

Walter Manny Limited

Bluebird Care

Inspection report

Unit Z12
Westpark
Wellington
Somerset
TA21 9AD

Tel: 01823331194
Website: www.bluebirdcare.co.uk

Date of inspection visit:
31 March 2022
08 April 2022

Date of publication:
06 June 2022

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?	Good ●

Summary of findings

Overall summary

About the service

Bluebird Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to both older adults and younger adults. The service works in conjunction with the local authority to provide a Discharge to Assess service. This service has been created to help people who do not require an acute hospital bed but may still require support from care services get home more quickly.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of the inspection they were providing care and support to 130 people.

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

At the last inspection, systems to monitor the quality and safety of the service were not always effective and there was a lack of oversight by the management team. Improvements were seen at this inspection. The provider and registered manager implemented new systems and processes to assess and monitor the quality and safety of the service.

People were happy with the standard of care and support provided to them. Comments included, "They (staff) really understood what I needed. It has been very reassuring having their visits" and "They take time to worry about you, it's not just a job, you can tell they are about the people as well".

An area for improvement identified by people was the timing of their visits. These were described as "erratic" at times. An improvement plan had been developed to address these issues. This included, contacting people to understand their expectations; a review of the specific geographical areas to reduce travel time for staff, and on-going recruitment of staff.

People said the service was safe. Comments included, "I feel nice and safe, they don't rush me..." and "Yes I feel safe. The care is excellent really and the staff are lovely". Staff ensured people were safe from harm. Risks to people were assessed and procedures were in place to help keep people safe.

The provider's systems protected people from the risk of abuse. Staff were aware of their responsibilities with regards to safeguarding people. Medicines were managed safely, and people were protected from the risks associated with the spread of infection. Infection prevention and control policies and practice kept people safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said staff were kind and considerate and encouraged them to maintain their independence in a professional way. Staff respected people's right to privacy and dignity. Comments included, "They're very kind, very considerate, understand me and mostly my needs" and "I haven't had any problems and there's a couple (of staff) that are exceptional".

People had care plans which reflected how they wanted to receive their care. Care plans were reviewed regularly. People and relatives were involved in the planning of care. People knew how to raise concerns.

Incidents and accidents were monitored by the registered manager. Where accidents and incidents occurred, the registered manager ensured appropriate action was taken for people to reduce the likelihood of injury or reoccurrence.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 07 January 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected: This inspection was carried out to follow up on action we told the provider to take at the last inspection

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blue Bird on our website at www.cqc.org.uk.

Follow up: We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led.

Details are in our well-led findings below.

Good ●

Bluebird Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by one inspector; assistant 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 services for older people.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31/03/2022 and ended on 08/04/2022. We visited the location's office on 31/03/2022 and 08/04/2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included a review of notifications relating to safeguarding concerns or other incidents affecting the safety and wellbeing of people. We also reviewed the feedback on the home care providers' website. We sent the provider an inspection poster with our contact details to circulate to people, relatives and staff to seek their feedback.

We requested a range of information from provider about the ongoing monitoring of safety and quality. We obtained feedback from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We received feedback from 24 people and four relatives about their experience of using the service. We also received feedback from 14 staff, including local managers; care coordinators, and care workers. The registered manager supported us throughout the inspection.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from 10 health and social care professionals and received feedback from three.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found people were not fully protected from the risk of abuse because recruitment procedures were not robust enough to ensure all relevant checks were undertaken. At this inspection, improvement had been made and the provider was no longer in breach of regulation 19, Fit and proper persons employed.

