

Rushton Vale Ltd

# Bluebird Care (Rushcliffe & Melton)

## Inspection report

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Date of inspection visit:  
14 February 2019

Date of publication:  
09 April 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

About the service: Bluebird Care (Rushcliffe & Melton) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 56 people were receiving support with personal care.

People's experience of using this service:

- The risks to people's health and safety were assessed and used to reduce the risks to their safety. People felt safe when staff supported them. Staff understood how to report any concerns that could lead to people experiencing avoidable harm.
- Staff arrived on time for each call. They completed all required tasks. People's medicines were managed safely.
- People felt staff understood how to reduce the risk of the spread of infection. There were clear processes in place for continued learning to ensure people received safe care and support.
- People were provided with care and support which protected them from discrimination. Staff were well trained and had their competency to carry out their role regularly assessed. Staff felt supported by the registered manager.
- People received the support they needed with their meals and they had access to other health and social care agencies where needed. People were supported to make decisions about their care; the provider ensured these were made in accordance with appropriate legislation.
- People praised the approach of the staff and they looked forward to their visits. People were treated with dignity and respect and people found staff to be kind and caring. People were supported to make decisions about their care needs and staff respected their wishes. People's records were stored securely to protect their privacy.
- People received person-centred care and support that considered their personal choices and preferences. Staff had a good understanding of people's care and support needs. People could make choices about their care and records were amended to reflect those choices. People had access to information in a format they could understand. Complaints were handled appropriately and in-line with the provider's complaints policy. People did not currently receive end of life care.
- Since our last inspection the provider had introduced a variety of new initiatives which were designed to continually monitor, assess and improve the quality of the care people received. These had started to take fruition at the time of the inspection. People were overwhelmingly pleased with the support provided and praised the personal approach of the staff, the registered manager and the provider. Staff had a thorough understanding of people's needs. They enjoyed their role and welcomed the supportive working environment. Innovation was encouraged, people's views were welcomed and valued. All people and relatives told us they would recommend this service to others.

Rating at last inspection:

At the last inspection the service was rated as Good (May 2016).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below

Outstanding ☆

# Bluebird Care (Rushcliffe & Melton)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by an 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. It provides a service to older adults.

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 the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 11 February and ended on 14 February 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

#### What we did:

We reviewed information we had received about the service since the last inspection. This included checking

incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider completed a Provider Information Return (PIR). 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 used this information to plan our inspection.

During the inspection, we spoke with six people who used the service and eight relatives. We spoke with four members of the care staff, one of which who also carried out the role of the care coordinator. We also spoke with the registered manager and a care supervisor.

We reviewed a range of records. This included three people's care records and three staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of avoidable harm. People and relatives told us they or their relatives felt safe with the staff. One person said of the staff, "I feel safe knowing they are coming. I have two key safes and they use those. They will shout as they come in and always lock the door after them." A relative said, "I am absolutely sure [relative] is safe with the staff. They totally know what they are doing. They will let us know if there are any changes to skin colour, bruises or marks of any sort." This relative also told us that staff used equipment safely to help transfer the person safely.
- Staff knew how to identify the different signs of abuse and felt confident that if they reported this to the registered manager that they would act on their concerns. A staff member said, "I would inform the office and I am happy they would deal with it. If they weren't then I would report it to the other organisations like the CQC." Staff had completed safeguarding adults and children training and this was up to date. Records showed staff competency was assessed to ensure they were aware of any changes in policy and knew how to identify and report the signs of abuse.
- The registered manager was aware of their responsibilities to ensure that external agencies such as the local authority safeguarding team and the CQC were notified of all relevant incidents. This was carried out in line with the provider's safeguarding policy.
- An out of hours system was in place that was designed to offer emergency support for people outside of normal office hours if they needed help. This helped to offer reassurance to people that someone would be able to help them in an emergency.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed and used to protect them from avoidable harm. Each person had risk assessments in key areas such as medicines, mobility and personal care. The assessments identified any risks and care and support plans were formed to guide staff on how to support people safely. Records showed these assessments were detailed, regularly reviewed and reflected the current risks to people's health and safety.
- Each person had a home environment risk assessment. These detailed the risks to the safety of people and staff within people's homes. Guidance was in place for staff to help them to reduce these risks. Guidance was also in place to support staff with evacuating people in an emergency.
- Emergency plans were in place to help people during extreme weather. This included extreme cold and hot weather. These plans helped to ensure that all calls were carried out. People who had been assessed as most at risk if a call did not take place were prioritised. This meant people continued to receive safe care and support from staff.

