P & M Homecare Limited

Bluebird Care Hook and Kingsclere

Inspection report

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Tel: 01256762324

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding

Summary of findings

Overall summary

About the service
Bluebird Care Hook and Kingsclere is a domiciliary care agency providing personal care to 47 older people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The provider was driven by excellent leadership, who were constantly seeking innovative ways to extend the traditional role of a domiciliary care agency, to provide different and new models of homecare.

The provider was constantly evolving the service through the implementation of new technology. The benefits to this helped make the service safer and more accessible for people.

The provider had nurtured an inclusive, positive culture within the service. They had an excellent understanding of protected equality characteristics and was committed to ensuring people and staff were not discriminated against in any way.

There was a strong sense of social responsibility, which translated into the provider playing a key role in keeping people connected with their community by avoiding social isolation. The provider viewed the wellbeing of people and staff as of paramount importance, investing time and resources to ensure they felt valued and cared for.

There were effective systems to monitor the quality and safety of the service. There were clear lines of accountability through all branches of the staff team, meaning that performance was under constant review, which promoted a culture of continuous improvement.

There were systems to deal appropriately with complaints and gain people's feedback about the service. The provider was open to suggestions and used this feedback to make improvements.

People were involved in developing and reviewing their care and told us they were given choice and control about their care arrangements. People's care plans clearly identified the help they needed and where they wished to remain independent.

The provider understood how to provide responsive and empathetic end of life care. People were treated with dignity and respect and their privacy and confidentiality were upheld.

There were enough staff in place to meet people's needs. The provider had systems to monitor staff utilisation, which meant that informed decisions were made about how the business could sustainably grow.

There were appropriate systems in place to gain people's consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection
The last rating for this service was good (published 7 March 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below	**Good**
Is the service well-led? The service was exceptionally well-led. Details are in our well-led findings below.	**Outstanding** ☆

Bluebird Care Hook and Kingsclere

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service also provided 'live in care' services for people. People predominantly purchased their care privately, but some people had their care funded by the local authority.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave 48 hours' notice of the inspection because we needed to ensure the provider had time to contact people to inform them we may be calling them via telephone to gain their feedback about the care they received.

Inspection activity started on 18 September and ended on 15 October 2019. We visited the office location on 25 September and 1 October 2019. We made telephone calls to people who used the service between 18 September and 15 October 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and received feedback from one social worker. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with 15 people who used the service and three relatives via telephone about their experience of the care provided. We spoke with the provider, the registered manager and seven members of staff including senior staff and care workers.
We reviewed a range of records. This included five people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We requested and received additional information from the provider which helped to support the judgements detailed in this report.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care from staff. Comments included, "They look after me very well indeed. Anything I ask for they do it for me", and, "They do look after me well. It's the same good quality of care, even at weekends."
- Staff received training in safeguarding adults made vulnerable by their circumstances. This training helped provide them with the skills to recognise and act to protect people from the risk of suffering abuse or avoidable harm. The provider used meetings to review staff's knowledge of safeguarding procedures. This helped to ensure that staff understood the appropriate action to help keep people safe.
- Staff were confident in reporting concerns to the provider's senior staff. There were examples where staff had contacted the office to raise concerns about people's safety and welfare. Records showed the provider had taken appropriate steps to keep people safe in these situations.

Assessing risk, safety monitoring and management

- The provider had contingency plans in place to ensure the service ran safely in the event of circumstances such as severe weather. People's care needs had been assessed to identify those most vulnerable, to ensure their care calls were prioritised. Staff who lived nearby to people were assigned to travel to people on foot if possible and the provider had spare cars available at the office for staff to use if required.
- The provider had a telephone based 'on call service', which was active outside of office hours. Senior staff were assigned to rotate on call duties and were available to respond to emergencies and requests from people, relatives and staff. One person said, "You can call in the evenings, there is always someone on the end of the phone."
- The provider had systems in place to mitigate risks associated with missed or late calls. There was an electronic call monitoring system in place, which alerted management if staff did not log in and out of planned care calls. This helped to ensure people receive their care as planned.
- Risks associated with people's health and wellbeing were assessed and mitigated. Where risks were identified for areas such as, falls or skin breakdown, guidance was in place to reduce the risk of harm. Where people required support with moving and handling, there was clear guidance in place for staff to follow to ensure they were using safe procedures.

