

Starboard Tack Ltd

Bluebird Care (Mid and West Cornwall)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Bluebird Care (Mid and West Cornwall) is a domiciliary care agency that provides personal care to people living in their own homes in the community. When we inspected they were providing the regulated activity, personal care, to 49 people in the Truro and surrounding areas in Cornwall. What life is like for people using this service:

- People using this service still benefitted from an outstanding caring and well led service. People consistently told us how they were treated with exceptional kindness, compassion and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get care just right for people.
- People were truly placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff feel respected, listened to, and influential.
- People received exceptionally personalised care and support specific to their needs and preferences. People had a core team of staff to support them. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs. People had their human rights upheld.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to ensure all staff had regular training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- The service encouraged people to be involved in the service to improve standards of care. For example, people attended bespoke training with staff so that they could all learn together. A person also produced a course on empathy training which was received positively by staff and all staff now attend. People's views are sought in the recruitment of new staff.
- The whole service continued to have a good track record.
- Staff were, motivated by and proud of the service. There were high levels of satisfaction across all staff.
- The registered manager is passionate about promoting the care industry. The registered manager was involved in the initiative with South West Local Authority and Primary Care Trust on how they could promote the care industry. The registered manager is on the committee and organised the 'Proud to care' festival in Cornwall. This involved liaising with many health and social care providers to come together to celebrate and promote the benefits of working in the care industry, plus inviting guest speakers and voluntary groups

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Outstanding (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At our last inspection we rated the service Outstanding. At this inspection the service remained Outstanding.

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

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 exceptionally safe

Details are in our Safe findings below

Outstanding 

Is the service effective?

The service was effective.

Details are in our Effective findings below

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below

Outstanding 

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below

Outstanding 

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-led findings below

Outstanding 

Bluebird Care (Mid and West Cornwall)

Detailed findings

Background to this inspection

The 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 checked whether the provider is 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.

Inspection team: This inspection was carried out by an 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 this type of care service.

Service and service type: Bluebird Care is a domiciliary care service. Staff deliver personal care and support to people living in their own homes. Services are provided to both younger and older people who have learning or physical disabilities, who are living with dementia, have sensory impairments and or related mental health conditions.

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 24 hours' notice of the inspection visit because it is a domiciliary service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us. We also needed to ensure that people's consent was gained for us to contact them for feedback about the service. The Expert by Experience telephoned people, with their permission on the 4 March 2019 to gain their views of the service. The inspector and assistant inspector visited the office location on 5 March 2019 to speak with the registered manager and to review care records and policies and procedures.

What we did: We reviewed the records held about the service. This included previous inspection reports and

notifications. Notifications are specific events that the provider is required to tell us by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection.

During the inspection we spoke with the provider, care coordinator, team leaders, care worker, administrators and trainer. We reviewed five staff recruitment and supervision files, six care records and records relating to health and safety, safeguarding and other aspects of the service. The Expert by Experience telephoned and spoke with six people who used the service and three relatives to gain their views of the service. We provided details for care staff to contact us to share their views on the service and received three phone calls from care staff. We also received feedback from two health and social care professionals to gain their views on the service.

Is the service safe?

Our findings

Safe –this means people were protected from abuse and avoidable harm

Outstanding: People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff that had regular safeguarding training and knew about the different types of abuse.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to make sure people were protected from harm or abuse.
- Regular staff meetings discussed safeguarding and any concerns staff may have had.
- Everyone we spoke with told us they felt the service provided by Bluebird DCA was safe. Comments included "I really can't fault them when it comes to being safe. When they are looking after me they think of everything and make sure I'm comfortable" and "I sometimes worry that people won't remember to lock the back door when they leave, but the carers always do - which means I never feel unsafe when they've been here."
- People told us they liked the fact that there were the same carers coming in to see them, so they recognised them. People liked the consistency of having the same carers. Comments included "I have lived in the village for some years. Most of the carers who come to see me live here too, so I know them and they are lovely people who I can trust and who keep me very safe."
- People reported that the 'on-call' number is answered reasonably quickly. Two people told us that the carers and administrative staff have sometimes helped them stay safe by providing appropriate information or directing them towards other services that might be able to help them.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Some people used lifeline pendants or similar devices to call for support in an emergency. People told us their carers always checked these were within reach before they left the person. One person said "I have never come across more careful and efficient people. They always make sure I'm wearing [my pendant] and that it's beside my bed at night."
- People said carers helped them by supporting them in the way they needed if they felt anxious whilst being cared for. A family member told us "Initially [the person] was very nervous getting in or out of the shower and the carers had to provide a lot of encouragement. They would even stand in the shower room to help them with their balance, but now they stand to the side and just provide reassurance".
- Risk assessments included how to access people's houses and any risks to staff including environmental risks, poor lighting, parking arrangements, and if any pets were present in the home.
- The registered manager checked all accident and incident records to make sure any action was effective, to identify any patterns or trends and to see if any changes could be made to prevent incidents happening again.
- People who needed to be supported by carers to use hoists or large pieces of care equipment in their home