Staffing and recruitment

- Recruitment systems had been improved and staff were safely recruited. Pre-employment checks were carried out before staff started working with people to ensure staff were suitable. For example, criminal record checks and references were obtained.
- Overall, people using the service were happy with the care and support provided. Of those contacted, all but one confirmed no planned visits had been missed and staff usually stayed for the agreed time.
- However, one improvement identified by people was time keeping. People told us the timing of their visits could be erratic. Comments included, "I never know when they are coming. They are supposed to come between 10.00 and 11.00 and today the carer was running late and came at 11.15. She was very apologetic"; "They are a little bit erratic with time keeping. There's a big variation in the time some days. However. they always turn up" and "The times they come are a bit random".
- Some people did not receive a rota informing them of who would be visiting. They were not always told about staff changes or if visits were going to be late. People said they would like to be kept informed of changes.
- At the time of the inspection there were nine members of staff isolating due to COVID. This presented a challenge, which most people using the service understood. One person said, "I'm perfectly ok with that, if they're running a bit late, they let me know...In care work I understand what they're going through, it's so hard in this life. I think they really are amazing."
- The registered manager was aware that timings of visits and consistency of staff team were an area for improvement. They had collated feedback from recent satisfaction surveys which showed that 45% of respondents did not always get their visit at the expected time.
- The registered manager and management team had developed an improvement plan to address these issues. This included, contacting all people using the service to understand their expectations and compare that to what was being delivered. A review of the specific geographical areas was being completed to look at two separate teams for the Taunton area to improve travel times. The registered manager confirmed recruitment was on-going to ensure sufficient staff were available to meet the demands of the service.
- Most staff said they had enough travel time between visits, although three said travel times were an issue. This was usually due to local traffic issues. Staff said where they had raised the travel time issue, schedules had been revised to allow for extra time. However, it was appreciated that unexpected delays due to traffic

issues could not always be addressed. One person told us care staff had to make a 12-mile detour due to road closures in their area and they recognised this had an impact on staff's timings.

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found that one concern had not been recognised as a safeguarding issue. This meant the report had not been dealt with in a timely way by managers at the service. We made a recommendation for the registered manager work with the local authority safeguarding team to ensure any safeguarding concerns are recognised and dealt with in a timely way. We found improvements had been made at this inspection.

- The provider had systems in place to keep people safe from abuse and avoidable harm. Staff had received safeguarding training and knew how to report any concerns or incidents.
- People and their relatives confirmed they felt confident to speak with the registered manager should they have any concerns. Everyone we spoke with said they felt safe using the service. Comments included, "I feel nice and safe, they don't rush me. . .they always make sure I'm safe and comfortable in my chair before they leave" and "Yes I feel safe. The care is excellent really and the staff are lovely".
- Staff had received safeguarding training to help them understand and recognise issues that would need to be reported. Staff were confident that any concerns would be followed up and addressed.
- The registered manager was aware of their responsibility to report any concerns and had worked with the local authority safeguarding team to ensure any concerns were fully investigated where needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were assessed, and measures were in place to reduce the risks. There were clear plans for staff to follow to reduce risks and support people. For example, to reduce the risk of falls or the risk of skin damage.
- Where staff used equipment to help support people, there was information about this, and staff were trained to safely use the equipment. Staff confirmed they were not asked to perform tasks they did not feel confident to undertake.
- People using the service and their relatives told us they felt staff managed risk well, supporting them to move safely in their homes, using equipment correctly where this was needed. One person said, "I feel secure. On one occasion I was off balance and the carer grabbed me and kept me up right". Another told us, "I have a fear of falling as I'm wobbly on my legs, so they assist me".
- Systems were in place for staff to escalate concerns, accidents and incidents to the office. The registered manager and management team reviewed any accidents or incidents to establish if any other measures needed to be in place to reduce risks. Where needed, referrals were made to relevant health and social care professionals or contact was made with family members to share relevant information.
- Environmental risk assessments and checks were completed for people's homes. This was to ensure people's safety and that of staff when care was being delivered.

Using medicines safely

- People received varying levels of support when taking their medicines. For example, from prompting through to administration. People's needs were assessed to determine what support they needed with their medicines. People said where staff assisted them to manage their medicines, their medicines were managed safely and given as prescribed. One person said, "They (staff) assure me at the same time, they make sure I have my tablets on time and make sure I take them in the right dosage. It's really reassuring to me and takes the strain off me".
- The electronic records system alerted managers if staff had not confirmed a task has been complete as

planned, for example if medicines had not been given as prescribed. Managers could see any issues on the live system and investigate and respond to ensure medicines were managed safely.

