

W&S Flint Services Ltd

Bluebird Care Exmouth

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This announced comprehensive inspection took place on 4 and 5 September 2018. Bluebird Care Exmouth is a domiciliary care agency. It provides personal care to older adults and younger disabled adults in Exmouth, Budleigh Salterton, Clyst St Mary and surrounding areas. The provider is W & S Flint Services Limited, a husband and wife team who run three branches of the agency in the Devon area. This was the first inspection since the location was registered in September 2017. At the time of the inspection the branch provided personal care to 26 people and employed 23 care staff, known as Devon Bluebirds.

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

People and relatives praised staff as exceptionally caring and compassionate. People were partners in their care. Their views, experience and contributions were sought and valued. The agency had a strong, visible person-centred culture. People were at the heart of everything they did, they were made to feel valued and that they mattered. The service went that extra mile to exceed people's expectations of the service. For example, they held a monthly wellbeing programme to get people out socialising, having new experiences and taking some exercise. Feedback showed wellbeing events significantly improved people's physical and emotional wellbeing and reduced their risk of isolation.

People were supported in innovative ways, to be proactively involved in making decisions about their care, treatment and support. For example, the provider undertook a 'Talk Care' campaign to promote a conversation about care that was positive, informative, open-minded and inclusive. They made a series of informative short videos of conversations with health and social care representatives to highlight key things people needed to know about care. These included the importance of planning ahead for care, options for care, and simple explanations about lasting power of attorney, making wills, benefits and paying for care. These were posted on social media and provider's website, which enabled people and families to be better informed about care options and what was important in planning their care.

The service had embraced the possibilities of using technology in innovative ways to improve the quality of people's care and to enable them to stay living at home for longer. They worked with a specialist provider to pilot exploring the possibilities of using sensor technology to assist families to support and monitor a person's wellbeing. For example, data about frequent trips to the bathroom highlighted early signs of a urine infection for one person. This led to them being seen earlier by their GP and antibiotic treatment started, which helped them recover more quickly. An electronic computer record system meant staff could read new people's care records before they visited, and follow up any health concerns. The system quickly highlighted when a person's needs changed, so their care needs could be reviewed. Other benefits included health professionals and relatives being able to access parts of the system, with the person's consent.

The service worked in partnership with local health and social care providers to respond to the changing needs of local people. For example, they worked with their local NHS to pilot providing temporary night support to people in Exeter, East and Mid Devon. This enabled people to be discharged home from hospital as soon as possible, enabled the ambulance service to prevent people being admitted to hospital at night and to support people dying at home. The pilot was so successful, the service was expanded in May 2018 to provide five night care staff seven nights a week. Other examples of partnership working included joint visits working with local physiotherapists and occupational therapists to work with people and staff to show them how to use equipment and mobility aids. This supported people to remain at home for longer.

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People praised the exceptional skills of staff who supported them. A training manager had developed a comprehensive flexible training programme for staff that reflected various learning styles. They worked collaboratively with professionals to deliver bespoke training to meet individual health needs.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using The Social Care Institute for Excellence (SCIE) and National Institute for Health and Care Excellence (NICE) guidelines.

People and relatives spoke about the exceptional quality of care provided by staff at Bluebird Care Exmouth and recommended the service to others. Staff were highly motivated, enthusiastic and were proud to work for the agency. The service was well led by the registered manager and deputy manager, who led by example. People, relatives and staff were regularly consulted and involved in developing the service. A provider award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, through 'Carer of the month' and 'Carer of the year' schemes.

The provider had robust quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. A range of awards showed the service was consistently high performing.

Personalised risk assessments provided comprehensive guidance for staff, who were vigilant in identifying risks and took steps to reduce them. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff.

People were asked for their consent and staff acted in accordance with their wishes. Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service. The registered manager had informed the CQC of significant events. Record systems were accurate, well maintained and kept securely.

Further information is in the detailed findings below.

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's individual risks were assessed with actions taken to reduce them as much as possible.

People were protected because staff had been trained to recognise and report abuse. Staff were confident any concerns reported were acted upon.

People were supported by enough staff that arrived on time and stayed for the required time.

People received their medicines on time and in a safe way.

People were protected from being looked after by unsuitable staff because robust recruitment procedures were followed.

Good 

Is the service effective?

The service was extremely effective.

The provider embraced using technology in innovative ways to explore new ways of working and enable people to stay living at home for longer.

People praised the skills of staff who supported them. A training lead had developed a comprehensive flexible training programme for staff that reflected individual learning styles.

People's consent was sought before any care and treatment was provided. Where people lacked capacity, their legal rights were protected because staff involved relatives and professionals in best interest decisions.

