

Belrose Limited

Bluebird Care (Petersfield & Havant)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Bluebird Care (Petersfield & Havant) is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received 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 43 people were receiving personal care.

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

People received care from staff who demonstrated exceptional standards of kindness and compassion. People and their relatives commented on the highly caring nature of staff.

Staff showed empathy and a genuine affection for the people they cared for. There was a clear commitment to building trusting and caring relationships with people to enhance their lives as much as possible.

People's privacy and dignity was truly respected by staff, and care was delivered in a way that focussed on promoting people's independence. The provider advocated for people's rights and supported them to access community support systems.

People and their relatives were very happy with the care provided and felt the service was very run well. People, their relatives and staff members expressed their upmost confidence in the registered manager. The provider had an active involvement with the general running of the service and maintained excellent oversight of the quality of care provided.

There was a distinctive culture within the service which promoted clear values and a commitment to provide high quality care. The values and ethos of the service were embedded in the day to day running of the service and all staff were motivated in their roles. Robust quality assurance checks were in place to monitor the service and drive improvement.

People were supported to stay safe in their own homes and appropriate safeguarding procedures were in place to protect people from the risk of abuse.

There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

Where accidents and incidents had occurred, the provider demonstrated a commitment to learning lessons to improve the service and sharing this with care staff.

Staff received appropriate training and support to enable them to carry out their role effectively. The service worked well with health and social care professionals to ensure people received effective 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. Staff sought people's consent and supported people to make choices about their care.

People received personalised care which met their specific needs. Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them.

A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

Rating at last inspection

The last rating for this service was Good (published 9 May 2017). Since this rating was awarded the provider of the service and the registered manager has changed.

This service was registered with us on 18 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

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 (Petersfield & Havant)

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

The inspection was carried out by one inspector.

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. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 4 February 2020 and ended on 10 February 2020. We visited the office location on 4 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us.

The provider was not asked to complete a provider information return 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one of the provider's representatives, the operations director, the registered manager and a member of care staff. We reviewed a range of records, including seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with 18 people and their relatives, who were receiving care and support from the service. We received feedback from two health and social care professionals involved with the service and spoke with nine members of care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe in their own homes and protecting them from the risk of abuse. For example, staff were knowledgeable of people's next of kin to contact in an emergency and before leaving a person's house, they ensured the person had everything they needed. One person told us, "They always say to me 'have you got your buzzer on?' before they go."
- The service had developed creative ways of involving people with their safety. For example, when a person started receiving a service with Bluebird Care, the registered manager sent a video e-message to them, or where appropriate, their relative. The message provided them with further information about the initial stages of their care service and allowed them to visibly see the person who would be visiting them in their home. This helped to ensure the person's safety as they could recognise who the staff member from the video e-message.
- There was a safeguarding policy in place and a safeguarding flow chart, which set out clear steps for staff on how to report safeguarding concerns and escalate them if needed.
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities.
- Staff had developed trusting relationships with people which ensured they felt safe. Everyone we spoke with told us they felt extremely safe and at ease in the company of staff. One person said, "Oh yes, very much so, I feel very safe with them."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments identified how staff should support people to reduce the risk of harm. For example, where a person was diabetic, there was a risk assessment in place which helped staff to understand and identify the signs of the person's blood sugar being too high or too low and detailed the action to take if this occurred.
- Other risk assessments in place related to; moving and handling, mobility, skin conditions and continence needs.
- Each person had an internal and external environment risk assessment in place, which had considered and identified a range of risks and hazards outside and inside their property. This information included important information for staff to be knowledgeable of, such as the location of smoke detectors and 'My escape route in the event of an emergency'. This promoted the safety of people in their own homes and of the staff that visited them.

- There were robust safety management procedures in place to ensure that people received a consistent and safe service in the event of all emergencies or disruptions. For example, a detailed 'snow plan' had been developed which colour coded people's level of need to identify where people may require more urgent assistance than others. This meant that staff would be prepared to support people during the bad weather and keep the service running as safely as possible.

