Birch Assist Limited

Bluebird Care (South Bucks, South Wycombe and Slough)

Inspection report

31 Summers Road
Burnham
Slough
Berkshire
SL1 7EP

Tel: 01628605797
Website: www.bluebirdcare.co.uk/southbucks

Date of inspection visit:
31 August 2017

Date of publication:
18 October 2017

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

Bluebird Care (South Bucks and Slough) provides personal care to younger and older adults, some who have a dementia, learning disabilities, mental health conditions and physical or sensory impairment. Based in the Burnham town centre since 2009, the service provided support to people in Buckinghamshire and Berkshire. At the time of our inspection, more than 200 people used the service and there were approximately 140 staff.

At our last inspection, the service was rated good.

At this inspection, the service was rated outstanding.

Why the service is rated outstanding:

People were protected from abuse and neglect. We found staff knew about risks to people and how to avoid potential harm. Risks related to people's care were assessed, recorded and mitigated. We found appropriate numbers of staff were deployed to meet people's needs and continuity of allocated care workers had improved. People's medicines were safely managed.

There was good staff training and support. Staff received additional training in specialist areas, such as dementia, and became 'champions' who were enabled to teach other workers. People told us staff had the necessary knowledge, experience and skills to provide appropriate care for people. The service was compliant with the requirements of the Mental Capacity Act 2005 (MCA) and associated codes of practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. There was collaborative working with various community healthcare professionals.

The service was very caring. There was extensive complimentary feedback from people who used the service, relative and friends, and community professionals we contacted. People and relatives were able to participate in care planning and reviews and some decisions were made by staff in people's best interests. People's privacy and dignity was respected when care was provided to them.

Care plans were person-centred and contained detailed information of how to support people in the right way. We saw there was a robust complaints system in place which included the ability for people to contact any office-based staff member or the management team. People and relatives told us they had no current concerns or complaints.

Outstanding care was provided to people because the service was well-led. All staff worked continuously as an effective team to improve care, ensure people were safe and increase the care in the home experience. The service received many local and industry awards for the exceptional care provided to people and for their community involvement. The service embraced innovation and continuous improvement in their care

approach to enrich people's lives. The service had an excellent workplace culture for staff.

Further information is in the detailed findings below.

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 remains safe.

Is the service effective?

Good

The service was effective.

People's access to consistency of care staff had improved.

People's consent was obtained and best-interest decisions were made when a person's capacity was impaired.

People received care from competent, knowledgeable and skilled staff.

People benefitted from the service's commitment to ensuring good access to community-based healthcare.

Is the service caring?

Outstanding

The service was caring.

People had developed positive relationships with staff that provided their support.

People at risk of social isolation were supported by the service to engage in their local community.

People's personal preferences and likes were embedded to promote a holistic care environment.

Staff proactively detected problems, trialled solutions and ensured the best care possible for people.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Outstanding

The service was well-led.

People's life experiences were improved by a service clearly

focused on the quality of care.

People's social lives were actively supported in order to maintain and improve their wellbeing.

There was a continuous learning culture to ensure people's care was safe, compassionate and high quality.

The service worked collaboratively with people and their community to ensure quality adult social care.

A positive workplace culture meant staff were passionate about their roles and the people they supported.

Bluebird Care (South Bucks, South Wycombe and Slough)

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 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.

Our inspection took place on 31 August 2017 and was unannounced.

Our inspection was completed by one adult social care 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. Our Expert by Experience was familiar with the care of older adults who receive support in the community.

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 also submitted a contact list so we could call people who used the service, staff, commissioners and others.

We reviewed information we already held about the service. This included notifications we had received. A notification is information about important events which the service is required to send us by law. We also looked at feedback we received from members of the public, local authorities and clinical commissioning group (CCGs). We checked records held by Companies House and the Information Commissioner's Office (ICO).

Prior to our inspection, we sent 178 surveys to people who used the service, relatives or friends of people, staff and community healthcare professionals. We received 38 responses. At our inspection, we spoke with the nominated individual, operations director, the registered manager, and other staff based in the office of the service. After our inspection, we telephoned 15 people who received support and spoke with one relative. We also received feedback from two community healthcare professionals.

We looked at 15 people's care records, five staff personnel files and other records about the safe management of the service and quality of care. After the inspection, we asked the registered manager to send us further documents and we received and reviewed this information.

Good

Is the service safe?

