

Warriewood Ltd

# Bluebird Care (Plymouth and South Hams)

## Inspection report

1st Floor Valley House  
Valley Road  
Plymouth  
Devon  
PL7 1RF

Tel: 01752347700

Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service: Bluebird Care [Plymouth & South Hams] is a domiciliary care agency that provides personal care to people living in their own homes in the community. At the time of this inspection the agency was supporting approximately 110 people with personal care.

The service provides personal care to adults in the categories of dementia, learning disabilities or autistic spectrum disorder, mental health, older people, sensory impairment and younger adults.

Staff supported people with personal care, access to the local community, shopping and preparing meals. Some people received 24-hour care from staff at Bluebird Care [Plymouth & South Hams] to enable them to remain safely in their own homes.

What life is like for people using this service: People supported by the service continued to receive personalised care which was responsive to their individual needs. Staff had an excellent understanding of the care and support people required and provided this with great care and patience.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered.

The registered provider and registered manager were passionate about the quality of service delivery and led by example. They followed best practice and pursued opportunities to improve care and people's experiences to attain better outcomes.

There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. This was clearly led from the top down. The registered manager was also supported by a team of exceptionally motivated and dedicated service managers and team leaders.

People consistently gave examples of the registered provider and staff team as kind and caring people. They told us they valued their relationships with the staff who supported them which had often exceeded what they had requested.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Good practice guidance had been followed to keep people safe.

Risk assessments were in place to support people to take positive risks and remain safe.

Staffing levels were continuously reviewed to ensure there were enough staff to provide a flexible and responsive care. The registered manager and locality managers ensured people had a consistent staff team.

Medicines were managed safely to ensure people received them safely and in accordance with their health

needs and the prescriber's instructions.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs.

People, and where appropriate their representatives, were involved in decisions made about their care. Members of the management team from Bluebird Care [Plymouth & South Hams] visited people prior to them receiving care visits, to discuss their care needs and ensure the service could respond to them.

More information is in Detailed Findings below

Rating at last inspection: Overall Good. Outstanding in Care domain (report published 25/11/2016)

Why we inspected: We inspected this service as part of the scheduled programme.

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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Bluebird Care (Plymouth and South Hams)

## **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 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: Bluebird Care [Plymouth & South Hams] is a franchise of the Bluebird Care Group and is a domiciliary care agency. Services included providing personal care and support to people in their own homes. The regulated activities include supporting people with dementia, learning disabilities or autistic spectrum disorder, mental Health, older people, sensory impairment and younger adults. At the time of our visit there were eighty-three people using the service.

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.

This inspection was announced. We gave the service 24 hours notice in line with our methodology for inspecting domiciliary services. This ensures there are appropriate people available at the office to provide necessary information to us.

What we did: Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as

notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

We visited the service on the 14 May 2019 and spoke with the registered provider and registered manager. We spoke with an office manager and four visiting staff. On the day of the inspection fourteen people were contacted by telephone and we interviewed nine people. Prior to the inspection we received feedback from three health and social care professionals to gain their views on the service. Following the visit, we contacted eight staff members by email.

We looked at the care and medication records of five people who used the service, we observed information on display around the office such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe –this means 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.

- There were robust 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.
- New staff received safeguarding training as part of the induction process. This was refreshed regularly for all staff.

Assessing risk, safety monitoring and management.

- People were supported to have as much freedom of choice in their lives as possible. Staff within the service were skilled in working with people to identify risk. Known and newly emerging risks to people had been comprehensively assessed and actions had been taken to reduce the identified risks. For example, where a risk was linked to an activity that would promote independence or well-being, the risk was not considered a barrier and effective risk management plans were in place.
- The service worked in partnership with the fire service to ensure people had the option to receive smoke alarms and advice to help keep them safe from the risk of fire.

Staffing and recruitment.

- People told us they received care in a timely way. Comments included, "They are always exactly on time, except when the weather or traffic are really bad, which is very rare," "If someone can't make it or is running late, they phone me." Some people said staff could be delayed due to travelling time. However, people acknowledged it was usually due to traffic issues and not the rostering system.
- Staffing levels matched each person's requirements. Sickness and staff leave was managed between the team to maintain continuity of care.
- Staff had been recruited safely. Pre-employment checks had been carried out including reference checks from previous employers.

Using medicines safely.

