

Scoona Ltd

Bluebird Care (Worthing)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bluebird Care (Worthing) is a domiciliary care agency located in Littlehampton, West Sussex. It provides personal care to 37 people in their own homes, most of whom were older people aged 65 years and over. People were supported when living with dementia, mental health issues, sensory impairment, physical disability and long term chronic illness. Bluebird Care (Worthing) is part of a franchise brand of services [Bluebird Care] that operate across the United Kingdom.

At our last inspection we rated the service 'good' overall and in each key question area. At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Following our previous inspection, the agency slightly changed their address for this service by relocating to a different office with the same premises. This did not include a change of postcode and services continued to be operated from the same premises location. Therefore, this is not a newly registered service as the Care Quality Commission (CQC) website indicates. For this reason, we are writing this inspection report as a 'return to good' service and not as the first inspection report for this service.

People were supported by a kind and caring staff and management team and without exception people told us that they were happy and felt safe with the care and support they received. Systems and processes including staff training enabled people to receive a safe service. Care staff worked hard to help people during their own time as well as during paid work hours. The registered manager had a very good understanding of new data protection legislation to protect people's privacy and had implemented new documentation ahead of the implementation date which ensured staff and people fully understood their rights in relation to their personal data and how the agency would use this information. Information was held securely for people with daily notes recorded electronically and stored in a password protected system.

People were treated with sensitivity and empathy by staff who knew them very well. People were involved with decisions about their care, with medicines being given safely to people. Risks to people were clearly understood and well managed. Staff were trained to support people who may experience behaviours that may challenge and supported people sensitively in these circumstances. Staff supported and encouraged people to live as independently as they were able to with those who may be living with dementia also being supported to engage in activities and experiences to promote their independence. People were provided with positive opportunities to enjoy favourite pastimes with staff support and encouragement which included outings to cafes and trips to the seaside.

People were involved in decisions about their care and staff supported people to receive a personalised service. People were supported to have maximum choice and control of their lives and staff supported them

in the least restrictive way possible. The organisational policies and systems in the service supported this practice. Staff and the management team had a very good understanding of the principles of the Mental Capacity Act 2005 and of how to support people to live the lives they wanted to but also to uphold the best interests for people. Staff supported people to access healthcare services when they needed to.

People received a responsive service that supported people compassionately at the end of their lives. The staff were well trained to provide appropriate and compassionate care and support to people which enabled them to have a comfortable, pain-free death. Relatives were very happy about the compassion and kindness their family members received. People understood how to raise complaints should they need to. People and their relatives told us they had not needed to make complaints about the services provided.

There was a registered manager at the service who had joined the agency since our previous inspection. The service was well managed by a professional management team with support from the franchise owners who were also the registered providers for this agency. There was a clear culture of continuous improvement with quality and safety being at the core of the business and care and support provided to people. People and staff were involved and engaged in the development of the service. Staff 'loved' working for the agency. One staff member said, "I am happy about everything, I always get support [from management]."

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? The service remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained good.	Good ●

Bluebird Care (Worthing)

Detailed findings

Background to this inspection

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 15 and 16 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager or other staff would be in to speak with us.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience had particular experience of supporting older people who used a regulated service and of people who had used a community service.

We reviewed information about the service which included the last inspection report and other information that we had received from social care professionals. We looked statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of the information to focus our inspection appropriately.

During the inspection we spent one day in the office with the management team and registered providers and a second day shadowing staff. We visited two people in their own homes with staff from the service. We spoke with the registered providers, the registered manager, the office coordinator, two care staff and a live-in carer. We sought the views of people using the service. We spoke with nine people and four relatives. We also contacted two social care professionals.

We reviewed records at the office which included policies and procedures, quality monitoring systems and processes, minutes of staff meetings, supervision and appraisal records, staff training and recruitment files for three staff and we reviewed electronic records for three people held securely on a secure electronic system.

Is the service safe?

