Mortimer & Co Limited

Mortimer & Co Limited t/a Bluebird Care (Ealing)

Inspection report

155-157 Pitshanger Lane
Ealing
London
W5 1RG

Tel: 02088104666
Website: www.bluebirdcare.co.uk

Date of inspection visit:
14 February 2019
15 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?	Good

Summary of findings

Overall summary

About the service:
•□Mortimer & Co Limited t/a Bluebird Care (Ealing) is a domiciliary care agency that provides the regulated service of personal care in people's own homes. They were providing this service to 65 people at the time of our inspection and 9 of those people had a live-in care worker.

•□Not everyone using Mortimer & Co Limited t/a Bluebird Care (Ealing) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:
•□People and relatives spoke positively about their permanent care workers finding them caring and reliable. A few relatives found that staff who covered when permanent care workers were not available were not so good. The registered manager was aware of those issues and was in the process of addressing these.

•□People and relatives told us they felt safe with the service provided. We found that staff could recognise signs of abuse and knew how to report safeguarding adult concerns appropriately. The registered manager had a good oversight of safeguarding concerns, incidents and accidents and complaints. They analysed service trends to ensure errors or mistakes were not repeated and shared their learning with the management team.

•□Medicines were administered safely and medicines administration records were audited monthly. People were supported to access appropriate health care and there was guidance in place to support staff to recognise the symptoms of ill health.

•□The registered manager met with people and their relatives prior to offering a service to assess and develop an effective care plan. Risks to the person were identified and measures to minimise the risks were in place. Care plans were reviewed on a regular basis and in response to changing circumstances.

•□Staff received an induction and ongoing training. They received supervision sessions to support their individual development and address practice issues and they told us they felt well supported by the provider.

•□The registered manager and management team completed audits and checks to ensure the quality of the service provided. They contacted people and their relatives regularly to check they were happy with the care provided. They utilised the support of the Bluebird franchise support team to audit the services provided and offer advice at regular periods throughout the year.

Rating at last inspection: We previously inspected on the 23 and 27 November 2017. We found the rating to

be requires improvement. This was because the provider was not meeting all their responsibilities under the Mental Capacity Act 2005. At this inspection we found they had acted to address this concern.

Why we inspected: This was a planned comprehensive inspection based on previous rating of requires improvement.

Follow up: We will continue to monitor and inspect in line with our ratings protocol.

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?

Good

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led
Details are in our Well-Led findings below.

Mortimer & Co Limited t/a Bluebird Care (Ealing)

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 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:
Mortimer & Co Limited t/a Bluebird Care (Ealing) is a domiciliary care agency that provides the regulated service of personal care in people's 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 we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 14 February and continued the 15 February 2019.We visited the office location to meet the registered manager and office staff and to review care records. The expert by experience made phone calls to people and their relatives on the 19 February 2019.

What we did:

Following the last inspection, we reviewed the action plan the provider sent us to address the shortfalls found at the last inspection by 31 July 2018. Prior to the inspection we also reviewed information, including notifications we had received about the service since the last inspection. Notifications are about incidents and events the provider must notify us about by law, such as allegations of abuse. The registered manager completed a Provider Information Return (PIR) on the 9 February 2019. This is a form that asks providers to give us some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we looked at the care records of five people, and a sample of people's medicines records. We reviewed three staff files. This included staff recruitment and training records. We spoke with the registered manager and the director who was also the owner of the agency, the co-ordinator, and the live-in coordinator, the recruitment manager, the training manager and the events and marketing manager. We also spoke with four care staff. Following our site visit we spoke with five people using the service and nine relatives.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Relatives and people told us they felt safe with the service they received. Their comments included, "[Family member] is very safe," and "[Family member] absolutely safe, and "I feel absolutely safe."

- Staff we spoke with demonstrated they would recognise signs of abuse and knew how to report suspected abuse appropriately. For example, one staff member told us they would look out for, "Changes in [Person's] physical condition, health concerns unchecked or untreated, unexplained bruising could be physical abuse. Changes in personality if they were withdrawn or very quiet or changes around certain people it could be abuse. I would report it to the office to be looked into. If it was a serious injury I would phone the emergency services first."

- The registered manager had reported safeguarding concerns appropriately to the local authority and had notified the CQC. They tracked safeguarding concerns so they had an oversight of what had taken place and had undertaken investigations when it was appropriate to do so. They and the office team monitored people's daily notes and spoke with staff to ensure any concerns about abuse were recognised and reported.

