

Tregeen Limited

# Bluebird Care (Cornwall North)

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on the 17 and 23 May 2018. Our last inspection of the service was carried out in January 2016. At that inspection we rated overall Good and Outstanding in the domain Caring part of the report. At this inspection the service was rated overall Outstanding.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. The franchise operates over two hundred locations across the United Kingdom.

The office of Bluebird Care (Cornwall North) is located in the centre of Camelford, and it is readily accessible for people using the service and staff. This service is a domiciliary care agency. It provides support for people living with dementia, older people, physical disabilities care, learning disabilities and autism spectrum disorder and sensory impairment. At the time of our inspection 93 people were receiving support from the service.

The service provides three types of support to people in the community. The first one is for short visits to provide personal care or domestic support. The second service is to provide a 24 hour package of care with a core staff team supporting a person in their own home. The third service is to provide short term live in cover for people whose main carer might request a respite service.

There was a registered manager in place at the time of our inspection. 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 culture of Bluebird Care (Cornwall North) was exceptionally inclusive. The providers values were person-centred and made sure people were at the heart of the service. Staff shared this view and had a common vision to provide a service where people were enabled to live their lives as they chose and maintain their independence. Staff demonstrated they cared through their attitude and engagement with people. Staff clearly understood the need to respect people's individual wishes and choices. One person told us, "They [staff and managers] are exceptional. I have the utmost respect for them all. They all go over and above in what they do." This was reflected many times by managers, staff and people using the service throughout the inspection.

The service was proactive in ensuring equality and diversity standards were integral to people's care plans. For example making sure people's needs were clear to help staff in delivering care and support. Staff told us the information helped them to identify any diverse needs and to respect people for who they were. People told us staff were respectful. One person said, "I have a disability but [staff names] understand and respect me for who I am. Not the disability."

The provider and registered manager were innovative and demonstrated governance systems were embedded into the core framework, to ensure continual development and monitoring of the quality of care and support they delivered. They worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service.

Senior staff were dedicated to providing quality care to people. They valued staff and promoted their development. There was an open culture at the service where staff felt exceptionally supported, able to raise any concerns and put forward suggestions for improvements. The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways which suited their needs.

The service used technology to support staff in their work. All staff had links to the system used, with password access to information about the people they were supporting to ensure the information was protected. They told us the system was excellent and was updated constantly so any changes were recorded as they occurred.

The registered manager and staff were confident about the action to take if they had any safeguarding concerns. The registered manager had raised issues with the local authority when alerted to concerns. Risk assessments clearly identified any risk and gave staff guidance on how to minimise the risk. They were designed to keep people and staff safe while allowing people to develop and maintain their independence.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them. If there were any sudden changes people told us they were always informed, with the time and name of the staff member.

Medicine procedures were safe. The service supported people with their medicines by prompting them and administering them. Where medicine was administered records were completed by staff.

Recruitment and selection was carried out safely with appropriate checks made before new staff could start working for the service. Staff had the skills, knowledge and experience needed to care for people. They received training to carry out their role and were knowledgeable about how to support and care for people. They had the skills, knowledge and experience to provide safe and effective support. People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

There was a strong focus on continually striving to improve. This included the introduction of an innovative electronic care recording system to support an effective delivery of a high quality service to people. The system supported the registered managers and supervisors to monitor the delivery of people's care as it happened. The provider, registered manager and staff told us it was working extremely well and that it had helped in improving communication and responding to changes. People's care was being delivered more safely, effectively and responsively due to the provider's utilisation of technology to support the planning, delivery and monitoring of care.

The management team strove continually to improve the quality of service they provided. There were robust processes in place to seek people's views on the service and monitor the quality of the service.

Information from customer surveys and the actions the provider took were shared openly and honestly with

people. Feedback from people through surveys and complaints was used to continuously drive improvement.

The provider engaged with other Bluebird Care franchisees in the south west region and nationally to discuss operational issues and good practice examples. Bluebird North Cornwall had received an organisational award for best service in the South West. The registered manager and staff told us this recognition meant a lot as it had made them feel valued as a team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service remains Outstanding.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Outstanding ☆

The service was very well-led. People were involved and consulted in the running of the service.

Relatives and health professionals were consistently positive about the registered manager and the running of the service.