Staff worked in partnership with other professionals to promote healthy lifestyle choices and make sure people's healthcare needs were met.

People were supported to eat and drink to stay healthy.

Outstanding 

Is the service caring?

Outstanding 

The service was exceptionally caring.

People said staff were exceptionally caring and compassionate. Staff went out of their way to make sure they had a good quality of life and wellbeing.

People benefitted from a service which had a strong, visible, person centred culture. People were at the heart of everything they did, they felt valued and that they mattered.

People were able to express their views and be actively involved in decisions about their care.

People were supported by staff they knew well and had developed good relationships with.

People's privacy and dignity was respected. Staff supported people sensitively with their personal care needs.

Is the service responsive?

The service was exceptionally responsive.

The agency worked in innovative ways to enrich people's lives and improve their wellbeing.

People received a personalised service that promoted their independence and enhanced their quality of life.

People's care plans included information about people's likes, interests and background. They gave clear information about the support people needed to meet their physical and emotional needs.

The agency supported people sensitively at the end of their life to have a comfortable, dignified and pain free death.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The culture was person-centred, values based, open, inclusive and empowering. It focused on each person as an individual and tailored the service to their needs.

The provider worked in partnership with other health and social care providers to innovate and develop services which responded to local peoples' changing needs.

Outstanding 

The leadership team set high expectations of staff who worked well as a team and felt valued and well supported.

People were partners in their care. Their views, experience and contributions were sought and valued.

The provider had robust quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. Results showed the service was consistently high performing.

Bluebird Care Exmouth

Detailed findings

Background to this inspection

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

This announced comprehensive inspection took place on 4 and 5 September 2018. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the provider and registered manager would be available for the inspection. It also allowed us to arrange to telephone some people receiving the service and visit others to ask for their feedback.

The inspection team comprised of an adult social care 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 services for older people.

Due to technical problems, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service, such as feedback we received from health and social care professionals and notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern. The provider also gave us a self-assessment folder of evidence they compiled, to demonstrate how they were meeting all the requirements of the standards and regulations.

During the inspection we visited two people and their relatives in their own home and spoke by telephone to 10 people and three relatives to seek their views about the service. We looked at five people's care records and at their medicine records. We spoke with the provider, registered manager and with 10 staff which included the deputy manager (branch manager), two care supervisors and care staff. We looked at five staff files which included details of recruitment, training, supervision and appraisals. We also looked at staff meeting minutes, staff training records, accident and incident reports, and at complaints and compliments.

We looked at the provider's quality monitoring systems which included audits of medicines, care records and at 'spot checks' where senior staff monitored care staff providing care in people's homes.

We sought feedback from commissioners, and health and social care professionals. We received a response from five of them.

Is the service safe?

Our findings

People said they felt safe being cared for by Bluebird staff. They were supported in a relaxed and unhurried manner by staff they knew and trusted. People's comments included; "Always on time – never in a hurry," and "They don't watch the clock – I feel important." Two people who needed help to them out of bed by staff using hoist equipment, said they trusted staff to do this safely. Witten reviews included; "After many negative experiences with other care agencies, it was such a relief to find my Dad carers through Bluebird. I would recommend them to anyone looking for a high level of care and reliability," "It has been a very stressful time, knowing a little bluebird would be caring for our dad was, to say the least a great comfort."

People said the service was reliable. Care staff worked geographically, led by a supervisor. This meant people had good continuity of care by a small group of care staff they developed relationships with. They were enough staff to support people to stay safe and meet their needs. The agency only took on new packages of care, where they were confident they had the enough staff with the right skills to provide the care required. People received a rota each week, which showed them details of staff due to visit. Where staff were running late for any reason, or there were staff changes, people said office staff contacted them to let them know. People said staff were punctual and always stayed for the full visit time. Where people needed two care staff, for example, for moving and handling, they were always available.

In July 2017, the provider introduced an electronic record system, which allowed care and office staff to keep in touch throughout the day. Staff used smartphones to record when they arrived and left each client. This meant office staff were alerted to any late or missed visits, so they could let people know, and check on staff safety and wellbeing. A 24 hour on call system provided people and staff with out of hours support and advice by senior staff. People's comments included: "They are always happy to re-arrange anything," "The office is sometimes closed but I have an alternative mobile number."

The provider supported people to stay safe in their own homes. People had individual risk assessments undertaken and care plans written for any needs identified, which were reviewed and updated regularly. For example, about how to move people safely, including details of any moving and handling equipment. The service used a red, amber, green risk assessment system to identify and prioritise people at greatest risk. For example, people might be identified as a 'red' risk because of complex health needs or because they lived alone and were reliant on care staff to meet their daily living needs. This meant where there were staffing difficulties, for example, short term sickness or weather related problems, staff prioritised people who relied on their visits to maintain their health and safety.

