

V&J Billington Limited

# Bluebird Care (Elmbridge & Runnymede)

## Inspection report

Heritage House  
52-54 Hamm Moor Lane  
Addlestone  
Surrey  
KT15 2SF

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Tel: 01932567593  
Website: [www.bluebirdcare.co.uk/elmbridge-runnymede/home](http://www.bluebirdcare.co.uk/elmbridge-runnymede/home)

## 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

Bluebird Care (Elmbridge & Runnymede) provides care and support to people in their own homes. There were 83 people using the service at the time of our inspection, 60 of whom received personal care as part of their support package. Three people received live-in care. Two people's care was funded by the local authority, the remainder paid for their care privately.

The registered provider of the service is V&J Billington Limited. The provider operates another branch of Bluebird Care in Wiltshire.

The inspection took place on 22 November 2017 and was announced.

There was a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe because staff understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care and said staff made safety a high priority. They told us staff had highlighted any areas in which their family members may be at risk and implemented measures to reduce these risks.

There were sufficient numbers of trained staff employed to meet the agency's care commitments, including covering leave and sickness. The agency's monitoring systems helped ensure that people received a safe and reliable service.

There was a contingency plan in place to ensure people would continue to receive their care in the event of an emergency. People who would be most at risk if they did not receive their visits were prioritised to ensure that vulnerable people were protected. Accidents and incidents were recorded and reviewed to identify any actions that could be implemented to prevent a recurrence.

People were protected by the provider's recruitment procedures. The provider carried out checks to ensure they employed only suitable staff. Staff attended safeguarding training and understood their responsibilities in terms of recognising and reporting abuse. Staff had reported concerns when they believed people's safety to be at risk, which had resulted in positive outcomes for people.

Where people's care involved support with medicines, this was managed safely. Staff attended training in infection prevention and control and helped people keep their homes clean and hygienic. Staff wore appropriate personal protective equipment when providing personal care.

People's needs were assessed before they used the service to ensure the agency could provide the care they

needed. Rotas were planned to ensure people received their care from a small team of staff, all of whom had a good knowledge of their needs. People told us new staff were introduced to them before they provided their care. They said their care workers always stayed for the allocated length of their visits and had enough time to provide all the support detailed in their care plans.

Staff received the induction, training and support they needed to do their jobs. New staff attended an induction which included shadowing colleagues to observe how people preferred their care to be provided. Staff received regular refresher training and were supported through regular contact with their managers. This enabled them to seek advice when they needed it and to discuss their training and development needs.

People's care was provided in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and understood how it applied in their work. People had recorded their consent to their care and told us staff asked for their consent on a day-to-day basis.

People told us staff prepared meals they enjoyed and knew their likes and dislikes. Relatives said staff knew their family member's preferences about the food they ate and any dietary restrictions. People's dietary requirements were discussed during their assessment and any needs related to nutrition and hydration recorded in their care plans. Staff attended training in nutrition and hydration in their induction and followed professional guidance where necessary to meet people's needs.

Staff monitored people's healthcare needs and responded appropriately if people became unwell. People's care workers supported them to maintain good health and liaised with healthcare professionals on their behalf if they wished. Relatives said staff were observant of any changes in their family member's health and highlighted any concerns they had.

People were supported by kind and caring staff. People had positive relationships with their care workers and enjoyed their company. Relatives said staff treated their family members with respect and provided care and support in a sensitive way. Staff supported people to maintain their independence and people were encouraged to be involved in planning their care. People's religious and cultural needs were known and respected by staff.

People received a service that was responsive to their individual needs. Each person had an individual care plan drawn up from their initial assessment which reflected their needs and preferences about their care. Care plans provided detailed guidance for staff and were reviewed regularly to ensure they continued to reflect people's needs.

People knew how to complain if they were dissatisfied and were confident their concerns would be taken seriously. Relatives who had complained were satisfied with the way their concerns had been investigated and resolved. The registered manager had taken appropriate action following complaints, using them as opportunities to improve the service people received.

The service was managed effectively, which ensured people received safe and well-planned care. People and their relatives told us that communication with the office team was good. They said they could always contact the office if they needed to and were satisfied with the response they received to queries or concerns. The provider sought feedback from people who used the service, their relatives and staff through annual surveys. Where people made suggestions for improvements, these were acted upon.

