

Warriewood Ltd

Bluebird Care (Torbay)

Inspection report

Solaris House
Dunmere Road
Torquay
Devon
TQ1 1LR

Tel: 01803215999

Website: www.bluebirdcare.co.uk/torbay

Date of inspection visit:

22 November 2018

23 November 2018

26 November 2018

Date of publication:

28 January 2019

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

This announced inspection took place on 22, 23 and 26 November 2018. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

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

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the rights to sell a specific company's products in a particular area using the company's name. Throughout the report we have referred to Bluebird Care (Torbay) as Bluebird Care.

Bluebird Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Bluebird Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. The service currently supports 34 people in the community receiving a regulated activity.

At our last inspection we rated the service good.

At this inspection we rated the service as outstanding this was because the provider had made significant improvements to the service since the last inspection.

Why have we rated this service as Outstanding?

The service demonstrated a clear commitment to promoting a strong and visible person centred, caring culture by providing a service which put people at the heart of everything they did. Kindness, respect, dignity and compassion were key principles on which the service was built. The provider told us, "Delivering the highest standard of homecare and support is our absolute goal."

People were extremely complimentary about Bluebird Care and the staff who supported them. Without exception, people said they received exceptionally high quality, compassionate care. People gave us a number of examples of where staff had gone 'over and above' what was required of them. One person said, "I couldn't ask for better. They are all so lovely and very caring. They 'mother' me and make me feel special." Another person told us, "The team are an essential part of my day. They let me know that someone out there, cares for me."

Staff were highly motivated and spoke passionately about the people they supported and wanted to

provide excellent care for people. One said, "I love my job. It's all about making a difference."

The service ensured each person was supported by a small team of staff which enabled people to build trusting relationships. This aspect of the service was very much appreciated by the people we spoke with. One person said, "They are very good at getting one of the staff I know well to go with me to appointments. I can relax and sit back. I value their support."

People received personalised care which was delivered in accordance with their wishes and lifestyle. The management team carried out assessments which looked at people's interests and lifestyle choices as well as their needs. This enabled them to match people to staff who shared their values and therefore helped them to build relationships. For example, one person used to be a semi-professional musician. They were matched with a staff member who also had a strong interest in music. The staff member told us, "It helps that we both like talking about music and have a shared interest. Some days we just sit and have a chat. He's very interesting and I love to hear about his time playing."

The provider and staff were constantly looking at innovative ways in which they could enrich the lives of the people they supported and enhance their wellbeing. They had recently introduced 'customer sparkle'. The provider told us, "The customer sparkle is a way of adding a little extra something to someone's day. This could be a trip out, or anything of their choice, with their preferred care worker, totally free and on us." Staff told us that each month they would nominate people, someone they felt needed that extra bit of 'tender loving care', to give them a couple of hours of their time to do whatever they wanted to do.

Outstanding care was provided to people because the service was well-led. People were at the heart of the service and this was truly reflected by the management. The registered manager and provider demonstrated clear visions and values and were passionate and committed to providing an excellent person-centred service for people and their relatives. These values were owned by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

The service embraced innovation and continuous learning to improve care, ensure people were safe and enrich people's lives. The provider had robust systems in place to monitor the quality and safety of the service. Feedback was obtained from people using the service, relatives and the staff team. Any improvements that would benefit the people being supported and the staff team were driven forward by the provider, the management team and the staff.

The service had an excellent workplace culture for staff. Staff were highly valued by managers and their contributions were appreciated and celebrated. Staff told us they were proud to work at Bluebird Care and spoke very highly about the support they received, how the service was managed and the encouragement they received when suggesting improvements.

There was a clear commitment by the provider to employ the best possible staff who were well trained, had the right qualities and would always deliver an exceptional service. The provider's recruitment procedure ensured staff were thoroughly checked before they began work. People told us staff had the necessary knowledge, experience and skills to provide appropriate care for people. Appropriate numbers of staff were deployed to meet people's needs and provide continuity of care.

Staff at Bluebird Care were passionate about supporting community services and initiatives and had created positive links and a strong community presence within the local area. The service held regular free social events that people, who used the service could attend. These included Christmas parties, "bake off" events

and afternoon teas for people who may be at risk of social isolation. This increased the positive relationships between people and staff.

