

W&S Flint Services Ltd

Bluebird Care East Devon

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This comprehensive inspection took place on 8 and 9 May 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 the registered manager would be available for the inspection. It also allowed us to arrange to telephone and visit people receiving a service in their own homes. This was the first inspection since the provider registered at their new address in Honiton in January 2017.

Bluebird Care East Devon is a domiciliary care agency. It provides personal care to older adults and younger disabled adults in Honiton, Ottery St Mary, Sidmouth, Seaton, and surrounding areas. The provider is W & S Flint Services Limited, a husband and wife team who runs three branches of the agency in the Devon area. At the time of the inspection the branch provided personal care to about 42 people and employed 40 staff, known as Devon Bluebirds.

The inspection was carried out by an 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 services for older people.

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

People and relatives praised staff as exceptionally caring and compassionate. People were partners in their care. Their views, experience and contributions were sought and valued. The agency had a strong, visible person centred culture. People were at the heart of everything they did, they were made to feel valued and that they mattered. The service went that extra mile to exceed people's expectations of the service. For example, they held a monthly wellbeing programme to get people out socialising, having new experiences and having some exercise. Feedback showed this significantly improved people's physical and emotional wellbeing and reduced their risk of isolation.

People were supported in innovative ways, to be proactively involved in making decisions about their care, treatment and support. For example, the provider undertook a 'Talk Care' campaign to promote a conversation about care that was positive, informative, open-minded and inclusive. They made a series of informative short videos of conversations with health and social care representatives to highlight key things people needed to know about care. These included the importance of planning ahead for care, options for care, and simple explanations about lasting power of attorney, benefits and paying for care. These were posted on social media which enabled people and families to be better informed about care options and what was important in planning their care.

The service had embraced the possibilities of using technology in innovative ways to improve the quality of

people's care and to enable them to stay living at home for longer. The service had explored possibilities of using sensor technology by working with a specialist provider to pilot its use to assist families to support and monitor a person's wellbeing. For example, data about frequent trips to the bathroom highlighted early signs of a urine infection for one person. This led to them being seen earlier by their GP and antibiotic treatment started, which helped them recover more quickly. An electronic computer record system meant staff could read new people's care records before they visited, and follow up any health concerns. The system quickly highlighted when a person's needs changed, so their care needs could be reviewed. Other benefits included health professionals and relatives being able to access parts of the system, with the person's consent.

The service worked in partnership with local health and social care providers to respond to the changing needs of local people. For example, they participated in a pilot project to enable people to be discharged home from hospital as soon as possible. They also worked with other services to train staff in health promotion. Currently they were working with a local GP to identify new ways to support health professionals to improve healthcare of people they supported. For example, through staff undertaking health monitoring checks such as blood pressure, weight and monitoring oxygen levels for people with chronic lung conditions to report them to the person's GP.

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People praised the exceptional skills of staff who supported them. A training manager had developed a comprehensive flexible training programme for staff that reflected various learning styles. They worked collaboratively with professionals to deliver bespoke training to meet individual health needs. A staff member was a 'Dementia Friends' champion to provide information and practical tips to encourage other staff to make a positive difference to people living with dementia.

People received a consistently high standard of care because the service used evidence of what works best to continually review and improve their practice. For example, by using The Social Care Institute for Excellence (SCIE) and National Institute for Health and Care Excellence (NICE) guidelines. People and relatives spoke about the exceptional quality of care provided by staff at Bluebird Care East Devon and recommended the service to others. Staff were highly motivated, enthusiastic and were proud to work for the agency. The registered manager set high expectations of staff and was a role model. A provider award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, through 'Carer of the month' and 'Carer of the year' schemes.

The provider had robust quality monitoring arrangements through which they continually reviewed evaluated and improved people's care. A range of awards showed the service was consistently high performing.

Personalised risk assessments provided comprehensive guidance for staff, who were vigilant in identifying risks and took steps to reduce them. People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Staff were trained to be aware of signs of abuse and were encouraged to report concerns, which were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff.

People were asked for their consent and staff acted in accordance with their wishes. Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making.

Complaints, concerns and feedback were taken seriously and used as an opportunity to improve the service.

The registered manager had informed the CQC of significant events. Record systems were accurate, well maintained and kept securely.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People's individual risks were assessed with actions taken to reduce them as much as possible.

People were protected because staff had been trained to recognise and report abuse. Staff were confident any concerns reported were acted upon.

People were supported by enough staff that arrived on time and stayed for the required time.