Environmental risk assessments were undertaken which made staff aware of any hazards such as wheelchair access, security, layout and any hazards. For example, one person told us how a member of staff had pointed out a possible safety issue in the bathroom and recommended a specific mat to reduce their risk of slips, trips and falls on their tiled floor.

To promote fire safety, staff worked in partnership with the fire service. Fire officers trained staff about how to identify fire risks. Where staff identified fire risks in people's homes, they gave them information about

who to contact to help them. For example, by fitting fire safety equipment such as smoke detectors and providing advice on ways to reduce fire risks.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training. The agency had safeguarding and whistle blowing policies which gave staff information and contact details about how to raise concerns to external agencies. Staff knew who to contact if they suspected or witnessed abuse or poor practice and were confident they would be dealt with. Where concerns about suspected abuse had been identified, and appropriately reported to the local authority safeguarding team. A professional said, "I was really impressed with how they responded to a financial abuse issue for a person."

For example, staff identified a person they were caring for had experienced financial abuse, and reported this to the police and local authority safeguarding team. They worked sensitively with the person, their family, police and social services to develop a protection plan to try and recover their losses and prevent future losses. The person was supported to review their banking arrangements and improve security, so they could continue to manage their own finances. They talked to person about saying no and seeking support from family or staff if they had any concerns.

People received their medicines safely and on time. One person said, "They help me with medicines and keep records for me." Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. This meant people gained the maximum benefit from their medicine. The electronic care record system enabled care staff to let the office know of any prescription changes. This meant medicine administration records were updated quickly and other care staff made aware of the change. The system also alerted office staff, if people having staff support with medicines did not receive their medicines, as expected. This meant staff could follow this up and address any issues.

Accidents and incidents were reported with actions taken to reduce the risks of recurrence and learn lessons. For example, we followed up a recent incident relating to a medicines error involving a person who received too high a dose of their medicine. A senior member of staff undertook an internal investigation, spoke with staff involved, the GP, pharmacist and family members about circumstances of the error. The report openly and honestly identified how a change in prescription, pharmacy errors, and human error all contributed.

From this, senior staff supported the staff involved through further training and supervision to restore their confidence and ensure safe practice. They worked with the family, to implement their suggestion of storing the persons morning and evening medicines separately. The branch manager and care supervisor planned to share lessons learnt with the wider team at next monthly staff meeting. For example, how easy it was to make a mistake, and the importance of opening the monitored dosage packaging system correctly. Also, about importance of giving accurate information when phoning a GP. They liaised with the pharmacy to make suggested improvements to the labelling of the monitored dosage packaging. This showed a commitment to ensure learning was shared with wider team and the pharmacy to improve safety in managing medicines.

People were protected from cross infection. Staff had completed infection control training. Protective clothing, gloves and aprons were provided for use when providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.' These checks monitored staff followed the agency's infection control policy and procedures, and addressed any issues.

The provider used a values based recruitment to help them recruit staff with the right attitudes and values to

work in care. Where applicants were new to care, they were offered a "taster" session with an experienced member of staff, so they had an insight into the role before pursuing their application. Staff were encouraged to identify others who might make suitable care workers, through a "Refer a friend scheme."

A robust recruitment process included assessed knowledge, skills and attitudes of applicants before care workers began to work for the agency. Checks also included undertaking checks of identity, qualifications, seeking references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

People praised the exceptional skills of staff who supported them. People's comments included; "The service is excellent," "They know what they are doing and I seldom have to say anything," and "They are great support for me and my family." Relatives comments included; "They keep a very watchful eye out, flagging up potential issues early, and taking the initiative on getting medical professionals to visit if needed." "Knowing he is being so well cared for has brought the family such peace of mind," Professional comments included; "I am impressed, one of better agencies."

The service used innovative methods to improve the effectiveness of care. The service had worked with a specialist provider to undertake a pilot project to explore the possibilities of using sensor technology to enable people to stay living longer at home. All three branches of the agency each asked a person from each branch to have sensors fitted in their homes. The purpose was to evaluate the potential benefits of its use in assisting families and the agency use the technology to support and monitor people's wellbeing. The data gathered from each person's day to day activities helped build a picture of the person's normal day. For example, how often they moved around, went into the kitchen and bathroom areas. From this, the system sent alerts to a family member or the agency (depending on what had been agreed), if they detected a person's normal daily pattern changed.