Our findings

We asked people who use the service if they felt safe with the support they received. Comments included, "Yes very happy", "Oh yes I trust them. They are genuine enough", "Yes I am happy", "Yes, I only have them once a week. For me the one (staff member) I have now is brilliant", and "They don't take advantage of anything. I have a key safe so they can get into me. They are respectful." In our pre-inspection survey all 16 people who responded agreed with the question, "I feel safe from abuse and or harm from my care and support workers."

People were protected because systems were in place to prevent abuse and neglect. The provider had appropriate policies for safeguarding and staff whistleblowing, and these were up-to-date. The service had access to a copy of the Berkshire safeguarding adults' procedures, which contained the necessary information about dealing with and reporting abuse or neglect for the region. The registered manager and nominated individual were clear about their part in managing safeguarding concerns. This showed the service was aware of procedures to protect people. We found care worker inductions and training included safeguarding. We saw staff training about safeguarding adults at risk was robust, as there was the requirement to attend a half day course and annual updates to refresh their knowledge.

The service assessed and managed people's risks of personal care in their own homes. We were told the customer care manager completed a care assessment prior to the commencement of a person's package of care. We found care documents contained satisfactory risk assessments including environmental hazards at people's homes, moving and handling, falls, medicines administration and nutrition and hydration. People could call the service after hours for help if needed.

People at this inspection improved opinions about staff and any delays in care calls. Comments included, "Yes, they stay about three quarters of an hour. They arrive on time as much as they can. No later than 5 or 10 minutes depending on traffic" and "Some of them I love but then I don't like any changes of carers." A relative we spoke with said, "Yes they invariably on time and they aim at continuity of care." Prior to our inspection, all 16 people who responded to our survey recorded that, "My care and support workers arrive on time."

We discussed with the nominated individual and registered manager how appropriate numbers of staff were deployed to provide support to people. We found that the service had a robust system in place for determining how many staff were required for each person's calls. We reviewed records about people's missed and late calls. We found the last missed support visit was in March 2017 and the service explained an appropriate reason of how this occurred. A small number of the thousands of calls were late more than 30 minutes. We were told the various reasons for this, but the most common cause was traffic congestion or disruption. We saw the service's office staff when possible, called people who used the service when care workers were late or delayed. The service used live electronic monitoring of where care workers were and if their allocated calls were on track. We were told there were a limited number of people who received support where relatives helped with moving and handling in the presence of one care worker. The relatives had to be trained in using the relevant equipment before being involved in moving the person during

support calls.

We looked at safe staff recruitment. People who used the service were included in the recruitment of new staff. This included reviewing applicants' CVs to see if potential workers had appropriate hobbies and interests. We examined the contents of five personnel files. We saw appropriate checks for new workers were completed. This included verification of staff identities, checking any criminal history via the Disclosure and Barring Service, obtaining proof of conduct (references) from prior health and social care roles, and ensuring staff were able to perform their roles. We found the service employed only fit and proper staff to care for people.

People's medicines were safely managed by staff. Not all people required assistance with their medicines, and the care plans we reviewed showed this was clearly documented. People were prompted to take their medicines and staff were required to administer medicines for others. The medicines administration records (MAR) were correctly completed. Regular medicines audits were completed by senior staff. All care staff were trained in the administration of medicines and had regular competency checks. There were two appropriate medicines policies in place. We asked the registered manager to review one policy because the latest best practice information for medicines management in people's homes was not included. The administration of people's medicines by care workers was monitored by the office-based staff. An alert was raised on the computer system if a person's call was completed, but the care worker had not recorded the medicines were completed. The office staff could then call the care worker to ask if the medicines were missed or whether there was a reason for not giving them.

We also reviewed care plans about medicines management and looked at medicines errors. We found care plans contained satisfactory information, but suggested more specific administration was included about certain drugs with specific administration procedures. Medicines incidents could be recorded on paper or electronic forms. In the Provider Information Return (PIR) we asked the service to complete, we saw the service recorded medicines errors and was transparent with the number recorded. We found one incident where the medicine was out of stock at the person's house at the time of the support visit. The care workers were able to contact the GP, obtain the medicine later on the same day, and the person received the dose.

Good

Is the service effective?

Our findings

At our previous inspection on 11 December 2014 we rated this key question "requires improvement." This was because whilst people received their care visit at the time they expected and for the length of time they expected, they did not always receive care from a consistent team of care staff. In addition, we found new care staff were not always introduced to the people they provided support to or were not always familiar with how they preferred their care to be provided. We have checked this at our inspection and found that the service took steps to improve. We consider the service has sustained the changes to ensure people's care is consistent. Our rating for this key question has therefore changed to "good".

