

Belrose Limited

# Bluebird Care (Winchester, Eastleigh & Romsey)

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

Is the service well-led?

**Outstanding** 

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Winchester, Eastleigh & Romsey) is a domiciliary care service providing personal care to people in their own homes. The service is registered to support children, people who may be under or over 65 and who may have a learning disability or be living with dementia, physical disabilities or sensory impairments.

Not everyone who used the service received personal care. 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. At the time of the inspection, the provider was providing personal care to 127 people.

### People's experience of using this service and what we found

The service had robust systems and processes in place to safeguard people from abuse. Staff were highly trained and passionate, proactively taking responsibility to keep people safe. Risks to people were creatively assessed and safely managed in partnership with them, their relatives and health and social care professionals. There were enough skilled and safely recruited staff available to meet people's needs in a person-centred way. People's medicines were managed safely. The provider had robust infection prevention and control measures in place.

The service was exceptionally well-led. People, relatives and staff told us they felt valued by the management team, who were approachable, listened and took prompt, responsive actions when required. The provider maximised the use of electronic systems and processes to monitor people's experiences of care and the quality of the service. We saw and heard of numerous examples of the provider showing a forward-thinking, innovative and creative approach to continuously reviewing and improving the service. The service worked closely with other organisations and professionals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of the key questions safe and well-led, the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right support:

- Model of care and setting maximises people's choice, control and independence

### Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights
- Right culture:
- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was outstanding (published 12 January 2018).

#### Why we inspected

We received concerns in relation to how the service responded to safeguarding incidents and worked with agency live-in care staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains outstanding. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Winchester, Eastleigh & Romsey) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 exceptionally safe.

Details are in our safe findings below.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

Details are in our well-led findings below.

**Outstanding** 

# Bluebird Care (Winchester, Eastleigh & Romsey)

## **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

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

#### 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 had a manager registered with the Care Quality Commission. This means that they 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 a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 November 2021 and ended on 10 November 2021. We visited the office location on 01 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not

asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. The provider did complete the PIR whilst the inspection activity was still underway. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five members of staff including the registered manager, care manager, previous live-in care manager, a community team lead and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality assurance records, were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records in relation to the management of the service, including policies and procedures. We received feedback from 16 people, 10 relatives and 25 members of staff. We also sought feedback from five professionals who worked with the provider.

# 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 outstanding. At this inspection this key question has remained the same. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt very safe with staff. One relative said, "I know that [my family member] is completely safe with [carers]." People and their relatives told us they had no hesitations in raising concerns, as the provider encouraged and supported them to do so.
- Staff had received training in safeguarding adults and children. This was reinforced through discussions in team meetings and supervisions. The provider used practical examples, scenarios and role play to further embed learning and ensure staff were confident about applying this in practice.
- Staff were exceptionally passionate about their role in keeping people safe. All staff we spoke with were very knowledgeable about identifying possible signs of abuse. One member of staff said, "I would report every suspicious situation regarding customer finances, mental health, physical health, relations... recently we have had to watch out for phone scammers and shady salesmen." Another member of staff told us it was important to "Always be mindful if somebody acts differently, and maybe has visitors out of the ordinary. Check for any change in behaviour such as not wanting to get washed, dressed etc.", and a third member of staff said, "Any little thing that bothers me, I'd report it, whether I'm right or wrong, at least I know it's been reported and it can be looked at."
- Staff told us the management team took immediate action to minimise risks to people in response to concerns they raised. One member of staff said, "I trust in them; they deal with every issue accordingly".
- The provider believed that person-centred care provided by a continuous care team ensured that people and staff had time to build trusting relationships and that this was central to keeping people safe. The provider had created a '10 Golden Rules' documents, which set out the most important information people and staff wanted others to know about them. We heard that this had helped people feel seen as a person and enabled staff to more easily build rapport with people. As a result, people felt safe to provide feedback or raise concerns. A member of staff told us, "If I have a new customer, I'll read their medical history... read about their life, I tend to study that so I have it in my head, because it's a good starting point, it can be a good ice-breaker... I go in softly and build a relationship first."
- Safeguarding matters had been appropriately raised with the local authority and investigated.