Our findings

At our previous inspection in March 2016, the service was found to be safe. At this inspection the service remained safe. People were protected from the risks of abuse and avoidable harm. Staff received training which enabled them to understand how to recognise the signs and different types of abuse. Staff were confident to report any concerns if they identified them for people. Staff were able to describe to us how they would appropriately report safeguarding concerns if they arose. There were no safeguarding concerns at the time of this inspection. People told us that they felt safe with a regular and consistent staff team that they knew well. One person told us, "I get a list every week with who is coming, it's the same lady all the time at the moment. They [staff] help me get up and wash. I do feel safe with them." A person's relative said, "Well it has been absolutely brilliant, we had another company but we changed to this one in February and it has been great. The girls [staff] are always on time but if there is a change they give us 48 hours' notice, which is really great." Another person said, "I feel very safe with them."

Risks to people were assessed and managed safely and staff and people were protected by safe recruitment procedures. Records for people held in their homes and electronically via a secure system, showed that both environmental and individual risks for people had been assessed and mitigated by the agency. Staff received training which enabled them to understand and safely manage behaviours that may challenge when they supported people in their homes who may at times display behaviours that challenge. This helped to keep both the staff and people safe. The registered manager completed relevant checks which included the completion of a criminal records check through the Disclosure and Barring Service (DBS). The registered manager understood and used disciplinary procedures appropriately and promptly when this was required. This ensured that the staff who provided care to people were the right staff who were safe to do so. The registered manager told us of an example of a person who smoked, where staff had supported the person to access fire safety equipment to keep them safe when they smoked in their home.

People were protected from the risks of infection by staff who understood how to manage these risks with the use of appropriate personal protective equipment (PPE) which included gloves and aprons. People told us that staff always wore their gloves and aprons when they were being supported by them. We observed staff wearing appropriate PPE when we shadowed staff in people's homes. A person told us that, "They [staff] do wear their gloves and aprons."

People received a safe service from suitably skilled staff and lessons were learned when things went wrong at the service. The local social services team had raised a safeguarding concern for one person who received support from a live-in carer in November 2017. The registered manager acknowledged the concern and worked in partnership with social services to complete an action plan which addressed the concerns raised. We saw that the registered manager had introduced a new process following this incident which ensured that every member of staff completed an assessment of their first aid competence. We saw these completed for all staff during this inspection. This meant that people were supported by staff who were able to deliver safe first aid techniques whilst they awaited more appropriately medically trained professionals to attend to the person, should this be required. The registered manager had also introduced a new 'reflective practice' record which staff completed following any medicines errors where they may have forgotten to sign to say

that a person had received their medicines. This form asked the staff member to identify what they 'would change or improve as a result of this learning.' We reviewed some completed forms which demonstrated that staff had considered their actions and were taking on board the learning. One carer said that they would ensure they were "more focused and ring the office or on-call supervisor immediately' if they identified a medicines error. The carer also completed refresher medicines training and staff were regularly observed and assessed to review their competence and safety to give medicines to people. We found that people had received their medicines safely. An electronic records system supported people to have their medicines safely. The registered manager told us how the system 'alerted' the office staff immediately if a person had not been given their medicines at the required time. The system also indicated that there were sufficient numbers of staff to support the delivery of care for people. No care visits to people were missed and any calls running late were 'flagged' to the office management team for prompt action. This ensured people received a reliable and consistent service.

People felt safe and were happy with staff supporting them with their medicines. A person told us, "I forget so many things and they [staff] do my medicines which is much better." We observed staff giving people their medicines and completing the appropriate records to evidence that medicines had been given as prescribed. The staff member ensured they completed the required MAR (Medication Administration Record) for medicines given. They also asked the person, "Are you in pain?", "do you need any painkillers?" which ensured that people were supported to manage any pain they may have experienced. The agency were aware of and followed the local authority's policy for medicines management.

Is the service effective?

Our findings

At our previous inspection in March 2016, people told us that they were involved in the planning of their care and had given consent to the care and support they received from the care staff. At this inspection we found that people remained involved with the planning of their care and the registered manager was able to show us examples of mental capacity assessments being completed appropriately for people when they may lack the mental capacity to consent to their own care and treatment. People with appropriate legal powers to make decisions in people's best interests, such as Lasting Power of Attorney (LPOA) for health and welfare, were consulted with the decisions made in line with best practice and legal requirements. We saw that people's needs were assessed by the management team before care started with the agency and that individual choices and preferences were assessed and recorded within people's care plans. Care plans were written in a person-centred way.

