

iCAPS Enterprises Limited

Bluebird Care (Mendip)

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? | Outstanding ☆ |

Summary of findings

Overall summary

The inspection was announced and took place on the 16 and 17 November 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

This is the first inspection of the service since it was registered with the Care Quality Commission in July 2014.

Bluebird Care (Mendip) is registered for the regulated activity 'personal care.' At the time of the inspection it was providing personal care to 80 people living in their own homes. Packages of care varied from daily visits to live in care. In order to recognise the complex work that staff carried out, Bluebird Care (Mendip) call their staff 'care professionals' therefore this is the term that will be used in the report to refer to staff providing care to people.

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

The management team were committed to providing a high quality effective service to people. They did this by supporting staff well, listening to people's views and looking at ways to continually improve. One person said "It's a very professional organisation starting from the top all the way down."

The registered manager and provider aimed to provide a service which met people's emotional needs as well as supporting people with physical tasks. The service was taking part in a campaign to alleviate loneliness in older people living in Britain. People told us they appreciated the visits from staff who were always cheerful. One person said "I look forward to them coming in. It doesn't seem to matter what may be happening in their lives they always make you feel good."

Care professionals were well motivated and committed to providing a service that was very personalised to each individual. People were fully involved in planning their care and support and care plans were comprehensive to make sure staff had all the information required to support the person. This helped to make sure people got the supported they wanted.

There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and care professionals felt listened to and said they could speak with a member of the management team at any time. Any complaints made were fully investigated and treated as learning to enable the service to improve.

People received effective, safe care which met their individual needs and preferences. People told us the service was flexible and made adjustments to accommodate their wishes and changing needs. Where any concerns were raised about a person's health or well-being prompt action was taken to make sure they received the support and treatment needed.

People were very complimentary about the care professionals who supported them. People told us staff were kind, caring and respected their privacy and dignity. There were sufficient numbers of staff employed to ensure people received their care and support at times of their choosing.

Each person had a small team of care professionals who they were able to build trusting relationships with. The registered manager tried to match care professionals to people using the service to promote good relationships. One person said "I have really taken to the girls who come to me. We are well matched and so I am very satisfied with everything about the service."

Care professionals were well trained and competent in their roles. Staff undertook training in health and safety subjects and received the training and information they needed to meet people's specific needs. People told us they felt safe and comfortable with the care professionals who supported them. One person said "I always feel safe because the staff know what they are doing."

People described the service as very reliable, telling us that care professionals arrived on time and stayed for the allocated amount of time. One person commented "I get a schedule every week. They come when they say they will. Totally reliable. I think they would arrive, come hell or high water."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks of abuse to people were minimised because the provider had a robust recruitment process and staff knew how to recognise and report abuse.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

People were appropriately supported with medicines by care professionals who were competent to carry out the task.

Is the service effective?

Good ●

The service was effective.

Care professionals monitored people's health and acted promptly when concerns were identified.

People were supported by staff who were well trained and competent.

People were always asked for their consent before care was given.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who always treated them with respect.

People's right to privacy and confidentiality was respected.

People were fully involved in all decisions about their care and support. There were regular reviews which enabled people to share their views.

Is the service responsive?

Good ●

The service was responsive.

Bluebird Care (Mendip) provided people with a service which was personalised to their wishes and needs.

People told us they would be comfortable to make a complaint and felt any concerns raised would be dealt with.

People's care and support was regularly reviewed and adapted to meet people's changing needs and wishes

Is the service well-led?

The service was well led.

People benefitted from a service which was committed to listening to people's views and striving for continuous improvement.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly. There were robust contingency plans in place to deal with staff shortages and adverse weather.

The registered manager and provider were open and approachable which created a friendly and inclusive atmosphere for people who used the service and staff.

Outstanding 

Bluebird Care (Mendip)

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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

In the course of the inspection we met five people who used the service and one relative. We spoke with six people, or their relatives, on the phone.

We also spoke with seven members of staff. The registered manager, provider and clinical director were available throughout the inspection

We looked at records which related to people's individual care and the running of the service. Records seen included three care and support plans, quality assurance questionnaire results, staff training records and three staff recruitment files.

Is the service safe?

Our findings

People felt safe with the staff who supported them. One person said "I always feel safe because the staff know what they are doing." Another person told us "I feel safe and secure with the staff who come to me." People we met with their care professionals were very relaxed and comfortable together.

Sufficient numbers of staff were employed to meet the needs of people using the service. Care professionals told us their visits were well organised and they had adequate time allocated to them to carry out the required tasks and to travel between visits. Records in people's care plans showed that staff stayed with each person for the allocated amount of time. One person we spoke with said "They're pretty good on times. Always here within five minutes of when they should be."

The service used a computerised booking system which ensured visits were only planned at times that enabled the care professional to travel between visits. The system also enabled visits to be booked with the same small team of care professionals which provided consistency and continuity of care for people. One care professional said "We have regular customers so you get to know them really well and can tell when things aren't right for them." One person told us "I only have three different carers. They know my routine and know me."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files seen showed staff did not commence work until all checks had been carried out.

All staff received training in how to recognise and report abuse during their induction period. New staff also received a pocket sized guide to safeguarding which included helpful contact numbers. Care professionals we spoke with were very clear about their responsibilities in respect of keeping people safe from abuse and were confident that any concerns reported would be dealt with promptly. One care professional said "If I reported anything I know it would be acted on immediately to make sure the person was safe."

Staff carried photographic identification to make sure people knew they were from the agency. Where people lived alone and had limited mobility care professionals told us they always made sure people's doors were locked when they left the house.