Assessing risk, safety monitoring and management

- People and their relatives told us staff were very skilled at monitoring their or their family members' well-being and escalating concerns to health or care professionals appropriately. One relative said, "Carers are excellent. Recently my [family member] was having difficulty breathing with [their] oxygen tubes and the carer immediately contacted me, then rang emergency services for support."
- Risks were identified and planned for in a person-centred way in people's individual care plans and risk

assessments. We saw examples where risks had been managed creatively. For example, the provider had purchased a house plant when a person who loved gardening was no longer able to safely access the garden due to their limited mobility. This reduced risks to the person but also had a significantly positive impact on their well-being as they enjoyed caring for the plant.

- People were fully involved in risk assessment processes. The provider sought ways to promote people and their relatives' understanding of risk, so they could take an active role in keeping themselves safe. For example, the provider had developed 'tip sheets' on certain topics, which were shared with people as part of monthly newsletters or in response to a certain risk being identified. This had included, amongst other areas, information about falls prevention, malnutrition, COVID-19 and sepsis.
- Some live-in care staff and a relative told us they considered initial assessments for people receiving live-in care could be more robust and handover processes between live-in carers improved. However, we saw that the provider had already reviewed and put new processes in place. For example, the provider had introduced a new handover document for information to be shared between live-in care staff. The provider had also created several guides for live-in care staff addressing 'dos and don'ts', professional boundaries, recording expectations and prompts for responding to certain events that could occur.
- Staff were confident about identifying and monitoring risks as part of their work and saw this as a crucial part of their role. One member of staff said, "We're the eyes and ears of the company, so sometimes we see risks, maybe it's weight, maybe it's falls, we can report it and it's dealt with straight away."
- Staff were extremely passionate about keeping people safe, but also understood the importance of individual choice and positive risk-taking. One member of staff told us, "Their happiness will reflect on us and even though sometimes we might consider some actions strange, we support [people] with their way of doing things, obviously if safety allows it."
- There were clear processes for staff to share information about risks and changes to people's needs with office-based staff. This meant appropriate action could quickly be taken. One member of staff told us, "Care plans are changed immediately", and a professional said, "If required, following a clinical review, care plans and risk assessments are updated and forwarded to me accordingly... They are detailed and clear."
- Wherever possible, the provider sought to provide people with care from a continuous care team. This meant staff could get to know people well and more easily identify any signs of deterioration or changes. One member of staff told us, "You get to notice things, it might just be subtle changes over time but it can make you think 'that's not quite right' and then we can just phone the office and discuss." Another member of staff said, "I... have a good rapport with a... customer who has severe epilepsy... I can often recognise when a... seizure is about to start, which gives us a few seconds of time to ensure [they are] safe."
- The provider regularly referred concerns about fire safety to the local fire and rescue service, however, had recently started working even more closely with the service to identify people who met certain criteria. The provider then encouraged people to work with the fire and rescue service, which meant environmental and fire risks could be proactively minimised.
- The provider used recorded video messages or video calls as a way of more effectively sharing information. For example, before starting to support a person new to the service, video calls were made to the care team to provide detailed, person-centred handovers about their support needs and background. One member of staff told us, "It's really good because hearing it helps rather than just reading it all."

### Staffing and recruitment

- People spoke extremely positively about their care, telling us they received support as planned from consistent staff who were exceptionally caring and supportive. One person told us, "They come at 7am each day like clockwork. I have a group of about four girls who share my visits and I always know who is coming." A relative told us, "Quality of care staff is excellent... and the strong caring nature of staff is clearly evident".
- Staff told us their schedule and the provider's passion for continuity of care enabled them to provide care in a person-centred way, which had an extremely positive impact on people's experiences. One member of



staff said, "This has been particularly beneficial to one customer who has sight loss, dementia and recently lost their [spouse]... because I know [their] background so well I am able to support [them] when [they] want to reminisce." Another member of staff told us, "I get to know all my customers' little ways, how they like to be supported... there is usually enough time... and if I ever feel that time is getting tight... I inform the office and they look into it... travel time is usually fine but again, if I take a look at my schedule and think it's a bit tight, I contact my coordinator and she adjusts it."