Learning lessons when things go wrong

- The registered manager demonstrated that they analysed what had happened when there was an error or when something went wrong. The registered manager told us, they shared learning from mistakes, "Very openly with office team" and the learning, "filters to training and induction." They explained they now have monthly meetings that are the result of learning from safeguarding and other areas, for example learning from implementing the Mental Capacity Act 2005. They said this had, "Worked brilliantly so far."

Assessing risk, safety monitoring and management

- The registered manager assessed people prior to offering a service and used the information provided to identify risks and put measures in place to mitigate the risk of harm. Risks assessed included for example, the risk of falls and risks associated with moving and handling, medicines, social inclusion and people's environment.

- To assess if people had a heightened risk of pressure ulcers or poor skin integrity an assessment tool was used. This tool identified the level of risk and highlighted if the risk of fragile skin was high. The provider put guidance in place for staff to minimise the risk of pressure ulcers where this was indicated.

- People's environment was assessed and hazards for both people and staff identified. One relative told us that the registered manager had made helpful suggestions to mitigate the risk of harm. They said, "They also

did an assessment of the property and recommended that [family member] have an alarm pendant and that we should adjust the smoke alarms." Risks assessed at people's homes also included the use of cleaning chemicals. Guidance for staff stated for example, "If you cannot see the name of the product you must not use it."

Staffing and recruitment

• People and relatives were mostly positive about their care workers. Their comments included, "They haven't let me down. They're very reliable. They always communicate if there's an issue," and "[Care worker] is reliable and punctual. Bluebird are very good at letting me know the schedule and if [Coordinator] says they'll phone you back, they will phone you back," and "They are always on time and if for some reason they are going to be late they let me know and get in touch personally. I think they are very competent. I made it a stipulation that I had to have the same carer."

• The registered manager told us how they ensured that there were enough staff to meet people's care needs. They said they used an electronic system that showed clearly what staffing hours would be required, "Permanent scheduling tells us what we need and we still have space. [Coordinator] is good at getting visits with permanent staff. We don't take on more than we can handle. I have had to say I'll put you on a waiting list. We will not start care without the staff in place. We will not compromise on that unless I'm certain I can cover if staff are sick. The team leader will go in and cover if necessary. They are my contingency plan."

• People and relatives spoken with had not experienced missed care calls or very late calls. However, we found that three relatives had found cover arrangements were not always as good as they would like them to be. They had found cover staff were not always suitable. Their comments included, "Care is a bit haphazard. The cover has been mixed. One is quite good, the other is [not]," and "They try to provide someone regular. We've had the same one in the mornings but have problems at weekends… We've had carers who weren't appropriate and they've been stopped. They're not consistent in managing their staffing," and "Care isn't consistent. They send anyone. [Person] needs some continuity. It didn't used to be like this."

• We brought to the registered manager's attention that some relatives had found care staff inconsistent and cover for permanent staff did not always work well. The registered manager explained that they had taken steps to address this. They described they had just employed a "Live in" coordinator who had a specific responsibility for the care packages where there was a permanent "Live in" care worker. The "Live in" coordinator arranged the daily cover so the permanent carer could have a two hour break each day and cover for when the care worker took a week off. This occurred usually every fourth week. The other coordinator, who was established in the team, told us they now had more time to enhance the cover provided. They aimed to do this by creating a permanent team for each person with the aim to provide a familiar staff member should the permanent staff be on leave. They envisaged this would improve the existing staffing arrangements.

Using medicines safely

• Relatives told us medicines were administered appropriately. Their comments included, "I'm very confident about how they manage [Person's] medication," and "Medication is scheduled for the carer's attendance and well stored and administered. I monitor it."

• Medicines administration records we reviewed were completed without error or omissions. Staff who administered medicines received training to do so in a safe manner and there had been monthly auditing of the records by the office staff to ensure staff were administering medicines appropriately. We saw on

occasion supervisors had addressed practice issues around administering medicines with individual staff members. Staff confirmed this. One care worker said, "Medicines are regularly brought up in supervision. As part of supervision you go over these things like when you can give covert medicines."

•□The provider had started to use an electronic system for administering medicines. During the inspection the new system was being trialled so some records seen were electronic and some were paper records. Both systems showed details of where medicines were stored in people's houses, a list of medicines prescribed, what they were used for and instructions to administer these. These included for example where on the person's body prescribed creams should be applied.