- Some people needed prompts to remind them to take their medicines. Staff meetings and supervision were used for suggesting ways in which this would be managed safely.
- People told us they were satisfied with the support they received to take their medicines. One person said, "The staff always help me with my tablets and creams. Always on time."
- Staff worked closely with people to ensure medicine systems were managed safely and to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management.

Learning lessons when things go wrong

- The registered manager took responsibility to review accidents and incidents. If accidents or incidents occurred, the registered manager was aware of their responsibility to review them so that lessons could be learnt to reduce the risk of similar incidents.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices. They used gloves and aprons during personal care to help prevent the spread of healthcare related infections.
- People told us staff always had enough protective equipment to support them when delivering personal care.



# 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.

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

- An initial assessment was completed with people and their relatives to ensure care and support was planned proactively and in partnership with them. Where possible people's personal histories were captured and detailed to ensure staff had enough information to provide care in line with people's values and needs.
- Care and support was designed with consideration given to what people liked and disliked, who was important to the person and how they would like to be supported daily.
- An information technology system was used to effectively manage times and tasks required during care visits. The system was reviewed and updated when circumstances changed.

Staff skills, knowledge and experience.

- People received effective care and support from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs.
- The provider had an effective system to monitor all staff training and refresher training to keep them up to date with best practice. This included working lunches held for specific training sessions. Staff told us training and development was very good. One said, "The training and support is second to none. Very supportive."
- The service had introduced a system where new staff would be supported by a dedicated member of staff from the point of being employed through to their first supervision to ensure continuity. A staff member told us the induction process was very good. They said, "I thought the induction process was very intensive and covered a wide range of training. It was a full three-day course with lots of handouts and a thorough explanation of each section. The trainer was very helpful especially in going over any areas that anyone was unsure of."
- In addition to office supervision staff received 'spot' checks to ensure they were competent in their roles. Some of the areas focused on were medicines administration, recording and moving and positioning.
- People told us they were confident with the staff delivering care. One person told us, "I feel they are very well trained. They [staff] get regular refreshers or are taught new skills as time goes on."

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.
- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. The registered manager told us they were signed up to various initiatives which supported them to follow best practice. For example, a local dementia alliance group. Reading lists were provided to staff to help raise awareness and learning through journals.

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

- People told us they were supported by staff to maintain good nutrition and hydration.
- Care plans seen confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- Where people needed support with specialist dietary needs staff were supported to carry this out through specific training.

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

- The office of the service was modern and airy. There was space for interviewing and meeting with staff. The office was available to meet with people and their families. However, this was on the first floor and there was no access for people with mobility problems. In such instances managers and staff visited people in their own home.
- The premises were well maintained by the landlord.
- Equipment provided for staff to use in people's homes was regularly checked as safe to use and serviced in accordance with best practice
- The office had numerous notice boards sharing information including recent social events for both staff and people using the service.

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

- People were reminded or supported to access health services including GP visits and other health appointments.
- People told us that staff were vigilant in ensuring they took their prescribed medicines on time and always asked about their wellbeing during visits. 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 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

- Staff assumed people had the capacity to make decisions, unless they had been 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 were asked for their consent before they received any care and support. Staff involved people in decisions about their care and acted in accordance with their wishes. For example, a staff member told us "It's one of the things we are told. Making sure we always give people choice and let them know what we are doing and why."

## 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.

The service continued to provide an outstanding level of care and support.