- Wherever possible, the provider ensured that people's preferences were met and matched staff accordingly. One relative told us the service had made "Special efforts to ensure that my [family member] had the right live-in carer and that the temporary carer, to cover holiday, was also the right person. They were helpful and responsive the whole time."
- The provider considered successful recruitment of the right members of staff to be the starting point for people to have positive experiences of their care. Interviews and assessment days included role plays and scenarios to assist the management team to identify candidates that represented the values and ethos of the service. The provider had also introduced a recruitment focus group to involve existing staff in identifying ways of improving recruitment processes and attracting suitable staff.
- Appropriate recruitment checks were completed for staff employed by the provider and those employed by an agency, which meant people were protected from being cared for by staff who were unsuitable. One member of staff said, "The recruitment and induction were very good... I filled out an application form and got called in for an interview. Everything was covered during the interview from my hobbies and interests to employment history and any gaps I had."
- Staff received an in-depth induction which included five intensive training days and a skills assessment. Following this, shadowing of experienced staff was arranged until both the new member of staff and senior staff supporting them were confident, they had the skills and knowledge to work independently. Staff were extremely positive about the skills and confidence the induction process had given them. One member of staff said, "I attended my induction training and then I went out shadowing with an amazing community team lead." Another member of staff told us, "The shadowing process after training helps to build confidence and guide us on how best to care for customers".
- The provider operated a 13-week probation period during which staff received weekly supervisions. These consisted of one to one conversations, observations or assessments. Records showed these were focused on reflection and support for the member of staff, but also thorough assessments of their skills and knowledge. Staff approach was also continuously assessed, including how staff protected people's dignity and maintained professional boundaries.
- Staff received regular refresher training which the provider mandated. Staff were very positive about the training available to them. One member of staff said, "Oh gosh, it's top notch, wonderful. I knew nothing about care when I started but then I had the induction and I did the Care Certificate. You get refresher's and it's all on time... we've recently had new training on Motor Neurone Disease, Diabetes, Multiple Sclerosis... I can't fault them at all on training."
- Staff told us they received regular, supportive supervision and the provider's policies and processes supported this. One member of staff said, "I have weekly supervisions, whenever I have called there is always someone there... when I reported [difficulties] a meeting was set up straight away. I do feel supported by the whole office. I have worked in other providers and not received this level of supervision before."

#### Using medicines safely

- People's medicines were managed safely. The provider used an electronic medicines administration system. People and their relatives also had access to this system and told us they appreciated remaining fully involved and informed about their or their family members' care.
- Staff received training in administering medicines as part of their induction and robust competency assessments were carried out before staff administered medicines independently. Following this, staff

received regular refreshers, observations and assessments to ensure they remained competent. All staff we spoke with were extremely knowledgeable, including about making decisions in more challenging situations, such as if a person refused their medicine or when determining whether to administer an 'as required' (PRN) medicine.

- Staff told us the electronic system worked exceptionally well, as it allowed important information to be easily accessible and changes to be implemented very quickly. This meant staff could administer the right medicines quickly, even when they had been newly introduced or changed.
- There were clear processes for staff to follow in the event of any errors or other concerns about a person's medicines administration. The registered manager told us they considered any medicines queries an emergency, so staff were instructed to seek advice as soon as possible during office hours or out of hours. Staff told us this support was always readily available when needed.
- The management team had robust quality assurance processes in place to ensure safe administration of medicines. A variety of detailed, regular checks and audits were carried out. The management team used the electronic system to alert them to events such as late or missed medicines. This meant any issues identified could be immediately investigated and appropriately addressed.

### Preventing and controlling infection

- People and their relatives were very positive about the service's infection prevention and control (IPC) processes and told us staff always wore appropriate personal protective equipment (PPE) in their homes.
- Staff received training in IPC and told us they had felt confident and supported throughout the COVID-19 pandemic due to additional communications, training, guidance and plentiful provision of PPE.
- There were robust IPC protocols in place for staff and visitors accessing the office, including for PPE distribution to staff.
- The provider had taken a proactive approach from the start of the COVID-19 pandemic. For example, they had worked closely with local health systems to minimise wastage of vaccines, which had enabled staff to receive early vaccinations. The provider had purchased and distributed reusable face masks to people, which they had appreciated. For one person at particularly high risk of infection, the provider had assigned two carers who solely provided this person's care visits.
- As the COVID-19 pandemic progressed, the provider continued to take a precautionary approach to minimise infection risk where possible. This included a process whereby anyone newly receiving the service, such as following a hospital discharge, was cared for by a dedicated team of carers who did not also visit clinically vulnerable people with existing packages of care for the first two weeks.