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. People felt safe with the staff who supported them.

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. People were provided with assistance to eat and drink well, where this had been identified as a care need. There was collaborative working with various community healthcare professionals.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service had improved and was outstandingly caring.

People, relatives and healthcare professionals told us staff provided outstanding care, compassion and kindness in all aspects of their work.

Staff knew people well and had developed positive relationships with them that were based on respect and empowerment. They frequently went beyond the requirements of the agreed care plan to ensure people felt valued and led meaningful lives.

People received personalised care and support in a way that enabled them to stay in control and maintain their dignity and independence.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Outstanding ☆

The service has improved and was outstandingly well led.

The registered manager and registered provider were passionate about providing an outstanding service to people to enable them to live meaningful lives. Their values had been cascaded to the staff who held strong person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people and this was strongly embedded in the core of the service.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the

service. People's views formed a key part of the ongoing improvement plan for the service. There was a commitment to the continual development of the service to ensure it reflected best practice.

People's life experiences were improved by a service clearly focused on the quality of care.

Staff were supported and encouraged to share ideas about how the service could be improved. They spoke enthusiastically about the positive teamwork and staff morale. They felt their achievements were recognised and felt valued.

Bluebird Care (Torbay)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22, 23 and 26 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure staff would be available to speak with us. The inspection team consisted of one adult social care inspector and an expert by experience who made telephone calls to people using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning teams that had placed people with the service, and the local authority safeguarding adult's team.

During our inspection we spoke with the registered provider, the registered manager, the care coordinator, and six care staff. We also met the deputy manager and training manager. During the inspection we spoke with eleven people over the telephone and three family members of people receiving a service. We visited five people in their own homes to ask them about their experience of the service provided to them.

We looked at seven care files which included care plans, risk assessments and medicine records. We looked at five staff files which included supervision records, appraisal records and recruitment records. We looked at records related to the running of the service including quality assurance records, audits, training information, and policies and procedures.

Is the service safe?

Our findings

At the last inspection in June 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

People and their relatives told us they felt safe with staff. One person told us, "Oh yes, I can't afford not to feel safe; I function better on all cylinders when they are here." A relative said, "Oh yes she feels very safe with the girls."

People were protected from the risk of abuse as staff were aware of their responsibilities in this area. Staff had completed training in how to safeguard people from abuse and their role in reporting any concerns. We reviewed the notifications we had received from the service and found any areas of concerns related to abuse had been reported appropriately. A health professional told us, "The information which Bluebird gathered was accurate and timely which made my investigation work effortless as they had imparted all relevant information."

People's care plans, risk assessments and medicine records were available to staff through an 'app' on their mobile phone. The central point for this system was at the office and we saw this in operation during the inspection. We noted that as soon as an alteration, amendment or change in any area of care provision was made to the system, this was immediately available to staff involved in the actual care. In addition, areas of care and support that had been completed by staff were able to be seen by office staff, including medicine administration. A member of staff told us, ""The phone assists me by letting me know, at a glance, what has happened and what I need to do. I always look to see if there are any changes and check the daily notes."

Risks to people's safety were assessed and action taken to minimise these. Risk assessments included information for staff about action to be taken to minimise the chance of risks occurring. Risk assessments were updated and reviewed regularly.

Support was planned and delivered in a way that promoted people's safety and welfare. For example, where people needed to use moving and handling equipment, staff received specific training. When people required support from two care workers to assist them to move safely; care workers always arrived together. People and their relatives confirmed that there were no occasions when only one care worker had arrived.

Environmental risk assessments were undertaken of the person's home to ensure it was a safe place for staff to work. Staff were expected to report any health and safety concerns they identified when they visited people. This reduced or eliminated the chances of accidents, incidences or near misses. Staff were aware of the reporting process for any accidents or incidents that occurred. Records showed appropriate action had been taken and where necessary, changes had been made to reduce the risk of a reoccurrence.

There were enough staff to meet people's needs. People told us staff were punctual and stayed for the expected length of time. Some people told us on the odd occasion staff were late, the staff member or the 'office' would call them. No one reported a missed visit and people felt confident that this would not

happen. Comments included, "They are efficient in office, they phone through information and phone if someone is going to be late" and "They have never not turned up and if they are going to be late we always get a phone call."

