

McCoy Family Ltd

Bluebird care (Central Bedfordshire)

Inspection report

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Date of inspection visit:
07 September 2016
08 September 2016

Date of publication:
18 October 2016

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

Bluebird Care Central Bedfordshire is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our inspection approximately 69 people were receiving support with personal care.

The inspection was announced and took place on 7 and 8 September 2016.

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

The service was exceptionally well led by a dedicated registered manager, who was very well supported by a forward thinking management team. The culture and ethos within the service was motivating, transparent and empowering; staff told us that they were proud to work for the service and wanted it to be the very best it could be. Staff and the registered manager were inspired to do their best and were very committed to their work, facing up to challenges. They used these qualities to deliver holistic and personalised care to each person they supported. Each member of the provider team had exceptionally strong values, with a shared vision to ensure people had the best possible quality of care.

The registered manager and director had a clear vision for the service and its future development. They wanted the service to be influenced by the needs of the people it supported and were committed to providing high quality care that was personalised to people's needs. To ensure this took place they worked in conjunction with people and their relatives when trialling new systems and processes. Visions and values were cascaded to staff who attended regular meetings, which gave them an opportunity to share ideas, and exchange information about possible areas for improvements to the registered manager. Ideas for change were always welcomed, and used to drive improvements and make positive changes for people.

The director and registered manager demonstrated their passion for using robust quality monitoring systems and processes to make positive changes, drive future improvement and identify where action needed to be taken. All staff, irrespective of their role, wanted standards of care to remain high and so used the outcome of audit checks and quality questionnaires to enable them to provide excellent quality care.

We found a very progressive and positive atmosphere which extended throughout the service, amongst all staff and could be seen within the delivery of care to people. People and their relatives were placed firmly at the heart of the service, with all aspects of care being focused on them, their objectives and goals.

People were kept safe by staff that had a good understanding of how to identify abuse, and knew how to respond appropriately to any concerns that arose. Staff were confident that any concerns would be fully investigated. Risks to people's safety had been assessed so as to minimise the potential for reoccurrence,

and had been measured against people's right to take risks and remain independent.

Staff numbers were based upon the amount of care that people required, and were flexible to ensure that people were kept safe. Staff worked in geographical teams to ensure people received care and support from a regular team of staff. Contingency plans were in place in the event of staff shortages. Robust recruitment procedures ensured that only staff who were considered suitable to support people worked within the service.

Safe systems were in place to ensure that people received their medication in line with their prescriptions. Staff ensured that medication was administered and recorded in accordance with best practice guidelines.

An induction programme was in place for new staff which prepared them suitably for their role and assessed their competencies against essential standards. Staff were also provided with a range of training to help them to carry out their roles and meet people's needs. Regular supervision and annual appraisals, to further support and develop staff were also provided.

Staff complied with the requirements of the Mental Capacity Act 2005 (MCA) and worked hard to ensure that where possible, people were actively involved in decision about their care and support needs. Staff knew how to act if people did not have the capacity to make independent decisions.

People were supported by staff to receive an adequate dietary intake, based upon their specific dietary needs. People received the assistance they required to ensure they had enough to eat and drink. Liaison with healthcare professionals took place when needed and prompt action was taken in response to illness or changes in people's physical and mental health.

There was a culture of individualised care which placed people at the heart of the service and people told us that staff often went the extra mile for them. We found that positive and caring relationships had been developed between staff and people. People told us that staff treated them in a friendly and caring manner, with kindness and compassion, and cared for them according to their individual needs. Staff had a good understanding of people's individual needs and worked hard to ensure they had choices based upon their personal preferences.

Staff were very knowledgeable about the specific needs of the people they supported and used this information to ensure that people received person centred care, which ensured their privacy and dignity was maintained.

People's needs were assessed prior to them being provided with care and support. Care plans were updated on a regular basis, or as and when people's care needs changed. People knew how to make a complaint if they needed to and were confident that the service would listen to them. Where action was required to be taken to address complaints, we found that lessons were learnt from this to drive future improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were aware of the principles of safeguarding, and used this knowledge appropriately to protect people from harm.

Where risks to individuals were identified, specific plans were in place to minimise any adverse effects from these.

Staffing arrangements meant there were sufficient staff to meet people's needs and the service followed robust procedures to recruit staff safely.

Medicines were managed safely in accordance with prescribed guidelines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that had appropriate skills and had received the training they required to perform their role.

