

Care and Wellbeing Group Limited

Bluebird Care Mid Essex

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Bluebird Care Mid Essex is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection there were 80 people using the service.

People's experience of using this service:

People and their relatives said the service was excellent and staff went above and beyond their expectation. We were told by people, "The [registered manager] is a guardian angel, so dedicated", "Their [staff] coming enables me to have a life rather than an existence. They lift my day and hopefully through caring for me I make their day", "They [staff] make me feel human, worth something and feel valued" and, "They [staff] are a class act."

Staff spoke with compassion when referring to the people they cared for. The caring ethos of 'people first' and 'people at the heart of the service', expressed to us by the provider and registered manager, was echoed in the comments made by the staff. This was reflected in the care people told us they received.

People appreciated the continuity of care from the same care staff who were punctual and always attended. People and their relatives confirmed that they received a weekly rota which was adhered to, with changes only occurring in unforeseen circumstances. People and their relatives had trust and confidence in the staff and management. Communication with the service was described as excellent by people, relatives, staff and professionals.

The service worked in collaboration with health and social care professionals, the fire service and the police to promote joined up care. The service was exceptionally proactive in recognising social exclusion and isolation and involved people in the life of the community.

The service was person-centred, viewing their relationship with people using the service as a 'partnership' with emphasis on equality and diversity including cultural and lifestyle choice. Computerised care plans were comprehensive with clear instructions for staff on how the person wanted to be cared for. Consent to care was agreed at every visit which allowed for choice at the time of care delivery, taking into consideration a person's preferred way of communication.

Customer Handbooks were provided for people with information on the service including how to make a complaint. People and their relatives were confident that if they had concerns they would be dealt with appropriately.

Systems were in place to monitor the delivery of care through audits, spot checks, staff observational supervision and quality assurance questionnaires. Lessons learned were documented and shared with the management team and in staff meetings. Medicines administration records showed that medicines were taken as prescribed. People confirmed that staff followed infection control procedures and wore gloves and aprons appropriately to prevent the spread of infection.

Safe staff recruitment practices were followed which included the involvement of the people using the service who were asked to complete a questionnaire on staff performance. People confirmed that new staff shadowed experienced staff, and that they were consulted beforehand for their consent. Staff received an initial induction, refresher and specific subject training. The service promoted a learning and development culture to continually strive towards excellent care practice.

People and relatives knew the name of the registered manager and confirmed that they and supervisors visited the people regularly for spot checks or lead by example through working with staff.

The wellbeing of staff was viewed positively by management, and staff told us they felt valued and supported.

Rating at last inspection: Good (report published 22 October 2016)

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

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

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

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 exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Bluebird Care Mid Essex

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 team consisted of one inspector.

Service and service type:

Bluebird Care Mid Essex is a domiciliary care agency which provides personal care to people in their own homes.

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 the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 10 May 2019 and ended on 13 May 2019. This included visiting the office location to speak with the registered manager, interview staff and review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we had about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned improvements.

During the inspection we spoke with the registered manager, the provider of the service, one director, one office staff, two supervisors, five care staff and one relative. We looked at ten people's care records including their medicine record and daily notes. Additionally, we viewed people's care notes on the computerised system. We examined six care staff members recruitment records, including supervision records and training files. We viewed documents relating to the management of the service, complaints and compliments, satisfaction surveys and quality audits.

After our initial visits we then contacted 14 people, 10 relatives, four staff and two professionals by telephone and email to obtain feedback on the service on 16th, 17th, 20th and 21st May 2019. We also requested further documents and information from the registered manager.