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

- The comments log consistently gave positive feedback about the satisfaction of the service people received. For example, "[Staff name] had been an angel during a sad period and greatly appreciative of the support the staff member had provided," "[Relative] commented on how amazing [staff name] had been and how the positive relationship had been built" and "[Person using the service] commented that [staff names] were just lovely and caring and how well they supported them."
- Without exception people told us staff regularly went over and above what was expected of them. For example people told us staff visited them in hospital if they lived alone and were isolated to give them emotional support. Staff ensured fresh groceries were in place when people were discharged.
- Where people may be socially isolated or had little family support staff ensured special personal events were celebrated with the persons consent. For example, buying cake and balloons and holding a small celebration with a few staff members. There was an example of a 90th birthday being celebrated in this way recently.
- Where a person was vulnerable and had no social support a locality manager was acting as an advocate, supporting the person during interviews with social workers and housing officials. This was in order to facilitate more appropriate housing for the person and to support the person emotionally and practically during interviews.
- One person took pride in making their own handmade quilts. Due to deterioration in health they were finding finishing it difficult. The staff member supported them to complete it. This had meant a great deal to the person.
- A relative was planning to throw some old photos away. On the suggestion of the staff member they bought a scrap book and supported the relative to create a photo book with embellishments which family members now shared with the person and were able to use the book to stimulate conversation. Relatives had reported what a difference this had made to the person.
- People told us they were asked for their gender preference for receiving their care prior to a service commencing. The registered manager told us they recognised this was a very important issue for some people and in order to respect this they always tried to accommodate peoples wishes. One person said, "I was asked if I preferred female carers. Honestly, I don't mind, but it was nice to be asked."
- The service had recognised some people had little or no community involvement doing things they had previously enjoyed. The service created 'Customer Sparkle'. Staff nominated a client who they supported to a venue of their choice. There was a notice board in the office displaying some of the outings. For example, meals out, going for a drive or visiting the park. People were extremely complementary about this they told us, "They started a new thing they call 'Sparkle'. Each carer nominates one or two of their customers and the

office arrange for them to be taken out for lunch or something, free of charge." A staff member said, "It's had a fantastic response and the staff enjoy it as much as the customers. I've seen such a difference in customers who are involved. It makes the world of difference to them. They become chatty and much more engaging."

- The ethos of the management and staff team was to put people at the centre of the support they received and support them to do more of the things that mattered to them. Staff spoken with consistently told us this was more than a job to them. One said, "It comes from the top down we are all made to feel we are doing a good job and that people we support are respected for who they are without making any judgements." This underpinned the extremely caring approach by all levels of staff.
- People's independence was actively promoted giving people greater confidence and boosting self-esteem. We saw examples of how the service had supported people to take part in events that were important to their culture and choices. There were regular reports through supervision of people being supported in activities which had been important to them. For example, one person had enjoyed knitting in the past but had lost some dexterity. A staff member helped them to make gloves for the homeless, stitching the two halves together as the person was no longer able to do this task.
- The service worked in partnership with a local therapy service. If this was identified as a need through supervision staff had the opportunity to attend a series of sessions for counselling. The service also provided group 'talk shops' to staff which were focused on stress, anxiety and bereavement.
- Staff told us this was a service where staff supported each other. For example, a staff member knew another was upset and anxious about a family issue. They made time at the end of their shift to go and support the staff member on their visits to ensure they could ensure they finished on time.

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

- Without exception people told us they continued to be extremely well supported to make decisions about their care and support. They told us staff had genuine concerns for their well-being and valued their views. Comments included, "They do exactly what I tell them I need, but they are also aware of how I'm feeling each day. They take the time to talk to me or give me space if I need that," "They just go over and above every time" and "They explain exactly what's happening, to reassure me and to make sure I fully understand everything."
- People told us they felt staff actively listened to them, involving them in decisions about their care. Everyone confirmed they had personally contributed to the development of their care plan and were regularly asked to review it. People, or their family where appropriate, had access to copies of their care plans which they could review. One person said, "Everything is in my care plan, which is my contract with [the Service]. It's all there in black and white."
- The service was totally focused on ensuring effective communication so that people had the opportunity to express their views. People told us staff communicated with them in a way that suited them and used language they could understand, knowing them well enough to judge how and when to discuss things with them or their family members.
- People told us staff made sure that relatives needs were just as important to them and they told us they were actively listened to. One person told us, "They keep in touch with my son and daughter all the time. They provide excellent communication, even calling my son with updates when he was out of the country on work and I was admitted to hospital unexpectedly."
- People told us that, in addition to support staff being extremely caring and compassionate, office staff and managers were all compassionate and empathic communicators. One person told us, "I have faith in every one of them. When I need to call them, I am never made to feel I am a nuisance. They have gone out of their way more than once when I have been in a pickle."
- The service continued to have a strong person-centred culture. Relatives of people supported by the service told us staff were very focused on helping their relatives to increase their wellbeing. For example,

providing additional emotional support and directing a relative to a support group.

Respecting and promoting people's privacy, dignity and independence.

- Privacy, dignity and independence continued to be integral parts of the care planning process, particularly during the provision of intimate personal care and the promotion of people's abilities. One person told us, "The staff who visit us are very caring, compassionate and understanding. They are good listeners, it is clear they take their caring responsibilities very seriously."
- The service had notified people about their legal rights in respect of ensuring privacy was upheld in respect of current legislation relating to General Data Protection Regulations [GDPR].
- Information relating to people was kept in a secure 'app' so was only accessible to people who needed it and were authorised to access it.