Staffing and recruitment

- People told us they had consistent staff teams who generally kept to agreed times. Comments included, "There's a good continuity. It's the same staff all the time", "They are nearly always on time. They call me if there are changes", and, "If staff are running late, I usually get a call from the office."
- The registered manager monitored staffing levels to ensure there were staffing contingencies in place. This included analysing staff's working hours, people's call times, durations and consistency of people's care.

This helped the registered manager assess where new care packages could be taken on without compromising quality or safety.

● There were safe systems in place which helped to ensure suitable staff were recruited to work with people. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.

Using medicines safely

● People were supported to take their medicines as prescribed. Their care plans detailed the medicines they took, reasons for prescriptions, preferred administration routines including the level of independence people had in the management of their medicines.

● Staff recorded the administration of people's medicines using the provider's electronic care planning system. If staff did not record administration as planned, office staff were alerted. This helped to ensure people received their medicines as prescribed.

● The provider clearly identified who was responsible for the reordering of people's medicines. Staff were conscious to check the remaining balance of medicines and prompt the responsible person to reorder people's prescriptions if required. The provider used their electronic care planning system to set up alerts to prompt staff to make these checks. This helped to ensure this task was completed as required.

● Staff had received training in medicines administration and their competency in this area was regularly assessed through observations of their working practice by senior staff.

Preventing and controlling infection

● There were systems in place to protect people from the spread of infections. Staff had received training in infection control and were aware of good hygiene practice when supporting people with their personal care or food preparation.

● Staff used personal protective equipment such as gloves and aprons when supporting people with their personal care. This helped to reduce the risk of infections spreading.

Learning lessons when things go wrong

● There were systems in place to investigate incidents and errors. The registered manager investigated all incidents to look for causes, trends and actions that could prevent repeat occurrences. Learning was shared with staff through meetings, supervisions and memos to ensure any changes or updates were implemented effectively.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider's assessment processes helped ensure staff did not suffer discrimination in relation to their protected characteristics, under The Equality Act. This included making adjustments to ensure staff's communication needs were met
- The provider's innovative use of technology distinguished them from other domiciliary care agencies. They had implemented technological innovations to improve, safety and contingency planning, people's experience of using the service and support systems for staff.
- In one example, the provider had a 'cloud based' telephone system. Unlike a traditional telephone system, it worked in the event of a power failure. The provider relied on telephone systems to coordinate care and communicate with people, so it was essential it remained operational, which it was able to do irrespective of power failures or other emergencies.
- The provider empathised with people's reservations about meeting unfamiliar staff when care services commenced. To counter this, the provider used a video messaging system to introduce staff to people when making the initial assessment of their needs. This meant people were familiar with staff when they arrived, which reduced the risks and concerns people had about new staff visiting.
- Staff used company provided mobile phones to receive rotas, care plans and record details of care visits. This meant that people's personal information was stored on these devices. The provider understood the risks of this data being lost and the potential breach of people's confidentiality. They had implemented a security management system, which enabled them to send electronic security updates and disable phones in the event they were lost or stolen. The provider controlled this system via the office, which meant actions could be taken immediately to ensure people's data was secure.
- The provider understood the need to support staff who were lone working in the community. They had developed an electronic reference guide for staff to use, accessible via their work mobile telephones. The 'staff guide' had comprehensive information around policies and procedures. This resource had been effectively used by staff, as it gave them guidance and support in key areas of their job, such as correct procedures to follow when people had a fall.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had developed innovative working partnerships with other stakeholders to provide different and new models of homecare. These had led to initiatives that had eased pressures on essential health services, such as hospitals and GPs.
- The provider worked in partnership with NHS Southern Health in a project called, 'Bluebird Care, Integrated Frailty Intervention Team (IFIT).' The purpose of IFIT was to provide care to people during a period of acute illness, with the aim of preventing hospital admission or facilitating hospital discharge,

relieving pressure on healthcare providers as a result.
● As part of this project, the provider took referrals for temporary packages of care from, hospital wards, GPs and Accident and Emergency Departments (A&E). Referrals were for people who; had been admitted to A&E but could not be discharged without ongoing care, people on hospital wards that were at risk of failed discharge, and people in their own homes at risk of avoidable hospital admission.
● Referrals were responded to within four hours with the specific aim of reducing the need for people to use hospitals or GPs, which greatly relieved the pressure on these services.