People received their medicines on time and in a safe way.

People were protected from being looked after by unsuitable staff because robust recruitment procedures were followed.

Good 

Is the service effective?

The service was extremely effective.

The provider embraced using technology in innovative ways to explore new ways of working and enable people to stay living at home for longer.

People praised the skills of staff who supported them. A training manager had developed a comprehensive flexible training programme for staff that reflected individual learning styles.

People's consent was sought before any care and treatment was provided. Where people lacked capacity, their legal rights were protected because staff involved relatives and professionals in best interest decisions.

Staff worked in partnership with other professionals to promote healthy lifestyle choices and make sure people's healthcare needs were met.

People were supported to eat and drink to stay healthy.

Outstanding 

Is the service caring?

Outstanding 

The service was exceptionally caring.

People felt staff were exceptionally caring, compassionate and went out of their way to make sure they had a good quality of life and wellbeing.

People benefitted from a service which had a strong, visible, person centred culture. People were at the heart of everything they did, they felt valued and that they mattered.

People were able to express their views and be actively involved in decisions about their care.

People were supported by staff they knew well and had developed good relationships with.

People's privacy and dignity was respected. Staff supported people sensitively with their personal care needs.

Is the service responsive?

The service was extremely responsive.

The agency worked in innovative ways to enrich people's lives and improve their wellbeing.

People received a personalised service that promoted their independence and enhanced their quality of life.

People's care plans included information about peoples' likes, interests and background. They gave clear information about the support people needed to meet their physical and emotional needs.

The agency supported people sensitively at the end of their life to have a comfortable, dignified and pain free death.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The culture was person-centred, values based, open, inclusive and empowering. It focused on each person as an individual and tailored the service to their needs.

The provider worked in partnership with other health and social care providers to innovate and develop services which responded to local peoples' changing needs.

Outstanding 

The leadership team set high expectations of staff who worked well as a team and felt well supported.

People were partners in their care. Their views, experience and contributions were sought and valued.

The provider had robust quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. Results showed the service was consistently high performing.

Bluebird Care East Devon

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.

This comprehensive inspection took place on 8 and 9 May 2018. This inspection was announced and took place over two days. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the provider and registered manager would be available for the inspection. It also allowed us to arrange to telephone and visit people receiving a service in their own homes.

The inspection team comprised of an 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 services for older people.

Prior to 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. We reviewed the information included in the PIR along with information we held about the service, such as feedback we received from health and social care professionals and notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

Prior to the inspection we sent 40 questionnaires to people, and received 10 replies. We sent 40 questionnaires to relatives/friends, and received five replies. We sent 28 questionnaires to staff and received seven replies. We sent four questionnaires to community professionals and received one reply.

During the inspection we visited a person in their own home and spoke by telephone to six people and three relatives to seek their views about the service. We looked at three people's care records and at their medicine records. We spoke with the provider, registered manager and with 10 staff which included care and office staff, care supervisors, training manager and marketing manager. We looked at five staff files which

included details of recruitment, training, supervision and appraisals. We also looked at staff meeting minutes, staff training records, accident and incident reports, and at complaints and compliments. We also looked at the provider's quality monitoring systems which included audits of medicines, care records and at 'spot checks' where senior staff monitored care staff providing care in people's homes.

We sought feedback from commissioners, and health and social care professionals. We received a response from two of them.

Is the service safe?

Our findings

People said they felt safe being cared for by staff. One person said, "Yes, I feel safe." Relatives comments included, "All the carers are very thorough" and "I felt that she was in very safe hands." A professional said, "I have found this agency to be proactive and caring, and they will go beyond their remit if vulnerable people are at risk."

People received a rota each week, which showed them details of staff due to visit the following week. The agency aimed to arrive within 15 minutes of the visit time stated on the rota. People said staff were punctual and stayed for the full visit time. Where staff were running late for any reason, or there were staff changes, people said office staff contacted them to let them know.

Care staff worked in small geographically based teams, led by a supervisor. This meant people had good continuity of care by staff that developed a relationship with them. A 24 hour on call system provided people and staff with out of hours support and advice by senior staff.

People and relatives said the service was very reliable. A relative said, "They do very well under the pressure they are under. We have never been let down." The service used a red, amber, green system to identify and prioritise people at greatest risk. For example, people were identified as a 'red' risk because of complex health needs or because they lived alone and were reliant on care staff to meet their daily living needs. This meant where there were staffing difficulties, for example short term sickness or weather related problems, staff prioritised people who relied on visits to maintain their health and safety.