The service was meeting the requirements of the Mental Capacity Act 2005 and staff were aware of their responsibilities to always act in a person's best interests.

Staff provided people with support with meals where required and ensured that they received an adequate nutritional intake based upon their dietary preferences.

People's health needs were monitored closely and the service sought advice and up to date information from relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were happy with the care provided and had good relationships with staff who were highly motivated and worked as a team, dedicated to providing support in a person centred

manner.

Staff demonstrated they had a good understanding of the people they were supporting. People were treated with respect.

Systems were in place to make sure staff had all the information they needed to meet people's assessed needs.

People and their relatives were consulted about their assessments and involved in developing their care plans.

Is the service responsive?

Good 

This service was responsive.

People and their relatives were involved in decisions about their care.

People had their needs assessed and staff knew how to meet them. The service was flexible in the way it provided care.

There was an effective complaints procedure in place. Complaints and concerns were discussed with staff to identify lessons learned and improve the service.

Is the service well-led?

Outstanding 

This service was extremely well led.

The service was led by a registered manager who had vision and values that were shared and understood by staff, for the future development of the service. These visions and values ensured that people were at the heart of service delivery.

There was an open and positive culture at the service, between staff and people who used the service. Systems were in place to ensure people and staff were always well supported by the management and the provider.

Robust quality control systems were in place to ensure care was delivered to a good standard and areas for development and improvement were identified. There was a focus on continuous improvement through the provision of regular and on-going assessment and monitoring.

People and their relatives were at the heart of service development and their views were valued and acted upon. They were able to feedback on the quality of the service and felt listened to.

Bluebird care (Central Bedfordshire)

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 7 and 8 September 2016, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available for us to talk to, and that records would be accessible. The inspection was undertaken 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.

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 also checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service. We also contacted the local authority that commissions the service to obtain their views about the provision of care to people using the service.

We spoke with nine people who used the service and three relatives and reviewed written comments from four further people. We also spoke with the registered manager, a director and five members of care staff.

We looked at five people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment and training files and four weeks of staff duty rotas. We also looked at further records relating to the management of the service, including quality audits and service user feedback, in order to

ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People told us they felt safe and that staff protected them from harm or abuse. One person said, "You see the girls don't change much and because of this you get to know who is coming into your home, this makes you feel safer." Another person told us, "Oh yes I do feel safe when they are here – you see after a while you build a good strong relationship with them – I only have three or four girls." We were also told, "I do feel safe with the carers, if someone new starts they always shadow for a while that helps." All the people we spoke with and their relatives confirmed that they felt safe when staff visited them in their own homes.

Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and explained what they would do if they thought someone was at risk of abuse. They spoke to us about the reporting process that they would use, and were confident that any allegations of abuse would be fully investigated by the registered manager and the provider. One member of staff said, "If someone was neglected, had no food, or medication, we found bruises, if they were withdrawn, I would report it to [Name of Registered Manager]. We have all the safeguarding information on our phones." Staff also told us that where required, they would escalate concerns to external bodies; including the local authority safeguarding team, the police and the Care Quality Commission (CQC).

We found that staff attended regular training on protecting people from abuse, and also had their competency checked, so that where there were any gaps in knowledge, these could be addressed. Records confirmed that staff worked in conjunction with local authority to ensure that people were kept safe.

Staff told us that they would also report any accidents or incidents to the registered manager, should these occur, because they wanted people to be as safe as possible. One staff member said, "I would complete an accident form if I needed to." Where necessary, we found that incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.) Records confirmed that accident or incidents were investigated and appropriate action taken as a result.

People told us they were empowered by staff to take controlled risks. One person said, "They make sure everything is safe before I use it. That's just all part of the service." Staff considered that risk assessments were helpful in supporting people, especially when used in conjunction with care plans. Risk assessments had been completed for people in such areas including moving and handling and the environmental aspects of the home environment. The information in these documents was detailed, up to date and reviewed regularly, or more frequently when someone was new to the service or if their needs had changed. Where risks had been identified, practical guidance was provided to direct staff as to how risks could be minimised. Individual risk assessments were in place to promote and protect people's safety.

People told us there was enough consistent staff on duty and that they had enough time allocated to complete the required care. One person told us, "I know who is coming from the rota, so I know who to expect, this stops me worrying." Another person said, "The person on the rota is usually the person who comes." Everybody we spoke with confirmed that staff stayed the allotted time; one person told us, "They always stay for the allotted time." A relative said, "They are very good with my husband in the morning

sometimes his care does take the full two hours or longer other times it takes less time and he sends them on their way; they are all very good with this flexibility. They really try to meet his daily needs."