Staffing and recruitment

- People told us they received care and support from staff who, in the majority of cases, arrived on time.

They also told us that for most visits they received calls from a consistent team of staff. One person said, "They are normally on time but would let me know if they are running late. They always stay the full time, if they have done everything they will sit and chat." A relative said, "They are very good and are usually on time. They would let us know if there was a problem."

- Staff had enough time to get to each call and to complete the required tasks. They also confirmed that their rotas were planned and they saw the same people regularly which helped them to understand people's care and support needs. The system used to record staff arrival times and how long they stayed at each call was monitored by office based staff. This helped to ensure people received punctual calls that met their assessed needs.
- Robust recruitment checks were always carried out before staff commenced their role. New staff had appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the staff member was of suitable character to work with vulnerable people.
- The registered manager told us recruitment was based on people's needs. This meant that if they needed staff to work at a specific time of day such as evenings or weekends then staff were recruited specifically for this. We were shown the system used to plan people's calls. People's location was a key factor in planning calls, but also the specific skills, personality, age and sex of the staff member were also considered. This was to ensure that people received staff that were ideally matched to their specific care needs.

#### Using medicines safely

- People received the support they needed with their medicines. A relative was pleased with the way their family member's medicines were managed by staff. They said, "They [staff member] gave [family member] their medication today. They do it properly and sign everything and they also tell me so there is no chance of me giving it again."
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines, or had relatives to support them. Others required prompting or supervision. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so and received competency assessments to ensure they remained competent. This helped to assure the provider that people continued to receive support from trained and competent staff.
- When medicines were administered the entries were recorded onto a system which was visible immediately at the provider's office. If a medicine was not administered and a call had been logged as being completed, then an alert was formed and this enabled office staff to speak with the staff member to find out quickly why a medicine had not been given. This reduced the risk of people not receiving their medicines when they needed them.

#### Preventing and controlling infection

- One hundred percent of the people who responded to our questionnaire told us staff did all they could to reduce the risk of the spread of infection. Relatives agreed. One relative said, "They wear gloves and aprons and always wash their hands too. They make sure they sign the sheet to say what they have done."
- A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

#### Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing. The registered manager told us that if staff made errors that led to an accident or incident occurring, they would discuss this with them, consider refresher training and report



the incident to the relevant authorities where needed. Staff were fully involved with this process and were informed of any recommendations or actions made by the registered manager to reduce the risk of recurrence.

- Staff reported concerns via their hand held electronic device which reported any accidents or incidents to the office based immediately. This meant that incidents would be acted on quicker, reducing the risk to people's safety.

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care that reflected their needs and personal choices.
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination.
- People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Staff had been provided with a NHS Choice fact sheet on how to spot the signs of Sepsis. Staff had also been provided with guidance on how to support people if they had a diabetic seizure because of too high or too low blood sugar levels. This helped to ensure people continued to receive effective care and support from skilled staff.

Staff support: induction, training, skills and experience.

- People told us they found the staff to be knowledgeable and they understood how to support them. One person said, "I would say they know what they are doing. I feel confident with them anyway." Ninety-six percent of the people who responded to our questionnaire felt staff had the skills needed to support them. Relatives agreed. One relative said, "I am not entirely sure what exact training they have but I am sure if I asked to see the records they would be up to date. I have no worries that staff don't know what they are doing."
- Staff told us they felt supported by the registered manager to carry out their role effectively. Staff received supervision of their role once a month. This enabled their practice to be regularly assessed to ensure they continued to provide people with effective care and support. Staff received an appraisal each year which helped the registered manager assess performance over a longer period and enabled staff to discuss their progress and development needs.
- New staff completed the care certificate and were supported via the provider's, 'Framework for supporting our people'. This sets out a clear timetable where new staff received a 12-month programme to support them with meeting pre-agreed goals and targets for effective performance. This contributed to people receiving effective support from skilled staff.

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

- People received the support they needed from staff with their meals.
- People's care records contained guidance for staff on the support they needed with their meals. People's food and drink likes and dislikes were also recorded as well as people's preferred choice of food for specific meals. This meant staff would be aware how to support people to eat and drink enough.
- Where people had specific health conditions that could be affected by their food and drink choices such as diabetes, guidance was in place to support staff with helping the person to make wise choices.

