

A & J Kohli Limited

Bluebird Care Haringey

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 15 and 24 February 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us. This service was last inspected on 22 October and 02 November 2015. At this inspection, we found the provider to be compliant.

Bluebird Care Haringey is a domiciliary care service run by A & J Kohli Limited. At the time of inspection the service was providing personal care to over 34 people with dementia and older people in their own homes.

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

People using the service and their relatives were happy with the service and found staff caring, kind and helpful. Community professionals spoke highly of the service's effectiveness and responsiveness. The service delivered person-centred care that met people's individual health and care needs.

The service followed appropriate procedures to safeguard people from harm. Staff had the understanding of protecting people against abuse and their role in promptly reporting poor care and abuse. Risk assessments were individualised and provided sufficient information and instructions to staff on the safe management of identified risks. People were happy with medicines support.

Staff were well-trained and demonstrated good understanding of people's individual needs and preferences. They received regular supervision and support from the management. The service followed safe recruitment practices, carrying out appropriate recruitment checks before staff worked with people.

Staff asked people's permission before providing care, gave them choices and provided appropriate support to people that lacked capacity to make decisions.

People's nutrition and hydration needs were met. People were generally happy with staff punctuality. The service identified and addressed risks against occasional missed visits. There were detailed daily care delivery records giving a clear account of how people were supported.

Care plans were personalised and regularly reviewed; they recorded people's individual needs, likes and dislikes. They included instructions for staff on how to support people to meet their needs and preferences. People were supported with social aspects of their life and with various activities.

The service had good systems and processes to evaluate the quality and safety of the care delivery. The management team regularly visited people's homes to observe staff supporting people with their care

needs, and addressed any concerns immediately. The service asked people and their relatives if they found care delivery effective via feedback survey forms and telephone calls. Any areas identified as needing improvement were addressed immediately. People and their relatives told us they were happy with the management and found them approachable and helpful.

The service worked with health and care professionals in improving emotional and physical wellbeing of people and their relatives. The service worked collaboratively with local charity organisations for various social causes for example to promote dementia friendly settings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People and their relatives felt safe. People had experienced occasional missed visits that the service acted on in a timely manner. The service put measures in place to reduce reoccurrences. People's risk assessments were regularly reviewed and provided sufficient information to staff for safe management of the identified risks.

Staff were able to identify abuse and knew the correct procedures to follow if they suspected any poor care, abuse or neglect.

The service carried out timely recruitment checks to ensure people using services were supplied with safe and suitable staff.

Good ●

Is the service effective?

The service was effective. People's health and care needs were met by well trained staff. Staff received regular supervision and told us they were well supported for their care roles.

Staff understood people's right to make choices about their care and sought their consent before providing care.

People were referred to health and social care professionals and supported where necessary on their appointments.

Good ●

Is the service caring?

The service was caring. People found staff caring and kind. They were mainly supported by the same staff team and shared positive working relationships. People's cultural and religious needs were identified and supported with when requested. Staff were able to describe people's wishes and preferences and spoke about them in a caring manner.

People were involved in their care planning and were supported to remain as independent as possible. Staff treated people with dignity and respect.

Good ●

Is the service responsive?

Good ●

The service was responsive. People told us staff were aware of their likes and dislikes and provided person-centred care. People were involved in planning their care and received regular care reviews. Care plans were detailed and individualised, and enabled staff to provide personalised care. The service responded effectively to people's changing needs. People were supported with various activities.

The service encouraged people to raise concerns and complaints, and kept clear records of complaints. People and their relatives told us their concerns and complaints were listened to and addressed in a timely manner.

Is the service well-led?

The service was well-led. Staff felt very well supported, their opinions and suggestions were taken on board. The service effectively carried out audits and checks to monitor the quality of care. People and their relatives told us they found the management team friendly and approachable.

The service worked collaboratively with various local organisations in raising awareness around prevalence of loneliness in older people and making the borough dementia friendly. They worked with health and care professionals to improve the quality of people's lives.