Staff also felt there were enough of them to meet people's needs safely. One said, "We have enough time to get to visits and can spend time with people, we have the same group of people to see so we can build up relationships. If we have new people we get introduced so we don't go in blind." Where possible, staff confirmed they were kept to a particular geographical region for continuity of care. They advised that rotas were received in advance by both people and staff to enable a smooth delivery of care. Records confirmed that staffing levels were flexible to accommodate busy periods or cover sickness, and were reviewed regularly and adjusted when people's needs changed.

The registered manager told us that there was an out of hours on call system in operation, that ensured that support and advice was available for staff when needed. There was always a senior person available to provide support and give advice in times of emergencies. We found that there were sufficient numbers of staff available to safely meet the needs of the current group of people using the service.

There was an effective recruitment and selection process in place which ensured staff were checked before they began working with people who used the service.

The registered manager told us that staff were not able to commence employment until two references and a Disclosure and Barring Service (DBS) check had been received. Records were well organised and new staff had completed application forms, which included a full employment history. We saw interview questions and answers and evidence of DBS checks, proof of identification and two references. Robust recruitment procedures existed to ensure that people were kept safe.

People told us they were supported to take their medicines as prescribed, and the medication administration records (MARs) we saw at the time of the inspection also confirmed this. One person said, "I order all the tablets and put them in the kitchen. They come through with the tablets on a saucer for me to take with my meals, they are very good. This ensures I don't forget to take them." Another person told us, "They give me my tablets after my breakfast –out of the little plastic tray thing that comes from the pharmacy." The level of support people required with medicines varied, some people required minimal prompting and some needed more support and guidance.

People received their medicines when they should and were kept protected by the safe administration of medicines. Staff told us they could only administer medication following training to ensure they were equipped with all the required knowledge to keep people safe. We found that the service used an electronic medication recording system, so that records were signed following administration. Staff said, "We have medication training and the system will flag up if you have missed a medication, it reduces errors, it's really good." We found that regular audits were maintained to ensure that there was robust oversight of the medication systems and processes used within the service.

Is the service effective?

Our findings

People told us that staff had the right skills and knowledge they needed to care for them properly. One person said, "Oh God yes they are well trained, they have to go in and have courses like medicines and some others had to go to a hygiene day recently. Bluebirds are top dogs, you can't criticise them." Another person told us, "I have between six and seven girls. They are all very good and well trained, some went on training yesterday, some are very young girls but they are still very good."

People also confirmed that before new staff started to provide them with care and support that they undertook a period of induction. One person told us, "They shadow for a while before they provide care on their own and we can get used to them that way." Staff told us that they received an induction when they commenced employment and explained that this was beneficial in giving them experience of the work they had been employed to do. The registered manager told us that there was no set period of time for the induction process, which meant it could be tailored to the individual needs of staff members. Shadowing visits with experienced members of staff helped them to understand people's needs and to get to know them before they began to work independently.

The registered manager said that new staff attended an induction training programme, which provided all the mandatory training expected by the provider. Records confirmed that the provider induction programme accommodated the fundamental standards within the Care Certificate. Competency was assessed through a series of observations, in areas such as administration of medication and moving and handling people, carried out during spot checks in people's homes.

Staff told us they received regular training to maintain their skills and keep their knowledge current and up-to-date. They said that the training was good and helped them to develop new skills and provide appropriate care for people. One staff member said, "Training is updated, we have a mix of e-learning and face to face training; we are kept up to date." Another staff member told us, "We get asked about training needs and if we want to do National Vocational Qualifications [NVQ's]." Another staff member said, "We do medication, moving and handling, food safety and health and safety. Training reminds you of the importance of things."

The registered manager told us, and records confirmed that staff had been supported to undertake additional vocational training. For example, training had been provided for staff on supporting people who were unable to take food and drinks orally, and required to use a percutaneous endoscopic gastrostomy (PEG) feeding system. Staff told us that this training had been really helpful and had given them the confidence to provide people with appropriate support. Records showed that staff had attended this and other training which included safeguarding, infection control and manual handling which was suitable for their role.