We asked people their opinion about continuity of care from the service. They mostly provided positive responses. A small number of people told us that the care staff were not always their allocated workers. Comments we received included, "I have one carer at a time. Usually [I] know them. [I've] been using Bluebird for at least 2 years", "One (staff member) comes unless they bring someone who is shadowing (in induction)" and "They (the service) aim at continuity of care." From our pre-inspection questionnaire, we saw all 17 people who responded agreed that "I receive care and support from familiar, consistent care and support workers." We also noted that 32 out of 33 staff who responded agreed, "The care agency makes sure that people receive care from familiar, consistent care and support workers."

We asked the service and management what measures they used to make sure people's care was consistent. We were told the service held weekly meetings which included the topic of continuity of people's workers. The meeting findings and required actions were reported to the management team. People had allocated workers assigned, but for various reasons, the staff assigned to support people were not able to attend every call. For example, we found when staff took their leave entitlement, alternate staff needed to be assigned to people's calls. The management team told us ways they explored to overcome the issue of staff being substituted. We were told office staff had increased their focus on calling people ahead of support visits when dedicated care workers were replaced by other staff. People also had the ability to meet a new dedicated worker with an existing worker and check that the person was satisfied with changes in allocated staff. The nominated individual explained that people's call schedules were posted to them the week before but complaints were received they were not received in time. The management team investigated why, and changed various processes to better ensure people's call schedules were received in time. We were also told that the service was increasingly using e-mail and other forms of communication to enable people and their relatives to receive schedules in a more timely way. We concluded the service had taken satisfactory action to ensure people knew the staff who would attend and if substitution of regular workers could or would occur.

Some people we spoke with commented that care workers from culturally and linguistically diverse backgrounds were not able to effectively communicate with them. We examined this feedback during the inspection and asked the management team how this was handled. The service had already received this information from people who used the service and others. We were told the service acknowledged the need to improve and proactively put strategies in place to address this.

The management team told us that applicants for work whose primary language was not English were subject to more rigorous checks of their ability to communicate effectively. This included during interviews and in written applications or other testing prior to employment. The management team also told us by making more rigorous checks of these applicants prior to employment, less were offered work to ensure that staff communication with people was better managed. In addition, new staff whose first language was not English were required to shadow experienced English-speaking work for longer periods. The supervision of the new staff member by the experienced worker was reported back to the relevant staff in the office. We also heard that some applicants were told to reapply if their standard of English was not satisfactory; a small number of staff were terminated as they could not communicate effectively and some existing staff commenced language lessons to increase their communication skills. Additionally, during staff induction, the trainer used examples of slang or colloquialisms in the education to help new workers understand phrases they may not have heard before. The service was mindful that they also needed to ensure equality and diversity in the staff they employed, and therefore have an inclusive workforce.

The service continued to provide appropriate support to staff to ensure people received effective care. Records we examined, and the comments from people we spoke with and surveyed, indicated that staff received a broad spectrum of training that was relevant to their roles. Training was a mixture of e-learning, external and in-house courses. Topics included moving and handling, safeguarding adults at risk, basic life support and infection prevention and control. The service's trainer kept a matrix that recorded the training staff had received, along with the date they required refresher training in each specific subject. We found there was appropriate supervision and performance appraisals with staff. Care workers and their supervisor were encouraged to have face-to-face meetings at cafes and coffee shops, and the service met the costs. We were told this increased the ability of staff to have meaningful communication in a relaxed atmosphere. All staff supervisions and appraisals completed were accurately recorded.

The service met the requirements set out by the Mental Capacity Act 2005 and associated codes of practice. One person we telephoned commented, "I make the decisions myself and might ask their advice. They always ask my permission." We found the service's computerised records had a place to record consent and people's mental capacity status. Information about people's mental capacity was also included, where possible, from external referral information sent to the service. However, in one section of the electronic form we viewed, the statement used was too broad and did not specify the decision that the person was being asked to make. When we pointed this out, the management team agreed with our finding and provided us assurance this would be amended. All staffed were trained in the MCA principles and understood the requirements when consent was obtained or best-interest decisions were made. The service appropriately asked people and relatives for enduring or lasting power of attorney documents, and recorded Court of Protection appointed deputyship.

People who used the service did not always require assistance with their meals or drinks. People referred to the service were sometimes underweight and records we looked at showed staff encouraged them to eat and drink enough to maintain the best possible health. On some occasions, a food or fluid chart was used to record what a person ate or drank in a 24-hour period. This was based entirely on risk, where staff identified the person may be malnourished or dehydrated. Referrals were sometimes made by the service to GPs, dietitians, speech and language therapists when staff felt it was necessary to protect the person's health. When we looked at the service's latest "customer survey", this showed 100% of people who took part agreed that the service met their nutrition needs.