### Learning lessons when things go wrong

- People and their relatives told us the provider was responsive to any concerns or issues raised, using these as opportunities to further improve people's experiences of care. One relative said, "There was an inevitable learning curve and slight initial teething problems at the start... communication and responsiveness in adapting and improving service was always excellent, however, and all problems were always very quickly resolved... constructive feedback appears to be welcomed."
- People had access to a 'customer guide' within their home, which included clear information about raising complaints or concerns. A professional told us, "In my experience, Bluebird try to resolve and prevent problems reoccurring, respond in a timely manner and ensure that I am informed if there are any problems."
- Staff were very confident about raising concerns and told us the management team was very approachable, listened, and quickly acted in response to incidents that occurred, or if suggestions were made. One member of staff said, "I believe the company is run honestly and with integrity and would not hesitate to voice my opinions if I had any concerns, we are encouraged to do so". Another member of staff told us, "At our staff supervisions and at all of the refresher training sessions carers are encouraged to speak up about any possible concerns regarding our customers and carers so that whatever support or changes

are needed are acted upon."

- The provider had clear policies and robust processes in place for managing incidents, accidents, complaints or concerns. The management team investigated these fully to identify contributing factors and take action to minimise future risk. For example, we saw that significant work had been undertaken in response to two concerns raised about live-in care staff earlier in the year. As a result of learning identified, the provider had introduced more robust processes to ensure expectations of live-in care staff were clearer, handovers to staff were improved, and agency live-in care staff better integrated into the service in terms of both support and supervision.

## 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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People and their relatives spoke enthusiastically about the quality and culture of the service. People were keen to share their positive experiences and told us they highly recommended the service to others. One person said, "I have had a regular phone call from the office to check I am ok and have I needed anything all the way through the pandemic. I think it shows they care about me as a person."
- People and their relatives highly commended the ethos of the service and caring nature of staff. One person told us, "The carer I have... is so caring and really concerned about my general welfare. She is respectful, caring and nothing is a trouble to her at all. It's like having a live-in companion and not paid help, I can't fault it at all." A relative said, "The relationship is clearly very close and caring, and the live-in carer demonstrates clear dedication and responsibility in ensuring that [person] is well looked after." A professional told us, "Carers and managers seemed to know my patient well despite the patient only being with Bluebird for a few weeks. Carers seem genuinely interested in the health and welfare of my patient... I have no feedback... on how they could do better."
- The provider and management team encouraged staff to think beyond planned care tasks and consider creative ways of meeting people's needs. We saw and heard of numerous examples when staff had advocated for people to ensure they received care in the way they wanted to or were able to achieve what was important to them. For example, the provider had made it possible for two people to continue to safely access the community by employing a dedicated team of care staff. Another person had been supported continue exercising in their home throughout the COVID-19 pandemic when the provider assisted them to obtain an exercise bike. This significantly benefitted their overall well-being.
- Staff told us they felt highly valued and well supported by the provider and their colleagues. One member of staff said, "I can build real connection with customers. I do not feel like a cog in the wheel, but a member of a big family. Another member of staff told us, "Every other carer I have worked with or met through my training has been so passionate about the quality of care we all provide".

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

- Feedback about the management team was overall extremely positive, suggesting that the management team was supportive, approachable and listened to people, relatives, staff and professionals. One relative told us, "[I] have met with the management team on a couple of occasions, very impressed." A professional said, "I have had verbal and written contact with the managers on several occasions and find them to be

proactive and informative."

- Staff told us they had regular contact with the provider and management team and felt exceptionally supported in work-related and personal matters. One member of staff said, "[Registered manager] is honestly the best manager I have had in a care role, because she is willing to listen, and non-judgemental, as well as very passionate about quality of care and working with and for people." Another member of staff told us, "One of the best companies I've been with, [registered manager]'s lovely,... she knows my weaknesses and where I lack confidence, gives me that support but pushes me, she's really brought me out of my shell to be honest."
- The provider had developed an annual quality assurance framework, which set out clearly what actions were required each month throughout the year to continuously assess, monitor and improve the quality of care. This included all areas of the service from health and safety matters and equipment checks to medicines audits and reviews of accidents and incidents. Whilst some specific tasks were delegated to senior staff, the management team maintained oversight and overall responsibility.
- The provider had detailed and regularly reviewed contingency plans in place to ensure continuity of the business in a variety of events such as poor weather conditions or staffing difficulties.
- The management team had a good understanding of duty of candour and told us that transparency was a key value the service was committed to. Whilst there had not been any significant safety-related incidents, we saw examples of the service apologising to people and their relatives in response to complaints when appropriate.