Good ●

Bluebird Care Haringey

Detailed findings

Background to this inspection

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

The inspection took place on 15 and 24 February 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by one adult social care inspector and two experts 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. They phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We contacted local authority and healthcare professionals about their views of the quality of care delivered by the service. During inspection we looked at the information sent to us by the provider in the Provider Information Return, 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.

There were 34 people receiving personal care support from the service, and 20 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, field supervisor and looked at five people's care plans and care delivery records, five staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's accidents / incidents and complaints records, missed and late visits logs and feedback surveys.

Following our inspection visit, we spoke with eight people, seven relatives, a care coordinator and five care staff. We reviewed the documents that were provided by the registered manager (on our request) after the

inspection. These included reviewed audit reports and policies and procedures. In total, we gained the views of eight people, seven relatives, seven staff and two community professionals.

Is the service safe?

Our findings

People using the service and their relatives told us they felt safe with staff and the service was reliable. People's comments included, "I am absolutely safe..." and "Yes, and very conscientious. I would phone the agency if did not feel safe." One relative said, "Yes, my relative does feel safe at all times" and "We have no issues about safety with our relative."

Staff were trained in safeguarding procedures and demonstrated a good understanding of their role in identifying and reporting poor care, neglect or abuse. They would contact the office during working hours or on-call team during evenings or weekends if they suspected abuse. They were able to describe the types and signs of abuse.

New staff received training on abuse and how to report abuse before they began working with people. Existing staff received annual refresher training. Since the last inspection, the service had one safeguarding case. The registered manager told us, a person they were supporting was being subjected to psychological abuse from their relatives. It was reported by the staff member that visited the person and the registered manager raised the safeguarding alert to the local safeguarding authority. We saw a clear and accurate safeguarding referral made by the service to the local safeguarding authority. The local safeguarding authority was investigating and meanwhile the service continued to visit the person to ensure they were receiving appropriate care.

The service maintained clear protocols around reporting and acting on accidents and incidents. The accident and incident records were signed and dated by the care coordinator or the registered manager. The accident and incident form included incident details, actions taken, to be taken, when, by whom and learning outcomes. For example, the latest incident form seen, described a person complaining about a staff member knocking an oil bottle off the trolley whilst moving the trolley, thereby spilling it all over their carpet. Although the staff member had already apologised and cleaned the carpet, one of the action points was to formally apologise to the person for breaking their oil bottle. The learning outcomes were for staff to work with the person to ensure the trolley was not too full to avoid future accidents and damages, and staff to assess the trolley before moving it. The form also recorded the person was given a formal apology.

Staff were able to describe people's health and care needs, the risks involved in supporting them, and how they managed those risks to ensure care was delivered in a safe manner. We found risk assessments met people's individualised needs and provided detailed information on safe management on risks. For example, there was a detailed fire risk assessment for a person who regularly smoked tobacco in their house. The fire risk assessment instructed staff to ensure controls were in place to minimise risk of fire, "Water to be left at the bottom of the bin to prevent accidental fire occurring. ...person advised to sit up and out of bed when smoking cigarettes." Risk assessments were for areas such as moving and handling, internal and external environments, nutrition, falls and personal care. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. Risk assessments that we checked, all were up-to-date and recently reviewed.

Generally, people and their relatives were happy with staff's punctuality and told us they were contacted if staff were running late. Their comments included, "Yes, they are always on time – never late" and "They are mostly on time – very rarely late." One relative said, "Yes, they usually arrive on time, but they phone if they are going to be late." However, a couple of relatives told us staff lateness can be an issue. We fed this back to the registered manager who told us they were working with the families who were not fully happy with the timekeeping of staff. The relatives confirmed this to be the case. Most staff told us they had sufficient time between care visits to travel to people's homes. The registered manager told us all their staff knew that they were expected to contact the office if they were running late or stuck in traffic. The service did not use agency staff to cover staff emergencies or absences, but instead office staff would fill in any absences. All the office staff were experienced care staff.