Staffing and recruitment

- Robust recruitment procedures were in place for new staff, which included a values-based interviewing process. This focused on ensuring that potential new staff could demonstrate behaviours which matched Bluebird Care's ethos and values, in addition to their skills and knowledge.
- People told us staff stayed for the expected length of their care visits, which ensured their needs were met safely. One person told us, "They never rush, they take their time." Staff used an electronic logging system when they arrived at people's homes and completed care tasks. This system allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.
- Where staff were sick or on holiday, gaps were covered promptly, and staff demonstrated a team approach to ensuring people were not at risk due to staff absences. One staff member said, "We are a close-knit team, if we knew someone was sick, we would happily cover them, it would never be done begrudgingly."
- There were systems in place to deal with any issues of poor performance and prolonged staff absence effectively. This ensured that any concerns were promptly identified, and staff were supported to improve their performance and working abilities.

Using medicines safely

- Where required, people were supported by staff to take their medicines safely. One person said, "They make sure I take my medicines in the morning and at night."
- Staff used a two-tier level of medicine support to provide verbal assistance and physical assistance. The level in which people required support was documented in their care plan and this ensured they maintained control over their medicines where appropriate.
- Staff promoted people's independence wherever possible in the management and administration of their medicines. For example, where a person was not able to take a medicine in tablet-form, with their consent, this was sprinkled over their food as an alternative route of administration and we learnt the person was often supported by staff to do this themselves.
- Detailed information about people's medication was recorded and updated regularly in their care plans, which meant that staff knew how to support people safely and in line with their preferences.
- Electronic medicine administration records (MAR) were accessible to the management team instantly and records we looked at showed staff had administered medicines consistently as prescribed. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.
- Staff had received yearly refresher training to ensure their knowledge was up to date and people received their medicines safely and as prescribed. Staff also had regular competency checks through observations in the community to ensure their practice was to the expected standard.

Preventing and controlling infection

- Staff maintained good hygiene practices to ensure people were protected from the risk of infection. The provider stayed up to date with any national infection risks and sent best practice protocols to staff regularly.
- Staff had received training in infection control and understood the importance of wearing PPE to minimise the risk of infection. One staff member said, "I keep my PPE in the car and always take in a glove box and aprons with me. There are lots of stocks in office, we can go in whenever we want to grab a few packs."

- People confirmed staff wore gloves and aprons when completing care tasks and washed their hands appropriately. A relative commented, "The hygiene standard of the staff is very good, they always have gloves on."

Learning lessons when things go wrong

- The provider promoted an open culture and commitment towards learning and improving the service when things had gone wrong.
- All staff we spoke with had a transparent approach to reporting any concerns or incidents that had occurred whilst they were supporting people, including any near misses. For example, we looked at people's daily care notes which demonstrated staff took prompt action to raise any minor concerns with the office in a preventative manner. This ensured the service maintained a robust oversight of people's safety.
- The provider completed a quarterly analysis of all accidents and incidents which identified any common patterns or trends. This analysis report was used by staff to explore areas of learning and improvement across the service. For example, in the previous quarter, the highest number of incidents was related to falls. In response to this, a 'Falls Prevention' information document was sent to people and the provider had looked into alternative technologies for staff to assist people when they had experienced a fall.
- The registered manager knew how to seek support from external professionals when they required additional guidance. For example, where a medication error had occurred, staff took immediate action to contact the person's GP to ensure their health and safety was not compromised from the error.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working to provide consistent, effective, timely care

- People and their relatives told us staff arrived on time and stayed for the full length of their care visit. People received a weekly rota of their expected care visits for the following week. Where there were changes to the rota, such as timings, most people were informed by an office staff member, however a few people told us they were not always contacted about these amendments. We raised this with the provider and the registered manager who reassured us of the processes in place to minimise any miscommunication of changes to care visits. For example, office staff contacted people each week after their rota had been delivered to discuss any changes.
- The service used 'real-time' technology to enhance people's experience of care and improve their health. For example, where there was a change to a person's prescribed topical cream, care staff informed the office, and this was amended within the person's care plan immediately.
- There was good communication between staff to ensure that messages were passed on to the next staff member visiting a person to provide care. Office staff and staff in the community used a specific 'communications' area within the electronic care system to record and update any changes to people's needs. In addition, staff used a secure, private messaging app on their mobile phones to send messages to other colleagues and update on any changes in relation to people's care.
- Staff provided care in a way that met people's individual needs and was considerate of their personal routines. For example, people's care plans contained clear information about what time they liked to get up in the morning, where they preferred to receive their personal care, eat their meals, and their routine before they went to bed.