Staff received supervision on a three monthly basis. One staff member said, "Supervisions are good and regular." Another staff member told us, "Supervisions and spot checks are useful. You don't feel like you are on display, it's a relaxed thing and we interact and talk about things in a positive way to improve." Staff that

had worked at the service for more than a year said they had an annual review of their work performance, during which their training needs were identified. If they had any problems or questions between supervisions, they could go to the registered manager and other senior members of staff, who they said were very supportive and always accessible to them. One staff member said, "We have great support, the best, there is an open door policy and we can come in at any time to discuss anything." Staff were also subject to unannounced checks carried out by senior staff, where working practices were evaluated and they received feedback on the findings.

People acknowledged that staff asked for their permission before they carried out a task or offered them support. One person told us, "They do ask. You see I have a sore and they have to put Proshield and other cream on it. They say would you like me to put cream on it looks a bit red?" Staff told us that it was really important to seek people's consent, and to provide care and support in line with their wishes. Records confirmed that people's consent had been sought and documented, for example, in respect of medication and provision of care.

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 registered manager and staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA) and advised that they would always liaise with the local authority if they had any concerns about a person's fluctuating capacity. Records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People told us that that the support they required with nutrition and meal preparation was assessed as part of their care package. One person said, "They get my breakfast only I do the rest. I don't need a choice for breakfast, they know what I like." Another person told us, "They occasionally help me with my breakfast; it's always the same thing so it's easy for them." Another person told us, "They get all my meals for me. I have three calls a day. They do give me two or three choices from the fridge. They do the odd bit of shopping for me too. They are very good with that. They always chat to me while they are getting the food ready and I really like that."

Staff said that when required, information was incorporated into people's care plans so that the food they received was to their preference. Details of people's dietary needs and eating and drinking needs assessments were recorded within care records, for example whether people required a soft diet or feeding in an alternative manner. Records also indicated people's food likes and dislikes and if they needed any additional support with eating and drinking. Much of the food preparation at mealtimes was completed by the person themselves or their family members and staff were required to support people by reheating meals and to ensure they were accessible for people.

People's health and wellbeing was monitored by staff although it was generally considered that it was people's own responsibility to manage their health appointments. One person said, "They would ring the doctor or my daughter if they found me poorly, I know they would because the office has called me on occasion to say they have been delayed at the previous house waiting for the doctor to come out, or even the ambulance sometimes."

Staff told us if they had any concerns about people's health that would assess the situation and either contact the GP or ambulance service, or contact the office for further advice. Records showed that staff had taken appropriate steps if they had any concerns and liaised with other health professionals.

Is the service caring?

Our findings

People and their relatives were very content with the care they received from the provider and expressed their happiness at the kind and caring way that staff treated them. One person said, "They are very good girls. It's a very good company. I have recommended them to my friends." Another person told us, "I have been with the company for seven years and I am very satisfied. The girls are kind cheerful and chatty to me. It makes my day when I see them." We were also told, "They are very good girls, they are kind and caring and nothing is too much trouble for them. They always say is there anything else I can do for you [Name of Person.]"

Relatives' comments echoed people's views about the service. One relative told us, "They [Staff] are very good." Written comments we reviewed at the time of the inspection also confirmed that people and their relatives were very satisfied with the quality of care they received from the service. One read, "The care I receive is second to none, the carers arrive on time, they are pleasant and have a chat." Another person stated, "Bluebird are very good carers. I had weeks of council care workers when I first started to have home carers and Bluebird are much better."

We also saw a comment which said, "I feel that all carers working unsupervised with Dementia clients need increased training and support to cope with what can be a very stressful role. Bluebird does this. My mother became stressed and ill when cared for by the previous company. She made regular calls to the ambulance service and her physical health suffered. Words cannot express how much better she is now. Her warfarin is stable, she is happy; her breathlessness is no longer an issue. I can see her staying in her own home for the foreseeable future." People's lives were therefore enhanced by the care they received from the service and it made a difference to their ability to remain in their own homes and be as independent as possible.

Without exception all staff were spoken about very positively by people who described them as kind, dedicated, caring and patient in their professional interactions with them and their relatives. One person said, "They are terrific, fantastic kind and patient. I usually have to tell them that they need to hurry up and go or they will be late for the next one, but they always take their time and do things thoroughly." People felt that staff always gave them the time they needed to achieve their goals and valued them as people and expressed that that they were always treated with kindness and compassion by staff that had their best interests at heart.