The registered manager told us in the last year the service had had 13 missed visits. There were clear records of missed visits and the service did trend analysis to identify the root cause. The records showed staff mainly missed care visits due to misunderstanding their staff rota. The registered manager told us they were in the process of introducing an electronic care-visit monitoring system that would enable staff to access their rotas easily but also alert the office staff if the staff had not arrived at the care visit on time. This would enable the service to improve staff timekeeping and reduce missed visits.

The service followed safe recruitment procedures by carrying out appropriate character checks and Disclosure and Barring Service (DBS) criminal record checks before staff started working with people, to ensure people's safety. We viewed five staff personnel files and all contained application forms, copies of identity documents to confirm right to work, and DBS and reference checks.

People told us they were well-supported with their medicines management. One person commented, "She makes sure I have had it." Staff we spoke with demonstrated a good understanding of medicines management including the difference between medicines prompting, assisting and administration. They were able to explain what the medicines were for and how and when they administered them.

The service maintained detailed 'medication plans' that included a medicines risk assessment. This document included information on how to support each person with medicines, a list of medicines and what they were for, where the medicines were stored in the person's home, and ordering and collection of medicines. The service did not collect or order medicines; people's relatives and pharmacies managed that aspect of medicines management. Medicines administration records (MAR) were mainly accurate however, we found a few gaps. We looked at daily care records for the dates where MAR charts had gaps and it confirmed the person had received medicines but the MAR charts were not completed. The registered manager told us the gaps were identified and the staff member was spoken to and put on refresher medication administration training.

The service provided uniforms, gloves, aprons and disposable wipes to their staff to enable them to safely assist people with their personal care. Staff confirmed they were provided with sufficient equipment to efficiently manage infection control. People and relatives confirmed this.

Is the service effective?

Our findings

People and their relatives told us the service was effective and were supported by well-trained and experienced staff. People's health and care needs were met. People's comments included, "Yes, they [staff] are brilliant", "Yes, certainly do have skills and I feel totally comfortable with them..." and "Yes, they are great, they give my family member a rest too by doing the caring right." One relative said, "Yes, definitely. Dad has a zimmer frame and the carers walk behind him, guiding him, seeing him from room to room." Another relative told us, "My relative has advanced dementia. The care workers are excellent with my relative, how they look after my relative gives me the reassurance they know what they are doing." Community professionals told us they were happy with the service, people's needs were met, staff didn't rush people and found the service effective. Staff were able to explain people's health and care needs and abilities.

Staff told us they felt confident in their role and were provided with sufficient training to do their job effectively. New staff had to complete a three day induction course that covered mandatory training including safeguarding, moving and handling, health and safety, fire safety, dementia and medicines administration. Staff were then required to shadow experienced staff members before attending care visits on their own. On completion of the induction course, staff were enrolled on the Care Certificate course which they were expected to complete within their probationary period. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the minimum standards that should be covered as part of induction training of new staff.

Staff also received additional training in infection control, diabetes management, nutrition and hydration and dementia friends. All staff went on mandatory yearly refresher courses. Staff comments included, "We have regular trainings when I go to the office, I get asked if need more training", "I was given induction [when I started] and it was very helpful" and "Recruitment and induction went smoothly. Shadowing was fine, as people are individual and have individual needs so it was useful." The registered manager told us they were a qualified 'train-the-trainer' and were able to deliver 17 different courses which allowed flexibility. We saw the staff training matrix and tracker that clearly detailed staff names, training courses staff were booked on and future training dates.

Staff told us they were very well supported and enjoyed their job. They received regular one-to-one supervision and the field supervisor carried out observational supervision; records seen confirm this. We also saw records of staff appraisals, which helped staff reflect on their roles and consider developmental needs.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working

within the principles of the MCA.