Staff told us the registered manager provided good leadership for the service and welcomed their ideas for

improvements. They said management support was available to them at all times and that they could seek advice when they needed it. Staff also valued the support provided by their colleagues and said they worked well together as a team to meet people's needs. Team meetings took place regularly and were used to reinforce key messages about people's care provision.

The provider's monitoring systems helped ensure people received consistently good care that met their needs. The office team had access to real time information about visit times and care provision, which ensured they could respond quickly to any problems that occurred. Care staff supervisors regularly observed staff practice at spot checks. Key areas of the service were checked regularly through audits carried out by the office team and the Bluebird Care quality manager.

The registered manager and staff maintained effective working relationships with other professionals involved in people's care, including district nurses and the local authority. Records relating to people's care were accurate, up to date and stored appropriately. Staff had received record-keeping training and the quality of recording was monitored by the office team to ensure records were maintained to an appropriate standard. The registered manager had notified CQC and other relevant agencies of significant events when required.

## 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.

Staff made safety a priority and took steps to minimise the risk of harm to people.

The agency employed sufficient numbers of suitably trained staff to meet its care commitments.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

People were protected by the provider's recruitment procedures.

Staff understood their responsibilities in keeping people safe and had reported concerns appropriately when people were at risk.

Medicines were managed safely.

Staff followed appropriate infection control procedures when providing care.

### Is the service effective?

Good ●

The service was effective.

People's needs were assessed before they used the service to ensure the agency could provide the care they needed.

People received their care from regular staff who understood their needs.

Staff had the induction, training and support they needed to do their jobs.

People's care was provided in accordance with the Mental Capacity Act 2005.

Staff prepared food that met people's dietary needs and preferences.

Staff supported people to maintain good health and responded appropriately if they became unwell.

### **Is the service caring?**

**Good** ●

The service was caring.

People were supported by kind and caring staff.

People had positive relationships with staff and enjoyed their company.

Staff treated people and their homes with respect.

Staff maintained people's privacy and dignity when providing their care.

Staff supported people to remain as independent as they wished to be.

Staff knew and respected people's religious and cultural needs.

### **Is the service responsive?**

**Good** ●

The service was responsive to people's needs.

People's care plans were personalised and reflected their needs and preferences.

Care plans were reviewed regularly to ensure they continued to reflect people's needs and wishes.

The agency responded well if people requested changes to their care package.

Complaints were investigated appropriately and used as opportunities to improve the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People said communication from the office team was good.

People, relatives and staff were encouraged to give their views about the service and these were listened to.

Staff had access to management support and advice when they needed it.

Key areas of the service were monitored regularly, including staff practice.

Records relating to people's care were accurate, up to date and stored appropriately.

Staff had good working relationships with other professionals involved in people's care.

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# Bluebird Care (Elmbridge & Runnymede)

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 November 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the registered manager was available to support the inspection process. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

During our inspection we visited the agency's office and spoke with the registered manager, care co-ordinator, customer services manager and care staff supervisors. We checked care records for four people, including their assessments, care plans and risk assessments. We looked at four staff files to check recruitment and training records. We checked the complaints log, accident/incident records and surveys completed by people who used the service, their relatives and staff. We also checked quality monitoring audits and records of spot checks on staff.

We spoke with three people who used the service by telephone to hear their views about the care they received. Six relatives contributed feedback by email about the care provided to their family members. We received feedback by email from seven members of staff about the training and support they received to carry out their roles.

This was the first inspection of the agency at its current location. We had previously inspected the agency when it was registered at a different address on 19 August 2015 when we found the provider was meeting all the relevant standards.

## Is the service safe?

### Our findings

People told us they felt safe when staff provided their care. They said staff understood how their support should be provided and any risks involved in their care. One person told us, "I certainly feel safe. They are always very careful [when providing care]."

Relatives were confident their family members were safe when receiving their care. They said they and their family members had trust in the staff who supported them. One relative told us, "The staff who attend Mum are always careful about maintaining her safety, for example they line her up to sit down on the toilet or a chair appropriately and ensure that she uses her walking frame to move around the flat. They always leave the flat as we would hope to find it with electric switches in the kitchen turned off and clear walkways maintained." Another relative said, "I trust the Bluebird team to ensure Mum is safe, well and being cared for on days I cannot visit."