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 and their relatives told us that they felt safe using the service. One person said, "I feel safe and confident with them [staff]" and, a relative told us, "I am happy the staff are there for my [relative]. I am confident my [relative] is safe with the staff."
- Staff could demonstrate an awareness of safeguarding procedures and how to report an allegation of abuse and records showed staff had received training in adult safeguarding. Staff told us, "Safeguarding guidelines are clear" and, "No problem whistleblowing. If I felt uncomfortable I would speak to a senior and I am confident they would take it forward."
- The service had met with the local police regarding the Herbert Protocol Missing Person initiative. This scheme provided information sharing for tracing people living with dementia in the event they went missing from their home.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments associated with people's safety and the environment. Where needed, advice was sought from the fire service or health professionals. One person told us, "I feel safe with the staff member, I couldn't do it on my own as I'm frightened I might fall."
- People were involved in their care planning. A staff member told us they consulted with one person and their relatives and made a referral for additional mobility equipment to improve their safety, which enabled them to continue to live in their own home. One relative confirmed, "When my [relative] needed a new hoist, Bluebird organised an occupational therapist to come in. The registered manager came when the hoist arrived to make sure all was safe and correct." This showed positive oversight by management.

Staffing and recruitment

- Safe staff recruitment processes were followed which included making the necessary checks to ensure staff were suitable to work with vulnerable people.
- Sufficient staff were employed to meet people's needs. Staff confirmed that they had enough time with each person to undertake care safely. One staff told us, "Always enough staff, it's been an absolute breeze. Never experienced any problems with staffing issues." A relative confirmed this, "My [relative] is slow but they never rush them."
- People, relatives and staff confirmed that staff always attended calls. People commented, "Never had a no show", "Always turn up", and "Never let me down."
- Punctuality was appreciated. One person told us, "The staff member is very punctual. They come for two hours to care for my [relative]. I can go shopping and I don't have to worry." Others said, "If they [staff] are going to be late they always ring and let me know that someone is coming, which is very pleasing" and, "Bluebird Care are good. I'm going to hang on to them. If they are 2 minutes late they apologise. I don't expect them to be exactly on time. If they are going to be 5 minutes late they ring me to tell me." We received

feedback from one professional who commented on the punctuality of the staff when they visited a person.

- Staff wore uniform and identification (ID) badges and people told us they were introduced to new staff. People confirmed, "They [staff] always have ID and uniform" and, "So professional, smart, you always know who they are."

Using medicines safely

- Staff received training in medicine administration. Only when they were assessed as competent, were they allowed to manage medicines. Staff told us that they had received training and the registered manager observed them in people's homes. Documentation supported this good practice.
- People who were supported with their medicines, had a medicine administration record (MAR) in place. These had been completed correctly, identifying that people were receiving their medicines as prescribed. Relatives told us, "[Relative] is slow to take their medicines but they [staff] do not rush them [relative]" and, "Staff support [relative] with their medicines, they always stick to the rules."
- The computerised care plans, which were password protected to ensure information was stored safely, confidentially and in-line with current data protection legislation, were accessible to the care staff from their mobile telephones. Staff documented when medicine was taken, and the system provided "live time" information which was monitored by senior staff.

Preventing and controlling infection

- All staff received training in infection control and were provided with the appropriate personal protective equipment (PPE) to prevent the spread of infection.
- Staff confirmed they were supplied with enough gloves and aprons to carry out their work safely.
- People said staff followed infection control procedures and wore PPE when required. One relative told us, "Everything is clean and tidy, [relative] always looks clean, clothes are washed."

Learning lessons when things go wrong

- The registered manager told us of lessons they had learnt and the changes which had taken place when things had gone wrong. For example, during one visit to a person's home, the staff member took the house key from the key-safe to let themselves in as per the persons' care plan, but mistakenly forgot to replace it. A key-safe is a small box on the outside wall containing the house key and can only be accessed through using a code. The key was returned immediately. Appropriate action was taken by the service who apologised and notified the relatives. Staff were reminded about replacing keys and the service introduced regular audit checks on key-safes. These records were seen and there had been no further incidents.