People and relatives praised the efforts staff made to continue providing care during the recent snow. A relative said, "They were absolutely brilliant through the bad weather." The service had a contingency plan, so, for example, in the snow, they used 4x4 vehicles to transport care staff to people's homes, whilst other staff walked to reach people when driving became too hazardous.

People were supported in a relaxed and unhurried manner by staff they knew and trusted. One person said, "They always give me enough time." A relative said, "We have good continuity, same carer nearly every day. They have built up a rapport with him." The relative of a person living with dementia said, "They don't try and rush her." Where people needed two care staff, for example, for moving and handling, they were always available.

In July 2017, the provider introduced an electronic record system, which allowed care and office staff to keep in touch throughout the day. Staff used smartphones to record when they arrived and left each client. This meant office staff were immediately alerted to any late or missed visits, so they could let people know, and check on staff safety and wellbeing.

The agency only took on new packages of care, where they were confident they had the enough staff with the right skills to provide the care required. The registered manager said the location of the new office in Honiton had really helped with recruiting staff. Staff were encouraged to identify others who might make

suitable care workers, through a "Refer a friend scheme."

The provider used values based recruitment to help them recruit staff with the right attitudes and values to work in care. Where applicants were new to care, they were offered a "taster" session with an experienced member of staff, so they had an insight into the role before pursuing their application. A robust recruitment process included assessed knowledge, skills and attitudes of applicants before care workers began to work for the agency. Checks also included undertaking checks of identity, qualifications, seeking references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and had safeguarding and whistle blowing policies about how to raise concerns. Staff knew who to contact if they suspected or witnessed abuse or poor practice and were confident they would be dealt with. Where concerns about suspected abuse had been identified, they had been appropriately reported to the local authority safeguarding team. Staff had worked with them to develop a protection plan to keep the person safe. For example, where a family member was not coping and a person was at risk, they worked with the person and social services to make a plan to ensure their living arrangements were safe and met their needs.

The provider supported people to stay safe in their own homes. People had individual risk assessments undertaken and care plans written for any needs identified, which were reviewed and updated regularly. For example, about how to move people safely, including details of any moving and handling equipment. Environmental risk assessments were also undertaken which made staff aware of any hazards. For example, any trip hazards for a person and that the pathway to a person's home could be slippery when wet. To promote fire safety, the fire service did a training session about how to identify people at increased risk of fire in their own homes and who to contact to help them. When a person had no smoke detector fitted, staff arranged for their local fire safety officer to visit, fit a smoke detector and provide other safety advice to reduce fire risks.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. This meant people gained the maximum benefit from their medicine. The electronic care record system enabled care staff to let the office know of any prescription changes. This meant medicine administration records were updated quickly and other care staff made aware of the change. The system also alerted office staff, if people having staff support with medicines did not receive their medicines, as expected. So, office staff could follow this up and address any issues.

Accidents and incidents were reported and the registered manager reviewed all completed forms monthly to identify any themes or trends. For example, staff met with an occupational therapist and a physiotherapist to identify ways to further reduce falls risks for a person.

People were protected from cross infection. Staff had completed infection control training. Protective clothing, gloves and aprons were provided for use when providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.' They checked staff followed the agency's infection control policy and procedures.

Is the service effective?

Our findings

People praised the exceptional skills of staff who supported them. One person said, "They are all competent in their duties." Another said, "My first week with Bluebird Care has gone brilliantly, so much better than I could ever have expected. Paperwork has been easy, carers practical, professional with a caring attitude." A relative said, "They are a wealth of information for someone like me who does not have a background in care and provide great peace of mind."

The service had embraced technology to improve people's quality of care and communication. In June 2017, an electronic computer system was introduced which 100% of staff gave positive feedback about. They highlighted a number of positive benefits. For example, staff could read new people's care records before they visited, and follow up what happened where they had reported a health concern about a person. A care supervisor said being able to monitor length of visit times quickly highlighted when a person's needs changed, which prompted a home visit to review the person's care with them to see if they needed a longer visit time. Other benefits included relatives and health professionals being able to access parts of the system, with the person's consent. This was particularly valued by relatives who did not live nearby.

Staff told us how they used their smartphones to set up a message group to support one another. For example, when a person misplaced the neck pendant they needed to call for assistance in an emergency, another care staff member suggested where the person might have left it. If a staff member was visiting a person for the first time, and had difficulty finding their home, a colleague was immediately able to help with directions. This saved time and reduced late visits.