The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers for character references and completing police checks.

People who needed assistance from staff to administer their prescribed medicines told us they received the support they needed. Staff received training in safe medicines administration and in specialist administering procedures, such as; medicines given through a percutaneous endoscopic gastrostomy (PEG), a tube that goes directly into a person's stomach.

Medicine administration records (MAR) were completed by staff on the hand held 'app' monitoring system. This system held detailed records of what medicines people required, when they needed to take them and included any additional information about the medicines, such as, possible side effects. The device also prompted staff when the medicines needed to be administered and staff could not move off that task until it had been completed. This meant that the system did not allow 'missed' medicines.

People were protected from infections as staff took appropriate actions. People told us staff routinely wore gloves and aprons when giving personal care. Staff told us they had access to personal protective equipment.

A contingency plan had been developed which provided contact details and guidance to staff on the procedures to follow in the event of adverse weather or computer failure. There was an out of hours/on call service in place where both people and staff could contact management in a situation which occurred outside of normal working hours.

Is the service effective?

Our findings

At the last inspection in June 2016, we rated this key question as 'Good'. At this inspection, we found this key question remained 'Good'.

People continued to receive care from staff who knew them well, and had the knowledge and skills to meet their needs. Comments from people included, "They [staff] are well trained and they will do anything you ask" and "All staff are exceptional at their job." All of the health professionals we contacted told us they had received positive feedback from people and their relatives regarding the care and support they received from Bluebird Care.

People received care and support from staff who benefitted from well-planned induction and training provision. As part of the recruitment process, staff participated in an extensive three-day induction which involved completing training courses as well as being assessed as to their competency in areas such as administering medicines. Following this staff were then introduced to people and 'shadowed' experienced staff until they were assessed as competent. New staff were also expected to complete the 'Care Certificate' which further consolidated their knowledge. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support.

Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities. One said, "The training is amazing, they always give us the training we need and they never make you feel stupid if you say something daft." Examples of training included moving and handling, health & safety, nutrition and hydration, fire safety, safeguarding and infection control. In addition to training considered essential to the role, other training was available to staff to increase their knowledge to meet people's needs, such as; stoma care. Staff told us that they enjoyed learning new things and keeping their knowledge up to date.

Staff were supported through regular supervision and appraisal and we saw records of these in staff files. Staff told us they felt well supported and found supervision effective. One staff member told us, "They are good, if I'm a bit stressed I can talk to someone and they listen. I can tell them if I need any more training." In addition to supervisions and appraisals, staff performance was monitored and improved using spot checks. Supervisors would attend a care call with each staff member every month on an unannounced basis. This ensured that staff's practice continued to remain effective and safe.

The Mental Capacity Act (2005) 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. The service continued to comply with their obligations under this legislation.

Consent to care and treatment forms were in care plans signed by people who used the service. Families

were involved in making decisions where people lacked capacity. Staff understood the importance of achieving consent and respecting people's choices. We observed a staff member being patient with a person and giving choices at the person's pace so they were not rushed. A staff member told us that if a person declined personal care they were respectful of the person's choice but tried again later.

Where required, people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them or by helping them with shopping for food. People told us they were offered choice in the meals staff prepared for them. Between visits staff ensured people have everything they needed such as drinks and snacks. Records confirmed staff had received training in food hygiene and were aware of safe food handling practices when supporting people in their homes.

Most people told us they arranged for their own appointments with health care professionals and GP's. However, the registered manager said that staff would accompany people to appointments and that additional staff would be rostered when this was required. Staff told us they monitored people's health and wellbeing and if there were any concerns they would refer people to appropriate healthcare professionals.

Is the service caring?

Our findings

At the last inspection in June 2016, we rated this key question as 'Good'. At this inspection, we found this key question had improved to 'Outstanding'.

People told us they received exceptionally high quality, compassionate care. Without exception everyone we spoke with was extremely complimentary about Bluebird Care and the staff who supported them. One person said, "I couldn't ask for better. They are all so lovely and very caring. They 'mother' me and make me feel special." Another person told us, "The team are an essential part of my day. They let me know that someone out there cares for me." Healthcare professionals also spoke highly of the service. One said, "The feedback I receive from clients of Bluebird Care, is very positive. The clients seem to value the care being delivered by Bluebird Care and it appears that they aim to provide the patient centred care delivery we all strive for."