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

- People and their relatives told us they had regular opportunities to provide feedback about their care. For example, people had regular care reviews and told us they were also able to provide feedback, suggestions or discuss changes informally during their care visits or telephone calls. One relative said, "I have been invited periodically to give feedback on care and this has been carried out systematically and professionally. I feel very confident if there are any queries or concerns that arise from time to time." The provider also encouraged and utilised independent online reviews on well-known websites.
- People and, where appropriate, their relatives had access to the electronic care planning system, which meant they had full insight into their care records.
- The management team thoroughly analysed the findings of the annual feedback surveys carried out with both people and staff, creating and following action plans in response. For example, we saw that each person had been contacted to discuss in more detail any suggestions they had made and resolve any issues that had been raised.
- Staff told us they had opportunities to receive and give feedback in a variety of ways. Staff had regular supervision and team meetings but also had continuous informal contact with their senior or office-based staff. One member of staff said, "The company is great, you always feel welcome and appreciated when going into the office, never a burden, if I have any concerns or problems, they are always willing to listen and correct things."
- The provider had an equality and diversity action plan, which considered each protected characteristic and how the provider could further improve people's experiences by becoming more inclusive. For example, the service was introducing new training elements regarding religion into the induction for staff and reviewing all processes and literature to ensure the assumption of heterosexuality was removed.
- The provider was passionate about innovating the way staff engaged with people. To communicate in a more personalised way, staff used an electronic application to send recorded video messages and receive responses. For example, following an enquiry about the service recorded video messages were sent to people and their relatives in preparation for any home assessment visits. This allowed people to start building trust and become familiar with the service. Video messages and calls were also used to welcome

new members of staff or congratulate staff on achievements.

- Within the constraints of the COVID-19 pandemic, the provider had worked hard to keep people and staff connected to the service and their local community. One person told us, "I get regular calls from the office to check I am alright and don't need anything." Records showed that when restrictions had allowed this, team building days and events, including fundraising for local charities, had been arranged.

#### Continuous learning and improving care

- The registered manager and nominated individual spoke passionately about their aim to be continuously forward-thinking and focused on further improving people's experience of care. The management team held regular meetings during which a variety of business areas were considered. These remained centred on people's experiences and included reflection on the overall business strategy and lessons learned amongst other agenda items.

- The service had introduced numerous changes in response to feedback received from people and staff, or learning identified through quality assurance processes. For example, the provider had recognised that the COVID-19 pandemic had impacted staff well-being and increased pressures on staff. As a result, they had implemented a new care supervisor role that was focused solely on support for staff. Staff told us this had had an extremely positive impact on their well-being. For example, one member of staff told us, "I personally feel very much part of the team and have had support, encouragement, feedback and praise, Bluebird has a supervisor that looks after carers' well-being... she does the monthly supervision, checking if carers are ok, need any support and have any customer concerns or personal concerns, issues at home for instance, and has an open door policy."

- The management team analysed all available information to monitor and continue to improve the service. For example, the provider maximised the use of electronic systems to allow complex information to be tracked, such as the degree of consistency of care staff and data in relation to staff mileage and travel time. The provider monitored this information against set targets. When required, action was taken to review processes or work with individual members of staff to further improve performance in these areas.

- The provider was open to creative ideas and suggestions. For example, a group of staff had been enabled to undertake training in hand and foot nail care during the pandemic, so people could more easily access these services in the safety of their home from staff they already knew and trusted. This service had been very popular with people, who enjoyed additional elements included such as hand and foot massages.

- The provider considered staff attitude, skills and knowledge fundamental to people having positive experiences of care. A continuous professional development library with numerous resources had therefore been created. Full-time staff were expected to undertake 40 hours per year additional learning to develop their skills and knowledge further. Staff told us they hugely appreciated this opportunity and that it significantly increased their confidence at work.

#### Working in partnership with others

- People and their relatives told us the provider worked in close partnership with them as well as health and social care professionals. One relative told us, "The live-in carer consults with the Bluebird office and immediately contacts either the GP, district nursing or hospice support on any concerns, and keeps us fully informed... when [my relative's] condition deteriorated to the point where [they] could no longer weight bear, occupational therapy was brought in to do an assessment."

- Professionals spoke very positively about how the service worked with them. One professional told us, "They are very quick to contact me if [my client] needs anything and I can contact them with any problems or if I need them to discuss anything with my client." Another professional said, "If I call them with a particular requirement, I find they are responsive and try to ensure this is completed or it can be accommodated." People's care records supported this.

- During the pandemic the provider had been commissioned to provide a rapid response service to reduce

and prevent hospital admissions by providing urgent care at home for people with acute needs who would otherwise have been cared for in hospital. This had been very successful.