People told us they were supported with access to community healthcare professionals. One person stated, "Tomorrow I have a hospital appointment and I rang Bluebird and they have arranged to have the carer come earlier so I am ready for hospital transport. They agreed to send the person (staff member) I wanted

too." Another person said, "Once they have taken me to a hospital appointment. Another one (appointment) is coming up in September. This (support) is very much appreciated." Staff we spoke with told us there was good interagency working with district nurses, social workers, and continuing healthcare assessors. The management team told us they received positive feedback from the continuing healthcare assessors because staff ensured a 72-hour log of care provided was available before a person's planned assessment. One community healthcare professional we contacted stated, "I have been working [alongside the service] for two years. I found staff and managers from Bluebird Care agency extremely caring and helpful toward clients and they always seek advice whenever it is required. I will recommend Bluebird Care Agency to any service user as they always demonstrate professionalism within their work field."

Outstanding ☆

Is the service caring?

Our findings

People and a relative we spoke with felt that care received from staff who provided support were kind. People told us, "Oh they do [provide kind care]. One lady (care worker), she is so lovely. She deserves a medal; first class she is. Lovely she is. If she goes Bluebird, won't be as good", "Oh I think so. The girls are all very pally, very nice" and "Yes, the regulars (care workers) know me well." From our pre-inspection survey, people wrote, "Carers are kind, helpful, considerate and confident", "Excellent service", "Bluebird has consistently provided well-above standard care. Carers are kind, considerate and professional, plus Bluebird management have invited clients to annual social events free of additional cost where we have been well hosted and entertained. Above and beyond [the] norm."

Others also told us the service ensured positive relationships with people who used the service. Relatives and friends told us, "The carers are always supportive to me and I am more than happy with the service provided", "I was particularly impressed when a different care worker was allocated. On each occasion the area supervisor came as well to introduce the newcomer. This demonstrated to me great attention to detail", "Bluebird Care are extremely responsive and provide very reliable and consistent personal care and companionship calls for my mother. The booking staff are very helpful and the managers deal with any queries most effectively. The carers themselves are very kind, patient and professional and interact very well with my mother. We are impressed by the way staff are recognised for their good work and by the links made with the local community, for example in the window displays and fundraising" and "My father has communication, cognitive, mobility issues after a massive stroke. I am aware that some carers are more sensitive to his needs." Community healthcare professionals said, "Good service providers", "I have had no concerns with this service."

We saw all areas in the large office base were used to demonstrate the positivity of people's care. We also received a book the service compiled which detailed all of the outstanding qualities of a well-led care service. One example included staff volunteering to help improve a person's house by completing a garden makeover. The service funded the improvements and a newspaper interviewed the person and staff, later publishing the story. The person, who could only mobilise in a wheelchair said, "It was my dream to have picnics on the grass and barbecues in the summer sunshine with friends and family." The service and staff had enabled the person to use their garden area and not be confined inside their own home. This helped improve the person's access to outside areas, increasing their independence and decreasing the reliance of care workers to provide assistance.

We were told about one person who had a 24-hour care package and demonstrated behaviours that challenged the staff from providing the person's care. There was a risk to the person and the staff that personal care could not be provided in a friendly and kind way because of the behaviour. We were told that staff tried a number of strategies to promote a calm, controlled environment during the person's care. Eventually, staff found the person responded well to music, which calmed them and enabled the provision of personal care. The service then included this information into the person's care plan so that all care workers would be aware to try songs, dance or play music to diffuse any potential situation and improve the wellbeing of the person. We were told that when care was provided to the person, staff regularly used music,

singing and dancing to help the person with their experience of personal care. This meant the person's experience of care was less stressful for them, the risk of staff being injured was reduced, and the personal hygiene could always be completed in accordance with the care package.

We received further examples from the service about the outstanding caring nature of the staff and service. Staff determined one person was socially isolated as part of their personal care calls. They were withdrawn and failed to engage with care workers during their personal care calls. Staff communicated with the person at each call in an attempt to find things they liked to do. We were told care workers felt this might increase the person's mood and decrease their lonely feelings. The service found the person had a love of animals and being by the water, so they arranged a visit to a local farm where the person could pet the animals. There was a positive response from the person, who increased their communication with staff and expressed they started to feel part of their social life was restored. In addition, the service added extra companionship calls from staff so they could take the person for long walks down by the river in Marlow. We were told when the person's mother passed away, they became very upset and again withdrawn. This was after introducing the person's involvement in the local area. The service wanted to ensure the person did not return to social isolation, especially since they experienced the loss of one of their family members. In response, the registered manager and care managers created a rota where they were with the person each day to support them through the grief. The person was unable to independently make arrangements for the management of their mother's death. We found staff coordinated the steps needed for a funeral during the person's bereavement. We were told the person was able to better deal with their grief and loss because of the support they received from the care workers and service. Despite their sudden loss of a relative, the person's mood improved and the service prevented the person's participation in the local community being jeopardised again.