The service demonstrated a clear commitment to promoting a strong and visible person centred caring culture by providing a service which put people at the heart of everything they did. The service and its staff team were committed to making sure "every visit counts". The provider told us kindness, respect, dignity and compassion were key principles on which the service was built. This information was strongly supported by the feedback we received from people who used the service, external professionals and through discussions with staff.

The provider actively encouraged staff to get to know the people they supported and new staff were always introduced to people before they started working with them. Staff showed an excellent understanding of people's needs and the importance of building positive relationships with people. Staff told us how they were sometimes the main person in people's lives, providing the care and support if only for a short period of time each day, and how valuing that interaction can be for the person. One person told us, "They are nothing but the best, they come to make sure I'm ok and that makes me feel reassured." Another person said, "They're lovely and they've become friends. We have a really nice chat and I look forward to them coming."

Staff were highly motivated and spoke passionately about the people they supported and wanted to provide excellent care for people. One said, "I love my job. It's all about making a difference." People shared examples of how staff met their needs and went 'over and above' what was required. People told us how staff stayed additional hours, offered additional support and popped in to see if they were ok, outside of their normal visit times. One person told us about staff going shopping for them in their own time, they added, "nothings' too much trouble." A relative told us that a staff member took their mother out to a 'bring and buy' sale in their own time as they knew they would enjoy it.

Staff treated people as if they were their own family, as far as they could without crossing professional boundaries. For example, one staff member found that a person they were supporting was having difficulty eating because they had lost their appetite. When they were chatting, the person told the staff member that they liked scones. The next time the staff member visited the person they brought scones, cream and jam

and they enjoyed this together encouraging the person to eat more. The staff member told us, "The managers say to let them know if we have an idea we would like to do for a client to make their day special and they will give us more time and support to do it."

Staff included their own families in people's lives. For example, the family of one staff member prepared a Sunday lunch and mince pies for one person who lived alone. The staff member told us, "It makes their day. For some of these people we are the only people they see." Another person told staff how much they used to enjoy visits from their grandchildren when they were young. On hearing this the staff member visited the person with their own young family which the person was delighted with. Another member of staff took their dog into see a person as they knew they would enjoy it.

One person told us how staff went out of their way to help them when they had an accident; "At the time I was caring for my mum and when I broke my foot, they [staff] stayed with my mum until I got back from the hospital. She [staff] stayed all day with my mum, it was seriously over and above. They made sure I was ok and stayed until I was settled as well."

People told us staff supported them to attend appointments. One person said, "They are very good at getting one of the staff I know well to go with me to appointments. I can relax and sit back. I value their support." The registered manager told us staff had regularly visited people when they were in hospital or had moved into care homes. We saw many testimonials from people's relatives thanking staff for their ongoing care and kindness shown to people that were no longer receiving their support. For example, staff regularly visited one person in their care home to make sure they were happy. Another staff member visited a person in hospital, their family member said their relative was so pleased to see them and they had a lovely chat.

Staff involved people and those close to them in decisions about their care. People were supported to express their views and staff gave them the information and time to make decisions and be fully involved in the care they were receiving. During the assessment process people were asked about their life history and what made a difference to them and what was important to them. The registered manager told us, "We use '5 golden principles' as a way to highlight the little things that mean a lot to a customer, this helps to give the care worker insight and builds the rapport between them and the customer." For example, one person's '5 golden principles' said they used to be a semi-professional musician. They were matched with a staff member who also had a strong interest in music. The staff member told us, "It helps that we both like talking about music and have a shared interest. Some days we just sit and have a chat. He's very interesting and I love to hear about his time playing." These '5 golden principles' were added into the care plan to help ensure things 'that really mattered, really happened'.

The provider and the whole care team were committed to not only meet people's physical care needs, but also to support them to remain involved with hobbies and past interests. Where staff had similar hobbies and interests, they were matched with people to provide them with the opportunity to share these interests. For example, one person was a keen fisherman and enjoyed the outdoors. This person was matched with a staff member with similar interests and they went fishing together. This enabled the person to continue with a much loved hobby in a safe environment. Another person was matched to a staff member because they shared the same religious beliefs. We were told they often went to church together. The staff member accompanied the person on a pilgrimage to Lourdes as the person needed the support of a carer and could not go alone. The person told us, "The carer accompanied me on holiday on two occasions, they fully participated and enabled me to go to Lourdes." This meant that staff were able to make something that 'really mattered to them, really happen.'