## Is the service responsive?

### Our findings

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

Good: People's needs were met through good organisation and delivery.

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

- Bluebird Care [Plymouth & South Hams] staff and the management team provided care and support that was totally focused on individual needs, choices and routines of people they supported. People who used the agency told us the staff were very flexible. For example, times could be changed when appointments were needed. When people were not well alternative support was considered. One person told us staff were extremely flexible and made every effort to support them at different times. They told us, "When I had a last-minute appointment there was no fuss at all and I was not made to feel I had been a nuisance. They are extremely good."

- People told us their care plan maximised their independence as much as possible. They said, "They [staff] didn't just ask 'what do I need? They also asked what I can still do for myself; what do I want to get back to doing that I find difficult now" and "The carers let me do as much as I can do for myself, not just taking over and doing everything for me."

- The service had introduced Locality Managers to oversee localities within the service. This had greatly improved communication between people and staff. Staff were alerted to any changes through the phone 'app' and they were able to directly respond accordingly. Staff consistently told us this had enabled them to respond quickly and effectively. For example, one person had become ill during a visit. Staff were able to communicate immediately with the locality manager who arranged for them to be supported by another care worker in the area very quickly. If people wanted to participate in an activity this could be quickly communicated to staff supporting the person. A staff member told us, "It has made our job a lot easier because we know there is someone there if we need them there and then."

- The service was highly responsive to people's social needs. People were supported to make and maintain links with the wider local community. People were asked what sort of social activities interested them, for example, taking part in quizzes, attending social groups in the community and if they were interested in meeting other people who shared their interests.

- Promoting and empowering customers to make choices about their care was very evident in records and by speaking with people. This included, choice in gender of staff, choice of meals, what people wanted to wear and activities to be completed during visits. There was excellent evidence of the promotion of personal independence, as reported on in the caring domain of this report. Staff actively encouraged people to complete tasks themselves with supervision and support.

- The service endeavoured to match people with care staff who shared similar interests and pastimes to further encourage people to take part in events and activities. For example, one person particularly, liked knitting and the staff member supporting them had the skills to guide them.

- The service consistently provided advice and guidance to people where other services were felt to benefit them. For example, staff recently signposted a person's family to use the dementia helpline to advise them on local groups they could access for further support regarding their role as informal care givers.

- A staff member made a referral to a local befriending service for a person who was socially isolated and

was interested in meeting a 'friend'. This had worked so well it had resulted in much more social inclusion.

- A staff member had concerns about equipment that was no longer fit for purpose. The service encouraged the person to make a self-referral to the community team for an Occupational Therapy [OT] assessment. The person was given more effective equipment to allow them to be more comfortable and to prevent staff having to do unnecessary moving and handling.
- Where people had needed to make changes to their time allocation, or cancel a visit a short notice, the office staff and management team had always been very accommodating. For example, one person told us they had started to attend a regular social event and said, "They [staff] couldn't have been more helpful. They knew how important it was to me and assured me it was more important for me to go there and so they changed the day".
- There were many examples of staff calling in on people out of their work time to ensure they were safe if they had had concerns. Staff consistently told us they felt they wanted to do this without any expectation from managers. One staff member said, "Its more than a job to me and I think we all feel the same. The motivation and support we get from the managers is amazing."
- The service supported people with group activities, fund raising events and support group meetings. For example, craft clubs, afternoon tea and seasonal events. These events had been attended by people who used the service and their family members. The events had provided people with a good opportunity to socialise with each other, reducing social isolation and loneliness.
- The service identified and responded to people's individual communication needs. For example, people with a disability, impairment or sensory loss. One person used an adapted telephone system to support them.

Improving care quality in response to complaints or concerns.

- Continuous reflection aimed at improvement was embedded across the service by way of review of practices and processes. This was to improve services and outcomes for all stakeholders of the service. For example, through review of information it was noted a person who found it difficult to share their thoughts or feelings had previously enjoyed using a musical instrument. Over time and with patience and encouragement from the staff member they were now in possession of the instrument and started using it again. This demonstrated the commitment in developing a person confidence and well-being.
- People told us there was a positive, open and honest staff culture. One person told us, "Any small concerns or problems are sorted out and dealt with. We are all human, so things can go wrong, but I've never needed to complain."
- Concerns raised with staff were discussed with locality managers immediately and shared during meetings to address and share any learning actions identified. Staff were encouraged to identify solutions that would improve the service for the person and other people using the service. For example a change in call times, length of visits, social activities. A staff member told us the list was endless.