We discussed one person who used the service who was dependant on their use of the internet to regularly liaise with the service, prevent isolation and maintain contact with their family. The person primarily used the internet for communication and not other means, like a telephone. During personal care calls, staff found that the person's internet service was malfunctioning and resulted in disrupted communication with the service, but also with the person's family members. The person was quite upset and expressed this to staff during his personal care. Staff were mindful of the service's communication with the person, as well as the need for the person to maintain contact with their family members. The person was not confident at dealing with the internet provider themselves and had difficulty understanding what technical issues required correcting. The internet provider had given an estimated repair date of six weeks. After the person expressed their frustration to the care workers, this was highlighted within the service's care management discussions and to the management team. The service contacted the internet provider directly and promptly wrote a letter to the chief executive. On receipt of the information from the service, the internet provider resolved the issue within one week. Although not required as part of the care package to the person, the service was concerned about the person's emotional welfare. The disruption of the internet also meant the person's communication with the service was affected. Staff had gone outside of their role and function to help the person in a positive way. We were told the person was very grateful and felt that they were able to maintain their regular communication with the service, their family and their friends.

We asked staff how they provided good care. One staff member told us, "As a supervisor, my responsibility is to ensure that our customers receive the right support to remain independent as much is possible and to support my team to ensure they follow the care plan...I will go out, to introduce the carers to our customers, for the first visit." The next staff member stated, "I am normally introduced to the person I will provide care for but when carers go off sick or are not available for whatever reason, I sometimes am asked to go to a customer I haven't met before. In these circumstances the office (care coordinators) will call the customer before I arrive to explain why it's me that is coming. We use the [computer system] and once the call is

allocated to me I can read the customer's care plan to see what I need to do on the call. The [system] tells me about the actual call I will be doing, the background to the customer and what tasks I need to complete. I can read the risk assessments before the call." Another staff member commented, "I am extremely happy and pleased to be part of [this service] family. I feel that our customers are at the centre of our everyday work. Our services are focused on their needs, always taking into account their wishes, preferences and feelings. As a member of staff I feel very appreciated." We found staff we contacted had good knowledge of how to provide caring, person-centred support for people in their own homes.

The registered manager explained people's privacy and dignity was always respected by care workers. Staff were instructed to ensure privacy during personal care by knocking on the door to announce their arrival and seek consent to enter. Staff also closed doors and curtains during intimate personal care. People's preferred names were recorded in their care documents. We saw staff received training on ensuring people's privacy and the provision of care or support in a dignified way.

We saw the service's office had a 'dignity tree' on the wall. We asked staff to explain what this was used for. We saw this was a papier-mâché tree trunk, with branches and leaves, which were represented by coloured 'post-it' notes. We were told the leaves were handwritten self-reflections by staff about their respective perceptions of the term dignity. We heard that staff could read the various leaves on the 'dignity tree' to see what other staff had defined dignity as. The management team told us this was a way that staff could further explore and understand the concept of dignity and place ideas into their practice.

People's confidential personal information was always securely protected. Mobile phone technology was used to record care notes. This included call arrival and departure times, care or supported provided, and any problems or issues that the care coordinators needed to be aware of. Limited information was left in stored within people's homes. When documents were no longer required in people's homes, they were archived and locked away in the service's office. Information pertaining to staff and other confidential management information was locked away or protected on computers by passwords. Only relevant staff had access to this information. Staff who provided support to people and staff based in the office did not disclose confidential information without verification or people's consent.

At the time of the inspection, the provider was registered with the Information Commissioner's Office (ICO). The Data Protection Act 1998 requires every organisation that processes personal information to register with the ICO unless they are exempt. We found the service complied with the relevant legislation.

Good

Is the service responsive?

Our findings

People and relatives we spoke with felt care at the service was personalised. People told us their wishes and preferences were respected. We asked people if the service's staff who supported them regularly asked about their needs. Feedback we received included, "Oh yes always. We talk about my family and friends", "Yes we have a conversation before they (staff) go", "Yes to all, except religion. [We speak about] topical events too, like the flooding in Houston", "Oh yes, we always have a little chat together", "Oh yes they are very good and we have lots of chats" and "Yes, we do and they listen. There is a nice rapport." The comments we received indicated staff had a good interaction and communicated well with people who used the service.