Supporting people to live healthier lives, access healthcare services and support
● The provider designed and implemented an ongoing health monitoring tool; which staff could use to pick up small changes in people's health. Staff used the National Early Warning Score (NEWS) to help monitor people's health and wellbeing. The NEWS is a tool used by the NHS to quickly determine the degree of illness of a patient. It is based on the monitoring of six vital signs, including blood pressure.
● Staff took and recorded observations of vital signs to monitor for changes in people's health. The instruments staff used were linked to the provider's electronic care planning system, which alerted senior staff to changes or concerns. Staff had received specific training in the use of this system, so it was clear at what point concerns should be relayed to medical professionals. Where people had complex health needs, GPs were able to access this system directly, enabling them to have an understanding of people's baseline health.
● The provider supported people who required 'live in' care services, where this system had proved useful in monitoring people's health. In one example, the GP instructed staff to take observations for a person with an ongoing health condition. The person's condition was unstable and required close monitoring. The use of this system enabled the person to stay in their own home during this period, where otherwise they would have required admission to hospital for these observations.

Staff support: induction, training, skills and experience
● New staff received a five-day classroom-based training programme, which was in line with the Care Certificate. The Care Certificate is a nationally recognised qualification relevant to staff working in social care settings.
● The provider's commitment to the development of staff's skills was integral to ensuring 'the right staff' were placed in 'the right roles'. They had developed a 'career compass', which identified the skills, training and experience needed to fulfil each role within the organisation. All the senior staff had undertaken training and progressed through this pathway. This helped to ensure that only staff who had the right specific skills, training and experience would fulfil senior roles.
● The provider used learning from incidents to identify where additional training was required. In one example, the registered manager had identified several people were suffering unwitnessed falls when staff were not present. They arranged fall prevention training with a nationwide older people's charity, specific to working in a homecare setting. This helped staff identify where potential risks lay, so prompt referrals could be made to professionals such as occupational therapists. This training had helped to reduce the number of unwitnessed falls people suffered as their home environments were safer.
● The provider had responded to people's specific health needs to ensure staff had the right training to meet these needs. This included staff training in dysphagia, stoma care, tissue viability and stroke awareness. This helped to ensure people received the care they required, enabling them to stay in their own homes.
● Staff received additional training from external professionals, which helped them signpost people to services which they required outside their care arrangements. This included training around carers benefits from a charity; and home safety training from a local fire service. This had resulted in people making referrals to these services where required.

Supporting people to eat and drink enough to maintain a balanced diet

● Where people had specific dietary requirements, or they needed support around eating and drinking, this was documented in their care plan. The specific support needed was organised into 'tasks' on the provider's electronic care planning system, which staff would mark off as complete during their visit. The system alerted office staff if tasks were not completed. This helped to ensure people received the care they required.

● The provider made appropriate referrals to professionals when concerns were raised around people's eating and drinking.

● The provider promoted people's independence around their nutrition and hydration. In one example, one person who was living with dementia was often forgetful about completing everyday tasks during the day, such as eating and drinking. Staff left out prompt cards for the person at the end of their care visit, which reminded them to have a drink. This helped promote their independence and protect them against the risks of malnutrition and dehydration.

Ensuring consent to care and treatment in line with law and guidance

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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA and nobody using the service met the threshold for these safeguards to apply.

● The provider sought appropriate consent to care. Senior staff visited people to obtain consent to care upon each review of their care plan. Where people were unable to consent, the provider consulted with the person's power of attorney. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the MCA.