For example, for one person using this service, frequent trips to bathroom highlighted early signs of a urine infection. This meant the person was seen earlier by their GP and antibiotic treatment started, which helped them recover more quickly. For another person the data prompted staff to suggest a later morning visit. This was because they liked to sleep in each morning and had been frequently refusing personal care. Following the change of visit time, the person was more amenable to accepting care at the later time. Other potential benefits included using the technology to monitor room temperatures, so action could be taken if a person was at risk of being too hot or cold. The pilot had recently finished and the agency had decided to offer the sensor technology to people, with strict protocols in place around people's privacy and consent.

In 2017, the service embraced technology to improve people's quality of care and communication through the introduction of an electronic computer system. Staff highlighted the many positive benefits. A care supervisor said being able to update care records in real time and send messages to make all staff aware of changes in a person's care needs. For example, following a fall or if a person became unwell. Staff could read new people's care records before they visited, and follow up what happened in response to reporting a health concern about a person. Other benefits of electronic care records included relatives and health professionals being able to access parts of the system, with the person's consent. This was particularly valued by relatives who did not live nearby.

Staff also told us how they used their smartphones to set up a message group to support one another. For example, when a newer staff member had difficulty locating the house of a person they were visiting the person for the first time, colleagues gave them directions. Learning from this, several people's records included photographs of the person's house, or showed where staff were supposed to park, which was helpful and saved staff time.

The service had an excellent staff training programme running throughout the year based on best practice evidence. There was a dedicated training manager and a new training and support supervisor. This ensured people received care from skilled, confident and competent staff. Training methods reflected various learning styles, language skills and education levels of staff. For example, taught courses, e learning with one to one support for some staff with literacy, dyslexia or for whom English was not their first language. Staff comments on training included; "the training is second to none," and "the eight-week induction really built my confidence." A senior member of staff said, "Customers and care staff have our absolute support."

When staff first came to work at the service, they undertook a period of induction. The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers. In 2017 f, the induction training programme was extended from two to five days, so staff had a mixture of classroom training and working alongside experienced care staff. This enabled the agency to ensure new staff had all the support they needed to develop the skills and confidence needed for their role and improved staff retention rates.

A training matrix showed all staff undertook regular training and updating. For example, health and safety, safeguarding, the Mental Capacity Act (MCA), equality and diversity, first aid, infection control and person-centred care. To monitor staff practice in people's homes, the branch manager and care supervisor did observation supervision visits known as 'spot checks'. This meant they could check staff practice met the high standards expected, and identify and address any further training or experience needs. Records of regular supervision and appraisal meetings showed staff were encouraged to identify what went well and identify areas for further development. For example, staff were undertaking on mental health, end of life care and were undertaking qualifications in care at more advanced levels.

The agency also worked with local professionals to develop bespoke training relevant to people's individual care needs. These included catheter care, diabetes, falls awareness and prevention training, about Parkinson's (a neurological condition), and end of life care. A relative said, "The Bluebird carers have been especially good at recognising developing health problems and contacting dad's GP or district nurses" and "They are extremely vigilant regarding the medical care my husband might need, and inspire confidence in Bluebird Care."

A care supervisor told us about a person could no longer manage the specialist equipment they needed to manage their chronic medical condition, because of their deteriorating eyesight. Agency staff arranged to meet a specialist nurse at the person's home, so they could learn about the person's condition and the equipment they used. The professional said, "I was impressed with how they made person central to the training session." Care staff who attended commented, "It was absolutely brilliant." The specialist nurse said staff learning the skills needed to support the person enabled them to remain living at home.

Before people received a service a comprehensive assessment of their needs was carried out with the person, family or others who knew them well. This included using evidence based tools to identify and assess any risks related to falls, risk of pressure sores and nutrition/hydration. From this, a detailed care plan was developed with the person about their individual needs. They were reviewed after a week, a month and at three monthly intervals after that or whenever the person's needs changed.

The agency supported several people with eating and drinking who were at increased risk of malnutrition and dehydration. For example, offering person something to eat and hot drink, leaving snacks and ensuring the person has plenty of fluids nearby. One person said, "They check my fridge to see if I need anything." This meant people were supported to stay healthy because staff ensured they had regular food and drink.

People were asked for their consent and staff respected and upheld people's choices and decisions. One person's care plan said, "To promote my personal choice, ask me at all times what I would like and how I would like it." s, even when they made choices others may consider unwise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in MCA, and had evidenced based policies and tools to guide their practice. They used practical examples and scenarios to explore how to implement the MCA principles in day to day practice to support people who lacked capacity or had fluctuating capacity. Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making.