We examined three people's care plans in detail. We found people's care plans were comprehensive, up-to-date and based on individual needs. The service used electronic care planning and reviews, and we saw records which demonstrated that people and their loved ones were included in the process. Details within care plans included people's social history, contact information for relatives and healthcare professionals, medical information and allergies, resuscitation preferences, and how to provide different types of support such as medicines administration, moving and handling and bathing. We noted unique, useful information was recorded in the care plans which meant care workers could ensure personalised care. For example, one person's records we viewed stated, "My favourite food is pepperoni pizza and Polish food." In another person's care plan, we saw information about a person's risk of seizures, and what staff should observe and do if the person was unwell. We saw this also included what reaction the person's relative could experience, and how to deal with their emotional reaction. The service demonstrated they thought not only about the person, but their family, friends and other loved ones.

The computer system used by the service also recorded people's preferences, likes and dislikes. The service was able to provider gender-specific care for people. This meant they respected people's right to choose male or female care workers and also protected people's religious or cultural traditions. The computer system utilised to allocate care workers to people also considered areas of common interest and differences, to ensure personalised care. For example, we noted people who smoked tobacco or had pets were matched with staff that were respectful of these choices. This meant the service aimed to ensure positive personal care experiences for people.

The service had trained two staff that were able to directly order specialist medical equipment, such as beds and mobility aids, which meant people could have the items delivered to their house quickly. This could happen at the commencement of a support package or of the person was identified as requiring the equipment during their ongoing care. This meant there was less reliance on waiting for a specialist occupational therapist to visit the person. We found this was a unique feature of the service, as a professional relationship was established with the relevant NHS organisation that placed trust in the staff who managed this process.

People we spoke with did not have any concerns or complaints, and knew what to do and who to contact if they needed to raise any issues with the service. One person we spoke with told us, "I would ring the office

and ask for the manager. I've not yet had yet the occasion to do that." In our pre-inspection survey, 14 out of 16 people who responded told us they knew how to raise a complaint with the service. We checked our records prior to the inspection and saw that two members of the public contacted us in August 2017 with complaints. We discussed this with the management team as part of our inspection and we found the issues of concern were not substantiated when we looked at the evidence presented to us. We received only complimentary feedback from community professionals, local authorities and other stakeholders we contacted.

We looked at the service's complaints management process. We saw there was an appropriate policy in place. This clearly set out the method for management of complaints, how to communicate with anyone who raised an issue, how to investigate matters and how the service could learn from concerns to prevent them occurring again. The policy listed other agencies that could support complainants with the process. We noted some information required updates and the nominated individual amended the document promptly and shared it with the management team. Information about how to make a complaint was provided in several ways to people who used the service and their relatives. This included details in letters sent to people at the start of a support package and the introduction handbook. A good idea developed by the service was to send a page with management and office-based staff photos, job titles, role information and contact details. People were able to keep this in their home and when needed, use the tool to establish contact with appropriate staff members at the service.

The service was open and transparent in their approach with us about negative feedback. We looked at complaints the service received between September 2016 and August 2017. We saw 11 formal complaints were recorded and satisfactorily responded to. Complaints from people included their allocated staff member and delays in care calls. When we looked at the investigation reports and outcomes of the complaints, the matters were handled professionally and appropriately. We saw people who made complaints had written responses sent to them so they knew the outcome and what the service would do so the person was satisfied. The service also analysed the complaints they received to check for any patterns or trends. By doing this, the service was able to use interventions to reduce the chance a similar complaint would be made again.

Outstanding ☆

Is the service well-led?

Our findings

Feedback from people and relatives about the leadership of the service was consistently positive. One relative told us, "The managers deal with any queries most effectively. Having access to the [computerised care] system is very helpful as I can check bookings and times of calls and read care notes when I am away on a respite break." One person told us, "They are quite careful who they employ, therefore the carers are very nice people." Another person told us they were introduced to the management team as part of their care package. They said, "I know the area manager. I raise any matters with him. He is excellent." Other comments from people included, "Bluebird has consistently provided well above standard care. Carers are kind, considerate and professional, plus Bluebird management have invited clients to annual social events free of additional cost where we have been well-hosted and entertained. [They are] above and beyond norm" and "It is a very good group with an excellent leader."