Relatives told us staff made safety a high priority when providing care and highlighted to them any areas in which their family members may be at risk. One relative said, "The carers are very careful and mindful of health and safety matters." Another relative told us, "There is no question about safety and I have complete confidence that risk assessments are completed and issues of risk raised with me." Relatives also reported that staff ensured their family members' homes were as safe and secure as they could be. One relative said, "Staff do support Dad to ensure the house is safe and secure before they accompany him to visit Mum. They also ensure he is safely in the car with his seat belt on, which is a difficulty for him." Another relative told us, "They are attentive to his health, well-being and safety and keep me informed of any issues that may need follow up. They were particularly helpful and responsive following a recent attempted burglary, helping him to take extra steps to secure the house on leaving."

Risk assessments were carried out when people started to use the service and kept under review. Any risks identified were minimised through the implementation of effective control measures, which ensured that people receiving care and the staff supporting them were safe. Risk assessments considered personal care, infection control, medicines and the environment in which care was to be provided.

There were enough staff employed to meet the agency's care commitments. The agency's electronic monitoring systems helped ensure that people received a safe and reliable service. Care workers logged in when they arrived at a visit and logged out on departure using an app on their smartphones. This enabled the office staff team to check that staff had arrived on time and stayed for the scheduled length of the visit. If a care worker had not logged in shortly after the scheduled start of a call, the office team received an email alert to advise them of this. Office staff were then able to contact the care worker to establish their whereabouts and to contact the person receiving care if necessary.

Any accidents and incidents that occurred were recorded in detail by staff. All accident/incident records were reviewed by the manager to identify any learning for the agency and actions that could be implemented to prevent a recurrence. The provider had developed contingency plans to ensure that people would continue to receive care in the event of an emergency such as flooding or adverse weather affecting

staff travel. People who would be most at risk if they did not receive their visits were prioritised to ensure that vulnerable people were protected.

People were protected because staff knew how to recognise and report abuse and when people's safety was at risk. Staff had attended safeguarding training and were clear about their responsibilities to report any concerns they had about potential abuse. Staff had reported concerns when they believed people's safety to be at risk, which had resulted in positive outcomes for people. For example, one person was at risk of harm from a family member. Staff reported their concerns to the local authority who took action to protect the person and provide support to their family member. Staff reported concerns about another person who lived alone and was at risk because they were unable to maintain a safe environment. Staff again reported their concerns to the local authority who arranged for the person's home to be made safe and their family to be made aware of the risks they faced.

People were protected by the provider's recruitment procedures. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing their qualifications, training and employment history. Applicants also had to provide the names of two referees and to attend a face-to-face interview. We saw evidence that the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. For staff who were not UK nationals, the agency had obtained a police check from their country of origin which had been translated into English. Once staff from overseas had arrived in the UK, the agency obtained a DBS certificate for them. The agency also checked that non UK nationals had the right to work in the UK.

Where people's care involved support with medicines, this was managed safely. People and their relatives told us their care workers provided the support they needed to take their medicines as prescribed. One relative told us, "We always find [family member's] cream has been applied and medication administered." Staff responsible for administering medicines had received training to enable them to do this safely and in line with current good practice guidelines. Their competency and practice was assessed during spot checks by care staff supervisors. Staff told us the training had enabled them to feel confident in managing and administering medicines safely. One member of staff said, "I had training to be confident when administration of medicines is required." Staff used an app on their smartphones to record when they had given medicines, which enabled supervisors to check people had received their medicines as prescribed.

People told us staff helped them keep their homes clean and hygienic. They said staff wore appropriate personal protective equipment when providing personal care. Care staff received training in the prevention and control of infection in their induction and had access to refresher training in this area. The care staff we spoke with understood their responsibilities regarding infection control and of the importance of maintaining a hygienic environment for the people they supported.

## Is the service effective?

### Our findings

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care.