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

- There was an holistic approach to assessing, planning and delivering care, with the people using the service being at the heart of everything. One relative told us, "The initial assessment asked a lot of questions, they [staff] came well-armed with what to do. We are delighted in how things have gone, can't praise them enough."
- Care plan detailed people's life history, care and social needs in line with the national care standards and legislation. Senior staff had daily oversight of the care plans for monitoring and reviewing care needs.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of the staff. They told us, "Staff are skilful" and "The staff know what they are doing."
- New staff received a formal induction, delivered by trainers who were suitably qualified to teach their subjects. The training covered the standards within the Care Certificate, practical lessons and shadowing of experienced staff and workbooks were completed. The Care Certificate is an identified minimum set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in health and social care. One person told us, "Sometimes there are two people if one is shadowing. The senior staff comes in first to ask my consent and then they get the person who is shadowing, but only if I agree."
- Additional training subjects such as caring for people with dysphagia (difficulty in swallowing), Parkinson's Disease and dementia were conducted. Training for senior staff had taken place to ensure they were competent in overseeing the education and training of staff, providing effective care.
- Staff undertook Qualifications and Credit Framework (QCF) levels two, three and five in care and specific topic accredited short courses. One staff told us, "Bluebird Care are good. I've started my QCF level 2 in palliative care and am planning my career. They encourage training and development. I want to do more training and move on to senior work." Staff development was raised by the registered manager, who spoke of the promotion of an "organically grown team" who understood the ethos of the service and were "ambassadors for delivering a positive experience for people."
- The service had a Lead Dementia Champion who provided training for staff and they told us that the training had impacted positively on the care provided, such as better understanding dementia and colour recognition. For example, how this knowledge improved one person's mealtime experience through advising on coloured crockery, and another through changing a patterned shower mat to plain, making the person feel safer. Dementia training also provided staff with a better understanding of 'memory books' which they helped people to complete. This included a weekly picture diary board for one person to aid their memory of important appointments, providing more confidence and independence.

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

- People were supported to make healthy food choices. Care plans contained instructions for staff on how to store food and prepare meals for the individual person, such as how they liked their cup of tea.
- Referrals were made to the dietician and the speech and language team (SaLT) if concerns had been identified. One care plan record showed that the person had been referred to the SaLT due to swallowing difficulties and the staff were monitoring their weight weekly.
- Staff told us that they assisted people with their meals. "We support choice and encourage healthy eating", "I always offer choice by showing them [person] the meals" and, "Choice is given for meals and consent received."
- One person said, "Staff come three times a day and help me with my food." Another told us, "Staff always ask, do you want a cup of tea, are you sure there is nothing else I can do for you." The service embraces different cultural, religious and ethical issues around people's choice of food to make sure their wishes are respected.
- The registered manager told us they supported people who didn't like to eat alone. Staff would take their lunch to eat with them, which created a social aspect during mealtimes. One person said, "They [staff] are always cheerful, great to have a cup of tea and a chat with." This showed distinctive care.
- One person was assisted by staff to plan and order their shopping on-line. The person enjoyed cooking, and through the support of the staff was able to continue this hobby through batch cooking, which ensured the person had enough meals in the freezer to eat healthily.
- The registered manager told us of instances where people shared their memories with staff about certain foods, and staff had gone above and beyond and surprised people by taking that food item for them during their visits. This provided exceptional person-centred care.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health care professionals according to their needs. Relatives told us, "Any concerns they [staff] have they let us know and they [staff] signpost us to other professionals if needed. Staff supported people with specific health programmes in partnership with health professionals such as physiotherapy and hydrotherapy.
- Staff were aware of the procedure to follow should the person require assistance from a health professional. One staff said, "We have been told about falls and have been through what to do. That was spoken about recently." Another staff said, "I have been there with the occupational therapist and they asked our opinion." The registered manager told us that the service worked with other agencies to promote people's health such as the district nurse, GP, social workers, chiropodist and Admiral Nurses.
- One health professional told us, "Bluebird Care Mid Essex communicate with our team well and demonstrate a professional attitude when they liaise with us regarding referrals" another said, "They [Bluebird Care Mid Essex] have been easy to contact and are approachable."

Adapting service, design, decoration to meet people's needs

- Environmental risk assessments were carried out at the initial assessment and reviewed regularly. Safety checks for the internal and external environment included the smoke detector battery, lighting and moving and handling considerations.
- Referrals to relevant professionals such as the occupational therapist to assist with any alterations in the person's home or mobility advice were made. Visits with the person's permission, to assess any fire risks in their home were undertaken by the fire service.
- Easy read guidance was available such as pictures of kitchen items which showed what the item was and how it was used. Photographs taken by staff of household objects, were used to assist one person to recognise familiar items and help them in their daily lives.