- The provider's quality assurance checks were robust to determine whether people had received their medicines as prescribed. This included daily monitoring of medicines administration records (MAR), and regular medication audits.

Preventing and controlling infection

- There were suitable systems for preventing and controlling infection. There were procedures in place about infection control and for COVID-19. Staff were trained to understand and promote good infection prevention and control. Staff confirmed the provider supplied them sufficient masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading.

- People confirmed staff always wore personal protective equipment (PPE) like gloves, aprons and masks during their visits. Comments included, "Yes, they are still wearing masks, aprons and gloves". A relative said, "We had cameras there and you can see them wearing the PPE".

- COVID-19 testing for staff was carried out in accordance with latest guidance. Staff confirmed they underwent a regular testing regime. This helped to limit the spread of infection.

Is the service effective?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received safe and effective care which met their needs. People and/or their relatives contributed to the initial assessment process to ensure needs, preferences and expectations could be met. Comments included, "Right from the very start, I was impressed with the personal connection the manager had with my (loved one), their situation and their needs" and "They (staff) really understood what I needed. It has been very reassuring having their visits".
- The registered manager or senior staff member completed initial assessments from which care plans were developed.
- The assessments detailed the support people required and preferred to maintain their varied routines and support their health and wellbeing. Staff used these to guide them on how best to support people.

Staff support: induction, training, skills and experience

- People could be assured staff received appropriate training to carry out their duties effectively and safely. New staff were supported with induction training, which covered core essential training. For example, safeguarding; health and safety; moving and handling; first aid awareness; infection control and managing medicines.
- Staff confirmed they received training to ensure they worked safely with people. One member of staff told us, "They have nurtured me from the very beginning and instilled confidence in my own abilities through ongoing training and feedback to allow me to grow in my career". This was echoed by other staff.
- The provider employed a qualified trainer to deliver core training. The training matrix reminded when refresher training was due so staff could be updated in a timely way. Records showed some core training was due to be refreshed in March 2022. The registered manager was aware, and staff had been notified and training was being arranged.
- Staff new to care or those without care qualifications were supported to complete a nationally recognised care qualification. 10 staff were in the process of completing the course and another 10 were signed up to start the course.
- People expressed their confidence in staff. Comments included, "Yes, training is good, they don't rush me. All the carers talk with me in a conversational way and they are responsive"; "Yes, they know what to do. Nothing is too much trouble" and "Yes, they're well trained, they're brilliant. I couldn't wish for anything better".
- Records showed and staff confirmed they received supervision and competency checks of their practice which helped to ensure they were safe and capable to carry out their roles.

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

- People needed different levels of support with maintaining a balanced diet. Their dietary requirements and preferences were identified in their care plans. This meant staff knew how to prepare food in a way people liked, which supported them to eat well.
- People and relatives said they were happy with the support provided at mealtimes. Comments included, "Yes they help me. I want to hang on to that" and "(Person's) full time carer cooks nice meals". One relative shared how staff had improved mealtimes for their loved one by supporting them to eat rather than leaving food with the person.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. One person told us, "I was worried I had COVID so they brought me (a test). Some days I'm worse, some days I'm better...they always make sure I have what I need".
- People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of the inspection, none of the people supported by the service had a Court of Protection Order in place.
- People's capacity to make decisions was considered. This included an assessment of people's capacity to understand and weigh information to make decisions about their health and support needs.
- Records showed and feedback from people and relatives confirmed that people were involved in decisions relating to their day to day care and support, and their choices were respected.

Is the service caring?

Our findings

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

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

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

- Most people said they got on well with staff who visited and supported them. Some people said they found some staff better than others. Comments included, "Yes, I get on with 98 percent (of staff) ...like every walk of life some are better than others" and "Most (staff) are kind, respectful and caring. One or two have an attitude problem..." Where people had raised concerns about staff's attitude or where they had requested a change, changes had been made to accommodate a better match for the person.
- People were treated with respect and compassion. People were generally complimentary about the attitude and kindness of staff. One person said, "They're very kind, very considerate, understand me and mostly my needs". Another person commented, "I haven't had any problems and there's a couple (of staff) that are exceptional".
- The service respected people's diversity. Staff understood the importance of treating people fairly, and as individuals, regardless of differences. Staff spoke about people with respect and affection. They confirmed they had the information they needed to deliver a person-centred service, ensuring people's needs and wishes were met. One person said, "They (staff) make sure I'm ok...I couldn't wish for anything better". Another person told us, "I suffer with depression and anxiety...they understand that".

