to check that I was OK." Another person said, "Occasionally [I'm not well] and if it's really bad they'll ring up the office to say they're staying with me to help me." The registered manager was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with care workers we spoke with. When we visited people's homes they said how lovely the care workers were and we heard staff talking to people in a positive, kind way.

When the care package started people were introduced to the care workers who would be visiting them. When new care workers were employed they visited the people they would be supporting whilst still on their induction alongside the persons current care workers so that people got to know the replacement care worker. One care worker explained, "We always try and visit new people with a supervisor if possible. Sometimes we can't if we are covering but generally it happens. I've had people ring the office and ask the supervisor to pop down and they do."

Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes.

Care workers understood the importance of promoting independence and this was reinforced in people's care plans. For example, one person's plan stated, "I like to do as much for myself as I can such as potter around the house and garden." Care plans focussed on what people could do and noted what they would like help with such as folding linen." Care goals stated "I would like to remain independent with assistance and to stay at home." One person told us how the service had discussed reducing their care as they felt they could manage with less visits as they recovered from a hospital stay. They eventually kept some visits just for the company of the care workers whose visits they enjoyed. One care worker noted in the care plan that the person needed water putting in the kettle and then the person could make tea for themselves.

People were supported to express their views and to be involved in making decisions about their care and support. The registered manager and supervisors had regular contact with people both in person and by telephone where they discussed their care. Everyone referred to the registered manager by name and confirmed they maintained regular contact with them and the office staff and staff involved them in decisions about their care. Care workers were able to explain how they supported people to express their views and to make decisions about their day to day care and this was reflected in the daily records.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone we spoke with, without exception, said that when their care was being planned at the start of the service the registered manager or supervisors spent a lot of time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. People said service was flexible in meeting their needs if, for example, timings need to be changed to accommodate hospital or district nurse visits, or they need extra time. One person said, "I needed someone to come at a different time because I had to go to hospital and they slotted me in." Another said, "When I've asked for extra hours, they've been there and really helped me."

The agency viewed concerns and complaints as part of driving improvement. The agency's complaints process was included in information given to people when they started receiving care. Most people said they had no complaints at all and they were all confident of being able to speak directly with the registered manager in case of any problem. Where people had an issue it had been dealt with well. For example people's comments included, "Once I had to complain about a particular carer and it was dealt with very well", "Once a carer was stressed as she'd gone to the wrong house. I asked them not to send her again and they never have" and "I did ring up about the young girl they sent when my regular girl left as we had nothing in common and I couldn't really chat with her. They are better at listening now although I really miss the old one." There were three levels of complaint. Some were dealt with on assessment at the time. Each person receiving a service had a computer file and any conversations were recorded there so staff could pick up any patterns of concern individually and overall. Other complaints could be formally managed in writing and level three would be a safeguarding referral. For example, a missed call had been dealt with immediately. A co-ordinators meeting had then been called and actions taken including sourcing a new telephone system to ensure missed calls would not happen. We saw letters apologising, detailing the issues and actions taken sent to complainants within the service complaints policy period for response.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The service also sent a letter to people's GPs with their consent to let them know who was providing care. There was communication with the person and relatives following the start of a new care package to ensure they were happy. For example, staff had communicated with one relative to reassure them the person was doing well. Another follow up call after one visit and then at the end of the week. Care plans were detailed, written in the first person and in a person centred way. These were reviewed on a regular basis and changes made to the support they required and the times and frequency of visits they needed. One person said "I think [X] is coming next week as they come and reassess my needs." Staff were responsive to people's changing needs. One person's notes detailed how care workers had noticed they were feeling low. They had then been monitored whilst on new medication in partnership with the GP. Care workers also ensured the person was offered their painkillers which could help them.

Care workers were kept fully informed about the changes in visits and the support people required. This was either by the registered manager in person or via text or email. A more robust system had been developed to ensure communication was effective with care workers formally acknowledging changes with the office.