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

- People told us they received effective care which met their needs and preferences. One person said, "Everything is good. [Staff member] helps me, anything I want, she will do it."
- People's needs were assessed before the service started supporting them. The assessment considered all areas of people's needs and this information was used to develop an electronic care plan and appropriate risk assessments.
- Care plans clearly identified how people wished to receive care and support. They highlighted expected outcomes and contained details of each person's background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.
- Staff were given time to read through people's care plans to ensure they understood people's needs and could support them in line with their preferences. One staff member said, "There is information of the tasks that need to be done, and you can see what they like, what they enjoy and what they are like as a person."

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and maintained their quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable, skilled and well-trained to carry out their roles effectively. One person said, "[The staff] are very well trained, I have no doubts whatsoever in their skills to do their job properly."
- New staff received a comprehensive five-day induction into their role, which included mandatory training courses and working alongside more experienced staff until they felt confident and were competent to work on their own.
- There was a training and culture manager in post, who delivered staff inductions and face-to-face training sessions. Staff received a good standard of regular training which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid.
- Staff described the training provided as 'fantastic' and told us they were able to take part in additional training if they felt they needed it. Staff were provided with the opportunity to complete additional training in specific areas and were encouraged to enrol on higher level qualifications in health and social care if they wished to.
- Staff received one-to-one supervisions with the registered manager or a member of the management team, which provided an opportunity for staff to feedback on their performance, identify any concerns, highlight learning opportunities to support their wellbeing. Staff had reviews throughout the year to focus on their performance and a personal development plan, which focused on their goals whilst working at Bluebird Care.

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

- Most people we spoke with prepared their own meals, or this was done by a relative. Where people were supported to eat and drink by staff, they were happy with the way this was done.
- Staff promoted good nutrition and were attentive to ensuring people stayed hydrated and maintained a balanced diet. Before leaving people's homes, staff made sure people had a drink and with them and snacks were easily accessible. A person told us, "I do my meals myself, but they make sure I've eaten and it's nice to know they are checking in on me."
- Staff worked hard to support people who at risk of self-neglect and malnutrition. Where required, risk assessments were in place to support people's nutritional needs and staff recorded and monitored people's intake of food and fluids. For example, staff used an electronic system to record the food type that people had consumed, which helped to ensure people were eating a regular varied and healthy diet.
- People's care plans contained detailed information about any special diets they required, food preferences and support needs.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained information about their health conditions, abilities and level of assistance required. This information helped to guide staff and ensure effective support was provided.
- People's individual care and support needs were understood by staff and were monitored to ensure people remained in good health. Staff worked effectively with healthcare professionals in following recommendations to support people to lead healthy lives. For example, where a person was being supported by a district nurse for a wound, the person's care plan had been updated with guidance for staff to follow to aid the healing process.
- Health and social care professionals were complimentary of staff approach to supporting people. A health professional commented, "The staff are very good at taking on new ways of doing things, I can offer

education and we look at alternative ways of doing things."

- Where people's health needs deteriorated, staff supported them to access medical support as required. For example, one person told us about a health concern which a staff member had picked up on, they told us, "[The staff member] was quite concerned, so they helped me to contact the community nurse about it."
- Information about people's needs and health was shared appropriately if a person was admitted to hospital or another service, which allowed consistent and effective care.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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.