● The provider had processes in place which they would follow if a person lacked the capacity to make an informed decision about their care. These actions were in line with the MCA.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and attentive to their needs. Comments included, "We are on first name terms [with staff]. We look forward to their visits", "They [staff] are all kind and caring", and, "They [staff] are very considerate."
- Staff had real empathy for the people they cared for and people told us they regularly went 'above and beyond' their duties. In one example, one person had lost their partner, but was unable to visit their grave. With the person's permission, staff picked flowers from the garden to lay by the grave. They took pictures at the cemetery and shared this with the person. This act gave the person great comfort.
- In another example, staff noticed a person was struggling to maintain contact with loved ones due to their eyesight. They took time to re-write the person's phone contacts in bigger writing. This meant the person found it easier to read contacts and stay in touch with the important people in their life.
- The provider had specific policies in place to help ensure people's individual beliefs and preferences were incorporated into the care they received. They had completed an 'equality and diversity impact assessment' across the business. This helped them to consider any issues or barriers in ensuring people did not suffer any discrimination in relation to their protected equality characteristics.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in planning how their care was organised. One person said, "We can have an early visit or cancel a visit. They are quite accommodating. When I had my cataract done, I booked a lunch time visit."
- Senior staff met people prior to care commencing to identify how they needed help and where they wished to remain independent. People's care plans were developed in line with these instructions.
- People told us that senior staff visited them for regular reviews of their care. Comments included, "The service [senior staff] has asked to see me this week. This happens every couple of weeks", and, "There is a six-monthly review. They [senior staff] come, look and check that everything is running well." The provider had a structured timetable of formal reviews with people, where their care was reviewed, and any changes required could be implemented.
- People were given a choice about their staff and their views were respected. This included whether they received male or female staff. One person said, "I called the office to say I didn't want [staff member] back again. They have not been sent since."
- People's relatives told us that they were kept informed about important aspects of their family member's care. People could enable their relatives to have access to the provider's electronic care planning system. This allowed them to review daily care logs, incidents and leave messages for staff about updates or

feedback.
● One relative used this system as the primary method of communication with the provider. The arrangements had been very successful in improving communication when making amendments to care plans in response to changes in the person's health.

Respecting and promoting people's privacy, dignity and independence
● People told us staff were patient and considerate when supporting them with their personal care. Comments included, "When I'm using the toilet staff are discreet", and, "I get covered up if someone is in the house [during personal care]."
● People were supported to be as independent as possible. Their care plans identified aspects of their personal care that they wished to carry out without help. One person said, "I'm quite independent. I tell them what I want done, and they respect this."
● People's confidential information was stored securely. The provider had moved towards being a 'paperless office', by storing information electronically and minimising paper-based records. There were robust arrangements in place around 'cyber security', which helped ensure people's information was secure.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's needs were met through good organisation and delivery.

● Senior staff monitored care in 'real time', using the provider's electronic care planning system, enabling them to respond quickly to changes or concerns and ensuring staff carried out their duties as planned. Staff accessed the system via their work mobile phones to record details of their care visits. This included, medicines administration, personal care and incidents. Office staff monitored the system and picked up any alerts that planned tasks were not completed. This helped the provider to ensure people had the right care, at the right time.
● Staff accessed their rotas and people's care plans using their work mobile phones. Office staff were able to upload any changes to care plans or rota's to staff's phones immediately. This meant that staff always had the most up to date information at hand.
● The provider had a proven track record of delivering care in rural areas, where care services were traditionally hard to source. The provider achieved this consistency through efficient utilisation of staff, targeted regional recruitment and an understanding of the nuances of each rural area. One person said, "For a long period of time we were unable to source any local care providers as there were no agencies that covered my rural area. My care package with Bluebird Care started within the next 24 hours, myself and my family were so happy with this and have never looked back." Many people had previously struggled to find consistent care services due to their location and were at risk of needing residential services if the provider would not have been able to deliver care as required.
● People received a high level of consistency and flexibility. The provider was able to 'guarantee' people the availability of their assigned staff, even after a period when they did not use the service. This meant that staff were available at short notice if a person was ready for hospital discharge and there was no delay in care restarting. There were also examples where staff could visit people or run errands for them when in hospital. This meant that people had continuity and certainty about their care arrangements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● The provider went 'the extra mile' to help people avoid social isolation. They took it upon themselves to ensure that people stayed connected to others and their local community. These activities were separate to the paid work the provider undertook.
● The provider organised regular social events for people and the wider community. This included a craft club, coffee mornings, other events and celebrations. They also hosted a yearly 'silver Sunday event'. At this event, the provider hired a local hall for people and other members of the community, hosting a Sunday roast dinner and social event. The provider also organised regular trips out which people could attend. Recent excursions included a trip to the seaside. One person told us, "They have a club and we go to the seaside in Spring. They gave me a book with pictures of the day. It was nice of them." This helped people meet others with shared interests and develop social networks.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's sensory needs were considered as part of the provider's assessment process. This included, how people could contact the service and the format in which information was sent. The provider made adjustments, such as providing documentation in easy read format to meet people's communication needs.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy in place, which outlined how people could make a complaint and how the provider would investigate and report back in response. People told us they felt comfortable raising issues and their concerns were investigated appropriately. Comments included, "All the staff are very approachable. I would not hesitate in calling them with a complaint", "If I ever needed to raise anything, it has always been dealt with quickly", and "I'd run it through Bluebird [if I had a complaint]; first with the carer and then up the hierarchy."