The service had explored possibilities of using sensor technology to enable people to stay living longer at home. They worked with a specialist provider and undertook a trial across all three of their registered branches to evaluate its use in assisting families to support and monitor people's wellbeing. A person from each branch agreed to have sensors fitted in their homes to evaluate the potential benefits. The data gathered helped build a picture of the person's normal day. For example, how often they moved around, went into the kitchen and bathroom areas. From this, the system sent alerts to a family member or the agency (depending on what had been agreed), if they detected a person's normal daily pattern changed.

For example, for one person using this service, frequent trips to bathroom highlighted early signs of a urine infection. This meant the person was seen earlier by their GP and antibiotic treatment started, which helped them recover more quickly. For another person the data prompted staff to suggest a later morning visit. This was because they liked to sleep in each morning and had been frequently refusing personal care. Following the change of visit time, the person was more amenable to accepting care at the later time. Other potential benefits included using the technology to monitor room temperatures, so action could be taken if a person was at risk of being too hot or cold. The pilot had recently finished and the agency had decided to offer the sensor technology to people, with strict protocols in place around people's privacy and consent.

The provider worked in partnership with local health and social care organisations to improve people's health by training staff in health promotion. For example, a representative of a local voluntary organisation

provided staff training about the 'Age Well Drink Wise' campaign. This helped staff prompt people to make healthier choices about alcohol as they aged, and could signpost them to local support services. Currently, the provider was working with a local GP to identify new ways they could work to support health professionals and improve the healthcare of people they supported. For example, by training staff to undertake health monitoring checks such as blood pressure checks, weight monitoring and checking oxygen levels for people with chronic lung conditions and reporting them to the person's GP. The proposed benefits included reducing the number of professionals the person needed to see, and making sure any signs of deteriorating health were promptly identified and responded to.

Bluebird Care East Devon objectives included, "Offer skilled care to enable people supported by us to achieve their optimum state of health and wellbeing." This was achieved through having a dedicated training manager and a comprehensive staff training programme based on best practice evidence. This ensured people received care from skilled, confident and competent staff. Training methods reflected various learning styles, language skills and education levels of staff. For example, taught courses, e learning with one to one support for some staff with literacy, dyslexia or for whom English was not their first language. A new member of staff speaking about their induction said the training manager was "Absolutely brilliant and made it easy to understand." In the most recent staff survey 90% of staff reported positively on training opportunities, which staff said gave them the skills, knowledge and confidence they needed to carry out their role effectively.

When staff first came to work at the service, they undertook a period of induction. The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers. In 2017 to further increase support for new staff, the induction programme was extended from two to five days. They spent two days in the classroom, followed by a day working in people's homes shadowing experienced care staff. This approach enabled new staff to reflect on what they had learnt and use the remaining two days to focus on addressing any knowledge gaps. It had improved staff retention rates, as 80% of all new staff recruited in the past 12 months had stayed working for the agency. To further support new staff, the provider had just created a dedicated training support supervisor post to support new care staff during their 12 week probation period. This will ensure each new staff member has all the support they need to develop the skills and confidence needed for the role.

An extensive staff training programme included working with local professionals to develop bespoke training relevant to people's individual care needs. For example, catheter care, diabetes and prevention of falls awareness training, awareness of Parkinson's (a neurological condition), and end of life care. For example, for a person with a complex bowel condition staff received training on how to care for an opening on the surface of their abdomen. In the classroom they learnt about their specialist continence products and practised using them. This meant staff gained confidence, which reassured the person who felt confident in their care.

A staff member had a lead role as a 'Dementia Friends' champion to encourage other staff to make a positive difference to people living with dementia. They had undertaken training by the Alzheimer's Society, to train other staff to become 'Dementia Friends' in their community. This was by providing information on impact of dementia for the person and their family and tips about what they can do to help. For example, staff reminded a person living with dementia of the time and day of the week at each visit. Other training included health and safety, safeguarding, the Mental Capacity Act (MCA), equality and diversity, first aid, infection control and person centred care. Assessment booklets were used to test staff knowledge and understanding.

The registered manager and care supervisors had undertaken train the trainer courses, and contributed to

staff training days and trained staff in people's homes. This helped to ensure consistently high standards of practice amongst all staff. Care supervisors did observation supervision visits known as 'spot checks,' whereby they monitored staff supporting people in their own home. This meant they could monitor staff practice met the high standards expected, and identify and address any further training needs. Records of regular supervision and appraisal meetings showed staff were encouraged to identify what went well and identify areas for further development.