People received their care from regular staff who understood their needs. People told us they always received their care from a care worker they knew. They said new staff were introduced to them before they provided their care. One person told us, "It's always someone I know." Another person said of their regular care worker, "She is absolutely on the ball and highly efficient." Relatives told us their family members were visited by a consistent team of staff who had the skills they needed to provide their care. One relative said, "The team consists of four carers who my mother likes. Each one brings something different to the care they provide, making her day more varied." Another relative told us, "I am highly satisfied with the quality, consistency and reliability of the care package provided." A third relative reported, "My Mother and I have been very satisfied by the quality of care afforded by Bluebird and the carers that work for the organisation. My Mother comments regularly on how good the individuals are who make her visits."

Staff told us they always received enough information about people's needs before they provided their care. They said a member of the office team introduced them to people before they supported them and they had access to detailed written information about people's care needs. One member of staff told us, "There is always somebody from the office team who will introduce us to the new customer and if it is necessary will be there during the first visit." Another member of staff said, "There is always a detailed care plan in the system before the first visit is due and also through our app we have access to the personal details, care assessment, mental capacity assessment and any other information that will enable us to provide the best care possible."

The registered manager told us rotas were planned to ensure that people received their care from a small team of staff, all of whom were familiar to them. People who received hourly care received a rota that informed them which care worker would be visiting. The registered manager said staffing rotas were sent to people and their relatives using their preferred communication methods. This was confirmed by the feedback we received from people who used the service and relatives. The registered manager told us that permanent staff were offered additional shifts in the event that people's allocated care workers were unavailable at short notice. The registered manager said that they and other senior staff were also able to cover calls if necessary as their training was up to date and they had access to people's care plans.

People told us their care workers always stayed for the allocated length of their visits. They said their care workers had enough time to provide all the support detailed in their care plans. Staff who returned feedback to us confirmed they were always able to stay for the scheduled length of the visit. They said they had enough time to provide the care people needed at each visit.

Staff had access to the induction, training and support they needed to do their jobs. All the staff who provided feedback to CQC said they received the induction and training they required to meet people's

needs. One member of staff told us, "I attended a three day induction course which covered all mandatory training that enabled me to be a competent and a compliant carer." Another member of staff said, "We had an induction and it helped a lot."

Staff told us they had access to the ongoing training they needed to keep up to date with their essential skills and knowledge. One member of staff said, "I have had training and also eLearning modules during the time I have been working with Bluebird and this has enabled me a better understanding of service user's needs and expectations." Another member of staff told us, "When I started this job, I had training and all the support I needed to do safe effective and quality care."

Staff attended an induction when they joined the agency during which they completed core training. This training included moving and handling, fire safety, first aid, food hygiene, infection control and effective communication. Additional training was also provided where necessary to meet people's individual needs, such as catheter care. New staff also shadowed colleagues to observe and learn how people preferred their care to be provided. The registered manager told us staff had regular contact with their supervisors during their induction to ensure they received the support they needed. Staff were also expected to complete the Care Certificate when they joined the agency, if they had not already done so, and received training to enable them to achieve this. The Care Certificate is a set of nationally agreed standards that care staff should demonstrate in their daily working lives.

Staff were supported through regular contact with their managers for one-to-one supervision and had an annual appraisal. One member of staff told us, "Every few months I have a one-to-one supervision with my manager and every month with the supervisor." Another member of staff said, "We have meetings through the year such as supervisions (every month), refresher training such as medication and moving and handling (every few months), training for end of life, dementia, first aid (once a year), appraisal meetings (once a year)." A third member of staff told us, "I had an annual appraisal and I always have all the support I need from our manager and other members of staff."

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

People's care was provided in accordance with the MCA. People told us staff always asked for their consent before providing their care. They said they had been asked to record their consent to their care and we saw signed consent forms in people's care records. Staff received training in the MCA and the Deprivation of Liberty Safeguards (DoLS) in their induction and completed refresher training regularly. Staff understood the importance of supporting people to make decisions about their care and enabling their choices. The registered manager provided examples of how the agency had contributed to best interest decision-making for people who lacked the capacity to make informed decisions about their care.