all said they felt this was done safely and in a dignified way, and that they were never nervous when being supported in this way. One said, "I have an Oxford hoist and there has to be two carers, but the carers who come to me are all very well trained so it's never made me feel unsafe."

- Risks of lone working to staff were recognised by the registered manager.
- Some staff provided care visits in the late evening. The registered manager had a policy which required staff to message the out of hours manager to let them know they were safe and going home when leaving a visit late in the evening.
- There were procedures in place to ensure that people's money was protected and managed safely.
- The service had an emergency plan in place to manage weather emergencies such as snow. Recent snow fall in the area had put this plan to the test and everyone who needed a visit from staff was able to have this support provided due to the availability of 4 x 4 vehicles owned by staff. An emergency list showed which people required visits from the agency as they had no family or neighbours to support them. Staff would walk to these people if no vehicle was available. One said "Even in the ice and snow they didn't miss a call. The girls walked all the way up my hill, but they still got here for every call. They are marvellous."

Staffing and recruitment.

- There were sufficient numbers of staff to meet people's needs. The provider ensured people had a consistent staff team.
- Each person's staffing needs were calculated based on an individual needs assessment, which were reviewed and updated regularly as people's individual needs changed.
- People were actively involved in decisions about who worked at Bluebird Care and had influence on the outcome of recruitment. Candidates were invited to attend interviews at a café where people they supported worked or attended. They were then involved in the recruitment by providing their views of the suitability of the candidate. People also gave feedback on new staff members to the registered manager which was used during performance discussions.
- People and their relatives told us they received care in a timely way. People received their visits at the time agreed, carers met their care needs and stayed for the expected amount of time.
- Staff had been recruited safely. All pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely

- Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- The service recognised the need to ensure people remained as independent as possible with taking their own medicines. Staff only prompted people, or administered the medicines when the person needed assistance. When staff supported people in this task appropriate medicines records were completed by staff.
- The manager was innovative in addressing with a person they supported about the importance of how they administered and recorded their medicines. They invited the person to attend a bespoke training package regarding their medication regime, along with their care staff team who supported them. The following day the person handed to staff medicines that they had stored and stated they could now recognise the dangers of over stocking medicines. The person fed back that the course had 'broadened my knowledge' and they were now aware of the importance of how medicines needed to be managed and recorded. No further concerns surrounding the persons medicines had occurred since the training.
- Staff were trained in medicines management and regular competency checks were carried to ensure safe practice.

Preventing and controlling infection

- Staff were provided with appropriate personal protective equipment, such as aprons, gloves and hand gel.
- Staff had been provided with infection control training.
- People were happy with the infection control measure used by staff. Everyone said carers always wore their uniforms and put on their protective gloves and aprons on arrival, when appropriate. One person told us, "They put on gloves and aprons as soon as they are in the door and have taken their coats off".

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- The registered manager discussed accidents/incidents with staff as a learning opportunity. For example, ensuring staff were clear on how to report and record incidents and any action taken to help reduce any re-occurrence.

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.

Staff skills, knowledge and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff had regular training and refresher training to keep them up to date with best practice. Training methods included online, face to face training and competency assessments.
- People were involved in the training of staff. For example, a person they supported spoke with the registered manager about the importance of empathy. The registered manager supported the person to produce an 'empathy course' which the person then presented with the managers assistance. The course was so well received by the team that it was now provided to all staff.
- The service had its own dedicated training room at a separate venue, which had a lounge and bedroom area with hospital bed and equipment. This meant training in moving and handling etc could be provided to staff when needed.
- Staff also gained permission to visit people's homes and practice using their equipment so that they could get used to using the equipment in the persons home surroundings.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development and any training needs.
- Regular spot checks were also carried out which focused on appearance, manual handling, records and infection control.
- New staff had completed a comprehensive induction and shadowed experienced staff till they felt confident to work alone. People told us that the new carer shadowed their regular carer and before they were brought to their home, permission to do so was obtained from the person and/or their relative

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this. A person said, "I was a bit 'yes-and-no' about asking carers to come in to help me and [nervous about] whether it would work. It took a long time to get the package together so I could leave hospital and they had to put in a wet room etc. The Bluebird people were great with advice and suggesting who else to talk to, to get things ready for me coming home."
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when people's needs changed.