People received personalised care that was responsive to their individual needs and preferences. Care workers were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. One care worker said, "The records are good, we can read the daily notes and know exactly what happened at the last visit. For example, care workers had been concerned about one person's family situation which could have been abusive. This was monitored sensitively and support given to the person in partnership with relevant health professionals.



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Our findings

The provider and registered manager had developed and sustained a positive culture at Bluebird Care Exeter looking at the care provided and how they could influence improvement within the wider community for the benefit of the people they cared for. Without exception people using the service, relatives and care workers all spoke very highly of the management team and office support staff. People knew the staff team and who to call for support. They felt the registered manager chose good workers who were generally well-trained. Their only concern was about changes of staff but they did not say they felt the staff were pressured or in a rush because of this. Staff contacted the office if they felt more details were needed on the care plans or to inform of any changes. People were also encouraged to inform the office to add details to care plans if necessary if they identified any changes to how they wanted their care. Therefore people felt involved in their care planning details. People had confidence in the organisation, with people mentioning they had gone back to the agency after a break saying “I’ve had several operations and always gone back to them afterwards” and “I’ve investigated other agencies because it’s costing me but I haven’t changed.” They all also told us they would recommend Bluebird Care Exeter to anyone who wanted care and support in their own home.

The service launched their Community Grant Scheme in 2015. This was set up to provide local community and volunteer groups funds to continue their work. Groups apply to the service and a grant is then awarded to a different group every quarter. The first grant was recently awarded to a local Parkinson’s Support Group. They supported local charities related to the needs of people receiving a service from Bluebird Care Exeter and matched people’s needs with their permission to see if they could further assist the person, such as with providing equipment.

The provider invested heavily in the service as part of their on-going passion for continuous improvement. The Bluebird Care Exeter motto was “Brilliant first, big second” in relation to plans for future expansion. We heard about plans for various schemes and partnerships to inform and enable people using the service to access relevant services. For example, there were partnerships with a legal firm, local GPs, networking events, local businesses and health

professionals. The partnership with the local League of Friends ensured a mutual referral scheme to help reduce isolation. They were able to work together to identify people who they felt could benefit from each service, home care and day care support. This enabled a person receiving care from Bluebird Care to attend a day centre and memory café two mornings per week as care workers identified this could be beneficial for the person. The care worker went to their house at an earlier time on those days to help the person get ready to join the day centre. This was organised by Bluebird Care who liaised with the League of Friends to ensure this happened weekly. The person benefitted from company which they would not have been able to access otherwise.

Bluebird care organised for the Fire Service to come into the office and have a talk with the care workers and sign up to a scheme (Home Fire Safety visits) whereby if they had concerns about a person’s safety when carrying out their role they would highlight to Bluebird Care. They liaised with the person to book an appointment with the fire service to assess the risk and implement safety measure such as fire alarms. Through this scheme the Fire Department, registered manager met with one person using the service who was at risk and ensured they were safe.

The registered manager and provider were excellent role models who actively sought and acted on the views of people. People were regularly asked their opinions about whether they received a good service and where any improvements could be made. The registered manager monitored the quality of the service by regularly speaking with people who received a service. The registered manager and supervisors also undertook a combination of announced and unannounced spot checks and telephone interviews to review the quality of the service provided. This included arriving at times when the care workers were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person’s home to ensure they were appropriately completed. There were overall governance audits also including care planning random checks, visit log checks and medication audits.

Systems were in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence. For example, one person was at risk of displaying behaviour which could be



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challenging for staff. This had been monitored to avoid the re-occurrence of an incident. We saw that the computer system did not always match paper records which the registered manager would look into but all the information was available.

The agency also obtained the views of people receiving a service and care staff in the form of questionnaires. The latest questionnaires were sent to people this summer and information had been analysed to drive improvement. Comments were overall positive and the service was working on improving consistency of care workers and briefing of care workers for new clients for example.