● The directors and registered manager met monthly to review all complaints. They actively sought to use complaints to reflect upon practice, absorb learning and drive improvements. In one example, a relative complained that they were not informed about changes in care, such as changes in time. The registered manager met with staff and implemented a new procedure to inform people of changes. The registered manager monitored this procedure through the provider's electronic care planning system. Since these actions, no further complaints had been received about this issue.

End of life care and support

● Staff had the training and skills to provide responsive and empathetic end of life care. The registered manager said, "It is our passion to ensure the customers are able to pass at home if this is their wish and to support the families and the customer to enable them to do this." Many people had received end of life care from the provider after they expressed a wish not to go into a residential or hospital setting. The provider was flexible in its approach, adjusting levels of care responsively. In some cases, 'live in care' services were provided, when people's needs significantly increased.

● Staff received training in line with The Gold Standards Framework. This is a nationally recognised framework used by many health and social care providers, which helps them plan and implement effective care at the end of people's lives. The provider worked in partnership with other stakeholders such as doctors and district nurses, to ensure people received care in line with their needs.

● The provider was committed to ensuring relatives were supported after people passed away. The registered manager told us, "We can give flexibility to customers' families if the customer passes away. Their carer can stay on and help with a variety of tasks for as long as required."

●The provider was sensitive to support staff who were caring for people at the end of their life. Senior staff made regular welfare checks, counselling and support services were available and staff had the opportunity to pay their respects if appropriate. The registered manager told us, "Staff understand that if it gets too distressing, they can call the office and we will remove them from the calls."

Outstanding ☆

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Working in partnership with others

- The service had worked in partnership with 14 local GP surgeries and the clinical commissioning group (CCG), to implement a service called Bluebird Care JET (Joint Emergency Team) Service. The aim of this service was to relieve winter pressures that hospitals routinely experienced by supporting people in their own homes rather than hospital where possible. The provider took referrals from GP surgeries and provided bespoke care packages for people to help them remain in their own home during a period of acute illness, when they would have otherwise needed a hospital stay. The provider needed to respond quickly to referrals and adjust care as people's needs changed.
- A healthcare professional wrote in a testimonial to the provider, "The pilot has been positive in supporting patients at home in recovery from illness and helping to prevent admissions to hospital which has very much supported the system over the winter pressures period." The project had received 102 referrals received over the five-month period, with an estimated £80,000 saving to the NHS from people avoiding hospital admission and meant that more people were able to stay at home.
- The provider had been invited by The Association of Directors of Adult Social Services (ADASS) to contribute case studies for their publications. ADASS are a local government association of directors for adult social care, whose aim is to promote high standards in social care services and influence the development of social care legislation and policy. The provider shared learning detailing how innovation through technology had developed their service. This included how technology had strengthened contingency plans, promoted people's safety and security, and helped overcome the challenges of supporting staff who were lone working in the community. The case studies had been published on the charity's website and could be used as reference for other providers.
- The provider had achieved accreditation with the 'Buy with Confidence' scheme. 'Buy With Confidence' is a national register of "Trading Standards approved" businesses. This scheme helped people make informed choices about their care arrangements. The provider had used this working relationship to help ensure recent changes to customer's contracts were fair and proportionate.
- The provider had been shortlisted for local and national care awards. This included a local business award within the business innovation category. The provider was also recognised as a finalist in the Skills for Care "Accolades awards 2019" in the Best employer of under 50 staff categories. Skills for Care are an independent charity who work in partnership with the Department of Health and Social Care. Their aim is to help create a well-led, skilled and valued adult social care workforce. This recognition reflected the steps the provider had taken in the retention of staff, which promoted consistency and quality in the care people received.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and relatives told us that all levels of the leadership were accessible and approachable. A positive and sustained culture had been created that was open, inclusive and empowering. Comments included, "I can't fault them. I've had top class dealings with them. I have the highest respect for Bluebird Care", "Bluebird are top of their game", and, "The registered manager is very approachable, everyone is really." The provider had regular contact with people and relatives through sharing updates, gaining feedback, holding events and formal reviews of their care.

● A positive culture had been created and sustained that was open, inclusive and empowering. Comments from staff included, "This is easily the best care company I have worked for,", "The registered manager has made significant improvements since coming onboard. The team work is brilliant", and, "When I have gone to the directors with issues, they have been very responsive."