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

- There was a strong emphasis on the importance of eating and drinking well. For some people, where a health need had been identified, staff recorded what people ate and drank, so that this could be monitored by health professionals to ensure that people's health needs were treated appropriately.

- Staff provided some shopping services for people.
- Staff from Bluebird Care carried out meal preparation for some people. People told us staff were aware of any allergies and food sensitivities as well as being careful and tidy in the kitchen.
- Staff had been provided with training on safe food preparation.
- Staff provided for people's specific needs. One person told us, "I am totally 'veggie' which they all know and it doesn't bother them at all. I also suffer from a dry throat so they always have to give me something to drink when I'm eating."
- People said staff and managers had a good understanding of their needs throughout the day and, where necessary, they left snacks and drinks within reach for people. One person told us? "I'm always warm in the house and I have plenty to eat and drink. The carers make sure of it!"

Staff providing consistent, effective, timely care within and across organisations

- People received care in a timely manner. No one reported staff rushing them in any way.
- People told us they had not experienced a 'missed' visit.
- People were supported to improve their health. For example, staff supported a person with their physiotherapy exercises to assist them to develop their independence skills.

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

- The service enabled people to remain as independent as possible by ensuring they had the equipment they needed.

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

- People were supported by their relatives to attend healthcare appointments as necessary. Where people did not have family Bluebird DCA staff took them to appointments and stayed with them and brought them home again.
- People were supported to improve their health. For example, staff supported some people with their diet.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
- Staff were provided with training on the Mental Capacity Act 2005
- Staff were aware of how to protect people's rights.
- People told us staff always asked for their consent before commencing any care tasks. A person told us "The carers are doing my dressings every day, and they always say something like 'is it okay to do your creams?' or 'shall we just see to your bandages?' so I know they are going to start."

Is the service caring?

Our findings

Caring –this means that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The ethos at Bluebird Care continued as of the last inspection. This was centred on promoting people's individual and cultural needs and rights. Policies and procedures were instilled in staff and the management team promoted each person's right to individuality, autonomy, dignity and fulfilment.
- People enthused about how consistently staff were kind and caring. Comments from people included "They are always willing to do things the way I want them to be done. They always ask me if there is anything else they can do before they go" and "They are very good and caring people who all treat me very nicely." A relative told us, "Ever since they started looking after [my husband] they have been so respectful and kind and just can't do too much."
- Staff knew people very well. Many people were from the local area and staff were mainly from the locality too. People told us that the staff were exceptional. For example, "Everyone has their ups and downs, but they've never been anything other than polite and respectful to me" and "They are second to none when it comes to being polite and respectful. I've used other agencies before and none of them have been as good – honestly!"
- People told us the staff were kind and compassionate, resulting in people feeling they mattered and that their concerns would be listened to and taken into account. They said staff spoke clearly and politely at all times, addressing them appropriately such as only using their first name if agreed to, and not becoming so focused on getting their work done that they lose sight of the person they are supporting. Staff spoke fondly of the people they supported. One said "This is the first job I really feel I can make a difference for people. I love this job and seeing people grow in confidence is wonderful."
- People told us staff knew their preferences and cared for them in the way they liked. Each person had their life history and individual preferences recorded which staff used to get to know people and to build positive relationships with them.
- Some people had pets. A care plan was created with the person to ensure that their pet was looked after in the way they wished. When the person was able, staff and the person would take the dog out for walks.
- Another person told us that they had needed to stop having a pet at home as their physical health needs had changed. However, staff recognised the importance of having a pet for the person and supported them to achieve this. The person told us "For 12 months I haven't been able to keep pets at home. I mentioned this to the manager and they helped me to adopt a rescue animal. The carers provide all the practical support with feeding and litter trays etc, which doesn't take them long. Meanwhile I now enjoy the love and companionship of my darling cat."
- Staff wanted to celebrate with people to mark special occasions that were important to the person. For example, one person had a 60th birthday and had no family and few friends. The staff organised a birthday party and many staff turned up to join in the celebrations on their day off.