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 end to their lives.
- Training was available to staff with specific end of life care training.
- Staff told us they always tried to attend funerals, with the consent of families as this was a way of saying goodbye. The registered manager told us this was very important and staff supervisions addressed any concerns the staff member may have following a person's death. As reported on in the care domain of this report, counselling services were made available to staff if necessary.
- The registered manager told us they supported staff who wished to continue to visit recently bereaved families and offer much valued support from someone who knew them well.

## 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.

- The registered manager had an excellent oversight of what was happening in the service and demonstrated an in-depth knowledge of all areas. The registered manager led by example and was supported by a provider who consistently engaged with all levels of staff and stakeholders of the service. There were numerous positive responses about this including, "They [management team] lead by example" and "They [managers] are very open and always there if there is anything we are not sure of or might need support with." "Excellent support. It's an amazing place to work and the support we get is brilliant," People using the service told us, "There have been many times when I feel down and they [managers and staff] always encourage me to call them. They say it's not a problem and it never is. In fact, we never leave without being asked if everything is OK" and "All the managers have been so supportive. We were not sure about how well [relatives name] would take to somebody else coming into the house, but the way it's been managed has been excellent and out our minds completely at rest."
- There was a clear management structure that passionately promoted person-centred values and a strong commitment to promoting independence and social inclusion. The registered manager was focused on providing the best possible person centred and holistic care. This involved the provision of personal care, practical support within the home, social and emotional support. Staff were encouraged, through training, including less formal "Lunchtime learning sessions' to embrace the diverse needs of people using the service. For example, gender, sexuality and promotion of equality and inclusivity. All staff spoken with referred frequently to working with people with the aim of reducing discrimination and accepting people for who they were. This demonstrated the service was totally committed in ensuring staff had the range and knowledge to provide the best possible service to people.
- There was a robust business plan for the next five years and a business continuity plan to ensure there were systems in place in the eventuality of something going wrong such as IT failure or adverse weather.
- The service used analytical information to identify any patterns or trends in complaints. This had resulted in the introduction of a log in and out system which would avoid any late or missed calls.
- Without exception staff were very complimentary about the support they received from managers. One staff member told us, "All the managers are fantastic. Very supportive. I had a named manager during my probation and had multiple spot checks during this time and supervisions. I was also able to meet all the other managers and office staff". This demonstrated the high level of satisfaction across all staff.

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

- The registered manager clearly understood their regulatory responsibilities and ensured appropriately



skilled people were in place within each team to inform CQC and other organisations when important events happened in the service.

- A highly dedicated and enthusiastic staff team was in place, led by an exceptionally motivated management team that followed best practice and pursued opportunities to improve care and people's experience to attain better outcomes.
- By establishing a 'staff champion' initiative meant key staff could share excellent examples of good practice and had a key role in linking managers with ideas and experiences of the staff team.
- There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. This was clearly led from the top down. Staff consistently told us they felt valued and motivated at every level.
- All staff were encouraged and supported to progress within the organisation and gain further qualification. For example, all levels of staff had an opportunity to gain additional qualifications. This provided support workers, and aspiring managers with a clear line of sight for career progression with the organisation.
- The registered manager had protected time to focus on the development of the service and business planning. For example, the quality improvement plan was in progress and was a way of measuring governance against the commissions Key Lines of Enquiry [KLOE's]. This was cascaded to the staff team through learning lunches to demonstrate how it influenced the delivery of care.
- The locality managers were completely focused about their roles and the regulatory responsibilities they had. One manager told us, "We know how important our role is. We focus not only on the customer but also the staff members. Their needs are just as important."
- The service had monitoring and review systems in place allowing the registered manager excellent oversight of any issues that arose enabling them to ensure they were dealt with at an early stage. For example, care staff often called in the office for a chat and a coffee in their break or on a day off. There were weekly operation meetings for the office staff.
- The service used a motivational approach in recognising, appreciating and rewarding staff for their good work. For example, staff received cards and flowers. The registered manager told us, "We are very family orientated often providing flexibility for family commitments, families are invited to events and we appreciate the strain a caring role can put on the care workers personal life".
- The views of staff were at the core of quality monitoring. The registered provider and registered manager held Care Team Council meetings with a rotating selection of care staff to hear their opinion on the business and changes which may be planned. The meeting also provided staff with the opportunity to raise questions or issues. This helped the management team to address them at an early stage. The meetings enabled the managers to maintain a presence with operational staff and be attuned to staff needs.