People for whom staff prepared meals were happy with this aspect of their support. They said staff knew their preferences about the food they ate and any dietary needs they had. The registered manager told us staff received training in cooking commonly requested meals so they knew how to prepare these well. People's dietary needs and preferences were explored during their initial assessment and any needs they had in relation to nutrition and hydration were recorded in their care plans. Staff attended training in nutrition and hydration in their induction and followed healthcare professionals' guidance where necessary to meet people's needs. For example one person required a soft diet as recommended by a speech and

language therapist. The speech and language therapist's guidance was included in the person's care plan and staff ensured these guidelines were followed.

Staff monitored people's healthcare needs effectively and responded appropriately if people became unwell. People told us their care workers accompanied them to appointments if necessary and communicated with healthcare professionals on their behalf if they wished. Relatives said staff were observant of their family member's health and had highlighted any concerns they had promptly. One relative commented, "The carers have informed us via the office or a handwritten note if they have concerns relating to her health - they have picked up on a cough and responded correctly when she fell." Another relative said, "They often spot changes in my mother before I do. They are all very observant." A third relative told us, "Carers often notice changes in health before I do. They call the local GP if necessary, advising me they have done so and of the outcome if I cannot be available." A fourth relative reported that their family member's care worker had responded well when they had a fall, which ensured they received the prompt medical treatment they needed. The relative told us, "When my Mother had a minor fall her carer was most helpful in ensuring the paramedics were called and she stayed with Mother until they arrived. First rate in my view."

## Is the service caring?

### Our findings

People were supported by kind and caring staff. People told us their care workers were friendly and that they got on well with them. One person said, "They are all lovely people." Another person told us, "They are very friendly girls. I can't fault any of them." A third person said of their care workers, "I'm very happy with them."

Relatives said their family members regarded their regular care workers as friends and looked forward to their visits. One relative told us, "They have a positive relationship with her." Another relative said, "We are more than happy with the carer provided. Dad has said he likes [care worker] and enjoys his company." A third relative told us, "All staff at Bluebird have been kind, caring and compassionate towards Dad and the family. It hasn't been an easy time for the family but Bluebird has remained caring, professional and consistent."

Relatives told us care workers were caring in their approach and sensitive to their family member's individual needs. One relative told us, "The carers demonstrate awareness of skills necessary to provide care for [family member], they guide her carefully and sensitively." Another relative said, "Above all, each carer communicates with my mother who at 97 years is becoming forgetful and 'locked' into history. In many ways the team treat my mother as though she were a member of their own family – which means a great deal to me." A third relative told us, "Every carer works to a high professional standard and has developed a personalised relationship and rapport with my father. My father is an independent and self-contained man who finds it difficult to accept help and support. The carers have all found a way to engage him and work sensitively and respectfully with him so he still feels in control."

Relatives told us staff treated their family members with respect and maintained their dignity when providing their care. One relative said, "I have often called in whilst the carers are there and they are caring and compassionate and treat [family member] with respect. They respect her dignity especially in respect to strip washing and toileting. The carers have always treated the home with respect - I have never found it untidy or abused in any way, it is always left clean and tidy as they found it." Another relative told us, "All have treated Mum with respect and offered emotional support when needed. They are very sympathetic to her at all times." A third relative said, "Dad feels he is treated with respect by [care worker] and the other staff."

The registered manager told us that staff learned about the ways in which dignity should be promoted during their induction. The registered manager said, "It's about making sure they cover people up when they are washing them, closing doors even when no one else is there, respecting people's homes, not discussing service users with other care workers, how they address people, all the little things that make the difference." Care staff supervisors regularly monitored that staff promoted dignity and respect during spot checks on their care practice.

Staff supported people in a way that promoted their independence. The registered manager told us staff were, "Encouraged to 'do with', not 'do for'" when they were supporting people. We heard examples of how

staff had supported people to maintain or regain their independence. One person had reduced mobility following a stay in hospital which restricted them. Staff supported the person to do the exercises prescribed by a physiotherapist, which enabled them to regain their mobility and independence. Another person wished to continue doing their own shopping but was unable to go out safely on their own. Staff accompanied the person to the shops, which enabled them to shop for themselves as they wished.

People's religious and cultural needs were known and respected by staff. Staff attended training in equality and diversity and understood people's individual needs and wishes. People were encouraged to be involved in planning their care. They were shown their care plans before they received support to ensure the plans reflected their needs, wishes and preferences. The people we spoke with were confident any changes they requested to their care plans would be acted upon by the provider. Relatives were also consulted about their family member's care plans where appropriate and given the opportunity to comment before the plans were signed off.