- An example of the registered manager's outstanding approach was a programme of multiple training sessions related to equality, diversity and human rights. The programme provided guidance in person-centred care, respect and dignity. Staff told us how this helped them have a better understanding to support and treat people.
- We received extremely positive comments from social care professionals about the care and support given to people from Bluebird Care.

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

- People and their representatives were regularly asked for their views on their care. The management team from Bluebird Care visited people prior to them receiving care visits, to discuss their care needs and to develop a care plan. Where necessary, they sought external professional help to support decision-making for people.
- Care plans were regularly and formally reviewed, agreed and signed, by the service user and/or their relative and a representative from the agency.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- People confirmed that staff helped them make contact with other services that might be able to help them with health and social care needs or promote their independence. One person said: "At the moment the boss [Manager of the service] is trying to help me to get a reassessment of my needs by the local authority: also, to have the Local Authority build an access ramp to my door so that I can leave the house in my wheelchair unaided. At the moment I can only go out when a carer is here to help me."
- Some people needed aids to help them communicate effectively. This was recognised and supported. Care plans recorded if people needed glasses or hearing aids or used technology to assist them with communication.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. One member of staff explained that their role was to listen to the person in how they wanted to be supported, and to respect their wishes. A person told us, "They are all very good with me and make sure my privacy is respected."
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them. For example, a relative stated, "They knew [my relative] really wanted to be able to shower without assistance. They helped them to gain the confidence and physical strength needed to achieve this goal, which they can now do - though the staff still wait outside ready to help if needed."
- People unanimously said that staff left things near at hand for them, such as life lines, phones, TV remotes and drinks and snacks before they left them. Staff also left their homes tidy, asking people if they needed anything before they left. This showed staff were considerate and respectful of the persons home and their circumstances.
- People's confidentiality was respected. People said staff never discussed with them personal things about other people they supported, and therefore were confident that staff would not share their own private/personal information with others. They all said they had never worried that their own information was treated disrespectfully.

Is the service responsive?

Our findings

Responsive –this means that the service met people's needs

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

Personalised care; accessible information; choices, preferences and relationships.

- The registered manager was very keen to ensure the service was as responsive to the needs of the people they supported as they could possibly be.
- Staff knew the people they supported well, several people had had a relationship with Bluebird Care for many years.
- Staff were aware that some people were isolated and lonely alone at home. Staff recognised that at times they were the only visitor that the person saw all day and where possible would encourage the person to access other company. A person told us "They sometimes can take me across the road in my wheelchair to see my Mum, or just to get me out of the house for half an hour."
- Staff were committed to people they supported and responded to them in times of crisis. For example, a staff member who was not on duty noticed a house fire in the street of a person they supported. The staff member contacted their out of hours service and the team leader went to the scene. They negotiated with the fire officers and were assisted to enter the person's property and to wake the person and get the person out of their home to a place of safety. Staff supported the person and cared for them until it was safe for them to return to their home some hours later.
- Where people had needed to make changes to their time slots, or cancel a visit at short notice, the management team had always been very accommodating. One person said, "I have regular hospital check-ups and they fit the calls around those days if I remind them which day to avoid coming."
- Staff knew the people they supported well and could recognise if the person's health needs changed. Staff would contact relatives to inform them of their concern, or contact health and social care professionals to ask for advice and support. A relative said "They (staff) are much better than me at seeing when things are not right and they will say 'I think they (person who they support) need a GP to see them', then I can arrange it."
- People also told us that staff went that 'extra mile.' For example, "We can take it at my own speed and although each visit is 45 minutes sometimes it runs over and they never mind."
- People said their cultural, religious and community needs were appropriately met, and that they felt supported to maintain some independence of choice and activity.
- Care records continued to be well maintained and detailed. They demonstrated a person-centred approach to support people to meet their needs. For example, care records contained physical, mental health, social and personal care needs. In addition, they highlighted where the involvement of the person was recognised.
- Daily notes were completed which gave an overview of the care people had received and captured any changes in people's health and well-being.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can

access and understand information they are given. Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

- The provider also ensured that they provided information for relatives who had communication needs in a meaningful way. For example, a relative had dyslexia and so care records were printed on green paper so that they could be read more easily. They also had provided different type fonts for people. They also ensured they were aware of how people wished to communicate with their family members. For example, a person was supported to use Skype to contact their family who lives some distance away. With another person the use of an iPad and communication applications were used to assist the person and staff to improve their communication.