The provider and staff were constantly looking at innovative ways in which they could enrich the lives of the people they supported and enhance their wellbeing. They had recently introduced 'customer sparkle'. The provider told us, "The customer sparkle is a way of adding a little extra something to someone's day. This could be a trip out, or anything of their choice, with their preferred care worker, totally free and on us." Staff told us that each month they would nominate people, someone they felt needed that extra bit of 'tender loving care', to give them a couple of hours of their time to do whatever they wanted to do. For example, staff took one person out for a meal and a pint and spent the afternoon helping them with their favourite pastime, jigsaw puzzles. The person told us, "It's the first time I've been out and I really enjoyed it. I don't get out much or see many people. It made a nice break." Another person was taken into a local town to enjoy a cream tea, they told us, "I won a prize and chose a cream tea. One of the staff took me and we had a pleasant time."

When we visited people's homes, we observed staff provided kind and considerate support, appropriate to each person's care and support needs. Staff were friendly, patient and discreet when providing care for people. People told us they felt comfortable with the staff that visited and staff did not rush them. Staff knew people well and cared about whether they were happy or not. A relative told us, "They [staff] have made a real effort to get to know her. They cheer her up no end when they come, they talk her through her pain. We seem to be in a happy place, more relaxed."

Staff understood what it meant to promote dignity and respect. Staff gave us practical day-to-day examples such as closing curtains when supporting people with personal care. Staff also gave examples that were specific to people and their circumstances. For example, staff understood which people were more independent and preferred to do certain tasks for themselves, such as, making their own breakfast. Staff understood this was important to people in retaining their dignity and privacy. One person told us, "I'm a very independent person but they don't take over, they let me do things for myself."

People told us staff always checked if they needed any other help before they left. For people who had limited ability to mobilise around their home, staff ensured they had everything they needed within reach before they left. For example, drinks and snacks, telephones and alarms to call for assistance in an emergency.

Is the service responsive?

Our findings

At the last inspection in June 2016, we rated this key question as 'Good'. At this inspection, we found this key question had remained 'Good'.

People who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

People had been visited prior to their care and support package commencing to determine what help and support they needed. A comprehensive assessment had been completed and people had been consulted and fully involved in the planning of their care with the support of their relatives.

Care plans included an assessment of the person's abilities and dependencies for eating, drinking, personal care, health and mobility and these described exactly how staff should support the person. For example, one care plan we looked at described how staff should use the hoist to help them move and what straps went where on the hoist to ensure a safe transfer.

Staff were able to access a copy of the care plan for the person they were going to visit via the 'app' on their mobile phones. This system meant that no member of staff would ever be sent to a person and not know what care and support they had to provide. Care plans included a list of 'tasks' to be completed during each call and the desired outcome for the person. This was of particular importance for people who may not have been able to explain their needs. Staff were given clear instructions about making sure people had their medicines, were comfortable, safe and had personal alarms and sufficient drinks close to hand before they left the premises.

During the care visits, staff had to confirm electronically that each of the tasks they were expected to complete had been done and they were unable to log out of the call if there were any omissions. An account of the visit was recorded by staff in 'real time' and alerts and concerns could be reported to the office immediately.

The service was responsive to people's individual needs, including times when their needs changed. The management team ensured the staffing rota was sufficiently flexible to accommodate requests for changes and new services, including those made at short notice. A relative told us about how impressed they were with Bluebird Care's response when their relatives level of dependency increased resulting in extra care visits to meet their needs. They said, "They were just great and nothing was too much trouble or too much to cope with. It's very reassuring."

Health professionals also found Bluebird Care to be extremely responsive in meeting people's care needs at short notice. One health professional told us about their experience when arranging a care package, "Bluebird Care were exceptionally efficient with compiling the rotas at short notice to accommodate the situation. I will say that their prompt and efficient professional attitude avoided a potential bed blocking situation and the family reported back that their Mother was now in a safe and caring environment. This

gave me confidence to use the service many times as I feel I can be open and honest and this will be taken into consideration."