The service maintained clear records on people's capacity and how and when to support them to make decisions. The documentation stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care and treatment. The service also made contacts with people's doctors when necessary to confirm people's capacity to make decisions. The registered manager told us when relatives stated to be people's power of attorney they contacted the Office of the Public Guardian to confirm it. Records seen confirmed this.

People and their relatives told us staff always asked permission before supporting them and gave them choices. One person commented, "She doesn't do anything without asking." Staff understood people's right to make choices about their care. They were able to demonstrate how they encouraged and supported people to make decisions. For example, one staff member said, "I ask him what he wants to wear, what he wants to eat, if he wants to do exercises or go out for fresh air." Staff told us they had received training on the MCA. Records showed that staff training on the MCA took place. Staff knew who to contact when necessary.

People's nutrition and hydration needs were met. People and their relatives told us staff were aware of their food preferences, allergies and supported them well with their needs. One person said, "She stays for the full hour. Makes sure I have a meal." Another person commented that staff knew "I also take prunes and fruit in the morning." One person said she is always left with a glass of water. Staff recorded in the daily care logs the food and drinks people consumed. The care plans made reference to people's food preferences, likes and dislikes and included where necessary nutritional assessments. For example, one person's care plan mentioned the person liked banana porridge and at times a slice of toast afterwards. The care plan instructed staff to always ask the person if they wished to have anything else. Another person's care plan instructed staff to prompt the person to have a meal even if they always declined and to make sure they were given a glass of milk and trifle pudding as per their preference to ensure they were consuming some food and drink. Where agreed, staff recorded in people's daily care logs their elimination and bowel movements. This information was then fed back to people's doctors as when and required.

The service worked with health and care professionals. Staff supported people where requested and necessary to their health and care appointments. One person said, "She [staff] will make appointments if I don't feel very well. She is very efficient." Another person commented, "Whenever I have a doctor's appointment she comes with me." One relative said, "They [staff] tell me when he has a rash and not well, and to get a doctor." We saw records of correspondence and referrals to various health and care professionals such as doctors and physiotherapist.

Is the service caring?

Our findings

People using the service and their relatives told us staff were kind, caring and helpful. People's comments included, "I really trust my care worker, my care worker is brilliant, we have a great understanding, they talk to me as if I am a person", "Very kind and caring people", "I can't praise her [staff] enough. For a young woman she is very caring and considerate" and "They [staff] are all very patient." Relatives commented, "Absolutely, very kind, they talk to my relative" and "Yes, and always include him in the conversation."

People told us they mainly had same team of staff to support them, which was helpful as staff understood their needs. Their comments included, "Yes, I have the same care worker visiting", "I have had the same care worker since using Bluebird Care Haringey, I want this care worker to remain with me, she is wonderful" and "Sometimes I have a new care worker who covers my regular care worker, I have no problem with this." One relative said, "We have had the same carers for mum. They live nearby, and they are kind and gentle." Staff told us they visited the same people regularly and had good established working relationships with them. One staff member told us, "When I do staff rotas I ensure people are allocated with key care staffs, every person is also allocated with backup staff and if the backup staff cannot attend then I go out. We do not want people to have new staff going who may not know what the person needs support with."

Staff spoke passionately about their job and the relationship they had established with people they cared for. They were able to describe the individual wishes and preferences of people they cared for. One staff member said, "I really enjoy my job...I have been visiting [name of person] for the last three years. I call him [person's preferred name]; he likes me to call him that. He has dementia and at times asks after his wife and gets unsettled. I listen to him and reassure him."

The registered manager told us at the time of the initial referral they engaged with people and their relatives to have a complete understanding of the person's background, wishes, preferences and aspirations. We saw care plans made reference to people's history, religion, culture, wishes and social aspects. Staff were provided with sufficient information on people's cultural beliefs and practices to enable them to provide person-centred care. For example, one person's care plan mentioned the person went to church and instruction for staff to accompany them to church when they wished to. Staff told us they found this information useful.