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.

Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.

- The computerised care plans required that consent was sought for all care practices and we saw evidence of this recorded. This documented how consent was gained taking into consideration people's preferred methods of communication. This provided the person choice at the time of care delivery.
- People told us, "They [staff] always ask what I want", "They [staff] always gain my consent and ask what I would like done" and, "My eyesight is not good, so they always read out what they put in my care plan.
- Care plans identified if people had representatives in place, and who had responsibility for carrying out or advocating their wishes, such as Lasting Power of Attorney or an advocate. Advocacy seeks to ensure people have their voice heard on issues that are important to them.
- People had a choice of care staff gender to assist with their care. The registered manager told us that staff were allocated to meet the needs of the individual person, which was managed by the staff roster system.

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; respecting equality and diversity

- People told us staff were caring and supported their needs. "They [staff] are excellent, really good. Always respectful, a good team of staff." Relatives said, "I couldn't praise them highly enough. They are brilliant, wonderful", and "They go far and beyond what they need to."
- Care plans identified people's diverse needs and were person-centred including how people's health conditions affected their lives. One care plan identified how the person's health diagnosis affected their ability with day to day tasks, another had full guidance on what to do if the person had hypoglycaemia (low blood sugar).
- The service met with the requirements of the Equality Act 2010 and provided good practice guidance on cultural and lifestyle choices which empowered people to live their lives how they wished. The service recognised organisations that supported diverse communities and promoted a 'living without fear of discrimination' culture. These services were used as resources for people as required and the senior staff had assisted people to access these.
- Staff spoke proudly about the care they gave, "We give good care, people are always happy. I treat them [people] like they are my relative, then you know you have given the best care", "I never rush a person, care is very good" and "In training we are told to be respectful and to treat people how we would like to be treated."

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

- People told us their views were listened to and they were involved in their plan of care.
- Care plans identified the expressed views of the person with specific information for staff to follow on the person's care needs.
- One relative told us, "We were very involved in care planning and they [staff] discussed what they were going to do. They have not fallen short of what they said they would do" and, "We feel listened to, they [staff] were competent and polite."
- One professional said that when they visited one person's home, the staff member engaged with the person throughout the visit and they [staff] involved the person in the conversation.
- Communication with the service was regarded by everyone we spoke with, as excellent. One professional told us that the communication was good between the office and staff, and that staff were made aware of the professionals planned visit. Where relatives did not live locally, they [relatives] were contacted via telephone calls or emails to provide current information. One relative confirmed, "We get regular emails from [supervisor] asking for anything that [relative] needs."
- The service provided a consistent team of committed staff. One person said, "I have the same person most weeks" and "The same staff member [named staff] always comes on a Saturday. They always turn up and if they can't, they send another staff member [named staff]. There is continuity."

- Relatives told us, "My [relative] always has the same staff. I can go out and feel completely safe. They [staff member] relate to [relative], chats, listens and is caring. The [staff] will feedback what they have been doing. It gives me a break", "They [staff] will do anything I ask. We work as a team with the service. If I didn't have them [staff] there we couldn't manage" and, "They [senior staff] always let me know each week who will be coming and the time. They [staff] are always punctual."
- The service supports people to live independently through assisting with every day activities of their choosing such as paying bills, shopping or following their leisure interests.