The new registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA). They confirmed they understood the basic principles they were expected to put into practice. They also knew that, if a person lacked capacity, decisions would need to be made in the person's best interest. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A person said, "I did the care plan with [relative] and [name of staff] from the office, it's in a folder here and it's what we wanted." Another person told us, "They [staff] came and saw me and asked me what I wanted." Staff also clearly understood the principles of the Mental Capacity Act. A member of staff told us how they had positively supported a person to express and maintain their preferences and to remain in their own home, which was their wish. The person lived with fluctuating capacity and the relatives who held LPOA status were not in agreement regarding their views of where the person should live. The staff member positively advocated for the person's expressed wishes along with a senior member of staff at the agency and also liaised with the person's solicitor. The relatives were also supported by the agency to access relevant information to facilitate the decision-making process for the person which enabled the person to remain in their own home at that time. This highlighted the agency's clear understanding of the MCA and that the person's best interests and known wishes should always have a strong bearing on decisions made for and with the person. Even when a person may appear to lack the mental capacity to make a decision in their own interests, with the correct assessments made with the person, people can still be supported so far as is reasonably practicable and when safe to do so, to make their own decisions. Records showed that the agency completed decision specific Mental Capacity assessments for people when this was required which enabled best interest decisions to be made in line with legislative requirements.

At our last inspection, people and their relatives told us that the staff were well trained and competent to do their jobs. This remained the case. People still said that the staff were well trained. One person said, "The [staff] are very well trained." Another person told us, "They [staff] are all very well trained, they tell me when they are off on a course, they seem to do that quite a lot, which is nice." Records for staff contained evidence of supervisions and 'spot checks' which were completed to continually monitor the staff ability to do their

job well and safely in line with the agencies policies and procedures and the training they had received. We also saw records for mandatory training completed by staff. Staff confirmed that they received thorough training, spot checks and supervisions on a regular basis. One member of staff said that they received "unannounced" spot checks every month. Staff felt well supported by the registered manager and enjoyed the training they received. One member of staff told us, "I've been doing my coursework and getting really good outcomes, I'm really pleased with that." Staff also said they were supported to access any additional training they may require to support them with their work. A member of staff said, "If we need anything extra with training, like training for Bi-polar, Parkinson's Disease, Dementia, we ask for it and we get it." Another staff member explained how much of a positive impact the training for challenging behaviour had been for them when they had supported a person who displayed some behaviour that challenged at times. They told us, "I did some e-learning about behaviour that helped me." The staff member also said how this had changed their views of working with people who may display behaviours. They said, "I try not to focus on the behaviour, but more on the person. The training really helped me. I wasn't worried anymore about going to visit when I'd learned [about reasons for behaviours that challenge]." This enabled people to receive a compassionate service from staff who understood their needs and how to manage them positively without negative judgement. The agency also provided a newsletter for staff. We also saw a newsletter for staff which contained information about 'agitation'. This clearly described some challenging behaviours that a person living with dementia may display and some positive methods and strategies for staff to support people appropriately and sensitively.

People told us that they were supported to eat and drink enough. One person said, "They [staff] make my breakfast, just whatever I ask for." Another person told us, "They [staff] do my meals, just microwave ones that my daughter has left for them." We observed staff supporting people to make their lunch time meals and staff encouraged people to choose a meal of their preference from the ingredients they had available to them. Staff checked with the person for their preferences. One staff member was heard to ask the person, "[person's name] do you like the skin left on your potatoes?" and also asked the person which vegetables they would like with their meal. The staff member encouraged the person to go into the kitchen with them and to engage in conversation while they prepared their meal for them. While the meal was cooking the staff member supported the person to have a walk around their garden to get some fresh air before their meal. The person said to us, "They're [staff] all lovely. This positive interaction with a person demonstrated that people were offered choices and that staff provided meals for them in line with these individual preferences while they also considered the important social aspect of meal times.

People were supported to access healthcare services when they needed them and the staff had good working relationships with health professionals. Staff were confident to contact healthcare professionals as they needed to. A member of staff said, "The community nurses know me well and we have a good relationship. I call them directly and let the office know." The electronic system operated across the agency maintained a clear log of all contact made to the office staff and also to other health professionals when people had required this support.

People received a well-coordinated service with the management office based team who worked to ensure that people received the care and support they needed. Records held in the central electronic service monitoring system confirmed this.