The providers ensured that the service promoted a very strong value base that was reflected throughout the agency, in their approach, and in their delivery of care.

The providers worked with other agencies and the general public to raise the profile of domiciliary care and promote good care options for people.

There were systems in place to monitor the quality of care which were used to improve people's experience of using the service.

# Bluebird Care (Cornwall North)

## **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 17 and 23 May 2018 and was announced. Over the course of the inspection we visited the head office where we spoke with the providers, registered manager, senior staff, office based staff and one staff member visiting the office. We looked at records and visited two people and their relatives in their homes. The inspection was announced 48 hours in advance in accordance with our current methodology for inspecting domiciliary care services. The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 16 people using the service and /or their relatives. We contacted 20 staff members for their comments and received 9 replies. We interviewed 7 office staff and received 4 responses from external professionals.

We reviewed three care records of people using the service and associated documentation such as risk assessments and pre assessments. We also reviewed three staff files, training records and records relating to the management of the service including quality audits and monitoring information.

We reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection, the provider completed 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 found the PIR reflected the service provided.

We contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe when they or their loved ones were receiving care and support in their own home. Comments from people using the service included, "I have never had a bad experience. I trust [my carers] and they never let me down. I feel safe with them more than with anyone else really" and "On the whole I feel very safe." Relatives told us, "I have every confidence in the staff who care for [my relative]" and "Knowing staff will be here when I'm away gives me peace of mind."

The service had procedures to minimise the risk of unsafe care or abuse. Staff had received safeguarding training and understood the process to follow to report any concerns about people's safety. Staff were able to explain the action that they would take if they witnessed or suspected that abuse had occurred. Staff received continuous updates and reminders about the safeguarding process through staff meetings and one to one meetings with senior staff. They told us they would also feel confident to report any poor practice they observed and were confident the provider would take any concerns very seriously.

Staff told us that they had completed training in how to provide people's care in a safe way. For example, how to safely use equipment to support people in their own home. One relative told us they had every confidence in the staff ability to use equipment safely. They said, "I have no concerns at all. I know I can trust them." However one person told us they thought the staff were finding using equipment to support a relative difficult, as the person was nearing the stage when nursing care was the most likely option for the person's continued care. We informed the services registered manager about this who gave us evidence that the issue was dealt with immediately and with the satisfaction of all parties involved. Where people required specific training to support people with clinical nutritional needs this was provided by specialist trainers to ensure they were skilled to practice any interventions.

Risks to people were identified during the planning assessment and continuing reviews. Staff were knowledgeable about people's individual risks. The services reporting system ensured information was frequently updated so staff were aware of how to keep people safe. For example one person's care needs had increased. Staff had reported this to supervisors who acted immediately to review and make changes. The reporting system meant this information was updated quickly and staff supporting that person knew of the changes. These included actions staff needed to take to support people to maintain a safe environment and risks specific to the care and support being delivered. For example, supporting people with meals and hot drinks and having the right equipment to help them mobilise. This meant people were protected from risks because hazards to their safety were identified and managed.

Risk assessments for the safe managements of medicines provided staff with a good understanding about the specific requirements for people they supported. Staff had relevant training and competency testing to assist them in the safe administration of medicines. Where staff supported people with their medicines they completed medicines administration record (MAR) charts to record when each specific medicine had been given to the person. Where an error had been reported the staff member had alerted medical staff and they were provided with additional training, supervision and observations by senior staff to ensure staff had learned from the error.

Records were kept of any accidents or incidents. The provider and registered manager checked all accident and incident records to make sure any action was effective. Also to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again. For example when in the past a visit had been missed the service had recognised there was a system required to monitor this in a more robust way. The electronic information system now alerted office staff through a colour code as to whether visits had taken place and the length of the visits. This showed the service took action in ensuring they learnt from experience.

As at the previous inspection appropriate procedures were in place, and were followed, with regard to the recruitment of staff. We reviewed three staff files and found the necessary background checks had been carried out and that the service's recruitment policy and process had been followed.