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.
- We checked whether the service was working within the principles of the MCA and found they were. The registered manager had a good understanding of the MCA. He understood when an assessment of a person's capacity was needed. He also said, "It is about making sure people are in control of their own lives. We work with people to decide what care should be provided and always involve people before the decisions."
- Families were involved with decisions too. Where relatives had lasting power of attorney to make decisions about their family member's care, their legal authority to act on their behalf was requested and recorded in people's records. This meant the registered manager could assure themselves that decisions were always made for people by the appropriate person protecting their rights.
- Where people could make decisions for themselves records showed they had agreed with the care that was to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.

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

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.
- A relative said, "The staff work well with outside agencies. For example, the district nurse comes in and leaves information for the staff. Today we are having another occupational therapy assessment and the carers will be involved in the outcome. They are very good at letting me know any issues and as I say work alongside the district nurse."

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

- People were supported to access healthcare services where needed. This included visits to GPs and dentists.
- People were encouraged to make decisions about their own health needs and staff worked with them to access the appropriate healthcare services they needed to lead healthier lives. This included referrals to speech and language therapists and occupational therapists.

# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives liked the staff who supported them or their family member. One person said, "They are all really caring, they are all different but really nice." Another person said, "They are very professional, a lovely group of carers." A relative said, "They are all very kind and caring, they have got to know [family member] and set up a lovely rapport with them." Another relative said, "People and relatives praised the approach of staff, welcoming their involvement with other agencies. A relative said, "As a care company you can't fault them. If there is a problem they will wait for the ambulance and support me. They will even ring me up to see how [family member] is and if there is anything they can do. The ambulance service has even noted it. [Family member] gets travel sick and one time had a bad seizure; they [staff member] stayed all night with us, they didn't have to do that."
- People's diverse needs were discussed with people when they started to use the service to ensure they did not experience unlawful discrimination. Many of the people did not have specific wishes that needed to be considered; however, one person had been supported by staff to source local events and groups for people from their country of birth. Additionally, this person's relative acted as a translator for their family member to ensure that their wishes were understood by staff and acted on appropriately. This meant the provider had the processes in place to support people with diverse needs.
- People told us they looked forward to the visits from staff. One person said, "It is all about me. They always ask what I want and are willing to do what I ask." Another person said, "All my carers are very good and very friendly, we have a laugh together. I love to sing, and I always have a song for them. We have a lovely time."
- Staff understood people's personal choices and preferences. Staff found the care records informative, giving important information about people's life history and interests which helped them to form meaningful relationships with them. People told us they felt staff were interested in what they had to say and always ensured they were supported to lead their lives in the way they wanted.

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

- People and relatives felt involved with decisions about their or their family member's care. One person said, "I do recall being asked whether I would mind a male carer, but it was a while ago." A relative said, "The carers do exactly what [family member] wants doing. They are very kind. [Person's name] likes their carer and looks forward to them coming."
- Care records showed people had been involved with setting up and agreeing their care plan and any changes they wanted to make were acted on swiftly by the registered manager. Reviews were conducted with people and where appropriate, their relatives or appointed representative. The registered manager took an active part in these reviews, either completing some themselves; or, reviewing the agreed actions completed with their senior staff. This meant people felt able to express their views and make decisions

about the things that were important to them.

- Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. Advocates had been used to support people when the registered manager had identified that they had no family member or appointed representative to speak on their behalf. The registered manager told us they wanted to ensure each person had the chance to have their views represented. It also ensured accountability for best interest decision making. The registered manager told us the person who had recently used an advocate welcomed this approach.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. One person described how staff supported them with personal care. They said, "They supervise me, we use lots of towels and I keep warm. They shut the door and pull the blind to make it all private." Another person said, "They never leave me unless I ask them to. I have a little ensuite and they even cover my legs up to look after my dignity."
- Staff spoke with passion about how they ensured people were always treated with respect and dignity. One staff member said, "It is hard for some people to accept they need help. If people don't want us to do something or want it doing a certain way I will always respect their wishes."
- People were encouraged to do things for themselves wherever possible. One person said, "They encourage me to be as independent as possible." One hundred percent of the people who responded to our questionnaire told us they felt staff always encouraged them to be as independent as they could be. Care records contained information for staff to follow that ensured people's independence was encouraged. Supporting independence during personal care was a key aim and records contained detailed individualised information about the levels of support people needed.
- People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. Systems were in place to protect people's data on the handheld devices used by staff when updating care records. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation (GDPR) . This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. GDPR training had been delivered to staff to ensure awareness of their requirements to comply with this law.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their support from staff in the way they wanted, considering their likes, dislikes, personal preferences and interests. People were aware of their care plans and had agreed to the care and support plans within them.
- One person said, "They [staff] use their phone to record things but there is a paper copy too. I would say it is a complete record of my needs. Every so often [the registered manager] comes to check it and do a review. He will ask for feedback about the service too." A relative said, "There is a blue folder that they fill in and they also write it on their phone. It is quite hi-tech."
- People's needs were assessed before they started to use the service. Personal preferences, risks and health needs were discussed with people. This was then used to assess if their needs could be met by the service. If they could, then detailed person-centred care and support plans were formed considering people's personal preferences. This included the time of the calls, the support they wanted with meals and medicines and whether they wanted a male or female member of staff to attend their home. People spoken with were pleased with the care and support they received from staff.
- People's cultural background was used to help staff support them in their chosen way. For example, one staff member became trained to cook culturally appropriate meals for a person they supported to help promote their cultural identity.
- The registered manager told us staff would do the 'little things' such as, collecting medications from people's pharmacy or helping to buy essentials such as milk or bread when staff had seen they were running low. Staff spoken with told us they were always looking for ways to provide people with additional support to ensure people continued to feel safe, respected and reassured staff were there to do more than provide basic care.
- People were encouraged to set goals for themselves and received support from staff to achieve them. These goals could be to do more for themselves such as carrying out more of their own personal care or to reduce the number of calls they needed each day as their health improved. These goals were monitored and reviewed with people to ensure they were receiving the support they needed to achieve them. The registered manager told us enabling people to achieve positive outcomes was a fundamental aim of the service.
- People living with dementia were supported to lead fulfilling lives. For example, several people living with dementia were supported by staff to attend a local 'Memory Café', where they engaged in various sensory stimulating activities. One of the people had a keen interest in singing and now has gained the confidence needed to take the lead in singalong sessions. The person described this event as their "life line". Another staff member had invited a person to attend a weekly yoga session designed to help maximise their mobility and general wellbeing. These examples demonstrate that the staff understand and implement the provider's aims, mission and values in providing people with high quality care and support.
- Where agreed, some people received social calls as part of their care package. This included staff taking

people out to local amenities and following their chosen interests.

- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination.
- The registered manager acted to ensure compliance with this standard. For example, a person who was registered blind had their care plan printed on yellow paper on larger font to help them to be able to read the content. The registered manager told us this was important to the person as they liked to read their own care plans.

Improving care quality in response to complaints or concerns

- People were encouraged to raise any concerns they had about their care package. People felt that staff responded well to any issues they had raised. Those that had not needed to complain felt confident that their concerns would be acted on. One person said, "If I was worried about anything, I would tell the carer. If it was something serious, I would ring the office and speak to the boss." Another person said, "They always answer the phone straight away and deal with things for you." A relative said, "The office is very efficient. Both the owner and manager are very accessible."
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy. Where mistakes were made, apologies were offered and this helped to reassure people that their views mattered and would be acted on.

End of life care and support

- End of life care and support was not currently provided. However, work had commenced on ensuring that staff were trained should they be required to support people nearing the end of their life. A senior staff member had attended a 'train the trainer' course to enable them to have the skills to deliver 'end of life' training to staff. We were advised that amendments to the care planning and assessments were underway to incorporate more detailed discussions about their end of life wishes.