Care records included details of next of kin and relatives or friends with power of attorney so staff knew who people wished to be involve, when they were no longer able to make decisions for themselves. For example, for a person with fluctuating capacity, who liked to go out for trips regularly in a car, but was no longer safe to do so with just a driver. Staff worked with person, family members who had legal power of attorney and a live-in carer, to plan to take the person out together. On other days the person also enjoyed picnics in their garden. This ensured the person had a sense of freedom, whilst maintaining their safety in their best interest.

Is the service caring?

Our findings

People and relatives praised staff and described them as exceptionally caring and compassionate. Their comments included; "The carers are excellent, they always listen to me," "I feel totally involved with my care," "The care is wonderful and not intrusive." A relative said, "All the carers are so kind, and he enjoys chatting to them and even singing with them."

Staff supported people to express their views and were proactive and innovative in supporting and involving people and families in making decisions about their care, treatment and support. For example, mindful that people often make care decisions in a crisis, the provider developed a 'Talk Care' campaign to promote a local conversation about care that was positive, informative, open-minded and inclusive.

Over a four-week period in 2017 they asked the public via social media about their views on ageing, their perception of care and any questions that up until now they had been reluctant to ask. They gathered together a GP, representative from Age UK, their local hospice and the local authority and used the information they gathered to have a conversation about care. From these conversations, they made a series of informative short videos to identify key things people needed to know about care. For example, the importance of planning ahead for care, options for care, simple explanations about lasting power of attorney, benefits and paying for care. These were posted on social media and enabled people and families to be better informed about care options and what was important in planning ahead for their care needs. The provider said feedback was really positive and people particularly appreciated the videos about will writing and legal power of attorney.

The agency had a strong, visible, person centred culture. People were at the heart of everything they did, they felt valued and that they mattered. In 2018, extending their 'Talk care' campaign the provider did a series of interviews with people receiving their services to find out about their life experiences and things they have learnt they would like to pass onto future generations. For example, one person supported by Exmouth branch talked movingly about impact of the loss of a loved one. A second person spoke about how they viewed care staff as their friend. These interviews were featured on social media and in a Devon Life magazine. They recognised and valued people's life experiences and shared their 'nuggets of wisdom' with a wider audience.

The provider had a 'Carer of the month' scheme which recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. Each month people and families were invited to give feedback about care staff from whom a monthly winner was chosen. A display of previous winners praised staff members for a variety of reasons. For example, for staying with a person who felt unwell for five hours, until the ambulance arrived, for supporting other family members experiencing bereavement and with illness. Another care staff member was commended for encouraging people to get out and about more through their role as a wellbeing ambassador.

Staff spoke with affection and respect about the people they supported. A staff member talking about a person they supported said, "He is absolutely amazing, inspirational, and lives life to full. He has changed

my outlook, I took so much for granted." Staff knew people well and what was important to them. For example, one person said, "They know my dog is 'my family' and acknowledge him." Staff went that extra mile for people they supported. For example, they picked up a paper for one person on wet days to save them going out on their mobility scooter and getting wet. A relative appreciated when a member of care staff, who used to be a hairdresser, gave their father a haircut. The relative said, "It was very thoughtful of her." A relative said, "When dad has had a problem some carers have called back in their own time to check that he is alright."

Staff promoted people's independence. People's comments included; "I can live independently," "They make me feel confident in the bathroom" and "They allow me to be 'me' as much as possible by helping me to do things myself." Relatives comments included; "Bluebird Care (Exmouth) are very caring and professional people, who have made it possible for my Dad to stay in his own home," and "we have total confidence in the staff and know that my dad's life has been enriched by the kind and friendly people who look after him. Care plans included details of support people needed. For example, that a person could only stand for a short time and needed help to wash their lower half.

Two people we visited described ways in which agency staff liaised with relevant health care professionals to support them to live healthier lives, and improve their independence. Agency staff had initiated joint visits with a local occupational therapist to review their equipment needs. Staff worked with occupational therapist to identify how to help one person, who was confined to bed, to use hoist equipment so the person could sit in a chair for short periods. The person described how this had given them hope and a more positive outlook for their future. A second person praised how the therapist identified smaller hoist equipment better suited to their needs, and their home environment. The therapist taught staff and the person how to use the new hoist and stand aid equipment to assist the person transfer around their home. This meant the person now only needed two care staff once a day in the morning, instead of two staff, three times a day. This was because they were more independent, had gained confidence, and needed less care. It had also reduced their care costs, which they were delighted about.

People said staff treated them with dignity and respect. A relative said, "They treat their clients with respect and good humour, enabling older people to retain their dignity," Staff had training in promoting privacy and dignity and shared practical ways they did so. For example, by respecting people's wishes about their preference for male or female care staff. When supporting people with personal care, by giving the person some private time in the bathroom, by closing curtains, keeping a person covered with towels, and only exposing the area they were washing."