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

- The provider maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care.
- People had been consulted about their care. They told us, "Oh yes they listen, they really are very nice people" and "They do ask me what I think on the six monthly check ups."
- People said the service was flexible and staff were willing to do things differently to accommodate their needs. One person said, "They always ask me what I want to do. If I'm having a bad day...they always help me".

Respecting and promoting people's privacy, dignity and independence

- People confirmed staff promoted their privacy and dignity. This included ensuring people had the preferred gender of care staff delivering their care and support. One person said, "There are some really brilliant carers. When they come, after they've left, they've cheered you up the whole day and you feel so much better just by seeing them". However, one person said their preference regarding the gender of staff was not always met due to staffing issues, and this left them feeling anxious at times. The registered manager and planners were aware of people preferences and worked towards meeting those. However, at times, due to staff availability, changes were made to schedules to ensure people received their planned

visit. As staffing issues resolved, the registered manager expected these incidents to decrease significantly.

- People said they were encouraged and supported to maintain their independence. The service worked with other professionals to ensure people's independence was maximised. One person told us how staff had organised additional equipment and an assessment by an occupational therapist. They said, "It was brilliant. They organised a lot of the equipment for me here that I've needed to be as independent as I can be".
- Other people said, "I'm a bit slow on the stairs and they watch me. I'm very independent, they support me. They do what they're paid for I would say"; "I tell them what I feel able to do. They respect my wishes. I'm a stubborn old goat, I like to do as much as I can myself. They respect the fact if I want to have a go" and "They help me feel confident when I'm moving around".

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question good. At this inspection the rating remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care, which met their current and changing needs. People confirmed the service was responsive to their needs. For example, people confirmed staff were flexible when supporting them. Comments included, "They do a pretty good job on balance" and "Sometimes I've been in floods of tears and the carers have come in and they've left me smiling. They take time to worry about you, it's not just a job, you can tell they are about the people as well".
- The service used an electronic care planning system and handheld recording devices were used by staff to record their interactions with people. The devices enabled real time reporting and ensured staff had easy access to information about the people they were supporting.
- Care plans were completed after the initial assessment and then developed over a couple of weeks when staff have developed a full rapport with the person. Records were written in a person-centred way with the involvement of the person and their relatives, where appropriate. Care records were regularly reviewed. A relative said, "Reviews of my (loved one's) care are carried out regularly by the locality manager and this gives my family and myself confidence that (person) is receiving a good standard of care".
- Information about people's social hobbies and interests and things that were important to them was recorded. This helped staff to develop relationships with people and enabled discussions about things that were important to people. One person told us how important their pet was to them. They said, "I would highly recommend them. They've been good to me. I have an assistance dog and they all accept her. She loves them. She sits there waiting for them at the window. They do help me make sure she has had her feed and water. I can't do that myself".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records identified if a person had a sensory loss and what staff should do to support them to improve communication. For example, where they used a hearing aid or needed glasses to read or see.
- The service was able to provide information to people in different formats if needed. This included large print.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The provider and registered manager treated any concern as a learning opportunity to drive continuous improvement.
- Most people confirmed that they knew how to raise any concerns or complaints. Each person was given a copy of the complaints process when the service started. However, some people were unsure of the process but said they or their relatives would contact the office if necessary.
- Where concerns or complaints had been raised, they had been investigated and resolved.