Preventing and controlling infection

•□One relative told us, "The current carer is very hygienic. We call her 'Mary Poppins!" Staff had received infection control training during their induction. They told us they were provided with and used personal protective equipment (PPE) to help ensure they avoided cross infection. When spot checks of staff were undertaken the supervisors checked to ensure PPE was being used appropriately.

•□Whilst we were on site in the office we saw a store of PPE and heard the office staff and registered manager checking with staff they had ample PPE supplies such as disposable gloves.

Good

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

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

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•At our last inspection the 23 and 27 November 2017 we found the provider was not always working in line with the Mental Capacity Act 2005. This was because they were not assessing people's mental capacity when there were grounds to question their capacity to consent to their care and treatment. At this inspection we found they acted to address this concern and now were undertaking mental capacity assessments and when appropriate best interest decisions on behalf of people who lacked capacity.

•People's care plans stated clearly when a person had appointed a relative/representative to have Lasting Power of Attorney (LPA). A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. When a person lacked the capacity to consent to their care plan a mental capacity assessment had been undertaken by the provider to show this. Then the person with LPA had signed the person's care plans on their behalf.

•Care plans reviewed had been signed electronically or on the paper version to confirm that they agreed with the contents of the plan. Care plans were resigned when a review had taken place to indicate the person had been involved in any changes of the plan.

•Staff demonstrated they had received training about the MCA and had an understanding about people's rights under the MCA. Their comments included, "A mental capacity assessment if somebody displays an inability to make a decision, like if someone is regularly forgetting, but there maybe something you can do to help them. It's not about making assumptions that people lack capacity," and "People are allowed to make their own decisions. You can't assume they can't, unless it is harmful to them, they are adults after all."

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

•□Relatives and people we spoke with told us that the manager or office staff had undertaken an assessment with them prior to offering a service. Their comments included, "An assessment was done. One of the supervisors came out and I was very happy with how they handled it," and "[Registered manager], came out and had a very in-depth conversation with us before they recommended the package."

•□The registered manager described that when they assessed people they tried to have an, "Open free flowing conversation to make them feel relaxed and comfortable." They said, "I try to talk about other stuff rather than just their medical support. I say, tell me about yourself, to try and get their background." The registered manager explained a lot of information was shared during an assessment and they would therefore assess over more than one session if needed. They had on occasion taken someone to interpret if the person preferred to use their first language to assist with communication and understanding.

•□Most people using the service paid for and organised their own care. The registered manager confirmed that if social services were involved they read through the social worker's assessment and support plan to inform their own assessment. We saw that the provider had liaised with health professionals to understand what support people might require. In addition, when people were supported to return home from hospital the registered manager or office staff had reviewed the care plan to capture people's changing circumstances.

Staff support: induction, training, skills and experience
•□Staff spoken with confirmed that they had received induction training prior to them commencing their role. Their comments included, "We have shadowing," and "They give the best training…yes an induction. Four days we covered all the subjects before they got me into the field. They ask if I need refreshers and kept coming to see me to see if I needed more training. They are very supportive," and "Yes, induction in the training room, loads of booklets to read through together and answer questions to show you understand."

•□The registered manager told us they had increased their induction period from three to four days and on occasion five days. This was so staff had time to study the policies and procedures. Training certificates in staff files demonstrated staff had received induction training that included for example, infection control, MCA, principles of the safe handling of medicines, moving and handling, basic life support, dementia, fire safety, health and safety and safeguarding adults.

•□There was a designated training officer who gave face to face training and observed care workers during their probationary period. There was face to face training as well as online and a room that contained moving and handling equipment for practical demonstrations. Information was provided for staff to read in the staff room on different areas of interest to keep information up to date and relevant.

•□Staff confirmed they received supervision and found it helpful. The provider ensured that staff received supervision on a regular basis and more frequently for new staff to ensure they were supported and observed in their work practice. One care worker told us, "Supervision weekly, they would come and observe when they visited. Then once a month at the office. I felt supported."

Supporting people to eat and drink enough to maintain a balanced diet
•□Most people and relatives were happy with how the meals were prepared and monitored. Their comments included, "[Care worker] always goes above and beyond and doesn't need prompting. For example, if there's no food prepared, she'll put together whatever my [Family member] needs. A lot of carers aren't that good but Bluebird isn't like that," and "They don't feed them as they can feed themselves, but they monitor the bin to make sure they are eating properly," and "The current carer cooks everything from

fresh," and "[Care worker] makes my food but she's not the greatest cook."