Is the service responsive?

Our findings

People received an exceptionally personalised service, the agency worked in innovative ways to enrich people's lives. For example, they had a Wellbeing programme, which helped people get out of the house, socialise, meet new people, have fun, and feel fit, happy and healthy. People participating in the Wellbeing programme said the social contact had a positive effect on their wellbeing. They commented, "I love my trips out," and "It adds that bit extra."

A member of care staff was a 'Wellbeing Ambassador' who supported care and office staff to host monthly wellbeing events. The service booked a room at a local hotel and arranged to transport people who needed help to attend. Wellbeing events took account of people's wishes, and what they were interested in doing. For example, regular coffee mornings, seated exercise, chair yoga, exercise to music, reminiscence sessions, quizzes and bingo. Other months staff organised walks along the seafront, shopping trips and annual summer and Christmas parties. These events gave people an opportunity to renew old friendships and make new friends and meet with office and care staff socially to get to know them better.

In September 2017, the NHS single point of access team asked Bluebird Care Exmouth to undertake a pilot project to provide two night care staff to respond to emergency referrals four nights a week, Friday to Monday across Exeter, mid and East Devon areas. The night supervisor described how each day up to 10 pm at night, referrals were sent to the service by commissioners about people who needed overnight support. Bluebird Care staff supported those people during the night for one to three nights, depending on need. The service initially started at the weekend with care staff spending the night supporting people. For example, a staff member speaking about a person just discharged from hospital said, "It can be daunting for them, they may be weak and have relied on hospital staff. I ensure their safety, am there if needed, which gives them extra confidence."

The pilot project freed up beds in acute hospitals by enabling people to be discharged earlier, by providing overnight support. Since May 2018 following the success of the pilot, it was expanded to provide five-night care staff seven nights a week. In July 2018, the night care team also started working with the ambulance service. For example, staying overnight with people, seen by paramedics who were frail, or had a fall but did not need admission to hospital. This prevented unnecessary hospital admissions at night. It also meant care staff could visit, assess and support the person overnight, and report back to their local GP, district nurse and commissioners, who decided if they needed another night. This initial overnight assessment also meant local people's care needs were better understood, so more long-term home care to meet their individual needs could be planned. The evaluation showed the service could support up to 163 people a month and save the NHS more than £67,000 of inpatient costs, and further expansion was planned.

The agency supported people at the end of their life to have a comfortable, dignified and pain free death. Staff had worked with the hospice team to train staff and give them confidence in providing end of life care. For example, staff told us about a person with a life limiting illness. They visited the person at home to undertake an initial assessment to explore with the person their care and support needs and what was important for the person. Over time, as the person's health and mobility deteriorated, they worked with

local professionals such as GP's, district nurses, a physiotherapist and an occupational therapist to arrange for person to have moving and handling and pressure relieving equipment, as well as pain relief. The persons health deteriorated quickly, and care staff gave daily feedback to office staff about the person's needs, so their care plan could be updated, and the times and length of visits increased. Relatives comments included; "My dad's life has been enriched by the kind and friendly people who looked after him," "I'm so thankful, to know someone was there at such a vulnerable time" and "They guided us through this difficult time."

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People's comments included; "I feel pampered," "They understand me and my little ways" They are flexible and highly responsive to messages." Relatives comments included; "They know what's going on," "I trust them" and "I'm going away and they are covering my husband's help which means we can both relax."

One care staff told us about a person they supported to live more independently. They worked alongside family members to learn about how the person liked to be supported and gained their trust. In addition to personal care, staff now supported the person to go swimming, attend a day centre, socialise with friends by going to cinema and the pub. Another staff member told us how care staff supported another person with mental health needs to remain living at home through providing a high degree of support and engagement with the person. For example, spending time with the person, supporting them to get out and explore the local area and to pursue their passion for photography.

People's care plans were personalised. They included a section entitled "What is important to me," so staff could help them in ways that mattered to them. For example, the importance for one person of remaining at home with wife and family, and feeling safe to use equipment such as a stand aid with staff support. This helped the person with daily living tasks such as getting up, getting washed and dressed. They also included information about each person, their life, interests and hobbies, so staff could chat to them about things that interested them. For example, that one person liked going out for a drive, liked classical music, and another person was passionate about football, classic cars and favourite TV shows. Care plans also gave staff detailed information about the support each person needed to meet their physical and emotional needs. Staff monitored people's needs and, where changes were identified, care plans were updated. This meant people continued to receive care which met their needs and supported their independence. A relative commented; "[Person] has made good progress over the past few weeks and is gradually becoming more self-reliant. Bluebird care has contributed greatly to get [person] back on their feet" and with their "long term health issues."