Staff in the office and those working in people's homes had contact numbers to be used in emergencies. For example, emergency service numbers including social service and health departments. In addition staff in the office had contact lists for local contractors if people had a domestic emergency. Staff told us the office on call numbers were always available to them if they had to contact a senior staff member out of office hours. They told us, "I've never had a problem. Always someone at the end of the phone" and "We know who is on call and who to contact." There was an office contingency plan for severe weather. Staff told us this had been used twice in the recent bad weather. One person we visited told us, "They [staff] were wonderful when it snowed. I don't know how they did it but I never missed a call."

People told us there were enough staff and that they received support when they needed it. Staffing was worked out using rotas, which identified when planned activities took place and times when people needed more support. This ensured there were enough skilled and experienced staff on duty to support people safely. People using the service and staff told us they received a copy of the rota and they liked this because they knew which staff were going to support them. People told us they saw a consistent staff team and staff told us they had time to carry out their duties and to travel between visits.

## Is the service effective?

### Our findings

People receiving care and support made positive comments about the staff who visited them. Comments included, "I am very happy with the staff. They are kind, friendly always happy and know what they are doing," "The carers always ask how I am because my condition means some days are better than others. They get me ready in the mornings and if I need to ask for something different, like 'would you help with my make-up today' they always do".

People, relatives and staff told us that communication within the service was very good at all levels and there were a variety of mechanisms in place to evidence this including meetings, newsletters and reviews. A relative told us they had been very impressed by the commitment of staff in getting to know their relatives ways of communicating using body language and facial expression. They said, "Extremely impressed in the staffs commitment in getting to know how [person's name] communicated. They [staff] really took time to focus on what [person] was trying to get across. Very impressed." Another person told us, "When my voice becomes weak, normally in the evenings, they work around this and make sure I am able to be fully understood."

People received the care and support they needed to maintain their health and wellbeing. One person told us, "It's the best agency we've used. It's very good." People told us they felt their carers had the skills and knowledge to give them the care and support they needed. People agreed that the care and support they received from the service helped them to lead healthier lives, access healthcare services when they needed to and receive effective healthcare support. People said that their carers always sought their consent. One person told us, "[My carers] always explain everything and ask my permission before delivering any care, especially personal or intimate care."

Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Staff were positive about training and told us, "The training is very good. We get training in all areas and more if customers need special support or care."

Different methods of training were provided which suited diverse ways of learning. The registered manager told us they had their own trainers and also used external training whenever it was necessary. For example, clinical nutrition or stoma care. Interactive training also took place which meant staff learnt using e-learning [learning conducted via electronic means for example the internet]. Some staff said they found this way of learning useful and less intrusive as they could carry it out in their own time. The agency had its own training room with facilities including moving and handling equipment. This meant staff were able to learn using equipment they would use in people's own homes.

There was a formal induction programme it included a health and safety checklist as well as working through organisational rules. For example, dress codes, handling personal information and following rotas. Staff then went on to work for a probationary period with a more senior staff member before having an initial supervision and spot check in order to identify their competency in working alone.

Staff had regular opportunities to discuss and reflect on their practice to improve the quality of care people received. Staff were positive about supervision meetings and told us, "Supervision is very good and regular. We also have spot checks which I like as it makes sure I'm doing things right or if I need more training. "Supervision is a meeting between a supervisor or manager and member of staff to discuss the individual's work performance and areas for development. The registered manager told us their aim of supervision was to focus on staff development and review their competencies, "We find staff like the support as they see it as a positive way for them to discuss things about their role and their training and development."

Staff were supported by the provider and registered manager to develop their skills to help them provide more effective care to people. Staff told us the provider gave them opportunity to advance their qualifications. Staff were encouraged to develop within their roles and study for nationally recognised care qualifications. For example, some senior staff had gained a level 5 diploma in leadership and management in social health care to support them in their role.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The managers and staff had received training on the MCA. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care.

The service was using a technology system for completing care plans and other communication methods, so that staff had better access to information and could update this remotely. Staff told us it was a good system which had improved communication at all levels so care and support was more effective. One staff member said, "The system we use [Information technology] is really good because it's always getting updated, so we have the information we need to deliver care to customers. Every Friday the rotas come through which are useful because it means I can plan my week knowing what I'm doing."

## Is the service caring?

### Our findings

At this inspection, we found people were extremely satisfied using the service as they had been during our previous inspection. People felt staff were exceptional in how they delivered care to them. The rating for this Key question continues to be Outstanding.