People told us they very much valued the rota they received each week detailing the times and the staff who would be visiting them. We were told the rota was accurate and if there needed to be a change of staff or time, someone from the office would phone to discuss the changes with them.

Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager and staff said people would not be discriminated against due to their disability, race, culture or sexuality. Care plans captured key information about people including any personal, cultural and religious beliefs. We saw that people who used the service could request a preference of gender of care worker and this was respected to help people feel comfortable and at ease with receiving care and support.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, complying with the Accessible Information Standard (AIS). Whilst the AIS is a framework put in place making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given, the provider made sure they too complied with the standard. People were able to access information regarding the service in different formats to meet their diverse needs. Staff knew people extremely well and knew how each person communicated. For example, for one person with limited hearing, their care plan reminded staff not to telephone them but to deliver information face to face or in a letter.

Bluebird Care had a complaints procedure which was provided to people and their relatives when they started to use the service. People told us they had not needed to complain as the provider contacted them regularly to hear their views and ask for feedback about the service. However, we saw where people had felt the need to complain or raise concerns, the service had responded promptly in accordance with policy to resolve the matter and produce a written response.

The service supported people at the end of their life to have a comfortable, dignified and pain free death. People's requirements and wishes at the end of their life were identified during the assessment process. The registered manager told us people's individual needs would be met by appropriately trained staff with the support of the relevant healthcare professionals.

Is the service well-led?

Our findings

At the last inspection in June 2016, we rated this key question as 'Good'. At this inspection, we found this key question had improved to 'Outstanding'.

The service was exceptionally well-led by an approachable, caring and enthusiastic management team. Healthcare professionals, staff, relatives and people were overwhelmingly positive about Bluebird Care. Everyone said they would recommend the service to family and friends. People said, "Yes I would thoroughly recommend Bluebird", "We feel extremely lucky to have found them. The firm we had before let us down time and again, Bluebird have been wonderful" and "I trust them implicitly. To provide such a service to so many people is phenomenal. It's organised so very well." One person told us they thought the service they received was exceptional. A health professional told us, "Bluebird Care have provided an outstanding service for the hospital and the community. Prompt and efficient professional attitude has given me the confidence to use this service many times."

Since the last inspection there had been a change in the registered manager and a strengthening of the management structure. The registered manager had been in post since June 2017 and had a wealth of experience in the adult social care sector. They were supported by a strong motivated management team that had clear roles and responsibilities. The registered manager demonstrated clear visions and values and was passionate and committed to providing an excellent person-centred service for people and their relatives. These values were shared by staff who were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people.

Additional members of the management team included the owners who were also the registered providers of the service. The provider was actively involved in the service, visited regularly and displayed outstanding leadership, inspiration and dedication to their role. The registered provider had a clear vision and strategy to deliver high quality care. They had used current legislation standards and best practice guidance to build a resilient service. They said, "Delivering the highest standard of homecare and support is our absolute goal." The provider told us they were passionate and committed to providing an excellent person-centred service for people and their relatives and firmly believed the key to this success was to, "Make sure that everyone feels supported, feels important and feels they have a stake in the service whilst sharing the same values." People were at the heart of the service and this was truly reflected by the management.

There was a clear commitment by the provider to provide the best possible staff who were well trained, had the right qualities and would always deliver an exceptional service. The provider told us they believed this would be achieved by ensuring staff were happy and well supported; they said, "We value our staff and invest in them and their families. If staff feel valued and listened to this directly impacts on the quality of care they give to people. Happy staff equals happy, safe customers." To ensure the continued wellbeing of staff and raise awareness around stress, anxiety, work and life balance, the provider employed an independent company that offered wellbeing and therapeutic counselling to staff, free of charge. The provider also ensured staff had the time necessary to care for people in the way they wanted and that met people's needs. The provider information return told us, "Our goal is to have a relaxed, responsive and stress

free staff team wherever possible. We attempt to achieve this by ensuring that none of our care visits are less than 30 minutes." Staff told us this enabled them to spend more time with people and provide the quality of care they would want for themselves or a member of their own family.