Before people received a service a comprehensive assessment of their needs was carried out with the person, family or others who knew them well. This included using evidence based tools to identify and assess any risks related to falls, risk of pressure sores and nutrition/hydration. From this, a care plan was developed with the person. People's care plans and risk assessments were detailed and personalised about their individual needs. They were reviewed after a week, a month and at three monthly intervals after that or whenever the person's needs changed.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. For example, a person with fragile skin had a wound on their head and arm following a fall, so staff needed to monitor their healing skin and "be vigilant" and report any changes to health professionals.

The agency supported a number of people with eating and drinking who were at increased risk of malnutrition and dehydration. For example, when a person declined their lunch, the next care staff due to visit was asked to try again to get the person to eat. For a person living with dementia their care plan said, "I can forget to prepare lunch or evening meal and can't recall if I've eaten." Staff knew about the person's food likes and dislikes and helped them choose and prepare their meals. For example, they prepared 'finger food' for the person, so they could eat on the move.

People were asked for their consent and staff acted in accordance with their wishes. Staff respected and upheld people's right to make choices, even when they made choices others may consider unwise. For example, one person needed encouragement to have a wash and change their clothes but often declined to do so. Their care plan said, "I would appreciate if you would respect this decision but please try again at the next visit."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in MCA, and had evidenced based policies and tools to guide their practice. They used practical examples and scenarios to explore how to implement the MCA principles in day to day practice to support people who lacked capacity or had fluctuating capacity. . For example, to make as many decisions for themselves as possible by keeping things simple, such as by offering a person living with dementia a choice between two outfits.

Where people appeared to lack capacity, mental capacity assessments were completed and involved the person, their family and professionals in best interest decision making. For example, about the use of a key safe so staff could enter and visit the person. This was because the person was forgetful and often forgot and locked their door on the inside when care staff were supposed to visit. Care records included details of next of kin and relatives or friends with power of attorney so staff knew who people wished to be involve,

when they were no longer able to make decisions for themselves.

Is the service caring?

Our findings

People and relatives praised staff and described them as exceptionally caring and compassionate. People's comments included: "We've found every aspect of care to be outstanding," "I am treated with respect, the carers are more like friends," "Thank you Bluebird Care you have been a help and I think I have made new friends." Relatives comments included, "Excellent", "absolutely brilliant" and "very helpful." One relative said, "I could not recommend them more highly, they have become like an extended family to both mum and myself. I have a great deal of admiration for the work they do and greatly value their support."

Staff supported people to express their views and be proactively involved in making decisions about their care, treatment and support in innovative ways. For example, mindful that people often make care decisions in a crisis, the provider undertook a 'Talk Care' campaign to promote a conversation about care that was positive, informative, open-minded and inclusive. In 2017, over a four week period they asked the public via social media about their views on ageing, their perception of what care means and any questions that up until now they had been reluctant to ask. They gathered together a GP, representative from Age UK, their local hospice and the local authority and used the information gathered to have a conversation about care. From the conversations, they made a series of informative short videos to identify key things people needed to know about care. For example, the importance of planning ahead for care, options for care, simple explanations about lasting power of attorney, benefits and paying for care. These were posted on social media and enabled people and families to be better informed about care options and what was important in planning their care.

The agency had a strong, visible, person centred culture. People were at the heart of everything they did, people were made to feel valued and that they mattered. For example, in 2018, as part of their 'Talk care' campaign the provider was doing a series of interviews with people receiving their services to find out about their life experiences and things they have learnt they would like to pass onto future generations. The articles were due to be featured in a Devon Life magazine from 12 June 2018. This recognised and valued people's life experiences and shared them with a wider audience.

Relatives of two people living with dementia praised how staff tried to help a person to keep their independence. One said, "When the care package started the person was very confused. Staff came up with ideas to help the person do things for themselves." Another relative said, "Mum had a lovely time yesterday going to lunch and doing Christmas shopping. This made her very chuffed and gave her back some independence. This put her on a high for the rest of the day. The fact that she remembered was also great, as she really had something to chat about when I phoned."

The provider had a 'Carer of the month' scheme which recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. Each month people and families were invited to give feedback about care staff from whom a monthly winner was chosen. A display of previous winners included praise for staff members, "for going above and beyond for her customers," "great customer feedback," "being caring and competent" and "highly enthusiastic and passionate."