- At the time of the inspection, there was no one receiving a service who required a specific MCA assessment or best interest decision, however the registered manager demonstrated a good awareness of the MCA and understood where they would need to complete the MCA assessment process.
- Staff had received training in the MCA and know how to protect people's rights. Staff were clear about the need to seek verbal consent from people before providing support. One staff member said, "[People] have the right to make unwise decision, so we must support them to make their own decision. At the end of the day, we have their best interests in our hearts."
- Care plans contained a signed statement of consent, which outlined the care and support they received and who they were happy for their information to be shared with. Where appropriate, people had also signed a consent form to agree to their relatives having access to version of the electronic care systems used by staff, to be able to view their family member's care notes and records.

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.

This is the first inspection for this newly registered service. This key question has been rated as Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- People received high quality care which exceeded expectations from staff who were exceptionally compassionate and kind. Staff we spoke with had a genuine affection for the people they cared for and displayed a true passion for enhancing people's lives. One staff member said "I love this job so much, it's best job I've ever had. I look forward to seeing customers and making sure they enjoy their day."
- Without exception, people and their relatives told us staff were extremely caring and went above and beyond to improve people's wellbeing. One person said, "They are absolutely brilliant, I love them to bits" and another said, "I miss them on the days they don't come, we have a good relationship."
- People's relatives described the caring nature of staff and told us they were reassured by the compassionate care their family members received. One relative told us, "I would definitely give 10 out of 10 for the how caring and friendly they are, they give me peace of mind because they are such nice people." Another relative described how staff had cared for one of their family members until they passed away and then began caring for another family member, having already built a special relationship with them.
- Staff were focused on building open and honest relationships with people and had been matched with them based on their shared interests. Each person and staff member had a '10 Golden Rules' profile, which detailed information about their hobbies, what was important to them, and their life histories. For example, one person, who expressed an interest in cars and racing, found communicating with care staff difficult due to a health condition. A staff member who had a passion for classic cars had built a close bond with the person and had become a permanent carer for them to improve their communication needs.
- All people we spoke with told us they received care from a small group of consistent staff which allowed them to build trusting relationships. One person told us, "I am used the same faces, which is great because it means I have built a lovely relationship with them. I find them easy to talk to, we are relaxed together."
- The provider and registered manager demonstrated an exceptionally caring approach to ensure staff wellbeing was maintained. For example, a member of office staff had been appointed as mental health first aider for all staff within the service and had a keen interest in promoting good mental health at work. One staff member said, "They look after us really well." Another staff member described how a senior staff member had supported them when their car had broken down whilst working. The senior staff member went out of their way in their own time to assist with getting the car repaired and it was clear this had meant a lot to them; they commented, "It really exceeded my expectations, my safety meant that much to her."
- The service prided themselves on having a 'team spirit which set them apart' and it was evident the extremely nurturing culture of the service motivated staff to deliver compassionate care. Staff were provided with a 'Bluebird Care Promise' which outlined the dedication of the service to develop their careers in the direction of their choice. For example, one staff member had been identified by the service to complete a

higher-level qualification and progress to becoming a Community Team Lead. This gave them additional responsibility to support other staff and carry out checks of their practise; they told us, "They give us great opportunities, I've just been promoted, and I was trying to get on the level 3 course for ages and now I've been enrolled with Bluebird Care."

- Staff demonstrated genuine affection and compassion towards the people they cared for. One professional described how they felt staff 'made people feel like they were number one; they further commented, "One [person] once saw [staff] whilst out shopping locally and she said they welcomed her like a long lost friend, I remember her saying that it made her feel really special. It was so lovely to hear her say that, as she is quite a socially isolated."

Respecting equality and diversity

- People's equality, diversity and human rights were respected and the importance of this was embedded into the culture of the service. Staff had been trained in equality and diversity and demonstrated a strong understanding and knowledge in this area. Staff were able to tell us about people's individual needs, and it was evident that people were treated equally and with respect.

- The provider had an equality and diversity statement and action plan in place, which clearly set out the commitment of the service to uphold and protect people's protected characteristics. For example, since a review had taken place to look at people's different religions and beliefs across the service, changes had been made to the staff induction process to promote awareness of different religious practices. In addition, to promote diversity of inclusion of all sexualities of staff and people using the service, a review of literature produced by the provider had been completed to include images from people as part of the LGBT+ community.