There was a positive and sustained culture at Bluebird Care Exeter that was open, inclusive and empowering. There was a well organised and structured office where staff worked together with well defined roles. Staff were motivated and told us that management at Bluebird Care Exeter was excellent. They told us they felt fully supported by the registered manager and provider and they received regular support and advice via phone calls, texts and face to face meetings in groups and one to one. This was effective and we heard about one staff member who had had issues and gone through disciplinary procedures. They had subsequently gone on to become carer of the month with support. They said the management team was approachable and kept them informed of any changes to the service and that communication was very good. There were also regular management meetings with the directors weekly, regional meetings and monthly supervision meetings for the registered manager with the provider. Staff also attended local provider meetings to learn from other providers in the local community. Bluebird Care nationally also provided conferences which covered topics such as policies, promoting staff engagement and invited national speakers such as the leader of the Olympic volunteers. Regular meetings and feedback from staff had led to a more varied induction and training programme with information gained at these meetings. For example, training in the use of UV lamps in managing infection control for people and staff now use a special practice vest to visualise first aid training.

Staff meetings were held every month and there were regular newsletters. All staff said there was a good team atmosphere where staff helped each other. We heard one example where a care worker had experienced a distressing situation. The service had supported them and

let the staff team know how well the care worker had done in managing the situation. There was a great sense of the service valuing staff, for example from the initial welcome pack, to regular care worker of the month awards, bonus opportunities and celebrating progress through the career journey. One care worker had received a letter from a GP praising them on the way they had handled a sensitive situation with someone receiving care. Care workers then received a certificate and vouchers.

Staff used their learning when providing care to people. Staff gave feedback about who was at risk of social isolation and offered them supported social trips. The trip to the Donkey Sanctuary enabled one person to leave her house supported by care workers and join other people, the provider and office staff on this outing. This person had not left their house in two years and had an amazing time as well as becoming familiar with the people who managed their care. Other people enjoyed the Dementia Awareness Walk and being involved in a worthwhile cause., again with care workers and office staff. Staff said they met each other regularly and there were meals out and a Bluebird quiz team. Staff also got to know who was in the team with the “Meet the Team” article in the newsletter. This helped staff know each others’ roles, their experience and specialist knowledge and why they enjoyed their job. Comments included “I really enjoy making a difference to our customer’s lives, I’ve built up a real bond. I also enjoy discussing staff career journeys and seeing them enjoy their jobs.” Another staff member said “I like being involved in a company that has caring for others at its core.” Bluebird Care Exeter also recognised and rewarded success each month. For example, in the summer staff had celebrated long service achievements with a party. Staff made the effort to attend. There was on-going recruitment with Bluebird Care Exeter “recruitment cafes” in the local area to encourage people to understand the care sector and maintain a good quality of care workers. There was also use of social media to connect with the community and encourage engagement and feedback.

All aspects of the service were closely linked with the local community and organisations to raise awareness of issues and fundraising events. The service had recently attended a charity event with a local league of friends raising funds and supporting other organisations with local businesses. The service also ran a regular Bluebird Care Blog. The blog covered a range of care topics. For example, Dementia Friends. This is an initiative launched by the Alzheimer’s



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Society to help public understanding of dementia. The service had dementia friends champions and were working to helping to create a more dementia friendly community. They encouraged other organisations to attend Bluebird Care Exeter hosted dementia friendly workshops and shared inspirational stories of positive impact. The service arranged a Customer's Day Out during Dementia Awareness Week to Exeter Quayside and pub lunch and walk. The service also see these as good opportunities for

customers to meet office staff in person. The service shared national news and trends with staff such as implications for health and social care from the budget and supported national health initiatives such as Carer's Week and Volunteer's Week. The service also provided useful information for families and for maintaining people's independence , for example Top 10 Tips for Preventing Falls and signs of a stroke. The office held a cake sale to support the local Stroke Association.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.