People said staff treated them with dignity and respect. Each person's care plan included information about their individual communication needs. For example, any sight or hearing loss and speech difficulties. One person with hearing loss showed they wore hearing aids, and said, "I am partially deaf in my left ear and do not hear soft sounds. I will need you to face me when speaking to me, and speak clearly, but not shout."

Staff had training in promoting privacy and dignity and discussed practical ways to do so. For example, by noting and respecting people's wishes they expressed about their preference for male or female care staff. Also, when supporting people with personal care, by giving the person some private time in the bathroom, by closing curtains, keeping a person covered with towels, and only exposing the area they were washing.

Staff spoke with compassion and respect about the people they supported. They knew people well and what was important to them. For example, that being Scottish was important to one person and that another person's computer was vital to them to keep in touch with family, friends and events in the outside world. Staff paid attention to detail, for example, they knew the names of a person's goldfish and that another person liked to chat about their previous job.

Staff told us about the various ways they promoted people's independence. For example, by prompting a person to do as much as they could for themselves during personal care and helping another person doing their physiotherapy exercise to improve their mobility. A care plan about personal care said, "I am able to brush my teeth and my hair, but I may need a verbal prompt."

When a person had not been to church for some time, and was missing their visits, staff put their relatives in contact with a local voluntary service who helped take local people to and from church every Sunday. Where staff recognised another person was vulnerable and needed someone to stand up for their rights, they put the person in touch with local independent advocacy services.

Is the service responsive?

Our findings

The agency worked in innovative ways to enrich people's lives. For example, they had a Wellbeing programme, which helped people get out of the house, meet new people, have fun, and feel fit, happy and healthy. A member of care staff was a 'Wellbeing Ambassador' who supported the local care team to host monthly wellbeing events. For example, through regular coffee mornings, tea dances, exercise to music, reminiscence sessions, quizzes and bingo. Monthly wellbeing events gave people an opportunity to meet and socialise, renew friendships and make new friends with office and care staff and get to know them better.

One person said, "To my amazement, I had a phone call from the office inviting me to the office for dancing, then the supervisor, very charming, drove me there and took me home. On the way back, we had a walk on the seafront, breathed the fresh air. What generous people they all are." A relative said, "It was so lovely to hear that my mother attended your wellbeing session yesterday, and even better that she made a connection with another customer and the care worker."

Wellbeing events took account of people's wishes, and what they were interested in doing. For example, local practitioners were invited to the branch, so people could try armchair yoga and shiatsu massage. This year, inspired by the Channel 4's Old People's Home for 4 year olds, the Wellbeing programme was expanded to include regular visits to the local primary schools. This aimed to connect the generations and create a sense of wellbeing for both young and old alike. The service arranged several visits for people to a local primary school in Honiton.

Photographs depicted how much people and children enjoyed chatting, playing board games, helping with reading and writing. For a retired teacher, the school arranged for them to visit a classroom to do a question and answer session with the children. The person told us how much they really enjoyed their visit and seeing how much school had changed. Feedback from the school was really positive especially for children who did not have grandparents. These examples showed the various ways in which the wellbeing programme was making a positive difference to people's quality of life and to improving their physical and mental wellbeing.

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. People's comments included; "All the staff are really lovely and will do everything I ask and always so helpful and cheerful with it." Another person appreciated the extra help and said staff helped them regain their independence following a stay in hospital. A relative said, "All the staff have provided mum with exceptional care. They are always willing to do that bit extra to make her life with dementia the best it can be." Another relative said, "Bluebird Care were able to react to and provide emergency care requirements at very short notice. The company not only reassured and assisted me at a very stressful time."

The service worked with a physiotherapist to train care staff to give one person a simple physiotherapy treatment during their daily visit. This meant the person, who staff described as an "early bird" had their physiotherapy from care staff at seven each morning, before they got up and dressed, which they were very

happy about. A relative said, "Thank you for extra visits for mum, when she broke her wrist we certainly wouldn't have been able to manage without you."

People's care plans included information about peoples' likes, interests and background and gave clear information about the support people needed to meet their physical and emotional needs. They provided staff with sufficient information to enable them to provide care effectively. Staff monitored people's healthcare needs and, where changes in needs were identified, care plans were updated. For example, liaising with a persons' GP where a person showed signs of an infection and needed an antibiotic, and implementing moving and handling advice from an occupational therapist. This meant people continued to receive care which met their needs and supported their independence.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For a person with a speech difficulty following a stroke, their care plan said, "I can only give one word answers, so please ask closed questions." A person with a learning disability preferred the care supervisor to discuss their care plan with them during regular reviews to check their understanding and agreement. Information was made available in different formats according to need. For example, large print, easy read formats with picture symbols and translated into different languages.