- Arrangements were made to support people with their religious needs and ensure positive outcomes for people. For example, the registered manager had worked with a local pastor to send out cards to people who were not able to access the community. The cards gave people an opportunity to write a message or prayer which would be read out at a Church service.

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

- People and where relevant, their relatives, were actively encouraged and fully supported to express their views about the care they received.

- As part of the 'Bluebird Care Promise', people were contacted after their first week of receiving a service and again after a month. Customer reviews were sent out every six months to capture people's views of the care they received and take prompt action if issues were identified. An analysis report of the results was produced, and a clear action plan put in place to address any concerns raised. This exceptionally robust system of feedback ensured that people could express their views regularly and openly.

- People and their relatives confirmed their care was reviewed regularly and they were frequently asked by staff if they were happy with the care provided. One person said, "They check in with me a lot" and a relative said, "They come usually every so often and when there has been a change in [my relative]'s] needs. They are always responsive to me if I feel like something has changed with the care."

- Staff made sure that people received the support the needed to make important decisions about their care. People's care plans contained a specific section detailed 'when and how to offer support' when decisions were to be made in different areas of the person's life.

- People were introduced to staff members through an introduction process, which enabled people to get to know staff and ensure staff had a clear understanding of the person's routine.

- The service worked extremely hard to make sure people had access to different care and support options by providing them to relevant information and advice. For example, the service had worked in partnership with financial advisory service to provide people with information to benefit them. A solicitor had been invited into the office to deliver an information talk for staff to develop their knowledge in people's legal

rights. This meant that staff were able to signpost and help people explore different support.

Respecting and promoting people's privacy, dignity and independence

- Ensuring people's dignity and respect was at the heart of the service. There were many examples of staff ensuring people were supported and their views listened to. This ensured they received care in the way they wished. One person told us, "They know my routine, they know exactly what to do and give me time to do what I can do myself." This ensured the person felt safe and treated with dignity in their own home.
- Staff understood the importance of promoting people's independence and encouraged them as much as possible. One person said, "They allow me to have my independence. They all ask me what I would like to do for myself." Another person expressed they wished to continue managing their continence needs with very minimal help from staff. Care staff supported them by giving them time on their own and calling to them from a separate room when they required support. This allowed the person to meet their needs in a dignified and discreet manner.
- Support plans were written in a way that promoted people's independence. They were outcome focussed, with guidance on how best staff could support people to live meaningful lives maintaining their independence.
- Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care. One staff member described how they protected people's privacy by making sure curtains and doors were closed and covering people with a towel.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which was specific to their needs and preferences. For example, one person was supported by staff after a stay in hospital and their confidence and independence had improved to the point they no longer required care. The person's feedback stated, "You were all so caring and patient and helped me enormously. We are lucky to have you here."
- One person was reluctant to eat and or try nutritious meals. Staff had patiently and gradually formed good relationships with the person, explaining the importance of a balanced diet and offering to take them shopping to choose their own meals. With the support of staff, they were now eating a varied diet and their health conditions have significantly improved.
- Staff gave people choice and control where possible. A person told us, "I am very happy, I've got complete choice over [my care]." People's care plans had been developed with a focus on the person and how they wished to receive their care. For example, one person's care plan described how important their personal appearance was to them and how staff should brush their hair to ensure they looked tidy and presentable.
- Care plans contained a client profile, which included detailed information about people's histories and cultural backgrounds. This information included potential topics of conversation for staff to engage in based on their profile. For example, we learnt of one person who liked to talk with staff about their previous occupation, this had a positive impact on their wellbeing and helped staff to build a close relationship with the person.
- Staff had access to people's care plans and daily care notes on their mobile phones, which enabled them to learn more about the person and provide person-centred care. A system was in place to ensure care plans were reviewed on a regular basis or when people's needs changed.
- We received positive feedback from health care professionals which indicated that the service was focused on providing person-centred care. One professional described how staff had arranged a person's care service at short notice. They commented, "They arranged this so quickly and efficiently and the client cannot speak highly enough of them."