End of life care and support

- At the time of the inspection, nobody using the service was receiving end of life care.
- Care records contained people's advanced end of life wishes and preferences. People's resuscitation status was recorded in care records. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Staff had received training about end of life care and support to enable them to support people appropriately.
- Following the site visit, the registered manager shared some feedback with us from a family who's loved one they had cared for at the end of their life. Comments included, "(Staff) have been an absolute godsend, enabling (person) to stay in their own home until their death... All of the team have been kind, compassionate, considerate, and highly professional looking after (person) as his health deteriorated".

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection, systems to monitor the quality and safety of the service were not always effective. The lack of oversight relating to staff recruitment meant people had not been fully protected from unsuitable staff. A manager at the service had failed to recognise and report a potential safeguarding concern to the registered manager and local authority safeguarding team. At this inspection, we found improvements had been made (refer to safe key question).
- A new manager had been registered since the last inspection. The registered manager had the appropriate experience, skills and knowledge to perform their role. They had a good understanding of their legal responsibilities towards the people they supported and were committed to delivering person-centred care.
- The provider and registered manager implemented new systems and processes to assess and monitor the quality and safety of the service. This included quality checks completed on staff's performance, having regular contact with the person using the service and staff, and providing staff with support and training.
- Overall, people using the service, relatives and professionals said they felt the service was well managed. Comments included, "I'm more than happy with the company and the carers. I would recommend them" and "They do a good job, no problems at all. I would recommend them". A relative told us, "Having Bluebird has made a huge difference. They look after my (loved one) in a professional and personal way which has given me peace of mind". Another relative's comment included, "The company are very efficient in their operations and it feels that there is a very hands-on approach from every level in the organisation". A professional told us that with the change to management at the service, "Blue bird became more open, transparent and communicative with us as well as proactive in addressing their areas of improvement needed against their action plan".
- Staff were clear about their roles and told us they found the registered manager very supportive and approachable.

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

- The provider and registered manager had developed a culture that was open, positive and inclusive. The majority of people and their relatives thought the registered manager, office staff, and care staff were approachable, they listened to them and did their best to meet people's needs. Comments included,

"They've been lovely for me, I can't speak for anybody else, they're just nice people and I don't mind opening the door to them"; "I'm more than happy with the company and the carers. I would recommend them" and "They (staff) are smart looking, jolly nice and ready and efficient. They are a really lovely company".

- Some people felt communication could be improved, in particular in relation to the timing of visits and any changes to staff visiting. The registered manager was aware that some people were disappointed about these issues and had identified this in their improvement plan. This including reviewing the operational schedules and speaking with people about their expectations of the service.
- Staff were able to engage with the service through regular supervision and meetings. Supervisions provided the opportunity for staff to discuss matters they wanted in a one to one setting with their line manager.

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

- The registered manager understood their responsibilities under the duty of candour which requires services to act in an open and transparent way when accidents or incidents occurred.
- Where events had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The registered manager also informed the CQC about significant events within their service using the appropriate notifications.
- The registered manager demonstrated a commitment and understanding of their role and responsibilities. The management team were found to be open, honest, and committed to continually improving the service.

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

- The provider had systems and processes in place to obtain feedback from people about the care they received. This was via regular contact with the service and feedback questionnaires
- Senior staff completed quality check visits to people's homes, observing staff and speaking with people using the service. These visits enabled staff to receive feedback regarding their working practice, and enabled people to share their experience of the service.
- Questionnaires were regularly sent out to people who used the service and their relatives. We reviewed the results of the most recent satisfaction survey, compiled in June 2021, which showed a good satisfaction rate about the delivery of care and support. The timing of visits and communication about changes were highlighted as an area for improvement. The registered manager and the team were working to improve these areas.

Working in partnership with others

- The management team worked with a range of external professionals involved in people's care. These included occupational therapists, GPs and safeguarding authorities. Feedback from professionals included, "Bluebird assist us to make discharges in hospital quicker. They were able to restart care packages as soon as possible to support their clients at home. That's the reason I would like to share my experience to recognise the good service they are providing to their clients and helping make hospital discharges quicker" and "We have no current concerns about their service".
- Two professionals recognised the improvements at the service since the appointment of the registered manager. One said, "There was a notable improvement in relation to leadership and change and adherence to process".