The agency supported people at the end of their life to have a comfortable, dignified and pain free death. A small team of staff had undertaken 'End of Life' training and gained experience on supporting people to die at home. Feedback from relatives showed how much their support meant. Feedback from relatives included, "Thanks to you and the rest of the staff team for all the wonderful care given to my mother in her final weeks" and "You provided a team of very special people who treated him with dignity and love." In the provider information return, the agency highlighted how staff providing end of life care had visited a local funeral parlour to get an insight of care of a person after their death.

The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. This included contact details for the branch office, and other organisations people could contact if they were dissatisfied with how their complaint was being dealt with by the service. Where any concerns were raised, these were taken seriously and immediate action taken.

One person said, "If things are wrong, the staff in the office put thing right." For example, one person was unhappy with one of their care staff and requested that particular member of staff did not visit in future. They said their complaint was resolved, and they were very happy with all other staff who they said, "provide a wonderful service." Where the agency worked with another agency to support a person, staff noticed the person was having relationship difficulties with a live in member of care staff. So, the registered manager was proactive and reported those concerns. The person was grateful and said, "They noticed and took action."

Is the service well-led?

Our findings

People and relatives spoke about the exceptional quality of care provided by staff at Bluebird Care East Devon. They said the best thing about the agency was that that staff were friendly, knowledgeable and well trained, responsive to need with "great communication." Comments included, "I would certainly recommend them to other people," "They are all delightful and we look forward to them coming" and "The office keep us well informed, and day to day running very efficient. They check regularly to make sure everything is ok."

The provider promoted a positive culture that was person-centred, values based, open, inclusive and empowering. They had a clear vision for the service to make people's experience of homecare "not just good, but great." This was expressed through their service aim to "make homecare not just great but outstanding. We strive to do more than meeting physical needs and keeping our customers safe. We want to provide a service that enriches lives."

In support of that aim, the service had a business plan with clear actions linked to their objective to "Be the most in demand; reputable, admired and respected home care business in East Devon." For example, by providing "more than care," through staff training, development and continuously monitoring and improving the quality of care.

The service worked in partnership with other health and social care providers to develop services in response to the changing needs of local people. For example, they worked with the local health service providers to participate in a pilot project to enable people to be discharged home from hospital as soon as possible. They set up a small dedicated rapid response team of two experienced care staff, who could respond to requests for people to be discharged home from hospital on Friday, Saturday and Sunday evenings. They liaised with hospital staff to ensure all the support the person needed was in place. The pilot was successful, has been expanded to seven nights a week. It has enabled people to return home more quickly and freed up hospitals beds for others in need. One relative wrote, "Thank you for all the time, effort and considerable persuasion you have put into mums first week home. Nothing is ever too much trouble when I phone with my problems, requests and in need of advice." The relative of another person who received end of life care wrote, "I am so grateful for the support and care you were able to give when [person] became very unwell. I know they greatly valued your regular visits."

As part of the Healthy Honiton group the provider sought ways in which they could work with other services and voluntary groups to share facilities and expertise for people's benefit. For example, a representative from their local MIND, a mental health charity gave staff a talk on meeting the needs of people with mental health issues. This raised staff awareness of signs to look for which might indicate people had mental health needs, and local services available they could direct people to. In turn the provider offered the charity use of a meeting room at the agency for people to attend their monthly support group meeting, so both organisations were continuing to work together.

The provider was committed to continuous improvements and used evidence based best practice guidance

of what works well to improve quality of people's care. As part of the national Bluebird Care franchise, the provider and staff had access to evidence policies and procedures based on the National Institute for Health Care and Excellence (NICE) guidelines and best practice guidance from the Social Care Institute for Excellence (SCIE). They were also part of a national network of domiciliary care providers who shared ideas and innovations from other branches. A care supervisor told us about a 'Proud to care' event they attended in Devon the previous week to share issues and concerns about being able to recruit staff to meet rising demands. Proud to Care South West is a partnership of 16 local authorities and Health Education England working together at a regional level to raise the profile of a career in care and health.