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

- People were supported to develop new friendships and maintain existing ones to avoid social isolation. For example, the service held a Christmas party quiz at their offices, which was well attended by people, relatives and staff. Two people who had attended rarely left their homes throughout the year to meet with others, and we saw pictures of them smiling and enjoying themselves at the party with staff.
- The service had found ways to get people involved with activities which were of interest to them, in 'customer event days'. For example, the registered manager had supported three people to attend an

exhibition of well-known company they had worked for in the past, at a local art centre. One of the people had not revisited the area for over 15 years and we learnt of how they had enjoyed reminiscing with staff of their prior working days at the exhibition. This promoted their wellbeing and brought staff closer to people through relevant topics of conversation.

- The service had built links with relevant organisations in the community. For example, the service supported charity events and staff had completed a money raising challenge for their 2019 charity, 'The Care Workers Charity'. As part of the challenge, people who received a service with Bluebird Care were invited to attend and watch the activities. We learnt for 2020, the service had chosen to support a Parkinson's charity, and had invited a representative from the charity to speak with care staff at their next team meeting.

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 communication styles were identified and recorded in their care plans, which ensured staff were aware of the best way to talk with people and present information.
- Staff communicated effectively with people according to their individual needs. For example, where a person found it difficult to speak on the phone and write something down at the same time, office staff ensured they scheduled any calls to the person at a time when a staff member was also with them.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, for one person who was registered blind, their care plan stated, "I like people to tell me which side of me they are standing so I know which side to listen for." The registered manager described how care staff worked with external agencies for people with sensory impairments to further support them.
- Staff were supported to access to different communication tools to assist them in their roles. For example, some staff used technology on their mobile phone to voice dictate and record their care notes for each person's care visit, rather than typing. This meant that staff were supported to confidently carry out their tasks effectively.

Improving care quality in response to complaints or concerns

- There were processes in place to deal with concerns and complaints. A complaints procedure was available for people to view in their 'Customer Guide' if required. This included information on the action people could take if they were not satisfied with the service.
- Robust systems were in place to monitor any concerns or complaints received to identify any patterns or trends. For example, the registered manager kept a monthly log of all concerns raised, which included an overview of action taken and outcomes.
- Complaints had been investigated promptly and were used to improve the quality of care delivered. For example, following the most recent quarterly analysis of complaints raised, this had highlighted concerns in some staff skills and behaviours. In response to this, a 'Bluebird Care Behaviours' profile was created, which the registered manager had implemented within staff recruitment and supervision processes. This had developed a more values-led approach to monitoring staff performance, which ensured better outcomes for people through staff delivering care in line with the ethos promoted by the provider.
- People, their relatives and professional told us that they had confidence in the service and if they raised any concerns, these were acted on promptly. A relative said, "[The registered manager] has a lovely phone manner, she always says 'hello, how are you today, what can I do for you? Anywhere she can help, she will."

End of life care and support

- Whilst no one receiving a service at the time of the inspection was receiving end of life care, the registered manager provided us with assurances that people would receive attentive end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- We saw a thank you card from a relative of a person who had passed away in the months prior to the inspection which commented on staffs 'professionalism, vast experience, dedication, kindness and compassion'.
- The registered manager demonstrated their ability to recognise where people's needs had changed or deteriorated and explained how they worked with relevant health and social care professionals to ensure people were as comfortable as possible at the end of their lives.
- We looked at records of a person who had been assessed as requiring end of life care in the past. Changes to the person's care routine had been communicated to staff and updated within their care plan.

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.