● The provider demonstrated an outstanding commitment in ensuring people and staff were not discriminated against in relation to their protected equality characteristics. In one example, the provider demonstrated how through making adjustments to training, support systems and working practices, a staff member was able to carry out their duties as an active and valuable member of the team. The registered manager had worked with the staff member to identify how their skills could best be used and to ensure they were not discriminated against.

● The provider understood the link between staff wellbeing, positive culture and delivering consistent, high quality care. They were part of 'The Mindful Employer Initiative'. This was an NHS led initiative promoting good mental wellbeing for staff. As part of this, the provider offered a range of health and lifestyle benefits including counselling services, health insurance and 'Tai Chi' classes for employees. The provider had a partnership with a mental health charity, who delivered training for staff and management in mental health resilience and first aid. The provider had a very high retention rate and low sickness levels, which could in part be attributed to the steps taken to valuing staff.

● The registered manager put community work at the forefront of their team-building ethos. They encouraged staff to become involved in community events and charitable initiatives, championing their successes and recognising staff's contributions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● There was a clear and effective management structure in place. Customer care managers and care co-ordinators oversaw the day to day running of people's support packages and the supervision of staff. There were 'care mentors', who mentored new staff, to help them settle into their role. There were separate teams that provided 'live in' care and to manage other projects the provider was involved in. Each tier of management had clearly defined roles and responsibilities, which meant the service was run efficiently and safely.

● The registered manager monitored the quality of the service through comprehensive auditing and reviews of performance. Each member of office staff had a set of 'key performance indicators' which gauged how effective they were in their role. This included key areas such as recruitment, retention, continuity of care and utilisation of staff. People benefited from this as the provider could clearly monitor, assess and improve their performance in relation to the aspects of care which were most important to people.

● The directors took an active role in the monitoring of quality and safety. They were a visible presence in the office and the driving force behind the improvements made around innovation through technology, collaborative work with other stakeholders, community engagement and wellbeing of staff. The provider held regular management meetings, where findings from audits were reviewed and plans for improvements were agreed. This demonstrated there was a strong framework of governance and accountability within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider had a strong community minded ethos, demonstrated by their support and signposting for services relevant to people. In one example, the provider had set up the 'Bluebird Care Community Grant'. This charitable grant had help fund a service which provided free therapeutic singing sessions for people affected by dementia, Parkinson's disease or have suffered a stroke. In another example, the provider donated funds to a local community association that provided services to help people at risk of social isolation. This grant helped support vital services that sustained people's independence and community engagement.

● The provider used their office as a 'community hub' space, where local services relevant to people could hold events, which helped people make links to essential services. In one example, the provider worked in partnership with a charity to provide a foot care clinic, providing free services to people to promote good foot care.

● The registered manager used people's feedback as a way of improving how the service was run. They sent questionnaires, made phone calls and visited people to gain their views about the quality and safety of the service. All responses were collated into an action plan, which was shared with people and staff. Because of recent feedback, the provider had made improvements to how changes to visits were communicated with people.

● The provider commissioned an external company to carry out quality assurance questionnaires with people. All responses were uploaded to the NHS Choices website, which is a health information service for the public. The service had received five-star ratings from all 56 independent reviews. This was the highest rating available.

Continuous learning and improving care

● The provider constantly sought ways to innovate and improve the quality of care. They employed a 'mystery shopper' to call the provider's office posing as a potential customer. As the 'mystery shopper' was incognito, they were able to feed back to the provider what people's experiences may be like when calling the provider's office and help to improve services.

● The provider also engaged people to help them improve their recruitment processes. They asked people and their relatives to help them develop interview questions and profiles of the characteristics they wished their staff to represent. Some of the feedback had led to changes in the questions the provider asked potential staff in recruitment interviews.

● Staff were asked to reflect on the service's performance and suggest ways things could be improved. The registered manager used staff meetings to ask staff to reflect on how safe, effective, caring, responsive and well led the service was. This helped promote a shared understanding of what constitutes high quality care.

● The provider conducted a regular internal quality audit to monitor the service's quality and safety. Carried out by the provider's regional quality auditor, the audit measured the service in relation to how; safe, effective, caring, responsive and well led the service was. The registered manager received feedback and details of where improvements could be made. The most recent audit highlighted only minor required actions, that had since been completed. This helped to ensure there was a clear system in place to monitor quality and drive improvements.