People told us that they were always supported by a consistent group of staff who understood their needs fully. One person told us, "After a while you build a good strong relationship with them. I only have three or four girls." Other people also acknowledged that they had a small team of carers who supported them which enabled them to forge strong relationships with staff and become friends, helping them to feel valued. Staff told us that the office staff worked hard to ensure that people were known to them and regularly attempted to allocate the same group of staff to people, so that people received continuity of care from the service and were supported to build up meaningful and caring relationships.

Staff were positive about the relationships they had developed with people. One staff member told us, "I

love working here, I really do think that people have the best care. We want them to have the best and we all care for them a lot." Staff also told us that they tried hard to ensure that people had a good quality of life. One said, "Doing this job you worry about people when you don't see them and you think about them when you are not at work. I think that is why we do a good job, because we really do care about people." Staff were passionate and enthusiastic when talking to us about the care they provided people with. They were very motivated to provide good care for people and to ensure they felt valued and cared for.

People said they had provided the service with relevant information used to compile their care plans and were fully enabled to make decisions about the support they wanted from the staff. They felt that the care plans enabled staff to provide the exact care that they wanted. One person told us, "[Name of Staff] came out last week because I have just come out of hospital to assess my new needs, I don't need two carers. I thought I might."

People had care plans in place which recorded their individual needs, wishes and preferences. They had been produced in conjunction with each person so that the information within them focused on them and their wishes. For example, "I wear the yellow sock in bed." Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans and they had been signed by the person or their representative to state they agreed with the content of them.

Records showed that people's views had been sought, respected and acted upon to ensure they received the service they wanted. We saw that people had been asked about if they wished to be cared for by a male or female staff member and their language preference. Where specific requests had been made the registered manager told us, and records confirmed, that appropriate staff would be provided.

The registered manager told us that they provided people and their families with information about the service when they were assessed. This included a welcome pack which provided information about the services, the care fees and the support offered and provided people with sufficient information to determine if the service was right for them.

People's dignity and privacy was respected and care was given in accordance with their preference. One relative told us, "They ask me to leave the room when they give my husband care. They always shut the door and curtains." Another relative said, "They really do respect his privacy, so much so that I don't really know what they do daily any more but [Name of Person] is happy with them which is the main thing. We used another company before and [Name of Person] was not at all happy."

Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required. For example, staff confirmed they would always cover people when providing them with personal care or take their shoes off when arriving in the person's home. Staff conducted themselves in accordance with people's wishes; for example, addressing them how they wanted to be addressed and only changing this when invited to.

Records confirmed that the provider ethos on maintaining people's privacy and dignity was to ensure that all staff treated people with kindness, compassion and dignity at all times and to meet their needs with regard to age, disability, gender and gender identity, race, religion or belief and sexual orientation. Staff worked hard to promote people's privacy and dignity whilst providing care to protect people's

confidentiality.

Is the service responsive?

Our findings

People were involved in identifying their needs and planning their care and support before the service commenced providing their care. They told us that this process meant they received personalised care because of their full involvement with the care planning process. A relative told us, "They are very, very good, before [Name of Person] started with them they were all sent on training to enable them to understand his care needs, every time someone new starts they let us know and the new person shadows. For example there is a new person shadowing at the moment, [Name of Person] is not confident the person is able to provide his care on their own yet so he phoned the office and asked if the period of shadowing could be extended and they have done this. They are very good at listening to us." Records confirmed this to be the case and helped the service to ensure they could meet people's needs appropriately.

Staff and the registered manager told us that pre-assessments of people's needs were carried out by local supervisors prior to a package of care being commenced. The registered manager and director also told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before support was commenced. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Records confirmed that pre-admission assessments were completed for people prior to a package being agreed.

Care was person-centred to ensure it was representative of people's choices and decisions. Assessments that had been undertaken detailed peoples' past medical histories, their likes and dislikes, preferred routines and any care needs that they required support with. We found that information was obtained about people's allergies and that their level of independence was assessed, so that suitable care could be delivered. People were consulted and were able to tell the service what their needs were and how they wanted them to be met, including what time of the day they required their support.

People told us they were consistently asked for their views about how they wanted their support to be provided, for example, about their preferences for their daily routine or whether they required support with meal preparation. One person said, "I would say the care is good, if I have a sore, cut or anything they always let me know and cream it with Proshield [used to prevent skin breakdown]. They check my skin etc. They always tell me; they are very patient with me."