## 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.

The service had improved from Good to Outstanding in this area. Service leadership was exceptional and distinctive. Leaders and the service culture they created, drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- □ There was evidence of sustained, high quality care and support offered to people who used this service. The outcomes for people at this service were consistently high. Staff supported people in line with the provider's mission statement, 'Giving people the opportunity to remain living independently at home, happier and healthier for longer.' There was a clear focus to promote high quality person centred care and support for all. Staff bought into this approach and worked tirelessly to ensure people could live their lives to the full, remaining safe and independent within their own homes.
- □ People and relatives praised the consistent high standard of the person-centred care provided for them or their family members. One person said, "They help me with everything even down to making sure my clothes match and my hair looks right. I would say they are outstanding in the way they perform my personal care in such a dignified way. Their approach and patience is way above what you would expect."
- □ Every person, relative or staff member we spoke with or who completed our questionnaire told us they would recommend this service to others. One person said, "I would recommend them, no hesitation whatsoever. They all have a mature attitude and the carers are real carers who want to do the job. I can't speak highly enough of them." A relative said, "I would 100% recommend them, in fact they could be a shining example to others. The carers never seem under pressure and are always 100% professional. I have been so comfortable with them I have been happy to leave both [my family members] in their care. They have regularly texted me to keep me in the loop. I am very impressed with this company."
- □ The theme of ensuring people did not feel alone was embedded throughout this service. The registered manager told us a key aim of the provider was to focus on helping isolated, lonely, or physically impaired people access and engage with the community by facilitating social visits as part of their care package. For example, one person had a condition which made leaving their home and communicating with others difficult. This had increased the risk of the person becoming socially isolated. However, with support and encouragement from staff they now attend a weekly club, where they meet new people and had fun in a safe environment. This person has gained confidence and has now discussed attending two further clubs.
- □ People and relatives universally praised the approach of the registered manager and the provider. Words and phrases used to describe them included, "Very efficient", "They always listen" and "They are both very accessible". Staff were highly motivated and equally positive. One staff member said, "I think the managers are brilliant, I feel like I have fitted in really well, we all get on well. They are so approachable they will do anything for us." Another said, "I really liked the look of this company. I got on really well with people straight away, they were very welcoming."



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

- All staff had a clear understanding of their role and the high standards set by the provider for them to provide high quality care and support at all times.
- Person centred values and leadership were evident from the provider, registered manager and their staff. Staff were encouraged to think for themselves and to always put the needs of the person they were supporting first. This ethos was prevalent in all discussions with staff throughout the inspection. Staff often carried out additional or extended visits for people, often at short notice, to support them with things that were outside of their agreed care package. People welcomed this supportive approach.
- Robust governance was embedded into the running of the service. Staff performance and awareness of company directives was regularly assessed. A 'start, stop, continue' process was in place. These were monthly directives that were sent out to staff to encourage them to question their practice and to ensure they were always doing things correctly. This was with the aim that people always received safe and effective care and support. For example, a recent monthly directive asked staff to test people's 'Lifelines' every month and also to ask people to press the buttons themselves to see if they could do it. (Lifelines are used by people to notify an external agency if they require emergency help. These are especially useful for people who are unable to get to a telephone.) Once these directives had been received staff were then expected to continue to implement them. This showed continual investment in staff development and knowledge resulting in continual improvements in the quality of the care for all people.
- The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The provider had displayed their most recent rating in the home and on their website. We checked our records which showed the registered manager had notified us of events in the home as required. This helps us monitor the service.

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

- The views of people, relatives and staff were all used to help develop and improve the service. All spoken with felt their views mattered. Feedback from internal surveys was positive in almost all areas. Responses included, 'Bluebird are caring and it's nice to have some company in the mornings, I value their warmth and kindness'. And, 'Members of the office are very good and will do anything for you. Carers are reliable and friendly.'
- Where an area of improvement was identified during the provider's own audits immediate action had been taken. People had raised an issue that they did not always know which members of staff would be arriving at their home. This was rectified with 'Meet my care team' cards provided to all people. This provided people with the pictures and IDs of their primary and secondary care teams so people would know what staff were coming to their home. This card stayed with each person so they were aware of the staff that were authorised to attend their home. This meant the provider acted quickly to address areas for improvement within the service. People's feedback was listened to, valued and used to improve the quality and safety of their care.
- Robust recruitment profiling was carried out to ensure that staff who applied for roles met the provider's requirements. An 'ideal candidate profile' had been developed with people who used the service. People were asked what attributes their ideal staff member would have. This resulted in four key areas. These were; 'kindness and empathy', 'a cheery demeanour', 'be a good listener' and 'be adaptable'. Interview questions were then developed taking into account these key areas. Staff were expected to explain how they would meet these areas in their role. Staff recruited will have demonstrated this effectively. The registered manager

told us there were plans in place to support people with attending the interview process and contributing to the decisions to recruit staff. It was clear from the responses provided by the people we spoke with that all staff used these skills effectively when providing them with care and support.

- The provider took an active role in their local community, working with local charities and businesses to raise awareness of the issues which could affect older people. The provider hosted an event which brought together older people, their friends and families and local businesses and charities. The aim was to improve awareness of the positive contribution these could make to people's lives and the local area. The local charities and businesses who attended were invited to run a stall at the event to help them to inform people about what they could offer. The provider stated the following in the planning materials for this event. 'Over 65s play an important role in our society. Not only have they contributed in previous years to civic life, but they also contribute greatly to the local economy giving hundreds of hours to community groups.' This showed a great respect and understanding of the needs of older people and how they contribute to the local community. This was embedded in the approach of this service in improving the lives for older people.