•□People's care plans contained staff guidance about what support people required to eat. For example, cutting food up for the person and what foods people enjoyed and usually liked to eat. When people had specific dietary requirements for example, because they had diabetes there was guidance in place for staff to support them to recognise symptoms of worsening ill health. The registered manager had created a staff champion for nutrition and hydration. The staff member had received training and other staff could approach them should they require general advice about enhancing people's diet or hydration.

•□Care plans informed staff about what people liked to drink and stated how drinks could be provided. Daily notes reviewed demonstrated care workers were recording when they had provided people with drinks. For example, leaving a drink for someone with a straw so they had something to drink in the care worker's absence. Electronic notes flagged in red if adequate hydration had not been recorded and staff were required to complete why this had not been undertaken.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
•□Relatives told us of instances when care staff had liaised with health professionals in a timely manner on their family members' behalf. Some of their comments included, "The last carer when [Family member] got very run down and dehydrated called an ambulance and involved the supervisor and informed us straight away,' and "We thought [Family member] would die after their experience in the nursing home. The current carer has helped them make a quite remarkable recovery. They're back on an even keel now," and "[Family member], got stuck in the bathroom and fell. They called 999."

•□We saw recorded that there were numerous occasions where the office staff had liaised with health professionals on people's behalf. This included, the GP, district nurse, wheelchair service and occupational therapist.

•□Some relatives told us how their allocated care workers had supported their family member to maintain their well-being by promoting suitable exercise. Their comments included, "The carer is very good at trying to get my [family member] up and moving around and doing exercise like lifting books. She recommends them going out into the garden," and "The current carer helped us get a bike type machine with assistance from the physiotherapist."

Good

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

Good: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 and relatives were pleased with the standard of care received. Their comments included, 'She's absolutely safe. The carer is wonderful, dedicated, a 'superstar'. She knows her job so well and exactly what to do. They get on so well. She seems to warm to the whole job," and "I feel safe with the one who comes now. She's a gem. I can relate to her, she's a Londoner like me. She comes when she's supposed to," and "The most impressive thing is that the care is dynamic. They do what's necessary rather than just the basics. If she needs more care we've agreed they will contact us. They write a daily report which they leave on the kitchen table. The evening carer often stays longer than she needs to."

•The provider demonstrated that on day two of the staff induction they provided training for staff about diversity. The registered manager explained they provided information about the people's legal rights in law and discussed what expectations they had of staff in supporting people's diversity. This included, for example people's religious and cultural support needs and included the rights of people who were part of the lesbian, gay, bisexual, transgender plus (LGBT+) community.

•Staff told us how they understood they must respect people's diversity choices. One care worker told us, "I wouldn't judge. People [are] people and I do my job." Staff told us how they built a good working relationship with people. Their comments included, "I introduce myself and make them a cup of tea. I make them feel comfortable. I keep things light and cheerful. They like someone who is happy. You have to understand and get to know them," and "I sit and chat with [person]. It's their day."

•We reviewed some people's care plans that described when it was important to them that they were supported to attend specific places of worship. The registered manager gave an example of how they had encouraged one person to attend their place of worship more often. This was because their care staff had recognised the positive affect this had on their wellbeing when the person met with their old friends and saw familiar faces at the service.

•In some instances, people were supported to eat culturally specific foods of their choice. For example, one person liked foods from the Jamaican cuisine and the registered manager described the rotas were rearranged so a care worker who was a good cook of Jamaican food would be available to cook for the person.

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

•People's care plans reminded staff, that they were a guest in people's homes and contained guidance for staff to treat people with respect. Guidance included, for example, "Throughout the visit, please ensure you

gain my consent, in all aspects of my care and support," and "This care plan should be delivered with a positive and caring approach at all times," and "Explain what you are doing at all times."

• Care staff told us how they gave people choice, their comments included, "I tend to ask over breakfast, what would you like today? eggs, cereal or something else? They choose," and "First approach people and ask what they prefer. Say a strip wash – Do you like to wash all your body at once? or in what stages? What clothes do they want to wear, what are they having for breakfast? Wherever possible [offer] as much freedom to make a decision as much as they can."

Respecting and promoting people's privacy, dignity and independence
• One care worker told us how they respected people's dignity and privacy. They said, "I always ask if they would like me to help - don't just assume. Close doors and cover body parts. We are not rushing." A live-in care worker told us the importance of giving people some space when you live in their home. They said, "I tell them [If they want some space] I will be in the next room if you need me and I say let me know if you want some time alone. If you need me give me a call."

• Care plans gave staff guidance about what support they required and stated what they could do for themselves. The registered manager told us they thought this was important to maintain people's independence and self-respect.