Care records existed in the form of an electronic care plan system, recently introduced by the provider. The system recorded a person's care needs and all the required daily visits and enabled staff to record important communication about any changes in respect of a person's care needs. The system worked in 'real time' using a secure connection which meant that staff could update details about the care they had given and any observations they had conducted, during their visit. This was then immediately available for other staff to view before any further visits.

Staff told us that they appreciated being able to read through people's notes before they visited them, or came back from annual leave as this brought them up to date and meant they could deliver care that was appropriate to meet their needs. On the day of our inspection we found that a new system was being trialled

whereby people's representatives' and relevant healthcare professionals could access records, if the person had given permission for their information to be shared. One relative told us, "I am helping to trial their new open PASS system which seems to be great as all mum's information is there for me to see at any time. It gives peace of mind to see medication and meals and the green to red system is very good."

Another relative said, "We only started to use this system last week, but find that it is indeed a useful tool especially for clients where there are multiple tasks for the carers to provide during a visit. In our own case there is only one task albeit one that takes a while to complete. I can see the benefits of the system for the carers use as it can give up to date information where maybe the tasks have been changed from their last visit. It would also be of benefit to relatives of clients who do not live with the client as they would be able to see daily if all tasks are complete and how the condition of their relative was at the end of the visit." People and their relatives felt secure in the knowledge that they were fully involved in the process of care planning and had access to all required information about their care needs.

People told us that staff were aware of how they wanted their care and treatment to be given to them, for example, in respect of support with medication. During our conversations with staff it was evident that they had a good awareness of people's needs and they told us that they were involved in reviews of care along with the person and their relative if appropriate. One staff member said, "The electronic system means we can make changes instantly, the system is quick to update." Care plans were specific to people as individuals and provided staff with information on how to manage people's individual needs. They were reviewed on a regular basis and updated as and when people's needs changed. People had the opportunity to contribute to their care and tell the agency if the support still met their needs.

Staff were knowledgeable about the people they supported and were aware of their preferences and interests, as well as their health and support needs. They understood the support each person required to meet their assessed needs, even when they were visiting people they did not see on a regular basis because of the regular updates they received from senior staff. Another staff member said, "The electronic system is so much easier, we have all the information. It gives you a reminder so we make sure they take their medication and monitor their health condition and so on." Any changes in people's needs were passed on to staff through phone calls, handovers and supervisions. This enabled them to provide an individual service that was reflective of people's current needs.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. People confirmed that they had been involved in these reviews. One relative told us, "They come out now six monthly. They used to come more but I put a stop to that. You see his needs are not changing that much it's not needed. They are very thorough and go through the plan with us both." People told us that staff were flexible and gave them an opportunity to give feedback. They also said they were also supported to make any suggestions they may have regarding the care and support provided.

The service also provided people with support to undertake a variety of activities. One person told us, "Bluebird Care provides companionship for me so that I can go out of my house. The companion takes me down to the bowls club, we sometimes have something to eat there and then they bring me back. I am not able to manage my mobility needs on my own you see and I would be trapped in the house if they didn't take me out from time to time." Staff told us that the information contained within the electronic care records enabled them to find a topic to talk about with people when they supported them to undertake activities.

People and their relatives were aware of the formal complaints procedure and knew how to make a complaint, if they needed to. Some people said that they had phoned the office about one staff member

and it was dealt with immediately. People told us that they would tell a member of staff if they had anything to complain about and were confident the service would listen to them if they had to make a formal complaint. There was an effective complaints system in place that enabled improvements to be made and the provider policy was to adopt a clear and transparent process when dealing with any complaint.

We looked at the complaints records and saw that the registered manager had dealt with complaints in a timely manner and in line with the provider complaints policy. A system was in place to analyse the complaints, so the provider could take action, learn lessons and prevent similar complaints from occurring in the future.

People were also supported to express their views about the provision of service through means of annual questionnaires. The registered manager told us they sent out questionnaires to each person who used the service to determine how the service was performing. An analysis of the results on any areas that had been highlighted as requiring improvement was completed and used to make improvements, for example reminding people of how they could complain by sending out another copy of the complaints process. People were welcome to contact the office at any time if they wished to discuss anything about their care and support with the registered manager.

Is the service well-led?

Our findings

People told us they were treated as individuals by the provider and that staff were fully committed to their role, wanting to deliver the best care that they could. One relative said, "[Name of Director] runs an amazing team and nothing is too much trouble. I hear so many stories about care companies, not all good but I consider mum lucky as I know she has the best and will always be thankful for their care and attention." Another relative said, "Bluebird provides more support, advice etc. than all the various NHS and local authority support agencies put together. I could not cope looking after my wife who has Alzheimer's without the support of Bluebird." People felt that across the board, staff were approachable and made themselves accessible at all times.