- In the staff newsletter there was a British Sign Language (BSL) 'sign of the week' for all staff to learn, which is creating a bank of signed words that staff could use with people as needed. Some staff have also attended accredited BSL training.

- Staff were provided with training in equality and diversity to help ensure people they supported were protected from discrimination.

Improving care quality in response to complaints or concerns

- People told us they would be confident to speak to the registered manager or staff if they were not happy or had issues. No complaints had been received since the previous inspection.

- There were processes in place to ensure all complaints would be dealt with appropriately. The registered manager told us they used issues, complaints or concerns as a positive experience and learning opportunity to improve the service.

End of life care and support

- The registered manager told us no one was receiving end of life care at the time of our inspection. Care staff would at times support people with end of life care and the service would work closely with other healthcare professionals to ensure people had a dignified and pain free death.

- Staff often stayed on at people's homes supporting the families of people who had died even after their own shift had concluded.

- The registered manager told us they supported staff who wished to continue to remain with recently bereaved families and offer much valued support from someone who knew them well.

- The provider had sourced an independent bereavement counselling service who provide a weekly session to support staff.

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.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- People and relatives told us of the consistent high standard of care and support they received from Bluebird Care.
- The registered manager was visible, known to them and approachable.
- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. This took into account the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through exercise and addressing people's health needs promptly and maintaining links with their local community. This was consistently achieved and seen through feedback received and records examined.
- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "The managers are brilliant. They always have time for staff." Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.

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

- The management team continued to have highly effective oversight of what was happening in the service, and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas.
- Recent developments included the introduction of a computerised care planning system. Staff had been trained to use the system and were positive about it. Managers wanted to ensure the system enabled staff to remain person centred.
- This new system had introduced additional monitoring to drive improvements in care for people, for example it monitored if care staff were late, or if a person's health needs, or dietary and hydration needs had changed so that they could take the appropriate action.
- We continued to see that the providers had oversight. There was still regular reporting and systems of meetings in place that enabled them to take the role of the critical friend and support the managers in place. Accountability through audits and reports presented continued to be of a high level.

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

characteristics. Continuous learning and improving care

- The service regularly sought the views of people. The management team continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward. The registered manager continued to have an open-door policy and people came with their individual matters directly as well as informal conversations that took place ad hoc. In addition to the surveys, reviews, meetings and formal ways of gathering feedback, the service was attentive to involving people in giving feedback. The feedback we received had been overwhelmingly positive and therefore confirmed that the service provided is appropriate for people's needs.
- The registered manager was involved in the initiative with South West Local Authority and Primary Care Trust on how they could promote the care industry. The registered manager was on the steering group and organised the 'Proud to care' festival in Cornwall. This involved liaising with many health and social care providers to come together to celebrate and promote the benefits of working in the care industry, plus guest speakers and voluntary groups. Over a thousand-people attended the festival.
 - From this the registered manager attended a South West radio show one evening a week to again promote care, both in the community and in residential homes.
- The registered manager was approached and had agreed to be a keynote speaker to students at local colleges to talk about the benefits of a career in care.
- The registered manager is passionate about promoting the care industry. She stated "We (providers) need to stop working in isolation and need to work together. There are too many people that need care and not enough people to do the work. This isn't about promoting Bluebird Care, we need to go beyond ourselves and look at care generally."
- In order for the registered manager to promote 'proud to care' the provider reviewed the organisational structure and appointed a head of care so that people would continue to receive a high standard of care. They said, "The head of care can focus on care locally, whereas this gives [registered managers name] an opportunity to focus on the improvement in care nationally and locally."
- External professionals also believed this was an outstanding service. We received feedback from two health and social care professionals that told us they had positive relationships with the service.
- The service continued to be recognised independently for their quality of care. They were nominated in the South West Care Awards in the category of developing their staff team and their volunteers.

Working in partnership with others

- It was evident from speaking with people, relatives and staff that there was a great emphasis on working with other professionals to get the best care for the people they support. A person they supported needed a syringe driver which was hard to source. Staff said "The district nurses were not only the person's, but also our life line. They gave us advice and enabled us to work together to support a person to keep them at home." When the person passed away they held a 'celebration for her life' and staff held a fundraiser event. From this they purchased and donated a syringe driver for use in that area. The persons initials were placed on the syringe driver and it is now used in the local community.
- Bluebird Care have signed up to the Social care commitment and to the McMillian and Alzheimer support networks to ensure that they continue to receive up to date guidance and work in line in best practise.