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the agency which set out their rights and the service to which they were entitled. The provider had a confidentiality policy, which set out how people's personal information would be managed. Each person was given a privacy statement which clarified what information the agency held about them and who may have access to it.

## Is the service responsive?

### Our findings

People received a service that reflected their needs and preferences about their care. Care plans were personalised and contained guidance for staff about how to provide the care people needed in the way they preferred. The plans outlined what people could do for themselves and in which areas they needed support. People told us staff knew the support they needed and followed the guidance in their care plans. One person said, "They know what has to be done. It runs very well." Another person told us, "They always follow the care plan. They have it all on their phones now but I have a written copy."

Relatives confirmed that staff knew their family member's individual needs well and provided all the support outlined in their care plans. One relative told us, "The team know and understand my mother's specific needs and also her specific likes and dislikes." Another relative said, "The carers have clear criteria to work through when they visit and check them off using their phones." A third relative commented, "The quality of the personalised assessment and care plan is impressive and the latter has remained the key tool to reflect my father's needs."

People's care plans were reviewed regularly to ensure they continued to reflect their needs. People and their relatives said they were encouraged to participate in these reviews and their views were listened to. A relative commented, "We have had to make small amendments to the care plan (following a cataract operation for example). These have always been undertaken efficiently - and effectively communicated across the network. The same efficiency and patience has been shown when I have had to make changes to times and days due to family visits." Another relative said, "The care package review was a thorough and transparent process in which I was encouraged to provide feedback on all practice areas." A third relative told us, "We have been asked for feedback at our review and they implemented changes willingly."

In addition to recording their needs, people's care plans contained information about their personal histories, which enabled staff to understand their life experiences including family, education and employment. The staff we spoke with knew the people they supported well, which meant they were able to engage with people about their experiences, hobbies and interests. The registered manager told us that they aimed to 'match' people with their allocated care workers based on common interests and shared personalities. The registered manager said they willing to change people's allocated care workers if they did not establish a positive working relationship and gave examples of when they had done this in response to requests.

People and relatives told us the agency responded well if they requested changes to visit times or to add or reduce visits. One relative commented, "I have found that they are able to add in extra calls with relatively short notice and always try their best to accommodate such requests. I find that they have been flexible too in regard to arranging extra cover, for example when we wanted to go away on holiday they increased the calls from one per day to three per day and resumed one call per day when we returned." Another relative said, "They contact us in good time in relation to bank holidays so that care can be managed effectively."

The provider had a complaints procedure which set out how complaints would be managed and

investigated. This was provided to people when they began to use the service. Most of the people we spoke with told us they had not needed to complain, although all said they knew how to do so if necessary. They said they were aware of the provider's complaints procedure and how to access it if required. Relatives who had complained told us they were satisfied with the way their complaints had been handled and their concerns resolved. One relative reported, "We did raise an issue with one specific carer and I was happy that our concerns were listened to and the matter dealt with." Another relative said they had raised concerns with the agency but that these had "Always been resolved by dialogue."

The registered manager told us they were committed to learning from complaints and using them as opportunities to improve the service people received. Feedback from relatives indicated that action had been taken following complaints to address any shortfalls identified. For example one relative said they had reported concerns in the past about staff failing to adequately maintain the security of their family member's home. The relative told us that these issues were addressed following their complaint and had not reoccurred since then.

## Is the service well-led?

### Our findings

People, relatives and staff benefited from a well-managed service. The registered manager and office team worked together to ensure that all aspects of the agency functioned effectively. The office team comprised the registered manager, a customer services manager, a care co-ordinator and two community care staff supervisors. The office team met every Friday to plan the care scheduled for the following week and to discuss any risks to people over the coming weekend.

Relatives told us that the manager and office team communicated with them well and always responded to their queries. One relative said, "We have found communication with the agency very effective - we use email and telephone primarily and they are always prompt at responding." Another relative told us, "Dad and my family are so pleased we managed to find Bluebird, they have been courteous and helpful from the first phone call." A third relative said, "My impression is that the agency is well managed with a competent and consistent staff team. All issues are addressed in a timely way. If I had concerns I would have no hesitation in ringing the office to discuss." A fourth relative reported, "I can always telephone and get a response that will be acted upon."