People and their relatives told us staff treated them with dignity, and respected them and their privacy. They said staff spent time interacting and were thoughtful of their needs. Their comments included, "They are very good with me, respect me at all times", "They know how much I appreciate their smiles", "If I don't feel well she will sit with me and check everything is alright" and "She is not one who pries." Staff that we spoke to told us they provided care in a dignified way and respected people's privacy. They would not rush people, closed bathroom and bedroom doors, and covered people when assisting them with showering and personal care. One staff member said, "I treat people with respect and dignity, give them choices and respect their individuality." Another staff member told us they used a 'dignity towel' to cover people's private areas whilst assisting with personal care.

People and their relatives were involved their care planning and were supported to remain as independent as they could. One person said, "I have a two way conversation with my care worker, I discuss my care with her." One staff member said they were informed on things people could do on their own or with assistance and they would encourage them to do so, for example, one person was able to wear clothes with appropriate assistance and they would provide that support.

Staff training on end of life care was scheduled for them, and all staff received training on equality and diversity. Staff were trained on how to provide dignity in care. Records seen confirm this. The service was a member of Dignity in Care organisation and the founders of the North London Dignity in Care group. The management openly encouraged staff to adhere to the 10 step Dignity in Care pledge and to become dignity champions. The care plans described people's needs and abilities in a caring and person-centred way. The field supervisor visited staff unannounced to check if the staff were providing care in a caring way and respected people's privacy and dignity. We saw records of these checks and confirmed that people were treated in a dignified way.

Is the service responsive?

Our findings

People and their relatives told us the service was responsive. One relative said, "The care worker gives us ideas of how to help our relative, these tips and advice are so so useful." People told us staff knew their wishes and preferences and provided person-centred care. One person said, "We have become such good friends, she knows what my wishes are." Another person commented staff knew them "very much so" and were quick to respond to their changing needs. They added, "I have my good and bad days. She is very helpful and efficient, especially during those times." Another person commented the staff were "spot on" and "always asks if I need anything else." One person told us when their needs had changed following a hospital admission the service visited them and offered to increase their daily visits from three to four which the person found it very helpful. The person further said at short notice they could request a change in the care provision and it was usually met. The community professionals spoke highly of the service's responsiveness and that it was a reliable service.

The registered manager told us at the time of referral, they engaged with people, their relatives and all the professionals involved in their care to identify their needs, abilities, wishes and preferences, and aspirations. This information was then translated to people's care plans. The care plans enabled staff to have a better understanding of people's health and care needs and how they wished to be supported. Staff told us they found care plans "useful". One staff member said, "Care plans are good and give sufficient information on people's likes, dislikes, abilities and needs." The registered manager told us staff were matched to people with similar interests and personality traits. The care coordinator commented, "At the initial assessment stage we ascertain person's likes and dislikes, for example do they like chatting, and find out their interest areas and try to match staff accordingly. I prepare staff in a way to provide personalised care. After the first week I call the person to know if they got on with staff or not. And if they didn't click with the staff member then we would allocate someone else."

We viewed people's care plans, they were regularly reviewed, detailed, easy to follow and person-centred. People's care plans included information on areas such as medical history, personal care preference, communication method, night support, nutrition and hydration and social aspects of life. For example, one care plan under the communication section mentioned, to enable effective communication, "staff to always keep to my left as I cannot see properly with my right eye." Another care plan instructed staff to "ensure there is fresh water and a fresh glass of milk with Ensure drink kept in the fridge, before you leave" as this person liked drinking cold water and cold milk. Staff were able to describe people's likes and dislikes. For example, one staff member told us, "I am working with [name of the person] for the past three weeks, she recently broke her arm and I help her with preparing meals, she likes vegetables and fish."