Is the service caring?

Our findings

At our last inspection people told us that they were always treated with dignity and respect and that their privacy and dignity was maintained. Caring relationships were developed between people and staff who knew them well. We found that people still felt that the staff were caring and respectful and that their dignity and independence was maintained and encouraged by staff. A person said, "They [staff] are very good, very good indeed. They are most kind to me and so very polite. They do keep everything private when they shower me, most considerate like that." A person's relative said, "The girls are lovely with [relative], so kind." A member of staff told us of their awareness of protecting people's dignity and privacy in a sensitive manner. They said, "If they wash I turn around. I try to imagine myself in that place." They also went on to say, "It's important that people do it [care] from their heart" and "I would do the same for my mum."

People's privacy was exceptionally well protected by staff and a registered manager who ensured that all data for people was held in accordance with new legislative requirements in a secure way. New legislation was to become effective from the 25 May 2018, namely the General Data Protection Regulations 2018 (GDPR). The GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. The registered manager was very aware of this new law and ensured people and staff privacy was maintained in relation to the data held about them. People's records contained an updated 'privacy statement' and organisational policies and procedures had been updated to reflect this change to how people's and staff data is maintained. The agency's electronic monitoring system also enabled information about people to be held very securely with passwords required to access information about people.

Staff developed meaningful relationships with people that were important to the people they supported and staff demonstrated that they took the time to get to know people's individual needs, choices and preferences very well. People were supported to express their views and were supported by staff to do so. Staff told us of how they supported a person to follow their chosen religious preferences. The member of staff said they had, "made sure that [person name] can have the 'Father' [priest] contacted at any time" which was reflected in the person's care plan record. The staff member also noted that the person's family had invited them to join in with prayers and spiritual hymns with the family and the person. People's relatives were without exception very positive about the support provided by the staff with feedback that included comments of the staff being, "friendly" and a "God send." A person's relative stated that the person who received care from the staff regarded them as "personal friends."

People were encouraged to maintain their independence by dedicated, caring staff who showed a desire to want to support people to live meaningful lives when they may be living with dementia. One member of staff told us of how they, "tried to encourage [person's name] to go out" and how they know that the person, "loves chocolate". With this understanding of the person they, "found a way to take [person] to a café" and commented that, "in that moment, they [person] were happy."

People were supported by very caring staff who showed a real depth of compassion and kindness in a meaningful and very appropriate way when people experienced emotional distress or unavoidable changes

to their circumstances in their personal lives. Staff had given their own time to support people sensitively, to move between their homes and other services. One staff member told us of how they had supported a person to move into a nursing home. The staff member said how they, "drove [person's name] to the nursing home" and how they, "made sure that they drove past the seafront" as they knew how much the person loved the sea. The staff member recalled the person saying to them, "I can see the sea, isn't it beautiful." The kindness of the member of staff enabled the experience to be as positive as it could be for them at that time. A newsletter that the agency provided to care staff detailed people's and their relatives' feedback and comments. One relative said, "[relatives name] is so thankful for everything [staff name] did for her mother. [staff name] went to see [person's name] in hospital and spent the weekend making sure the family and the office were up to date and made sure she was there when [person] came home so she didn't come home alone." We asked staff what they enjoyed about their role with the agency. All staff spoke exceptionally positively about the support they received from the management at the service and of how dedicated they were to the support provided to people. One staff member said, "That is my salary, to see people happy" and "they [people] say thank you, but it's not as much as what you see in their eyes." The staff also said, "Even if they [people] don't remember, I still do it for them. In that moment they are happy. We need to collect moments not things." This demonstrated an extremely caring ethos and attitude which we found to be consistent among the staff and management team.

Staff had enough time to care for people as recommended in the national guidance set out by the National Institute for Clinical Excellence (NICE). NICE recommends that commissioners ensure that home care workers should be given enough time to do their job without being rushed or compromising the dignity of the person who uses services. This includes having enough time to talk to the person and their carer, and adequate travel time in between people they support in their homes. At Bluebird Care (Worthing) each standard visit to people was no less than 30 minutes long. This meant that people had time to build positive relationships with the staff which was important to both the staff and the people they supported.

Is the service responsive?