This is the first inspection for this newly registered service. This key question has been rated as Outstanding. 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 gave exceptionally positive feedback about the care they received and all staff members, describing them as 'excellent'. One person said, "It couldn't be better," another person commented, "I am very, very happy with the staff and the way they treat me. I haven't got any problems at all." A relative told us, "I am at the mercy of them, I don't live locally so it is comforting to know they are doing a great job for [my relative]."
- People were at the heart of the service and the values and ethos of Bluebird Care had been developed with staff in meaningful and creative ways. During staff teambuilding days, staff had created framed artwork to capture and showcase Bluebird Care's 'promises' to the people using the service, such as honesty, empathy, compassion and communication. It was clear this ethos was embedded into staff culture; a staff member said, "It's amazing, they make such an effort with us to be included."
- The provider promoted an inclusive and empowering culture. Throughout the inspection, their passion and enthusiasm was evident, and they worked collaboratively with staff towards objectives that were stretching and achievable for the service. We learnt of numerous examples of the steps taken to use technology to enhance people's experience of care, including offering access to people's care notes to their relatives, where appropriate. The provider had strong connections with their care planning technology company and had regular meetings with them to improve upon and seek new opportunities within the system.
- There were consistently high levels of satisfaction across all staff we spoke with. Staff felt highly motivated in their roles and were proud to work for the service. One staff member said, "I really do enjoy it. It's one of the best jobs I've done since I left school" and another said, "It's a really good service and heart-warming, I feel proud to work as a team with Bluebird Care."
- Staff were encouraged to develop their leadership skills. There was a 'Community Team Career Pathway', which defined five different levels of responsibility amongst care staff. For example, senior care assistants provided a support and mentoring network for new staff. Staff spoke extremely positively in relation to their support from other colleagues. A new staff member said, "So far loved it, everyone is so incredibly helpful and especially where I'm new, there is always someone there for me."
- Staff were highly complementary of the registered manager and felt confident in their ability to run the service well. Comments included, "She is hands on, any problem can call her or drop her an email, she runs a tight team" and "She is fantastic. I think she is a good leader as she is lively, energetic, brings a lot of new ideas and gets into action."
- The registered manager was driven to develop their own leadership skills, to improve the running of the

service. They had sent a 'leadership' survey to all staff which provided them with the opportunity to comment on their leadership abilities as a manager. We looked at the most recent results from the survey which evidenced a high level of staff confidence in the registered manager. A comprehensive action plan had been produced which outlined proposed actions and expected outcomes. For example, to improve the registered manager's response to 'encouraging teamwork and team thinking', a secure instant messaging group was created for all care staff to use and communicate.

- The registered manager was committed to supporting staff and had worked tirelessly to achieve a high level of staff morale. For example, a prominent 'team spirit wall' in the office displayed pictures of staff achievements and team events. The registered manager commented, "If my team are happy, customers are happy. I am keen to promote good training, making sure staff have all the resources they need."
- Staff were recognised for going above and beyond and this was celebrated by the service, for example during 'Care assistant of the month' awards. We saw pictures of staff being presented with certificates and gifts where they had excelled in their role.

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

- Quality assurance systems and audits were well-embedded into the running of the service to assess, monitor and improve the quality of care provided. For example, the registered manager used an 'Operating Rhythm' document, which set out a comprehensive annual planner across all key areas of the service. This planner ensured that all senior staff were focused and compliant with key areas of the service, such as staff training, audits and analysis of accidents, incidents and complaints.
- There was a clear management structure in place and strong framework of accountability amongst the senior office team. Each senior role had defined responsibilities which were reviewed by the provider to ensure effective performance management. For example, the registered manager completed a quarterly 'self-certification' document which ensured that all checks within the service were completed accurately and on time by the staff member responsible. This was reviewed by the provider as part of their own audit assessment of care documents across the service.
- The registered manager had developed a comprehensive tool to determine the frequency of audit checks for each person's care documents. This assessed the person's level of support required with personal care and medication, in order to produce an overall score and set time frame of review. Where any issues or concerns were highlighted in people's care documents, action was taken promptly to improve the effectiveness of care received.
- A robust procedure was in place to ensure the smooth running of the service if care staff from another nearby service run by the provider were required to cover any care visits. This ensured that staff had access to the necessary information and care notes to provide person-centred care.
- The registered manager and senior office team used an electronic care record system to monitor the service effectively. If any part of a person's care plan was due for a review, the manager would be alerted, and they took action to address it.
- Policies and procedures were in place to aid the smooth running of the service, including safeguarding, whistleblowing, complaints and equality and diversity. Staff had access to a 'staff guide' on their mobile phones, which allowed them to view key documents and guidance to support them in their role.