People and their relatives consistently told us that staff were very caring and that people were always treated with great respect and empathy. People using the service made the following comments, "The carers who come to see me are such nice and caring people. They are smiley and cheerful. They always help me dress and I can't fault them at all," "Without my Carers my independence would be badly affected. I might not be able to be alone in my own home" and "They make such a difference to my life. I just couldn't manage without them." A relative told us, "Excellent carers. We can totally rely on them. They are passionate about what they do and always smiling."

There were numerous letters of satisfaction from people and their relatives. Everyone spoke highly of the kindness and compassion that care staff showed to them. There were many examples of this including people telling us staff had provided "consistently excellent care", over and above what they would expect. For example a relative told us staff were exceptional when supporting a family member during a hospital admission. They said, "One carer stayed all night with me so I could get some rest and in the day another carer stayed with me to help me communicate with the staff. It just helped so much as I was exhausted." The service had supported a person and their family wishes as they entered the final stage of their life. The agency arranged a small number of staff to support the person and family so their wish to stay at home was realised. Another person wanted to return home from rehabilitation. A family member told us, "They [managers and staff] pulled out all the stops. They visited [the person] gathered all the information they needed. Very impressed. They went over and above what I might have expected." In addition staff had spent additional time with the person in order to be able to effectively communicate with other professionals at the point of them taking over the care.

People felt that they were supported by staff who knew them very well. They thought this made a difference because they had developed mutual trust. A staff member told us, "We [staff] have the same customer and that means we get to know them and their families very well. We also get to know about customers through our care planning system. This is excellent and gets updated all the time so the information is accurate." People told us that the information provided to them by letter, or email, was communicated in a way which was suitable for the person. For example large print if necessary and written in easily understood format.

The service had a strong and visible person-centred culture with staff regularly going the extra mile. For example a family informed the registered manager during an assessment, that theirs was a 'Christian house' and they needed staff to understand and respect that. They told us, "This was very important to us and yes so far, the staff recognise this and respect it." Some people had diverse interests which the staff noted and clearly understood. For example a staff member brought back a Spanish magazine from holiday as they knew a person they supported spoke and had an interest in the Spanish culture. A staff member told us, "It made their day." In another instance a staff member brought some Sauerkraut back from a visit to Germany

as the person had German heritage and they knew the person liked this food. Another example of staff caring for people was seen when they had understood the concerns and anxieties of a person when supporting them about their hair condition. They were able to give advice on various products resulting in a positive outcome for that person due to them experiencing similar issues.

The service demonstrated they responded to people's care needs at times of emergency. For example, a staff member was praised highly by a person using the service and their family after staying with a person and keeping them calm until support arrived. They commented, "Went above and beyond".

The organisation recognised the importance of valuing people who used the service. This included recognising birthdays and when bereavement had taken place. Cards were sent to people and families on these occasions and events. One person said, "It's lovely they remember things like that. It's not important to them but it's lovely to have it recognised. They [service] go that extra mile."

Staff recognised the importance of making sure people's individual needs were respected. The organisation recognised and responded to people's individual communication needs. For example during the assessment procedure, communication needs were recorded onto the IT system, which were then highlighted to staff supporting the person when they logged into their care plan. Staff told us the system was 'brilliant' because it was so up to date and any changes were reported on. A staff member told us, "I was a bit hesitant at first but it's a great system and so much easier than having bits of paper to fill in."

Where people were unable to express their needs and wishes verbally care plans clearly detailed how people communicated to ensure they could still be consulted and make decisions. For example one plan identified the person's verbal constraints, and that the person used gestures and other facial movements to communicate their wishes and express if they were happy or not. A staff member told us that this level of detail of information, meant they could respond to the person and establish how they were feeling at all times. A family member told us that staff knew their family member very well and recognised the signs that might indicate a change of mood or if they were happy or unhappy. They told us they were extremely happy with the detail staff went to in order to support their relative. People's personal preferences were also documented so staff understood any special needs. For example, one person was living with dementia and became unsure about the identity of staff supporting them. The service had left a photographic list with the names of the staff members. This had effectively supported the person and also reduced their level of anxiety.