#### Continuous learning and improving care

- There was a particularly strong emphasis on continuous learning and improvement. Robust quality assurance processes were in place that enabled the registered manager and the provider to assess the overall quality of the service provided. There were continual reviews of actions to ensure they had been completed, sharing responsibility to do so amongst staff, therefore empowering the workforce to take responsibility for their actions. Staff felt empowered, many had lead roles and staff were regularly promoted from within.
- The registered manager led by example and continually looked for ways to improve their knowledge and expertise. For example, whilst completing their Level 5 diploma in 'Leadership' they undertook a study about diabetes and the support people wanted with managing it but also to help prevent diabetes from forming. As a result of this study staff not only understood how to support people with diabetes, but also were trained to identify the early signs of diabetes in people. With early treatment or a change in lifestyle, this could reduce the risk of them developing the diseases.
- There was a clear focus on improving the experiences of people living with dementia. For example, the provider had signed up to an e-learning group called 'Grey Matters'. This group provides the platform for services to use an interactive life storybook app that can be used on tablets with the aim to improve quality of life for people with dementia and their relatives. Through visual reminiscence, working alongside games and music, the app helps people and their families preserve important memories and to share happy occasions through pictures and sounds. The registered manager told us this innovative approach will have positive outcome for people and their families.
- Team meetings were an opportunity to learn, to discuss and share best practice in an open and transparent environment. Staff welcomed this approach. They felt at ease raising any issues with the registered manager and were confident they would always be acted on. For example, staff had asked the registered manager for 'flash cards' about a wide variety of health conditions which they could take with them to calls to offer guidance about how to respond to emergencies. Whilst these were not a replacement for individualised care plans, these were provided as an additional tool for staff and helped them to continually develop their knowledge and skills.
- High quality staff performance was recognised through a staff recognition programme. This was designed to "give something back to staff". The registered manager told us this helped build staff morale, helping to build a team ethic. They also said, "We want staff to feel a part of something better. It has been a real success and used as a motivational award."
- Team awards were also in place and this helped the teams who had gone above and beyond what was expected. A recent award was issued to a team who worked with a person and other health and social

agencies to improve their quality of life. They helped to arrange for a phone line to be installed in their house to enable them to contact their support network more easily. They purchased essential household items such as a vacuum cleaner in their own time to help the person maintain a better standard of cleanliness in their home. They helped the person reduce clutter in the home, helping to make carpets and other parts of the home safer. They also helped facilitate the person having a shower seat fitted which made them safer and more independent when using their shower. Many of these things and many more were done in staff member's own time.

- Innovation was encouraged. New ideas and improved ways of working were welcomed. A staff member told us a person they cared for had been the victim of a 'scam'. Worried for their and others safety the staff member attended a 'Friends against scams' course and used that learning to inform colleagues about how to educate people against the risk of falling victims to scams. This also included signing people up, with their consent, to local 'Neighbourhood Watch' schemes. This demonstrated an approach to working with other organisations to improve care outcomes.
- The registered manager wanted to ensure that all people and relatives were offered the opportunity to hold them, the provider and staff to account for their actions. This included, ensuring people whose relatives lived away from their family members were given access to their care records so they could see what care was being provided. With people's permission, which was recorded in their care records, relatives could access an encrypted electronic care planning system where they could review the care records and to speak up on the behalf of their family members. The registered manager told us they were proud of this system as it meant they were held to scrutiny by a wider range of interested people. For example, it helped relatives contribute to the continual learning and improvement resulting in positive outcomes for people.

#### Working in partnership with others

- The provider worked in partnership with other organisations to help build seamless experiences for people based on good practice and people's informed preferences.
- The registered manager had recently introduced a system where, they contacted people's GP, with their consent, to advise them they were now supporting them. The letter sent to GP's stated; 'Our aim is to work closely alongside key healthcare services like yourselves in order to protect and promote our customers' health and personal wellbeing.' This open and collaborative approach was designed to ensure people received high quality health and social care from a wide variety of agencies.
- People were invited to sign up to a health checking service which allowed trained staff to check; amongst other things, their temperature, pulse and blood pressure. This helped staff to identify changes in their health which could then be addressed quicker by speedier referrals to health agencies.