Respecting and promoting people's privacy, dignity and independence

- People told us that they were treated with dignity and staff were always respectful.
- Staff told us, "We try to promote independence", "We support one person to get their own breakfast to promote independence" and, "It is getting to know the person beforehand on what they can do."
- People told us, "They always leave the house tidy, but I like to wash up, which is my choice as I like to keep independent", and, "I can't physically get out, so they bring the outside life in with them. I don't think people realise what a difference they [staff] can make to your day."
- The service works with the wider multi-agency which supported people with their independence and provided specific staff training to manage care, for example catheter care training.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager spoke with compassion and enthusiasm about involving the people using the service and told us, "It's important that people feel part of something, bring things to them. Everyone needs a bit of magic in their day."
- The registered manager told us, "The biggest problem is social isolation, loneliness is the worst thing in the world." The registered manager constantly strove to find ways of responding to people's needs and to address loneliness. For example, two events were held each year, a Christmas and summer party, and invitations went out to people registered with Bluebird Care Mid Essex. Where necessary, transport and care staff were arranged to ensure all people had an opportunity to attend.
- People confirmed they were invited to the events and told us, "I went to the Christmas party, it was hilarious. I think it was a nice gesture to do that" and, "They [staff] got everybody together and I met with other people who have the same staff as me. I'm looking forward to the next outing." Organised social gatherings were in addition to the normal care provided, and this thoughtful activity was appreciated by the people using the service.
- One relative who was unable to take the person themselves said, "The staff sorted it out so that my [relative] could go and not miss out. My [relative] enjoyed it and will go next time." This showed personalised flexible care and how the needs of the one was just as important as the majority.
- Photographs of the events were depicted on the notice board at the office.
- Significant calendar events and people's special birthdays were part of how the service was responsive. For example, at Easter every person was given a small Easter egg and a card with a raffle ticket to win a large chocolate egg. We saw that one person was celebrating a milestone birthday. The registered manager arranged for the person to attend an afternoon tea to celebrate. The person told us, "I had a lovely day. They [registered manager] is a guardian angel, so dedicated. Bluebird Care are 110%, I would be lost without them as there is nobody like them."
- Relationships were also fostered and maintained with a range of services in the community to avoid isolation such as the Parkinson's Disease group, with future plans for visits by the Pets as Therapy service. The registered manager told us about proposal to introduce a Memory (Dementia) Café.
- An example of person-centred care was when one person who was once very involved in community projects, was assisted by staff to attend the local fayre to meet with former community friends, which delighted all. Another related to a person who was a keen sailor and was taken by a member of staff to see some river boats, which promoted conversation.
- When people first approached the service, they received a holistic assessment tailored to their care needs and choices. An example from one person, "They [staff] turn up on time. I like to go to church and they seem to make my calls possible for me to do this." The registered manager informed us that the service would also

organise transport when required to enable the person to attend church.

- When care plans were reviewed, staff confirmed that the registered manager listened to them regarding the care needs of people, which showed that the service worked as a team and valued the knowledge the care staff had about the people they cared for.
- People were able to view their own care plan in their homes and relatives had an access code to view the care plan through an "open pass website". This accessibility and communication with the service was appreciated by relatives.
- The computerised care plans were comprehensive and provided staff with clear guidelines on how care should be delivered. For example, for one-person, specific details on how to care for their delicate skin.
- Interests and social activities were documented in the care plans for example, in one it read, "What is important to me: puzzles and watching TV." In another stated in relation to the person's memory, "I might take a little longer." Through this information staff were able to support people's interests. For example, one person had an interest in gardening and the staff member purchased gardening magazines which they read with the person.
- Staff responded to what was important to the individual person. One person told us, "I am not my best in the morning but one staff member, she is a sweetheart, always happy", "They [staff] come in and we chat about the news or something, it breaks up my day." Another said, "They [staff] come in with their smiley faces and give me a smile and a cuddle and cheer me up." A third said, "They [staff] will do anything, water my plants let my dogs out. They make a fuss of the dogs, they [staff] are so kind." The registered manager gave an example of a staff member assisting one person with taking their pet to the vets, as it was recognised how important the pet was to them.
- Gaining trust was spoken about by people, relatives and staff. One staff told us, "When I visit a new person, I look around the room and see what I can talk about to start a conversation. You must gain their [people] trust, you have to earn that trust." Another said, "I love this job, people wait for us. It makes somebody's day when we turn up." A third said, "I know all the old songs and those people who like to sing, we sing together." People and relatives told us, "Staff are trustworthy, you build up trust" and "They are very caring, very person-centred. They were respectful of [relative] ways and they took time to build up trust."