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 demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly

in their roles.

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

- The provider promoted staff engagement and welcomed their feedback to improve the service. Regular staff meetings provided the opportunity for discussion and learning. One staff member said, "If we want to have our say about things, we can. They give us time and if we raise something, it is valued and appreciated." A monthly staff newsletter was sent to staff providing them with information and updates about the company.
- Staff had the chance to express their views about the way in which care was delivered to people and the impact this had on their overall experience. For example, regular team building days allowed staff to come up with creative ideas and problem solving to improve aspects of the service, such as recruitment. At a recent team day, staff completed an exercise by drawing clocks which compared their current availability and people's preferred times to receive care. Following the activity, some staff had altered their availability to work shifts during evenings and weekends.
- The service had appointed staff 'champions', who focused on a specific area of care and were involved in training and learning opportunities for that subject. One staff member had been appointed as a nutrition and hydration champion and had completed training to further develop their understanding of this area. This initiative supported staff to take ownership and responsibility in their roles and gave them the opportunity to cascade best practice and their learning to other colleagues. The registered manager commented, "I love seeing my care assistants thrive, I want to give them as many opportunities as I can."
- Feedback about the service was gathered from people and their relatives in a range of ways including six monthly surveys, one-to-one discussions and telephone contact. After surveys had been completed, the results were analysed, and people were sent a summary of the findings and results. This included a section on 'The Future', which set out any plans following the collective findings of the survey; for example, the service had arranged a 'Christmas Coffee Morning' at their offices for people to attend if they wished. This demonstrated that people's views were genuinely valued by the provider and actions were taken where people had raised issues to improve the service.
- The service also encouraged people and their relatives to use an independent online review platform to give their feedback of the service. We looked at the most recent reviews that people had left, which demonstrated exceptional levels of satisfaction in the care provided. For example, one review stated, "I have no hesitation in recommending my carer as a first-class carer."

Continuous learning and improving care

- There was a strong emphasis on continuous improvement and the registered manager was driven to achieve an excellent service through reflective practice. For example, staff supervisions and observations were rotated each month with a focus on a specific area of care. This was closely monitored by office staff and ensured staff were working safely and displayed a respectful attitude.
- The registered manager had subscriptions with key organisations in the care sector and received important information from the provider's support office. This helped to ensure they stayed up to date with best practice and guidance.
- There were robust processes in place to monitor complaints, incidents and near misses. We looked at numerous examples which demonstrated if a pattern emerged, action was taken promptly to prevent a reoccurrence. For example, where a person had fallen, this was recorded, and action was taken to contact an occupational therapist to arrange for an alternative piece of mobility equipment. This helped the person to stay safe and independent in their own home and prevent future falls.

Working in partnership with others

- The service had worked hard to develop excellent relationships with outside agencies to improve care outcomes for people. For example, as several people using the service had experienced a stroke in the past, the registered manager arranged for a representative from the Stroke Awareness charity to visit the office and speak with staff. This enabled them to further develop their knowledge and understanding of the condition. The registered manager told us of further plans and arrangements they had been made to enhance staff learning in specific health conditions, such as dysphasia.
- It was evident that the service had developed an excellent track record of delivering distinctive care, which provided people with upmost confidence in the service. Many people we spoke to told us Bluebird Care had been recommended to them and they were 'very happy' with the service provided.
- We received exceptionally positive feedback from health and social professionals which demonstrated an open and collaborative approach to improve people's care experience. A health professional commented, "It is such an enjoyable and refreshing experience working with them, you always feel like nothing is too much trouble." Another said, "[The registered manager] is absolutely exceptional. I am very lucky to have found Bluebird Care and it makes my job so much easier working with a provider of this calibre" and a third said, "I have nothing but positive things to say about Bluebird Care, the team and also the manager."
- Information and records in people's care plans demonstrated a systematic approach of staff consistently working with health and social care professionals, such as community nurses and GPs. For example, when a new person started receiving a service with Bluebird Care, staff wrote to the person's GP to inform them of their involvement with the person's care. This meant that people successfully received effective, joined up care to achieve excellent outcomes.