In 2018 Outstanding Care Awards Devon and Cornwall the registered manager won bronze award in the Outstanding Community Manager category. In 2017 a care worker from Bluebird Care East Devon was awarded The South West Care Worker of the year and was also a finalist at the Great British Care Awards Home Care Worker of year category. Currently, the agency were finalists in the 2018 Exeter Living Awards in the Health and Wellbeing category. This was in recognition of their "Wellbeing" and "Talk care" campaigns and for promoting, celebrating and valuing home care services. The agency were also a finalist in the 2017 Express and Echo business awards Home care provider of the year a finalist in Exeter living awards, which celebrates best of Exeter's business community. In 2016 the provider won the 2016 Employer of the year award at Exeter and East Devon business awards. The award recognised businesses which go the extra mile to be an employer of choice and successfully engaged their employees in the company's strategic goals and company values by creating a positive workplace culture.

The service had a registered manager. They felt well supported in the role by the provider and the Head of Operations. They described the role as "rewarding and challenging." The registered manager led by example and set high expectations for staff. They used a coaching style of leadership, and delegated roles and responsibilities to staff. They set clear expectations of the high standards expected, with a focus on continuous improvement. The agency supported staff to fulfil their potential. For example, leadership and management training was arranged for supervisors to help them progress in their career and the training manager was studying for her accreditation in education and teaching.

Staff were highly motivated, enthusiastic and recent staff survey results showed 100% of staff felt proud to work for Bluebird Care East Devon. They consistently praised the good support, communication and teamwork. A person said, "We have noticed staff seem happy working for the company." Staff said management were approachable, supportive and passionate about care and valued their staff. A staff member said, "They are genuinely interested in wellbeing of people and staff." Other staff comments included, "brilliant support," "fabulous team," "family friendly," "office staff are amazing," and "I feel valued and respected."

The provider had an award scheme recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. For example, a 'Carer of the month' an annual 'Carer of the year' and long service awards. The provider thanked staff and recognised their contribution at Christmas and summer social events. An annual staff awards ceremony which included recognition and awards for long service, 'Care worker of the year, rising star and for staff that went above and beyond.'

In the staff survey, 100% of staff reported feeling well supported by a caring employer. Staff met regularly each month and could influence decisions being made about the service. For example, as the branch expanded, staff thought people, relatives and staff would benefit from extending office opening hours to include some weekend hours. The suggestion had recently been implemented. This meant office staff were available to people, relatives and staff on a Saturday, for advice and support. A staff member described how helpful this was recently, when a member of staff was off sick, and office staff found replacement staff and

rearranged some visits.

Staff appreciated the agency were flexible and took into account their circumstances. For example, changing working patterns to accommodate staff caring responsibilities or for wellbeing reasons. Where there were any concerns about staff skills, performance or attitudes, these were dealt with proactively and positively to support staff to improve.

The service used a range of quality monitoring systems to continually review and improve the service. Weekly key performance reports monitored and reported on customer visits every two to three months, the findings of staff 'spot checks,' audits of care records, medicines management, accidents/incidents, complaints and staffing levels. Where any gaps or areas for improvement were identified, these were identified and followed up. For example, gaps in one staff training file and lack of driver verification documents in a recruitment file.

The quality monitoring framework included regular audits of the branch against Care Quality Commission (CQC) fundamental standards. Heads of departments met regularly to get feedback from the office teams, share learning and keep everyone informed of service developments and new initiatives. The service had a continuous quality improvement plan which identified 12 improvement areas and was regularly reviewed and updated. The most recent version, dated January 2018 highlighted implementation of electronic staff roster, weekly monitoring of sickness absence, and continuity of care, and improving recruitment and retention rates as key current areas. This demonstrated the service made continuous improvements in response to their findings.

The homecare UK association of online reviews by people showed Bluebird Care East Devon had average scores of 9.7 (out of 10) from respondents who were extremely likely to recommend the agency to others. People's feedback, views and suggestions were regularly sought through regular reviews and twice yearly customer satisfaction surveys. For example, one person suggested a later start time for the next monthly Wellbeing activity and others suggested places they would like to visit. A monthly newsletter kept people up to date with developments at the agency and included a feature on 'care of the month,' and initiatives such as the launch of "Talk care" events.

Further improvements planned included expanding services to customers by employing a hairdresser or a chiropodist. Also, to buy more cars, scooters and an electric bike to enable care staff who struggled with transport to get to work. Following expansion of the business, the provider had just appointed another Head of Operations for the East Devon area, who was just undergoing their induction. The provider said, "I don't want to overstretch any team."

The agency had a range of policies and procedures to support and guide staff, which were evidence based, reviewed and updated annually. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. All record systems relevant to the running of the service were well organised and reviewed regularly.