People and their relatives told us they were involved in their care reviews. They said office staff visited them yearly to review their care plan. One person said, "Yes, they came here [to review my care]." Another person told us, "I have a care plan and I look at it every so often. I think [name of the field supervisor] came once." One relative commented, "Yes, he's had a couple [care reviews]."

Where requested people were supported with activities and were happy with that support. One relative told

us, "Yes, he loves being in the garden, so they will help him outside in the better weather." Staff told us they supported people with exercises, accompanied them on walks, visited local cafes and restaurants. One staff member said, "[Name of person] enjoys Turkish and Greek food, I take him to couple of his favourite restaurants in Muswell Hill." One person told us they went shopping with the staff but when they were not able to the staff would go to shops for them. The registered manager told us staff supported people to access locally screened dementia friendly films and accompanied them to memory lane groups where they engaged in singing and dancing to the songs from their youth. This was particularly well received by people with dementia.

The service worked towards putting people using the service at the heart of their care planning and service delivery. The registered manager told us they were setting up a 'customer working party' where they encouraged and invited people to join a forum that enabled people to provide open and honest feedback on the care delivery. The service was planning to offer to pay for and arrange transport to and from their office to obtain maximum participation.

The service maintained people's 'my care / hospital passport' that could accompany them when being admitted to hospital, to give vital care information. The document detailed information on people's key contacts, allergies, communication needs, nutrition and hydration needs, medical conditions, list of medicines where applicable, sleeping patterns, and things important to the person. For example, one person's 'My care / hospital passport' stated person required "constant reassurance and communication" when in distress and they were fine in strange places "as long as I know why I am there and how long I will be there."

People and their relatives were encouraged by the service to raise concerns and complaints. The service kept clear records of complaints that were made and actions taken. People using the service and their relatives told us their concerns and wishes were always listened to and acted on in a timely manner. One person told us, "I phoned at Christmas when a carer didn't turn up, and once a couple of weeks ago. It was all taken care of [immediately]." Another person commented, "The carers who have not done the job properly, they [the service] have tried not to send them again." People told us they were happy with the service and some people told us they had not had to raise any complaints. Their comments included, "No, nothing has happened. If anything did happened I would ring [name of the supervisor]. Nothing so far with Bluebird Care Haringey" and "We are very happy, no need to use complaints procedure." The registered manager told us they gave information on how to make a complaint to all the people who use the service and their relatives.

We saw records of compliments, one of them included, "Bluebird is great. On a few occasions they have supplied replacement carers at short notice, quite often using staff from the office. My work is subject to last minute alterations of hours and Bluebird is tolerant and supportive. 10 days ago I spent 60 hours in hospital after a stroke and Bluebird rapidly put together carers at the weekend and night to cover my absence, which had been entirely unanticipated. A great relief for me and my wife."

Is the service well-led?

Our findings

The service had a registered manager in post. Since the last inspection the director of the company had taken on the registered manager's role.

All staff told us they felt very well supported by the registered manager and found her approachable. They said the registered manager was always available and would support them immediately if they were stuck or not sure about something. Their comments included, "I love working here. She is a nice manager, is approachable. I have had problems and gone to her and she has dealt with it" and "[Name of the registered manager] is very supportive. I call her on weekends if I need to discuss my concerns, she thinks about my development, enrolled me on the provider's care coordinators' event where I learnt best practices. She listens and I can talk to her."

People and their relatives told us they were happy with the service and staff and would feel comfortable recommending the service. Their comments included, "An excellent company, this is because they have employed the best care workers I feel...", "Yes, I would be on the blower. I can't fault Bluebird" and "Yes, I have done it in the past. I would recommend Bluebird Care." People and their relatives were happy with the management of the service and told us the service was well-led.