During our visit to the office every member of staff we spoke with was polite, professional and respectful. When answering queries on the phone the coordinators and supervisors were patient and knowledgeable about people's histories and current situations. It was clear staff were very familiar with people's likes, dislikes and preferences and we observed this attention to detail was built into the practicalities of care provision. A member of staff told us that they knew people's personal preferences, for example how they liked to look and what clothes people particularly liked to wear. This was confirmed when people told us, "[My carers] will always ask me what I think and take my opinions, choices and preferences into account".

Sensitive personal information was stored securely in locked cabinets. The service's use of the electronic care planning system was password protected to ensure access could only be made when individual passwords were used. There was a failsafe system to ensure that if the device was left on it would shut down within thirty minutes thereby reducing the risk of information being available to other people without permission. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare and community professionals and we observed this documented in people's care records. This meant people could be assured their sensitive information

was treated confidentially, carefully and in line with the new General Data Protection Regulation [GDPR].

If people did not have support from family then the service could assist people to access formal advocacy support. The service had information and details for people and their families if this was needed. This ensured that both, people's interests were represented, and that they were supported to access other appropriate services outside of the service to act on their behalf if required.

## Is the service responsive?

### Our findings

The service was responsive to people's needs because there were assessments which identified what those individual's requirements were and recorded how they would be met on a personal person centred plan. People or those with authority to act on their behalf, had contributed to planning their care and support, and this had taken into account each person's strengths, levels of independence and quality of life. A relative told us, "I've been personally very impressed with the way they [staff] listen to my views and take the time to get to know [person's name] and how they like things done." A person using the service told us, "They [staff] are very good at checking things are going right. They [staff] keep in touch to make sure my needs are being managed as they should be." People reported that they had all been asked whether they would be happy to receive support and care from both men and women, or if they would prefer a person of their own gender. This ensured the service was respecting people's rights and choices.

People told us they were happy with the care and support staff provided and that it was focused on them as individuals. Comments included, "We are able to talk to Bluebird Care and adjust the carers' routines as and when it is needed. They are always very understanding and helpful" and "[My carers] are all very punctual and willing to do anything, often more than is actually expected of them to care for and support me."

People and family members were aware of their or their relatives care plan. Not everyone wished to be involved in this aspect of care and support but people told us they were given the opportunity to contribute to it. Care plans were personalised and gave staff the information they required to respond to individual needs. For example a person required specialist nutritional support. Details of this were very clear and guided staff. Staff supporting this person had also received training in supporting their clinical nutritional needs so they could respond effectively. People's personal preferences were also documented so staff understood any special needs. For example a person was living with dementia and became unsure about the identity of staff supporting them. The service had left a photographic list with the names of the staff members. This supported the person and reduced their level of anxiety.

Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not have been able to explain their needs. Care plans were regularly reviewed and updated so staff were responding to a person's current needs. Any changes were quickly identified and recorded; with staff telling us updates were send directly to them through the use of the electronic care planning system in place.

People told us the service was responsive in accommodating their particular routines and lifestyles. Some people attended church services as this was important to them. In order for this not to be disrupted the service coordinators ensured their visit times were arranged around this. In one instance a person received communion at home. A staff member supported them before this to ensure they were ready for communion to take place. Staff made activity visits to some people. One person we visited had an activity visit so the main carer had the time to go out for some respite. The relative told us this was very important to them as it gave them time to themselves. They said, "They were baking yesterday. It gives me comfort knowing [person's name] is being cared for when I'm not there."

Staff supported some people with activities and community links. For example, the organisation held a memory group. People living with dementia or with memory problems were supported by staff to attend. Visits were arranged when staff supported them at lunchtime and then accompanied them to the memory club.

Staff had the necessary information to respond to a medical emergency. Staff had access to a link within the services technology system to link into videos of various medical emergencies. For example, falls, heart attacks, burns and scalds. A staff member told us this gave them confidence in an urgent situation as they often worked in isolation.

Care plans reflected people's histories and preferences. This gave staff information to talk about hobbies and interests and form a better bond with people.