Our findings

People told us at the last inspection that they received a personalised service that was responsive to their needs. We found that that people and their relatives remained very happy with the person-centred care received by people using the service. People and their relatives confirmed they were actively involved in the review of their care plans. One person's relative said, "We had a review just a few weeks ago and they [staff] asked if we needed changes. They are always very accommodating if you want to change things and they always tell us if there are any changes to anything." Another person's relative told us, "They [staff] have been out for a review and someone was out last month and did a thorough check on everything." A person also told us, "They check once a year to see if anything has changed. A [staff] came out last month and she was here nearly two hours, she asked me lots of questions about what I wanted and if everything was alright." Staff who knew people well were actively involved and supported people to update their care plans by liaising with the management team and the person when this was required. A member of staff said, "I've made recommendations to change a person's care plan with senior staff and the person." This ensured that people's needs were monitored and reviewed with changes being made to their care plan when this was needed. Another staff member said the electronic monitoring system was, "very helpful" because "there can be changes [to people's care needs] and it's very handy to check updates for people's needs." We were told of an occasion where the registered manager who was trained to deliver moving and handling training to staff, had supported a relative of a person to safely support the person to mobilise using "safe moving and handling techniques". An Occupational Therapist (OT) was also present during this support for the person. This meant that people received a service that was responsive to their current needs.

The registered manager was aware of the Accessible Information Standard for people and people's communication needs were recorded within their care plans. Since August 2016, all public funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services.

People understood how to make a complaint should they need to. A person's relative said, "I have never had a complaint but I would know what to do. They [staff] do try and help and I have always had a response. We are very happy with it." A person told us, "I don't call the office often but they are always very nice. I have no complaints. It has been very good." Another person told us, "I have never had a complaint. I have always found it most satisfactory." A further person said, "The office is very helpful if you ring them. If you need to change anything, most obliging. I have had no complaints and I am very happy with it [service]."

People received dignified, compassionate care at the end of their lives. Relatives provided positive feedback regarding this support from the agency with comments that included, "the outstanding care and comfort that you gave [relative] will last long in my family's memory" and "the whole team made [relative] last few years so much better." Staff were very well trained to provide this support to people. We spoke to a healthcare professional at the local hospice who confirmed that the agency had contacted them to seek

appropriate information to support people at the end of their lives. The registered manager told us they worked hard to coordinate the care and support required for people and their relatives at the end of people's lives to support people to have a good death. One example was of a person who was supported by the agency to have a live-in carer to support their end of life care 24 hours a day. Equipment was also sourced by the registered manager which included a specialist profile bed which ensured the person was as comfortable as possible as well as a referral to the local 'Echo' (End of Life Care Hub) team who support the coordination of people's health needs and individual wishes at the end of their lives. The registered provider told us the registered manager went above and beyond to support people and their families at the end of people's lives. The registered provider said that, "[registered manager name] has gone to support families, [registered manager] is always there." We saw how important this support was to people and their relatives. Relatives had reported their "grateful thanks to the kindness and warmth of Bluebird Care of Worthing" in a local newspaper obituary article. The staff had links to the local hospice and told us they worked closely with the local specialist community nurses. The live-in carer who had supported the person at the end of their lives spoke passionately of the care and support provided and demonstrated the depth of empathy and compassion required to care for someone to have a comfortable, pain-free death. The live-in carer said, "I want to make sure that we make that difference [at the end of people's lives]."

Is the service well-led?

Our findings

The service continued to be well-led. Since our previous inspection a new manager had joined the agency and had become registered with the Care Quality Commission (CQC) in line with legal requirements. 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 their relatives were very happy with how the service was managed. One person's relative said, "I cannot fault it. We have had no problems and it's all been very good." A person told us, "The office is very helpful if you ring them, if you need to change anything, most obliging." The registered manager was praised by people using the service and staff alike and understood their responsibilities to follow regulatory requirements and current best practice. This included changes to legislation which included their awareness and understanding of the changes to Data Protection law, namely the GDPR as detailed within the 'Caring' section of this report. The registered manager also understood their responsibilities under Regulation 20 Duty of Candour of the Health and Social Care Act 2008 (Regulated Activities) 2014. The aim of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. Providers must promote a culture that encourages candour, openness and honesty at all levels. This agency demonstrated that it practiced this culture throughout the service. This included the reflective practice form that staff completed when medicines errors had happened which showed that the agency encouraged staff to openly share these incidents and to record how they would learn from them, preventing and reducing the risk of them happening again.