The service listened to people's feedback. We were provided with a copy of the latest "customer questionnaire diagnostics"; a survey sent to people about the quality of care people who used the service received. We noted 175 surveys were sent out and 46 were returned to the service. The survey report used different headings to categorise people's feedback. These included "celebrate success", "What are our customers saying about us?" and "opportunities for improvement. The survey included comments from the questionnaires. For example people wrote, "You are doing an excellent job. I appreciate how any queries are dealt with promptly by an appropriate person", "All the carers are kind, patient and professional and the communication with the office is excellent" and "It's a really good service." Areas which required improvement were noted to include timekeeping and continuity of care workers. We saw the service developed an appropriate action plan, and had put measures in place to drive improvement. All of the items in the action plan were complete at the time of our inspection and the management team told us the effectiveness of these would be checked during the next survey.

We found people who used the service benefitted from a stable management team who oversaw the safety and quality of care and knew people on a personal level. The service met the obligatory regulatory requirements. We found they displayed our rating from the last inspection on their website and inside their office, in accordance with the applicable regulation. The service was required to have a registered manager as a condition of their registration. At the time of our inspection, a registered manager was in post. The registered manager was in post for four years at the time of our inspection and the nominated individual had not changed since the commencement of the service's registration with us. The size of the service meant a lot of staff were in post to support the day-to-day operations. We found this included a customer care manager, deputy care manager, multiple care supervisors and care coordinators, a recruitment manager, a training manager and a quality assurance manager.

The management team introduced us to a recently-appointed operations manager. The operations director told us their role would include a focus on introducing more new ways of working and further enhancing people's already positive experiences of the care provided. This included expanding the use of assistive technology in people's homes, as two care workers were already trained in this area. In addition, the operations manager would expand the use of "Remind Me" (an electronic computer program for promoting

reminiscence) during support calls and the digital hospital "passport" (emergency information available about the person before they arrived at hospital). The "Remind Me" system helps reduce social isolation people with dementia can suffer by providing personally related content and matching them with relevant localised activities, services and support.

The service ensured that people had access to the information they needed in a way they could understand it and were compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place by the NHS from August 2016 making it a legal requirement for all health and social care providers to ensure people with a disability or sensory loss can access and understand information they are given. We were told some staff could speak languages other than English. We saw people's support plans also included information about how to effectively communicate with them. The management team told us they were exploring further methods to enhance communication with people who used the service. This included the use of electronic devices such as mobile phones, tablet computers and the use of text messaging and e-mail. The service found a local mobile telephone store which provided a room and equipment for free lessons to older adults for 'discovering' technology. The nominated individual told us the service's staff would begin accompanying interested people who used the service to the store. The purpose was to help people in their own home make better use of technology for care and communication with others.

We saw the service embraced and successfully developed a positive workplace culture for staff. This included a focus on equality and diversity in the workplace. We found staff from linguistically and culturally diverse backgrounds were employed at the service. This meant the service was able to ensure care was provided to the multicultural local areas where support was provided. The management team also described and showed us many examples of how the service focused on a celebratory environment which aimed to provide people with personal care that was "the best it can be." During our inspection, the registered manager told us the ethos was, "You bring the outside world into the customer. A smile will win over hearts and minds." We found staff and the management team we interacted with during our inspection were honest and approachable.

Another example we saw was the engagement with people and partner agencies. With the large available space in the building, the service held regular free social events at the location that people who used the service attended. These included Christmas parties and morning teas for people who used the service that were socially isolated from the community. This increased the positive relationships between people and staff who provided care and office-based support. In addition, the service completed regular fundraising events that had collected more than £10,000 which was then donated to charities associated with the care of older adults. We saw these included cancer, dementia and Parkinson's disease organisations. Further, the service's staff donated their own time to increase awareness in the community about certain health disorders. We found staff were already trained in specialist areas such as dementia and had developed advanced knowledge. We saw evidence that staff had set up stalls at fetes, in supermarkets and public areas to raise awareness and provide education to members of the public. A relative we spoke with said their knowledge about dementia was better after the service used held one of the events. They said, "The recent dementia training from the 'dementia bus' helped my mother's regular evening and companionship carer to understand my mother's needs even better."

The service was repeatedly recognised locally and nationally for the outstanding care they provided to people. We saw recent achievements included being finalists and winning "Dignity in care", "Buckinghamshire local business", "Registered manager of the year", "Carer of the year" and Bluebird "Franchisee of the year" awards. We saw a care manager from the service voluntarily travelled to Fiji to learn about caring for children, younger and older adults in the community, and bring the knowledge and

experience back to the service to share with staff. Staff then used the information they learned to assist them provide an even better caring environment for people who use the service. The service used real-life case studies in the induction and ongoing training of their care workers. The nominated individual stated, "We have a strong community ethos at Bluebird Care and like to support staff when they are keen to give something back, whether at home or abroad – that's an approach that resonates with us as an organisation. The service also won an award from a local college who do not usually provide recognition of outstanding community social care services. When we asked why the college gave an award to the service, we were told it was because of the links they had developed with the organisation in training staff to be "exceptional" in people's care.