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available in different formats according to need. For example, large print, easy read formats with picture symbols and translated into different languages.

Where a person had visual difficulties, a staff member described how they used a black thick pen in large to write on persons calendar to remind them of upcoming appointments and events. Another member of care staff spoke about a person they supported who used a voice activated computer system to speak. They described how staff learnt to be patient, as it took the person a while to speak sometimes. Their care plan said, "There are pre-set answers to some questions, at other times please be patient and allow me time to create sentences." At a recent staff meeting, the branch manager arranged for a hearing aid company to undertake a training session on hearing aids. Staff gained knowledge and confidence about how to help

people maintain and gain maximum effect from their hearing aid and added regular hearing aid checks to people's care plans.

None of people we spoke with had any concerns or complaints about the service. They were confident any concerns raised would be dealt with positively and responded to quickly. The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. This included contact details for the branch office, and other organisations people could contact if they were dissatisfied with how their complaint was being dealt with by the service.

The service maintained a log of all concerns or grumble and actions taken in response. This showed where any concerns were raised, these were taken seriously and immediate action taken, and people were happy with actions taken. This proactive approach meant the service had not received any formal complaints.

Is the service well-led?

Our findings

People and relatives spoke about the exceptional quality of care provided by staff at Bluebird Care Exmouth. People's comments included; "The service is excellent is," "would highly recommend," "wonderful," "adaptable," "positive," "Good communication" and "professionalism." Professionals comments included; "Willing to think outside the box, a can do agency," "One of better agencies, they listen and are responsive."

The provider promoted a positive culture that was person-centred, values based, open, inclusive and empowering. They had a clear vision for the service, expressed through their aim to "make homecare not just great but outstanding. We strive to do more than meeting physical needs and keeping our customers safe. We want to provide a service that enriches lives." In support of that aim, the service had a business plan with clear actions linked to their objective to "Be the most in demand; reputable, admired and respected home care business." For example, by providing "more than care."

Staff were highly motivated, enthusiastic and felt proud to work for Bluebird Care Exmouth. 90% of the staff who worked at the Exmouth branch were doing their first job in care. The ethos of the service was to mould their own staff to; "be best they can be for themselves, and our Customers." They promoted staff to aspire and go further through training and development opportunities. They promoted openness and honesty, getting staff to learn from mistakes and to take pride in their work and know they matter.

The provider had an award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, a 'Carer of the month' an annual 'Carer of the year' and long service awards. The provider thanked staff and recognised their contribution at Christmas and summer social events. An annual staff awards ceremony which included recognition and awards for long service, 'Care worker of the year, rising star and for staff that went above and beyond.

Staff consistently praised the good support, communication and teamwork. Staff comments included; "Fantastic relationship between care workers and office," "I love it," "Bluebird care are very forward thinking, trying to move with the times." Other staff comments included; "We deliver outstanding care," "a really caring team, almost like a family," "I feel appreciated by them" and "They have given me more confidence in my role, and to make decisions on my own."

The service had a registered manager. They were the operations director for the Exeter and Exmouth branches. The registered manager led by example and set high expectations for staff. They used a coaching style of leadership, and delegated roles and responsibilities to staff. They set clear expectations of the high standards expected, with a focus on continuous improvement. The registered manager was developing the Exmouth branch manager, who was their deputy, to become the registered manager for the branch. For example, through mentorship, involving them in leadership meetings, quality monitoring, audit and through completion of a level five qualification in leadership and management. The branch manager said, "I love what I do, I have so much autonomy, it's a good company, supportive and I feel appreciated." In 2018, the branch manager won the gold medal in outstanding care awards in the deputy manager category, in recognition of their achievement.

The office team included the branch manager, a care supervisor and a part time care co-ordinator. As a smaller office, the branch manager said the office team worked very flexibly, were responsive and communicated well about people's changing needs. This meant the office ran smoothly when anyone was on leave. This was reflected by professional feedback, that office staff were very knowledgeable about people, when they contacted them. The branch manager described how, learning from their other two branches, they had gradually expanded the care team to 23 care workers, in response to the needs of local people.

The provider was committed to continuous improvements and used evidence based best practice guidance of what works well to improve quality of people's care. As part of the national Bluebird Care franchise, the provider and staff had access to evidence policies and procedures based on the National Institute for Health Care and Excellence (NICE) guidelines and best practice guidance from the Social Care Institute for Excellence (SCIE). They were also part of a national network of domiciliary care providers who shared ideas and innovations from other branches. The provider said other benefits of being part of a franchise included being part of a network of professionals with the opportunity to learn from one another, share good ideas, benchmark and gain reassurance and confidence.