One relative commented, "With regards to Bluebird Care itself, we have used them for our lad for just over a year now, five mornings a week throughout the year and all carers who have visited have turned up at the allocated time, often a few minutes early. They have carried out the tasks correctly and taken guidance from my wife when needed. So far we have not seen any negative side to this agency and are pleased with them. So much better than others we have used in the past either here or with my father. I would not hesitate to recommend them to anyone else in need." Feedback on how the service was managed and the culture of the staff team was extremely positive. Comments were fully reflective of a service which achieved was focused on consistent improvement and achieving consistent and excellent outcomes for people who received care and support.

People and their relatives explained to us that they felt really valued by the service and that the care they received made a huge difference to their ability to remain at home and be as independent as possible. They told us that they considered the service they received was outstanding. It was evident that the provider placed people at the very heart of the service delivery. The director said they had a simple philosophy for the service, to provide the best possible care. We were told, "Every single day our whole team strives for excellence in everything we do. We have a very simple focus on everything we do...provide absolutely the best support to people and their families." They went on to say that, "Our objective is to make it as easy as possible for our staff to do a great job."

We found that the ethos and service values were based upon people and their needs. As long as their needs were met, their beliefs respected and their independence promoted, everything else would follow.

Records also showed that people's lives had been transformed for the better with the care and additional support that the provider offered them. For example, the provider supported someone through on-going discussions with external agencies to gain a new bed. For another person who had issues with manual handling, a positive outcome was achieved because of the interventions made by the provider on their behalf. The provider found and supported a charity that made a special bespoke bed for a bed-bound customer and who also fitted specialist moving and handling equipment. For someone else, they provided and fitted a computer stand for another bed-bound customer. These additional interventions by the provider changed people's lives and enhanced their ability to be as independent as possible in their own homes, making a significant improvement to their lives.

Staff told us that there was positive leadership in place, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. One staff member said, "[Name of Provider] is the best company I have worked for. [Name of Director] is very caring, flexible with hours, can ask them anything." Another staff member told us, "It's wonderful, it's heaven. Have you got fireworks? They treat you as a person, everything is in order. It's great!"

Written feedback from staff received as part of the inspection process stated, "This is the first care company I have worked for and I was very wary to begin with as a lot of care companies have got bad press over the years. I have found Bluebird Care to be a wonderful care company not only for the staff but for the customers. As staff we are given support all the time both from the office and other care workers. All customers' opinions are listened to and taken into consideration so we can deliver the best care possible for each individual. I have received regular training and care reviews which I have been a benefit to the way that I work."

We also saw a comment which stated, "Having worked for a couple of other community care providers I have seen the way those companies work and thought care providers were all rather similar, until I started working for Bluebird. I've only been with the company for two months, but in this time any queries I have had have been dealt with quickly, I have always been updated on changes straight away, I have always been treated and spoken to respectfully by all staff members, and I am happy with my workload. I have not experienced any people who are unhappy with their care and the staff haven't had a bad word to say about the company. This is a drastic change to what I have been used to with previous employers. I am so impressed with the organisation and efficiency of the service and am glad that, after five years of care work, I have found a company that work in the way Bluebird do." The way in which staff were treated meant that they were fully focused on ensuring that people received the high quality care and support they needed.

All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were positive about working for the provider. One staff member told us, "It's a good team here." We were also told that staff felt valued and were given additional incentives to increase motivation. For example, if staff did not take any sick leave over the course of a year, they received a financial bonus. This also applied if they introduced a friend to the service who went on to become employed by the provider. One staff member told us, "It's a good place; I can't ever see myself leaving. I feel valued and appreciated and we get told that all the time."

The director told us that working for the provider was, "A genuine 'career path' - We have a rule...we only promote from within. Our staff know and appreciate this rule. Our whole supervisor and management team were promoted from within." The whole ethos which emanated throughout the service was, "The bottom line is we want to be small family business that really supports our people and our staff; does a great job, is appreciated and we are able to go home each night knowing our whole team have done a great job." We heard numerous examples of how the provider had supported staff to enable them to do their job to the best of their ability.