The service had an open and positive culture where people and staff were able to voice their opinions and wishes comfortably. Staff told us they were comfortable raising their concerns and making suggestions. The registered manager took staff's suggestions on board. For example, one staff member told us they made a suggestion of giving presents to staff members as a way of showing gratitude of their loyalty and good work. The registered manager readily accepted the suggestion and bought number of varied presents that could be offered to staff. The service sent regular newsletters to people and staff to keep them informed on latest information related to social care and local groups. They also used social media to advertise their activities and engage with stakeholders.

The registered manager told us they held monthly staff meetings and weekly office staff meetings where various aspects of service delivery were discussed and actions were developed on the back of these discussions. The staff meetings were divided in two or three smaller groups to enable all staff to attend them. The smaller group meetings also encouraged staff who were more shy to voice their opinions openly. They told us staff were encouraged to look at the difference they were making to people's lives by completing an 'issue tree'. This is a tool used to breakdown questions into sub-questions thereby enabling to form a rational decision. Staff meeting notes seen confirmed this. Staff told us monthly meetings were useful; they discussed training opportunities, people's care needs and other aspects of care delivery. They were regularly provided with information, guidance and links relevant to their work.

The registered manager implemented the provider's 'career journey' materials as part of their commitment to ongoing workforce development needs and monitoring of individual staff's continuous professional development needs. Staff were encouraged and supported in moving up the career ladder. For example, one staff member told us they had joined the service as a care staff member and were recently promoted to

field supervisor's position. The service awarded staff in various categories to encourage good performance for example, a monetary reward every quarter to a staff member to acknowledge their contribution.

The service had robust data management systems that kept accurate records of people's care plans and records, risk assessments, care reviews, and staff's recruitment and training updates. The information was organised well, easily available and securely stored. The service had efficient systems and processes to assess, monitor and improve the quality and safety of the care delivery. The service carried out internal audits and self-assessment. We saw records of staff personnel files and training audits, and people's care audits that kept information on people's care plans, risk assessments and care reviews and updates. We looked at an audit carried out by the head office and the audit report dated January 2017. It showed Bluebird Care Haringey had improved the service quality and were scored at 92%. The registered manager implemented improvement actions immediately and were proactive in identifying areas needing improvement.

The field supervisor regularly visited staff whilst they were at people's homes providing care; they did this to observe if the staff provided care as per people's care plan, and an opportunity to ask people if they had any concerns or complaints. The care coordinator carried out monthly telephone calls where they asked people about the quality of the service delivery. Every three months they sent out survey questionnaires. However, the registered manager told us people didn't always complete feedback questionnaires and preferred answering questions over the phone. The survey results were analysed and the report was forwarded to the people who took part in the survey. We looked at staff survey records and they were all positive. We saw thank-you emails and cards from people and their relatives appreciating staff's efforts and service.

The registered manager worked collaboratively with health and care professionals such as occupational therapist and doctors, local government and various local organisations such as Alzheimer's Society, Mind in Haringey and Haringey addiction groups in delivering efficient care services and to improve quality of people's lives. For example, the service provided staff to assist people in attending Age UK and Stroke Association meetings. They worked with local fire departments, police officers and councillors to ensure people's safety.

The service published an article in one of the local newspaper on impact of loneliness on people's lives. They were working towards setting up a bereavement and compassionate friends group to enable to relatives of the people using services to access services, advice and information following the passing on of their loved ones. The service had won awards such as Putting People First and Care trainer at the Great British Care Awards. The service was also nominated and shortlisted for various awards including the Dignity in Care, franchisee of the year and the women in business awards.

The registered manager told us they were members of the Haringey Dementia Action Alliance and pledged to create 200 dementia friends in the next year and deliver 25 dementia awareness sessions across Haringey in order to create a dementia friendly borough. They have already signed up six large organisations and delivered sessions to various organisation including local church groups, pensioner's groups and police officers. The service partnered with Jacksons Lane Centre in Highgate, a charity organisation providing free Christmas lunches to a vulnerable group of people in December 2016. They raised funds for free gift bags including home safety advice and hot water bottles. The registered manager was nominated for a local 'hero award' for her work on dementia.