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

- People using the service and their relatives were fully engaged in evolving the service. People consistently told us they were so confident with the service they received they had recommended it to others. Comments included, "I have recommended Bluebird to a friend in the past and would do so again without hesitation. The company seems to be one of the best," "I would recommend them to anyone and actually have done so in the past" and "I have recommended the company several times within my friendship group because I think they are the best."
- The service was totally inclusive and endorsed its core values throughout the agency. Staff told us they felt valued and knew what was expected from them. They told us, "I have never worked in a service where they treat the staff as equals and respect us for the service we deliver," "It's not an easy job but we are made to feel valued in what we do," "It's the best place I've worked in care and I have worked in a lot of care services. Just like a family and we all respect each other. It's amazing" and "Just knowing we are making people's lives easier by the way we work makes me smile."

- The focus on ensuring staff wellbeing was exceptional. Staff consistently told us they were made to feel valued, the registered manager was motivational, and they felt they had a responsibility to each other. Comments included, "Never felt so supported in any previous care job," "The expectations are high, but we get so much support and are made to feel we are doing a really good job" and "Its more than a job for me and I think I can speak for others as well. A great place to work."
- Staff wellbeing was seen as very important to managers. The service was proactive in its approach. For example, staff were encouraged to visit the office for lunch, a coffee or a chat. Managers recognised the potential isolation of working in the community. Office staff received constant wellbeing support. One person told us, "Even of its just for a chat over coffee. It's really important." In addition, staff were supported with counselling and therapy sessions if it was found to be needed.
- The service worked in partnership with the fire service. The aim of the partnership was to generate referrals through the care provider, in order for a member of the fire service to contact people to arrange a home fire safety visit. The visits were designed to educate, inform and provide fire safety equipment (smoke alarms, fire retardant bedding, electrical extension leads) where appropriate. The referrals were aimed at targeting those people who were most at risk of suffering death or injury from accidental fires in their homes.

#### Continuous learning and improving care.

- Staff told us that through excellent leadership and training, they had the resources to do their jobs well and provide a high and commendable level of care.
- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.
- There were robust business continuity plans in the event of adverse weather or other major disruption to service delivery.

#### Working in partnership with others.

- The service worked in partnership with other organisations to make sure they followed current practice, provided a quality service and the people in their care were safe. Health professionals consistently gave positive feedback about their experience with the service. For example, "They [staff] worked exceptionally hard with a family so their relative accepted the necessary equipment they needed to stay in their own home" and "The [management team] constantly engage with us. They are very pro active and clearly work in the best interests of clients and families. They go over and above on many occasions."
- The registered manager had been instrumental in forging excellent links with the Dementia alliance forum. This forum provided information and training to support staff to better understand the specific needs of people and families living with dementia. The registered manager had become an ambassador in championing and advocating for people living with dementia.
- The service was fully committed to provider forums and events that were organised. Minutes of meetings demonstrated that management representatives from Bluebird Care [Plymouth & South Hams] were regular contributors and always willing to learn and share best practice. For example, a recent conference resulted in the registered provider coming back to the service to review its response to people's diverse needs resulting in information being more detailed in care plans to help staff respond more effectively. This demonstrated the registered provider's total commitment to respond to good practice ideas and where appropriate, use them to better enhance systems in the best interest of people using the service.
- The service had a prominent role in the local community and had embraced social media to publicise events. Minutes of meetings demonstrated that management representatives from Bluebird Care [Plymouth & South Hams] were regular contributors and always willing to learn and share best practice. This demonstrated the service was outward looking and willing to collaborate with others.
- The service had increased its community presence by engaging with a local football club where they

supported people to attend weekly dance classes and dementia café and physical exercise for older people.

- The service had developed a working relationship with the Plymouth Dementia Alliance. This had resulted in producing an action plan to make the office more dementia friendly by way of signage, lighting and adding a reception area so people had a focal point when visiting.