Good

Is the service responsive?

Our findings

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

Good: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 and relatives told us, "The care plan is thorough to a point" and "I don't know where the care plan is now …I think it was updated recently," and "[Registered manager] came out and listened carefully for hours. They've always treated my parents as being the ones in charge," and "We sat down with [Registered manager] to develop the care plan and it gets regularly updated and monitored closely."

•The registered manager had introduced an electronic care plan system. This system allowed staff to access people's records remotely via an application (APP). This was still being implemented and at the time of inspection we were informed about 30% of staff had access to people's records via this method. The remaining staff could reference the electronic records in the office or read the paper records kept in people's homes.

•The care plans we reviewed were person centred. This was because they contained information that pertained only to that person and gave some indication of their background and history. This might include for example, their place of birth, where they had lived growing up and in their adult life, and what employment role they had done and important events in their life were recorded. This helped care staff understand people in the context of their lives.

•Care plans contained the reminder for staff that, "I am unique and my care needs will be too." People's care plans reflected their preferences in relation to their daily living activities. For example, plans gave staff guidance about how personal care should be provided to meet the person's preferences. Information about how many staff should provide that support and naming equipment such as hoists and walking aids was also clearly stated.

Improving care quality in response to complaints or concerns

•The registered manager told us they had ensured that people knew how to complain by sharing with people the provider's complaints leaflet. They explained they discussed the leaflet when they assessed people and when they conducted reviews. If there had been an incident they always give people the director's details in order that they can complain directly to them. Whilst inspecting we heard this being offered in a telephone conversation and in some emails, we reviewed in relation to previous complaints. We saw that information about how to complain was contained in the Bluebird guides. For example, the "Guide to Bluebird Care Live-in Care."

•The provider ensured staff knew when they should report complaints made by people and relatives. The complaint policy was printed out, sent to and shared with all staff. In addition, there were copies left out on the staff room table.

•□There was a complaints policy and procedure. We saw that complaints made to the provider were logged. The registered manager had responded to a variety people's and relative's complaints that included for example, missed calls, change of time of call, leaving the environment unsafe and unintentional damage to property by a staff member. Each complaint had been investigated and responded to and an apology given. We saw that where a concern involved poor staff practice this was addressed via the disciplinary procedure when appropriate.

•□The registered manager had an oversight tool that they used to analyse complaints trends. They had looked at the root cause, the source of complaints and the turnaround time in terms of response to improve the way they manage complaints.

End of life care and support

•□The registered manager confirmed that they were not currently providing end of life care to people using the service. They explained they were, "laying the ground work" to allow them to offer end of life care to a good quality standard. To achieve this, they had identified an end of life care champion and they had "reached out" to a local hospice to see if they could facilitate the champion to shadow and/or undertake training. In addition, some of the management team had previous work experience in offering end of life care.

•□The training manager told us they and the end of life care champion were in the process of developing training in end of life care for the staff to develop skills in this area of care.

Good

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

Good:The service was consistently managed and well-led. Leaders and the culture they created promoted 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 undertook checks and audits to ensure the quality of the service provided. The management team set monthly dates to review care plans. This was delegated to all the office team and all were checked at least once a month. The registered manager explained this was important as people's circumstances could change quickly.

•In addition, care plans were reviewed by the management team with the person and their family according to their overall risk rating. This rating was displayed on each person's record. For example, if a person was assessed at high risk their care plans would be reviewed at least every three months, other care plans with a lower risk rating would be reviewed every six months. All new care packages were reviewed after a month to check care was being offered according to the person's wishes.

•Medicines and daily notes were audited monthly. We saw that audits picked up discrepancies and errors. These were addressed with staff in supervision sessions. Where there was an identified concern spot checks took place to ensure that good practice was being maintained by staff.

•Team leaders monitored people's care and support about their medicines, mental capacity and nutrition and hydration. They checked care plans and talked with people and staff to ensure the appropriate guidance was in place for staff.

•The registered manager had an oversight of supervision, safeguarding adult concerns, complaints and accidents and incidents. Individual managers audited their area of interest which included for example auditing staff recruitment records and ensuring staff training was up to date.

•There was monthly telephone monitoring by the registered manager and the management team to speak with each person or relative using the service and to ask how the service was going and to address any concerns.

•The registered manager described how they had "reached out" to Bluebird franchise support during the past year and as part of that support had an audit visit from the regional quality manager in November 2018 and February 2019. They described that they had found this support valuable. An action plan with time scales was produced following the audit findings and we saw that actions had been taken to improve identified areas.