Staff told us they were supported by the provider in respect of not only working issues but matters which occurred outside of work, including financial issues, debt management and family related concerns. Where staff had car problems, the provider enabled them to continue working by loaning them a pool car. We were also told that each staff member was provided with a smart phone that was pre-programmed with important numbers and which had free calls to landlines and a monthly allowance of other phone calls to aid their daily work. Staff told us that having the phone available meant that they could log in as soon as they arrived at a visit; this then meant the system was updated with important information, including travel

time, mileage and the duration of the care call. This process meant that the administration side of things was made more streamlined for staff and meant that people benefitted from having their full allotted times for the provision of their required care.

Senior staff members had laptops and tablets to enable them to update care records and risk assessments instantly during people's reviews. This process enabled both staff and people to have 'real time' records so that these accurately reflected their care needs and so that staff had the right information to hand.

Staff told us that they regularly had the opportunity to discuss people's care and share information with their colleagues. This was undertaken formally, in staff meetings, and informally, through discussions by phone or face-to-face. During our inspection we observed a number of staff passing in and out of the office, to collect paperwork or equipment. We saw that they were relaxed and exchanged jokes and positive communication with one another. They also used these opportunities to share information about people and their care with the senior staff and registered manager. We saw records to show that staff meetings took place and that staff had the opportunity to discuss any areas of concern or give feedback about people's care. Throughout our visit there was an open, honest and positive atmosphere at the service and amongst the staff. Records showed staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

Through discussions with people, the registered manager, director and staff showed that there was an open culture which focused firmly on people. The service firmly embraced new ideas, including using new information technology to continually improve their delivery of care. The vision and values of the service were person centred and really focused on people being at the heart of the service. The director and registered manager both told us that they wanted to empower people through inclusion in the care planning process.

In the provider information return, the provider stated, "The entire management team practice open, accessible, approachable, amenable, supportive, listening (not just hearing) honest, inspiring, motivating and strong leadership.....this is very important to us." They went on to say that they wanted to have, "A clear and obvious 'be the best' approach in everything we do."

The provider ethos was communicated to people within the provider website and written information, which highlighted people's rights to live a meaningful and empowered life with the care they received. Through discussions with all staff it was clear that they wanted people to receive the right support so they could live the lives they wanted to and be listened to and respected.

The service had a registered manager in post that was very well supported by a company director. People and staff told us that the registered manager and director offered support and advice and were both accessible. We were told that they were based in the office and we observed that they were both flexible and 'hands on' in their approach, willing to work alongside and support staff at any time. This approach was appreciated by people, relatives and staff who were positive in their comments.

We found that the registered manager was supported by a manager and administration staff along with a team of care staff. Staff said that the management structure within the service promoted a positive feeling as they gave on-going advice and support and ensured that staff knew what was expected of them.

The registered manager and director told us that they would not take on a new package unless they knew they had the resources to do so; they also spoke positively about those occasions when care could be reduced. They considered that this meant they had provided a high quality service which had impacted

upon people for the better. This openness and transparency extended to the information provided on fees; people were only charged for care that was received. The director and registered manager also told us that they did not want to grow too quickly so as not to lose the high quality of care provision they had worked so hard to achieve.

The registered manager and director told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided. In order to ensure that this took place, we saw that they worked closely with staff, working in cooperation to achieve good quality care and providing hands on care to people when this was required. The registered manager and director told us that by working alongside staff, this enabled them to understand what staff faced and to determine ways to improve things for them.

We found that the registered manager provided the Care Quality Commission (CQC) with required information, such as notifications of safeguarding incidents, as per their regulatory requirements.

The registered manager and director demonstrated that the service had a strong focus on continual improvement. They had robust quality monitoring systems that supported sustained practice and improvements over time. This included a range of formal audits in respect of both quality and safety of people and any equipment used. Where external agencies reviewed the service, prompt action was taken to address any identified issues. For example, a local authority contract monitoring visit identified that action needed to be taken to improve staff recruitment files. We found that this was acted upon in a timely manner to ensure that the files were of a high quality standard.

Alongside external quality checks, the provider also undertook its own internal quality monitoring checks. We saw that a variety of audits were carried out on areas which included health and safety, care planning, daily progress notes and medication. We found that when required, actions plans were put in place to address any areas for improvement. It was also evident that the service listened to feedback from a wide range of people, in order to self improve. For example, where people suggested changes to service delivery, times and durations of visits or felt that a specific piece of equipment would enhance their care, the service took this on board and listened. This showed that the service undertook regular reviews of its performance so that continued efforts could be made to drive future improvement.