Improving care quality in response to complaints or concerns

- The registered manager told us about the improvements they had made in response to listening to people's views. Previous quality assurance questionnaires had reported, "I would like a list of visits for the week", "Be more consistent with visit times" and, "I would prefer if the staff weren't changed so often." They had used this information and within a short period of time people were receiving continuity of care from the same care staff, rotas were distributed to all people and relatives where necessary and agreed visit times adhered to.
- People and their relatives confirmed that they received a weekly rota and the same staff always turned up on time. One relative said, "They [service] send over a planner and nine times out of ten they stick to it religiously, this is consistent. Communication is the best thing that stands out."
- People were given a Customer Guide called 'Your life, your care, your way'. This explained how to raise a concern or complaint.
- People's communication needs were identified by assessment. The Accessible Information Standards (AIS) aims to make sure people with a disability or sensory loss are given information they can understand and the communication support they need. We were informed that information for people could be provided in large print or Braille which provided people with an alternative and met with equality and diversity.
- Pictures to aid communication were used and the director told us they were exploring different technology in the use of imagery rather than words to meet the diverse communication needs of people. Technology was being used for one person who when anxious, would text on their mobile telephone, the on-call person for support. One person whose first language wasn't English enjoyed conversations with a staff member who shared the same European language. Although both could converse in English, the person enjoyed the

conversations which brought back childhood memories.

End of life care and support

- The service worked with the local hospices to gain support to care for people at the end of their life and to access specialist training to enhance knowledge and understanding of the care required.
- The registered manager spoke about the importance of promoting meaningful end of life care experiences, to meet the needs of the person and their family. Examples included a person choosing music by a composer as they found it a source of comfort. Another person told staff they had once acted in a film. The staff member sourced the film, and the person and their family took delight in sharing memories and talking about it.
- Policies, procedures and guidance were in place for caring for people in need of palliative care which was inclusive and referred to people's culture, lifestyle choices and protected characteristics.
- Where appropriate, care plans had information about decisions taken for 'Do not attempt cardiopulmonary resuscitation', (DNACPR). This is a way of recording a decision a person or others on their behalf had made that they would not be resuscitated in the event of a sudden cardiac collapse.
- The service provided information for people and relatives through signposting to organisations such as hospices and associated websites for further information and guidance such as Dying Matters and Alzheimer's Society.
- The registered manager informed us that staff were supported when they attended to people who were at the end of their life.

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

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider spoke positively about how the service had developed under the leadership of the registered manager and was confident in their management skills. The provider had respect for the registered manager and supported their judgement.
- The provider was engaged with the service through regular oversight and told us that they visited the office most days. They said they liked to be seen and to listen to ideas and any problems staff had. Office staff confirmed this. The provider said they liked to speak with care staff and always saw new staff during their induction period. Staff said they often met the provider when they visited the office.
- The registered manager was enthusiastic and passionate about improving care practices. They were motivated, caring and visible which inspired staff. They told us, "We want to stand out and grow. To be proud of every visit, and to empower the people with staff putting people first." One compliment we saw said, "You [provider] introduced me to an angel who is amazing and taught me to be safe and secure in my home. Thank you for bringing [registered manager] and crew to my door."
- Staff spoke positively about the management support network and said they could always contact senior staff for advice and guidance. Staff were very motivated and said they felt really valued and listened to. The caring ethos expressed by the provider and registered manager was echoed by the staff, who spoke with compassion about the people who used the service, and staff had a clear vision of the care they expected to be delivered.
- The registered manager had systems in place to ensure high quality care and continuous improvement through audits, supervisions, spot checks and leading by example through working alongside staff. Staff and people confirmed that spot checks were carried out.