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

•□Management and care staff spoke positively about the registered manager. One management team member told us, "I admire [Registered manager], they are like captain of the ship and they find a solution. When I have an issue, or concern they deal with it."

•□There was a clear team structure and each office staff had a designated role. The office team consisted of the director and owner of the franchise, the registered manager, a recruitment manager, an events and marketing manager and a training manager. There were two care coordinators, one of whom had been recently recruited to manage "live in" care. In addition, there were four team leaders who worked in the field with staff and people. They each took one champion role in MCA and safeguarding, palliative care, medicines and nutrition and hydration. The structure meant that the office staff were clear about their role and responsibilities.

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

•□People we spoke with all told us they would recommend the service to others and were generally happy with the care and the level of communication provided. Their comments included, "I'll phone them myself if there's a problem. It's my choice to have little contact but they do phone me and ask how things are going," and "They've phoned me on occasion and do listen but I think they're a bit chaotic," and "I think they're well managed, they answer the phone and respond. Someone didn't turn up once but they rang me to see if things were alright. They want to do well. They seem to have a lot of training days and to do things socially. The boss is keen to do a good job. I don't think I could find anybody better."

•□When we spoke with relatives their comments were mostly favourable with seven relatives stating they would either definitely or probably recommend Mortimer & Co Limited t/a Bluebird Care (Ealing) to others. Their comments included, "I think they're well managed and [registered manager] can be quite strict [with staff], and "Over the last 6 months we've had some good and bad carers. The not so good ones wouldn't do what I'd asked them to or what they should. They weren't changing [Person] for example. I highlighted it to the manager and they responded by making sure we got different carers."

•□Two relatives told us they would not recommend the service. One relative had experienced lack of continuity in the care staff and felt the service was not always consistent in terms of quality. However, they did state they received phone calls from the registered manager alerting them to any concerns. The second relative told us, "There's no real communication. We just get told who's coming the next week…I ring and leave messages but no-one responds." We brought this to the registered manager's attention. They told us that they had recently taken the initiatives of employing a second coordinator and increasing the induction period of new staff to help address the inconsistencies these relatives had found in staffing and communication.

•□In addition, in acknowledging that communication could be improved further the provider held family support group meetings. There had been so far two monthly meetings with a third arranged just following our inspection. The registered manager told us that the numbers were small so far but they were hoping attendance would increase. They were encouraging people and relatives to meet and share their concerns and ideas and to socialise with a view of supporting each other through their stories and experiences. They explained their vision for the future is that, "Customers will direct where the business goes, it's the ultimate aim for it to be sustainable. It would be a completely person-centred business."

•□The registered manager had increased the once yearly survey to bi-annually and had plans to make it a quarterly survey. The registered manager had analysed data and made changes in response to people's and relatives' feedback.

•□The registered manager had recently reinstated a quarterly newsletter. The Winter edition for 2018 contained information about service changes for example recruitment updates and useful information such as keeping warm and advising people to let the office know if they had heating problems and they would support them to address the concerns. New social activities were highlighted with planned events that included, tea parties, chair yoga and reminiscence activities.

•□The registered manager showed us that they were in the process of designing community dementia courses. They planned to deliver these courses free at the point of access to members of the pubic to raise awareness of dementia and to give advice to those supporting people who were living with dementia.

•□Staff we spoke with found the registered manager and management team approachable. Their comments included, "The agency is really good," and "The key thing is we are well supported," and "It's very nice and very good…I find the whole set up is really organised."

•□The registered manager told us, they supported a diverse staff team. They said, "When we welcome a new employee we ask what uniform they would like, they are given the choice and not gender stereotype." They continued to explain that they tried to meet staff's religious and cultural diverse needs. Giving examples that they offer the Bluebird uniform with a Hijab if needed and supported a live-in carer to go to church on a Sunday by providing cover at the time of the church service.

Continuous learning and improving care

•□The registered manager and management team were undertaking training to further equip themselves to work effectively. The registered manager had almost finished their Level 5 in Health and Social Care management and one of the coordinators was also part way through this qualification. They spoke enthusiastically about how it had improved their understanding of management skills. In addition, two other management staff had just begun this training.

Working in partnership with others

•□The provider worked in partnership with health and social care professionals to ensure the well-being of people using the service.

•□The registered manager and the events manager worked in partnership with some charities and voluntary organisations that included Age UK with whom they undertook dementia walks to raise money for the charity and they had recently raised £700.