Staff with were all proud to work at Bluebird Care and would recommend working for the service to friends and family. Without exception, staff spoke very highly about the support they received, how the service was managed and the encouragement they had towards making improvements. Comments included, "The management are amazing. They encourage you to ask questions and make suggestions and they act on things very, very quickly" , "They [management] are very good and very organised. They support me very well, if I have any questions they help me" and "I feel very well supported and they are all approachable. I can have a chat with [provider's name] and they are really good at praising. It's nice to be told you are doing a good job."

The management team saw positive staff engagement as essential in developing and nurturing the staff team. This was achieved by being open and transparent, frequently engaging with staff at all levels, and rewarding staff for achievements no matter how small. Staff were highly valued by managers and their contributions were appreciated and celebrated. For example, staff told us they were regularly given thank you cards, texts and small gifts, such as, flowers, to show appreciation for a job well done or when they had gone the extra mile. The provider arranged team building activities as a means of generating a good team spirit and promoting inclusion, such as; family dog walks, activity days and wine tasting.

People benefitted from a staff team who were kept up to date with best practice and legislation and staff were very much involved in the organisation, rather than just the provision of care. Regular team meetings were used to keep staff updated. Minutes of recent staff meetings showed these were used to share information but also to enhance staff's learning and development. As well as structured staff meetings, the provider had set up "Learning with lunch" meetings as an opportunity for staff to come in on an informal basis to share knowledge and keep up to date with the latest techniques and best practice. The registered manager told us staff were welcomed into the office at any time to ask questions, seek support and share experiences.

The registered manager provided leadership and used systems effectively to monitor the culture of the service. Observations of practice were used at regular intervals to monitor and ensure that high standards were maintained. These observations focused on how staff delivered the values of the organisation. For example, how staff responded to a person's distress and promoted people's independence, dignity and self-esteem. People confirmed the management team made regular checks on staff performance to ensure they were meeting individuals' needs.

Staff at Bluebird Care were passionate about supporting community services and initiatives and had created positive links and a strong community presence within the local area. The service held regular free social events that people, who used the service could attend. These included Christmas parties, "bake off" events and afternoon teas for people who may be at risk of social isolation. This increased the positive relationships between people and staff. The service supported the Purple Angel Campaign, which is an organisation that raises awareness of dementia. The service also hosted the local "Dementia friends" meeting and supported people to visit the 'memory café'. Bluebird Care was signed up as a "Dignity Champion" and "Dementia friend" and the provider planned to make sure all staff would complete this individually to understand the premise behind the initiative and how this could positively impact people.

In addition, the service completed regular fundraising events and supported local charities. In December 2018 Bluebird Care launched their first community grant awarded to a local charity to provide cookery

classes to elderly gentlemen in their locality. The providers, registered manager and staff saw this as an important way of achieving community involvement, engaging with people and promoting people's independence.

The service had a strong emphasis on continually striving to improve. The service had effective quality monitoring systems that supported sustained outstanding practice and improvements over time. This included a range of formal quality and safety audits, seeking feedback from people and observations of staff practice. The recent customer survey sent to people in November 2018 identified that some people were unhappy with the on-call arrangements as they felt the staff member on-call was being distracted from their duties during the care visits. The service immediately responded to this feedback by revising the on-call rota to ensure that staff members on-call were not covering care visits. This showed the service put people and their needs, at the very heart of the service. They understood the importance of having honest and open paths of communication in order to develop strong, trusting and long-lasting relationships.

The service had a clear process for dealing with accidents and incidents. The registered manager told us accidents and incidents were discussed at team meetings and used as a 'lessons learnt' event.

Regular reviews were carried out for all individuals using the service. This included checking support plans, risk assessments and any health and safety issues. There was also an opportunity for people to comment on the service they received. In addition surveys were completed to gather feedback on people's experiences of care and was used to identify any areas in which the service could improve. We saw the findings of these surveys and noted that people were highly satisfied with the care that had been provided by trained and competent staff.

The provider had put together a very detailed file of evidence to show how the service met the key lines of enquiry (KLOE's) and the fundamental standards of the Health and Social Care Act 2008 (regulated Activities) 2014. This evidences the provider's and registered manager's total commitment to providing an outstanding service where people are provided with the best care.

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. Our records showed that the service sent all required notifications to us. This meant we could properly monitor the service between our inspections.