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

- Supervisors and senior staff were enthusiastic and positive about the service and had confidence in the registered manager. Staff confirmed the senior staff were supportive and knowledgeable. Staff told us, "The management are so supportive with an open-door policy", "They [senior staff] are brilliant", "Any concerns would call the supervisor and they would know what to do", "If there is something you are not sure about you can go and talk about it. Everyone is approachable."
- The service promoted equality and diversity to meet staff learning needs in training, and provided technical equipment and support, such as Dictaphones.
- Communication between all staff was clear, robust and caring. The use of the computerised communication device called the PASS System was effective. Staff said they received regular encouraging

messages from management, which they appreciated. One staff told us, "It's the little touches that make you feel wanted and its nice."

- Staff were confident in the training they had received and in their own role. They told us training and education were encouraged. One staff said, "I had difficulty with some questions in the Care Certificate, I emailed the trainer and they rang and helped me." This support ensured that learning took place which provided staff knowledge when caring for people.
- A excellent feature of the staff recruitment process was that the people using the service were asked for feedback questionnaire on new staff performance. We saw on file comments, "Lovely, very presentable, introduced themselves, compassionate, competent", another read "Pleasant, doing a great job, very polite." This showed that the service considered the opinions of the people using the service by including them [people] in the recruitment process.
- Staff told us they would recommend working for the service. They commented, "I'm loving it. Absolutely the place to work", "I couldn't have asked for a better company to work for", "The company is amazing" and, "Fantastic place to work. My supervisor sent text messages about how well I was doing which made me feel appreciated."
- Staff were supported by the Mental Health Champion who spoke enthusiastically about how the initiative had impacted on staff wellbeing. They had an open-door policy, which staff appreciated. The success in supporting staff through the initiative had led to plans for more trained Champions. The service also belonged to a charity which provided support to staff on personal matters.
- Bluebird Care Mid-Essex won the Essex Empowering Workforce Award for introducing Health & Work Champions to support staff wellbeing. Both the Provider and the registered manager spoke about the importance of valuing staff. The Provider told us, "You cannot build a good standard of care without good staff. They need to feel valued."

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

- Quality Assurance customer questionnaires were provided to gain feedback from people and their relatives about the service. These were reviewed by the management team and responded to with any change of practice where required, which showed that people were listened to. This feedback was viewed by the registered manager as essential for continued improvement.
- Regular staff meetings were held, and staff were invited to add areas of interest to the agenda. One staff told us they wanted to share at the next meeting what they had learnt on the course they had attended. This showed that staff meetings were meaningful and constructive.
- Newsletters were sent out to people and relatives which provided information about the service in relation to current activities or changes.
- The service worked with the Alzheimer's Society and staff are part of the Dementia Friends initiative providing them with more understanding of the person's needs to help people live well with dementia.
- People were supported where possible to continue with hobbies and accessing the community facilities. The registered manager spoke with enthusiasm about linking with community projects.
- Compliment letters were seen. One letter written to the provider from a person using the service read positively about the management skills of the registered manager and their expectations from staff. Examples from people read, "The practical and friendly attitude of all of them and the help provided certainly lightens up our lives", a letter from a relative read, "The standard of care is excellent, and the biggest difference is that people working for Bluebird Care really do care about my relative."

Continuous learning and improving care; Working in partnership with others

- The registered manager had an effective training programme and worked in partnership with other organisations to deliver it. Sharing good practice through the introduction of train the trainers in mental health, Parkinson's disease and further Dementia Champions provided staff with additional skills and

abilities to care for people and meet their needs.

- The registered manager was improving their own knowledge and skills by attending a course to become a counsellor to support people and staff with a focus on their wellbeing. To enable greater knowledge of mental health conditions to enable the staff member to understand the people they cared for more fully, one staff member had commenced a six-week training programme on Mental Health Awareness.
- Senior staff attended networking opportunities with other local providers to share good practice ideas. The service belonged to homecare organisations who provide information on current practices for continual improvement. New information or changes in practices were cascaded either at staff meetings or through the communication system, which ensured staff had current knowledge.
- The service worked collaboratively with health care professionals, community organisations, charities and local hospices. They supported the organisations through fund-raising events such as Alzheimer's memory walks, marathons and coffee mornings. One staff member attended a stroke support group to share experiences about stroke management, which supported people using the service.
- The director told us they were investing further into different communication systems to enable people and relatives to stay in touch with each other and the service.