The service worked in partnership with other health and social care providers in innovative ways to develop services in response to the changing needs of local people. For example, educating people and families about care options through their "Let's Talk Care" campaign. Also, supporting local people to stay at home with support, and free up hospital beds by working with local commissioners and health professionals through successfully implanting a rapid response night team for Exeter, mid and east Devon with commissioners. The agency also had well established networks with occupational therapists and physiotherapists, undertaking joint visits and working together to ensure people had suitable aids and equipment at home to maintain their independence.

The agency had developed local links with Age Concern, the League of Friends and the hospice, so people were signposted to local services available. A member of care staff told us about a new initiative Bluebird Care Exmouth were working with Age Concern help set up in Budleigh Salterton to meet needs of local people. Age Concern were developing a wellbeing service for local people to meet up and socialise, at their local community hub, which used to be a community hospital. They identified several people who planned to attend, could no longer bathe safely at home due to their frailty. So, Bluebird Care Exmouth were planning to provide a trained carer two days a week, following moving and handling assessments, to support people who wished to, to use the disabled access bathing facilities at the hub. This meant those people could have a bath or shower during their weekly visit, which they were really looking forward to

The agency were finalists in the 2018 Exeter Living Awards in the Health and Wellbeing category. This was in recognition of the provider's "Wellbeing" and "Talk care" campaigns and for promoting, celebrating and valuing home care services. The agency was also a finalist in the 2017 Express and Echo business awards Home care provider of the year a finalist in Exeter living awards, which celebrates best of Exeter's business community. In 2016 the provider won the 2016 Employer of the year award at Exeter and East Devon business awards. The award recognised businesses which go the extra mile to be an employer of choice and successfully engaged their employees in the company's strategic goals and company values by creating a positive workplace culture. Blue bird Care Exmouth were also shortlisted for Exmouth chamber awards. The homecare UK association of online reviews by people showed Bluebird Care Exmouth had average scores of (9.9 out of 10) from respondents who were extremely likely to recommend the agency to others. The provider was also in homecare UK association's top 20 south west home care providers.

The service used a range of quality monitoring systems to continually review and improve the service.

Weekly key performance reports monitored and reported on customer visits every two to three months, the findings of staff 'spot checks,' audits of care records, medicines management, accidents/incidents, complaints and staffing levels. Managers did audits of each other branch offices, as did operations director, to ensure external scrutiny. Where any gaps or areas for improvement were identified, these were identified and followed up. For example,

The quality monitoring framework included regular audits of the branch against Care Quality Commission (CQC) fundamental standards. Heads of departments met regularly to get feedback from the office teams, share learning and keep everyone informed of service developments and new initiatives. The service had a continuous quality improvement plan which identified 12 improvement areas which was regularly reviewed and updated. The branch manager highlighted improving safety in medicines management, rostering, following recent customer changes and plans to cascade end of life training and, as key current improvements. Also, actions underway to ensure compliance with recent regulations in relation to data protection. This demonstrated the service made continuous improvements in response to their findings.

People who used the service, staff and other services were consulted and involved in developing the service. Their feedback, views and suggestions were regularly sought through regular reviews and twice-yearly customer satisfaction surveys. The most recent survey completed in June 2018 showed high levels of satisfaction with the service, with no suggested improvements. One person said, "It's already great." A monthly newsletter kept people up to date with developments at the agency and included a feature on 'carer of the month,' and initiatives such as the launch of "Talk care" events.

A staff survey in May 18 showed all 17 staff who responded gave positive feedback and felt involved in decisions making about the service. For example, in relation to training and continuity of people's care. Staff feedback showed they enjoyed the role, felt valued and well supported. Staff comments included; "I feel I am being well treated, my questions are always answered," "Office staff are very friendly and supportive" and "Communication and organisation is great." Staff had regularly monthly meetings which included educational updates every other month. For example, about lifestyle and mobility aids. Any lessons learnt from incidents were fed back to wider team, for example following a medication error and a safeguarding concern.

Staff appreciated the agency were flexible and considered their circumstances. For example, changing working patterns to accommodate staff caring responsibilities or for wellbeing reasons. Also, by making adjustments for staff to help them overcome challenges with language, literacy or numeracy issues. Where there were any concerns about staff skills, performance or attitudes, these were dealt with proactively and positively to support staff to make required improvements.

The agency had a range of policies and procedures to support and guide staff, which were evidence based, reviewed and updated annually. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.