Although Bluebird North Cornwall is not a specialised end of life care provider the service was able to support people to stay at home at the end of their life if this was their wish. For example a recent request was made to support a person at home rather than them enter a hospice. The registered manager, supervisors and staff worked collectively to ensure the person's final days were spent at home being supported by a small staff team. The service worked with the local hospice and palliative care nurses to enable people to remain at home for as long as possible or through to end of life. Some staff had attended training in end of life care and where this service was required they supported people due to the specialist knowledge and skills they had.

The service had a complaints procedure which was made available to people they supported and relatives involved with the person's care. People told us they knew how to make a complaint if they were unhappy about anything.

People using the service said they were confident their concerns were listened to and acted upon. One person said, "I have not raised any official complaints but I have fed back if I have niggles. They [managers] are very good at coming straight out to see me and get things sorted out." The service kept a record of concerns raised with them with a clear audit of how they were investigated and what if any action was taken. It demonstrated the service was open and transparent in how it managed complaints raised with them.

## Is the service well-led?

### Our findings

The culture of the management and leadership of the service was found to be extremely positive and demonstrated clear governance and oversight. People spoke highly of the overall management of the service and the quality of the service people received. People, relatives, staff and external professionals knew who the providers and registered manager were. They told us they were all visible in the service and that their standards were very high. People using the service and staff frequently used the terms 'feel valued and motivated'. People told us, "I don't know where I'd be without them," "Always have time to listen. If I ever call the office they know who I am and always make a fuss. It means a lot" and "Wish we'd found them years ago." Staff told us, "I have never worked for a better more supportive team and even though we often work individually, that's exactly what we are, a team. If you ever need help or directions or a general moan the office is my first port of call," "Always feel like a valued member of the team and that your individual needs are met in the best way possible" and "I can honestly say Bluebird genuinely want the best for their customers and take the time to make the best care packages to suit them. I am proud to be a Bluebird carer."

Staff told us they felt extremely valued and that working for Bluebird North Cornwall was 'excellent'. The providers recognised staff achievement by rewarding them. For example, following a survey it was agreed staff should be paid for travel time. Staff were rewarded for their commitment to their role by receiving flowers and chocolates as well as having a roadside scheme to support them if they broke down and health packages. One staff member told us, "At Christmas we all received a present of a blanket, torch, florescent jacket and flask for if we broke down. I think it was on the back of staff commenting on how rural and dark some places can be. It was just so nice to think of us and take our safety seriously."

Staff provided consistently positive comments. They said, "Can't speak highly enough. They [providers and managers] put in 150%. They are very much respected because they make us feel so valued. I'm proud to work for such a great company," "I had a challenging customer when I first worked on my own. I didn't need to worry because the on-call staff talked me through it and I think I managed the situation well with the support I was given when I most needed it. [Providers, registered manager and supervisor] are totally dedicated to what they do to support staff" and "I can speak with the registered manager if I need to. We [staff] are encouraged to speak about anything that we are not sure about or concerned about. They are extremely approachable."

Open and transparent communication with staff and people using the service was seen as essential in ensuring they were kept updated weekly. A staff member told us, "Every Friday we get a newsletter with our rotas. It's full of information, comments and examples of where there has been good practice. This really helps us [staff] feel valued and part of the organisation. It's an excellent but simple way of making us feel involved." People using the service told us the bi-annual newsletters were an excellent idea. One person said, "Having the rotas every week makes so much sense. It gives us peace of mind knowing whose coming and when. People also received a paper copy as well."

Staff told us they were encouraged to come into the office as often as they liked. A staff member said, "We

never feel we should not go into the office. In fact we are encouraged to go in, have a chat and a cuppa. Always made to feel welcome. It makes you feel valued and part of a big team." The management team saw positive staff engagement as essential in developing and nurturing the staff team. This was achieved by being open and transparent, frequently engaging with staff at all levels, and rewarding staff for achievements no matter how small. For example, staff meetings were held on various dates so all staff would be able to select a time which would suit them. Staff with young families, were able to bring them to meetings because there was a first floor room their children could use during the meeting.

The service recognised the importance of staff understanding what the policies underpinning the organisation were. Staff were responsible for reading policies and then discussing them in supervision sessions. It meant the staff team were informed of current policy and guidance and that they were familiar with them. A member of staff said they understood the need for this and it had made them understand the principles of the key policies which affected their work. For example a new equality and diversity policy had been introduced, which was currently in the process of being released into the service.