There were clear overarching values which were displayed in the registered office location for this service. A leaflet provided by the agency to people and prospective customers stated that, "Our services help you to maintain your chosen lifestyle. Quite simply, we put you first." The culture was very open and people were valued and remained at the centre of the support provided to them. Staff said that they enjoyed working for the agency and said that it was an "excellent" agency to work for. The new registered manager had also ensured that staff wellbeing was considered with 'stress management' training being given to all staff. Staff were also supported with quarterly staff meetings. A member of staff said, "I'm very proud to be part of the team." Another member of staff said, "I find them [agency] brilliant." Staff felt listened to by the management team and felt that their views were considered in the overall running of the business and for the care provided to people. The registered provider told us that, "carers have the utmost respect for [registered managers name]."

The registered manager said, "We [Bluebird Care (Worthing)] are a very high-quality service." The registered provider told us of how the registered manager also possessed the required skills to lead the service as a successful business. The registered provider said, "[registered manager name] drives it [Bluebird Care (Worthing)] as a business." This demonstrated that the management team were able to maintain the business sustainability with the required skills to continually drive the service forward. The agency were members of the 'UKHCA' (United Kingdom Homecare Association) which enabled them to receive regular updates of best practice in the homecare sector to maintain their knowledge of this key information to

support their business practices.

Service quality was monitored with audits being completed and a comprehensive secure electronic monitoring system that enabled robust oversight of the service provided to people. Each staff member had a mobile phone provided by the agency which enabled them to 'clock in' when they entered a person's home and when they left. This meant that the amount of time spent with people could be monitored comprehensively by the management team. The care delivered to people was also logged via the staff mobile phone which had a secure password to access information about people. This enabled any elements of care that had not been provided to people to be 'flagged' to the office location which was monitored by the management team. The registered manager showed us how care provided could be evidenced and if any aspect of care was not given this would be identified and could be followed up with the care staff. 'Risk meetings' were also held each month with the registered manager and registered provider to review any current concerns across the service arising from the audits completed and feedback received. Another electronic system provided the agency's policies and procedures in an accessible and up to date secure location. The registered provider told us of how they had contacted the franchise head office to suggest ways to improve how policies and procedures were reviewed for the franchise group of services which span across the United Kingdom. This demonstrated a culture of continuous improvement. The new registered manager had also developed a new 'mentor' role for new care staff to be supported by more experienced staff 'in the field'. The registered manager had also maintained their own knowledge and awareness by becoming a 'train the trainer' for staff at the agency for safe moving and handling. This enabled them to regularly meet face to face with the staff and to observe their practice and understanding of moving and handling.

People and staff alike were encouraged to be involved and engaged in the service delivery and development for the agency. Newsletters were provided for staff which contained useful information for their development and awareness as well as some positive feedback from people to boost their morale. For example, a newsletter was seen for May 2018 which detailed the feedback from people and their relatives. Comments from people's relatives included, "[staff name] who came to live-in was amazing, a real god send, she fitted in with family and was very reassuring to [person's name]. I would be very happy to recommend your service." Another relative said, "Can I thank you again for the wonderful work you are doing to help mum in staying in her own home." People's views were also captured via the completion of surveys on a yearly basis. Results from the most recent survey reflected a very positive experience for people. One relative had raised a concern within the survey that the registered manager had responded to promptly to ensure this was addressed and resolved without any further concerns. Staff were also asked to complete a survey each year. At the time of this inspection the service was awaiting the responses from the staff. We were told how those staff who had worked for the agency for a period of five years were given a 'long service award'. The registered provider told us that there was "good staff retention" across the service and that staff were also given a two percent pay increase each month for "achieving their KPI's" (Key Performance Indicators), which included good attendance.

People were supported to transition between services with 'hospital passports' to ensure that their needs were known by other healthcare professionals. The service worked positively with other agencies and actively engaged with occupational therapists in the community to support people with safe moving and handling techniques. The agency also worked openly with the local social services department to resolve a safeguarding concern that was raised with practices for first aid being positively changed following the case closure.