People and relatives were asked for their views about the agency via annual satisfaction surveys. The results of the most recent survey provided positive feedback about the agency. Fifty people had responded, all of whom said their care workers were polite and treated them with respect. 96% of people who returned surveys said they satisfied with the service they received and care workers carried out everything expected of them professionally and properly. Where surveys did identify potential improvements, these were acted upon. For example in the latest survey, some people said they were not always informed if their care worker was running late or if a different care worker would be carrying out their visit. The registered manager told us the senior staff team had taken this feedback on board and implemented measures to improve communication with people if their call was delayed or to be carried out by a different member of staff.

Staff told us they were well supported by the office team. They said members of the office team were approachable and communicated effectively with them. One member of staff told us, "We have good communication [with managers]." Another member of staff said, "If I have any concerns or suggestions they are very helpful and always listen to us. Any time I needed to speak with our manager, a meeting was arranged and any problems or concerns were discussed and resolved in a professional way." A third member of staff reported, "Out of hours support is available and every time I need support someone is there to help." Staff were also given the opportunity to complete an annual satisfaction survey. All staff who had responded in the latest survey said they received good support from their managers and received all the training they needed. Staff commented that communication between managers and staff was good and that they could approach managers if they had concerns.

Staff said the registered manager provided good leadership for the service and encouraged their input into how the service could be improved. One member of staff told us, "[Registered manager] is one of the managers that always will be there to listen and to try to sort things out. She is very open with new ideas and if they are good she will always put them to practice. I had constructive meetings with her and she always

listened to my concerns and suggestions. In my case I have a good communication with her." Another member of staff said, "[Registered manager] is very supportive and wants to hear suggestions or concerns and tries her best to rectify them." A third member of staff told us, "I think [registered manager] is doing her best to keep everybody safe and happy." We heard examples of how the registered manager had responded to feedback from staff. One care worker who had recently completed their probation fed back that they would have benefited from more one-to-one time with a supervisor. The registered manager responded by scheduling additional contact time with a supervisor for staff during their probation period.

Staff told us they worked well as a team and supported one another. They said morale was good and staff communicated with each other effectively. One member of staff told us, "I appreciate all members of our staff. The agency gives all the support I need." Another member of staff said, "If there is any concerns or suggestions we speak up and working all together we are getting better and that's why we are good team." A third member of staff commented, "I do feel well supported by my team." Team meetings were held regularly and were used to reinforce good practice and key messages. For example the most recent team meeting had incorporated an infection control refresher session, including reminders about hand hygiene and wearing appropriate personal protective equipment when providing care. Staff told us they were encouraged to use team meetings to raise concerns or to seek advice if they needed it. One member of staff said the registered manager used team meetings "For general recaps and to ask if any of us had anything to discuss with them."

The electronic monitoring systems implemented by the agency enabled the office team to maintain a good overview of the service people received. This included checking that staff arrived and left on time and that all aspects of people's care had been provided at each visit. The provider also had effective systems to monitor the quality of care people received. The quality of care provided by staff was assessed through regular spot checks carried out by care staff supervisors. Spot checks assessed all areas of practice and the way in which care workers engaged with the people they supported. Care staff supervisors carried out some spot checks at weekends to ensure people received good quality care at all times.

The registered manager had developed a 'Continuous Quality Improvement Plan' for the agency. Any areas identified for improvement through comments, surveys or suggestions were incorporated into the improvement plan to ensure they were monitored and acted upon. The registered manager told us they were supported by Bluebird Care's quality manager in monitoring quality throughout the service. The registered manager said the quality manager's advice had been valuable in making improvements, such as ensuring that the agency's input to best interests decision-making processes was recorded.

The registered manager and staff had developed effective working relationships with other professionals involved in people's care. This included healthcare professionals, such as district nurses with whom staff liaised about people's ongoing health needs, and the local authority, with whom staff had raised concerns when they identified risks to people's safety. Records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Staff had received training in effective record keeping and the records they kept were regularly monitored. The registered manager was aware of their statutory responsibility to notify CQC and other relevant agencies of significant events and had done so when required.