The service had their last CQC rating on display in the registered office, where people who visited the service could see it. This has been a legal requirement since 01 April 2015. The service's website held the latest rating and report for all stakeholders to see. Notifications were sent into the CQC as required and all other registration requirements were evidenced to be met.

The service was totally committed to community involvement. People told us they knew about activities through the weekly memo as well as talking with staff supporting them. For example the service had developed a Memory Lane group. This was held twice a month at the central office and supported local people with memory problems. People using the agency were supported by staff to attend. People told us there were regular coffee mornings in order to promote a social focus for people using the service. The service also used its premises to hold charity events in order to help raise funds for good causes. The providers, managers and staff saw this as an important way of achieving community involvement and engaging with people. The providers and registered manager invited local professionals to these events including, community nurse teams and dementia care practitioners as well as others. The comments they provided were extremely positive and included, "I am extremely satisfied with the service and level of care that the agency provides." "I have found them well led and professional at all times" and "I do value the on the ground level of support and working alongside an agency that cares and will go the extra mile." This demonstrated the services vision for community cohesion was innovative and that people were at the heart of what they did.

The service had embraced the electronic care planning and recording system. Staff told us it had made such a change from the previous paper record. They said, "It is easy to use, we can more or less rely on it and if you are in an area where the signal is weak it just takes a bit longer to upload" and "It's in real time which means any changes can be directly updated. I have a lot of confidence in it." During the office inspection we observed people's care was being monitored 'live' rather than relying on issues being fed back to the office and through paper notes. This enabled the provider to be extremely responsive to any issues with people's care delivery and to address them for the person. The innovative and effective use of technology had impacted upon the responsiveness of the service in being able to monitor people's care delivery almost, 'as it happened' and to identify and address any issues for peoples' care very quickly. The system was an innovative way of ensuring staff were kept up to date with changes to people's care.

There were robust procedures to monitor the quality and governance systems. The electronic care planning system was updated constantly and any changes made. The registered manager was aware of what incidents needed to be reported to the CQC or the local authority and had regular contact with social

workers and other professionals when any advice was needed. The service had a clear process for dealing with accidents and incidents. The registered manager told us accidents and incidents were discussed at team meetings and used as a lessons learnt event. For example, when a medicines error had occurred the staff member had reported the mistake immediately. The staff member was supported through additional training to improve their practice which was closely monitored for as long as the supervisor felt necessary. This reflected the transparency of the organisation when errors occurred. Any safeguarding concerns were discussed in a similar way and if the service received any complaints they were logged and reviewed and were also discussed individually with staff.

There were constructive systems in place to monitor the quality of the service provided to people. People had been asked for their views on the service via a questionnaire. There was a current review taking place where the registered manager and providers were visiting all users of the service or their carers to have open and meaningful conversations about the care they received. The registered manager told us the aim was to make people using the service feel valued and to be honest in the appraisal of their care. A relative and person using the service told us they felt the level of customer service was excellent. They said, "Undoubtedly extremely lucky to have such a supportive agency" and "They [agency staff] have made such a difference to my life. I don't know where I would be without them."

Regular audits were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. In addition surveys were completed to gather feedback on people's initial experiences of care and to discuss any changes the person would like to their care plan.

An annual quality assurance survey was used to monitor the standards of care provided and identify any areas in which the service could improve. We saw the findings of these surveys and noted that people were highly satisfied with the care that had been provided by trained and competent staff. The findings of the survey were included in the services bi-annual newsletter which demonstrated the service was open and transparent in its feedback to people.

The provider met with other Bluebird care franchisees in the south west region every two months and at an annual conference. This promoted an opportunity to discuss current practice and share ideas on how to continually improve the service. The service was recently recognised by Bluebird nationally, for their commitment to providing services to people in the community, by being awarded the Franchise of the Year Award for the South West. The providers also recognised the importance of recognising excellence in care by nominating a care assistant for the 'Care Assistant of the Year Award' for Cornwall.

The service worked in partnership with other organisations to make sure they were following current practice, provided a quality service and helped to ensure the people in their care were safe. These partnerships included, Bluebird Franchises, which kept the organisation up to date on any changes to regulations. Another example was with a homecare association, which had been advised on promoting high standards of care.