Staff told us they "loved" the service and their roles and wanted to provide "extraordinary" care for people they supported. Comments included, "I have been with Bluebird for 19 months now and have enjoyed caring for my clients and receiving help and support from the office and my co-workers. It is a great company to work for with amazing career opportunities and a commitment to helping people in need of help" and "I am extremely happy and pleased to be part of the Bluebird Care...family. I feel that our customers are at the centre of our everyday work. Our services are focused on their needs, always taking into account their wishes, preferences and feelings. As a member of staff I feel very appreciated and listened to." The service had a carer of the month award. Staff, people who used the service and others in the community could nominate employees using anonymous votes. The ballots were collected each month by management and a 'winner' was selected based on what impact the staff member had on people's lives during the time period. We looked at two flyers showing carer of the month for June and July 2017. We saw one flyer stated, "Right from the very beginning, we have been receiving excellent customer recommendations and feedback, which is great news (about the staff member). Awards for staff included vouchers and prizes.

We saw records of case studies that recorded how the service had developed ideas for self-improvement based on knowledge and intelligence information they received. These were areas where the service had formulated their own unique ways to overcome problems. This resulted in in various projects and changes to the daily management of staff management or delivery of people's care. An example was that some staff stated they experienced isolation at times, as they had left behind young families to work at the service and were feeling homesick. A staff meeting with the management team was held in February 2017 to brainstorm some ideas on how the service could offer more support to workers to help them settle in and feel valued. The most popular idea shared was to create a care mentor position where the care workers could receive continued support after their training and shadowing at the start of employment was completed. A care worker who used the mentor shared that they felt so supported with travel, accommodation and knowing the care mentor was there to support them with "anything they needed."

Another case study showed an example of very person-centred care. A person who used the service and had dementia was admitted into hospital. The person could not communicate or understand what happened. We saw the person was routinely fed using thickening product for food and fluid. The service received a call from the hospital asking about the person as they appeared distressed and were not permitted to have food or fluid due to their condition. The service explained that the person could not communicate, and how the person was cared for at their home. The deputy care manager then visited the hospital ward to show staff and the speech and language therapist team how to safely feed the person. Instructions were left for ward staff and the service also sent a care worker to the hospital every day to check on the person. This ensured they were not dehydrated or malnourished before their eventual discharge back to the community.

There were times when the service was legally required to notify us of certain events which occurred. When we spoke with the registered manager, they were able to explain the all of circumstances under which they

would send statutory notifications to us. We compared information we already held about the service prior to our inspection with that from other agencies and the service itself. Our records showed that the service sent all required notifications to us. This meant we could properly monitor the service between our inspections.

A wide range of audits and checks were used to measure the safety of care and quality of the service people received. The results from the audits were used to drive continuous improvement. We found this was at the core of the management and provider. We saw these checks were regularly repeated and measured against prior findings. Examples of audits we viewed included those for care plans, personnel files, travel times and delays between people's care calls and any missed support visits. The actions were sometimes delegated to other staff members but the management team always ensured they followed up on the outcomes. The service also had 44 cars used for people's care calls, which required their own mandatory safety checks and legislative compliance to be carried out. The franchisor also carried out an extensive audit of the service every two years. The audit, completed by an external impartial assessor, used the Care Quality Commission's five "key questions" and gave ratings for 27 different areas of the service. We looked at the last audit and saw all of the ratings were either ranked "good" or "outstanding" with an overall compliance rate of 98%.

Accidents and incidents that involved people were recorded and acted on. We looked at injury reports from 2017. We saw all of the necessary details were included about the person, any harm that was sustained and what actions were taken as a result of the incident. We also noted a member of the management team had reviewed each report, made notes and signed off each one before filing them. In some instances, the registered manager made recommendations about how to prevent the same event recurring.

Various regular meetings took place, and we viewed records of these. The frequency ranged between daily to quarterly and included care management, staff meetings, quality and compliance meetings, management meetings and care supervisor and care coordinator meetings. We saw the focus of the meetings was people's safety and quality of care, development and inclusion of staff and how the service could exceed expectations. Actions from the meetings were regularly reviewed and any new items were added to a continuous improvement plan.