Care plans contained risks assessments which outlined measures in place to enable people to receive care safely with minimum risk to themselves and others. Where people required physical assistance to help them to mobilise the risk assessments stated the number of care professionals needed to assist them and any specialist equipment needed to support them. Two people we met told us they needed to be helped to move using a mechanical hoist. Both said that the staff who helped them were competent when supporting them in this way. One person said "They are very good when they hoist me in and out of bed. They make me

feel very safe."

Where risk assessments highlighted risks such as reluctance to accept personal care or poor nutrition the registered manager sought advice from other healthcare professionals to make sure risks were minimised. Care plans and risk assessments were amended to take account of any recommendations made.

People who required support to administer medicines received support from care professionals who had received training in this area. Each care professional had their competency to administer medicines assessed and could only support people with medicines when they had been deemed competent. There were regular observations to make sure their practice remained safe. Care plans gave details of the level of support people needed with their medicines. This ranged from reminders to full administration. Where staff administered medicines they recorded when they had carried out this task. One person said "They make sure my tablets are ready and I get the right ones."

Is the service effective?

Our findings

Everyone we spoke with said they received good quality care that met their needs and expectations. One person said "I feel very well looked after by them." Another person said "I don't think they could be any better. I am very lucky to be so well cared for."

People could be confident that their health care needs would be monitored and action would be taken to make sure they received the treatment and support they required. One person told us "They're really good at getting the doctor and things." A care professional said "The training I had about epilepsy means I know what to look out for with [customer's name.]"

All staff received training in first aid and basic life support when they started work. This ensured they had the skills needed to respond to medical emergencies. One care professional told us when they arrived at one person's house they had had a fall. They made them as comfortable as possible and contacted the emergency services. They said "The office contacted the person I was due to visit next so I could wait for the ambulance and offer reassurance to the person. We got in touch with the family so they could be with them."

Each person who used the service had a small team of care professionals who supported them. This enabled any changes in their health and well-being to be observed and monitored. One care professional told us "Because we have regular customers we get to know them well and notice when things aren't right."

The service responded extremely promptly to concerns about people's health. On the first day of the inspection one care professional had reported a concern about a person to senior staff. They said "By the time I got back to the person to say I had reported it, the office had already rung them and arranged for a district nurse to visit."

Each person using the service had a hospital passport to make sure they received the support they needed if they were admitted to hospital. This document contained information about their health needs, how they communicated and the things that were important to them.

The agency supported some people with meal preparation and took action when they felt someone was not eating an adequate diet. One person said "They're pretty good with meals. Always check what you fancy and do the washing up."

Where care professionals had concerns about a person's nutrition they took action. For example one person had not been eating well and the service had contacted their family and GP. A new care plan had been put in place which helped them to monitor the person. Food likes and dislikes had been recorded to enable staff to offer the person food which they knew they liked. Information about how to support the person was very comprehensive. Observations of the person had shown they ate better in social situations so the care plan included taking the person to a local café for lunch and sitting with them at meal times. The care professionals continued to monitor the person and record their food intake. Records showed the registered

manager communicated regularly with other people involved with the person's care to make sure they received appropriate support.

People received effective care and support from care professionals who had the skills and knowledge to meet their needs. People told us they thought staff were well trained and had the skills needed to support them. One person said "I have nothing to grumble about they are all very good. Even the new ones seem to be well trained and know what they are doing." Another person told us "I have never been sent anyone who was not professional and efficient."

People were supported by care professionals who had undergone an induction programme which gave them the basic skills to care for people safely. The registered manager told us in their Provider Information Return (PIR) their induction programme followed the Care Certificate which is a nationally recognised training programme. They also said that new staff had weekly supervision for the first three months. This ensured new care professionals were able to share any concerns and their line manager was able to make sure that they were providing an appropriate standard of care to people. One care professional told us "The induction was brilliant. I was able to ask any questions so I knew what I was doing." Another said "The support I got when I started was great. I had weekly supervisions but could ask anyone anything at any time." In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. Care professionals told us they had been able to shadow more experienced staff until they felt confident to provide care on their own.

The service used a range of training methods to make sure care professionals had the skills and knowledge they required to carry out their roles. To meet people's specific needs the agency arranged short training sessions in the office for staff to attend. Subjects included; epilepsy, diabetes and caring for people with dementia. Several staff said how useful these sessions had been. One care professional said "The drop in sessions are really good. You're able to discuss things and so you really understand it." Staff also had access to e-learning and face to face training sessions. Many staff were undertaking nationally recognised qualifications in care which helped to ensure they were competent in their roles.

The registered manager kept a record of all staff training and had systems in place to make sure care professionals were up to date with all essential training. Records seen showed staff had access to a wide range of training including; moving and handling, diversity and equality, nutrition and diet and pressure area care.

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. One person said "I'm still very much in charge. They only do what I want."

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Care professionals had received training about the mental capacity act during their induction period and there were annual updates to make sure they were aware of any changes to legislation. The registered manager had a good knowledge of the mental capacity act and had consulted with family members and professionals where appropriate to make sure people's legal rights were protected.

Is the service caring?

Our findings

Without exception everyone we spoke with said staff were always kind and caring. Comments included; "They are marvellous, so caring and lovely," "My carers are kind, gentle and wonderful" and "They are very, very kind and totally reliable."

Staff had received a number of compliments about the care they provided. One person had said 'They brighten her day with smiles.' Another person had written 'You carry out a difficult job with compassion care and good humour.'

We heard how some care professionals had gone over and above their role to make sure people were safe and comfortable. For example, when a member of staff arrived at one person's house they found there was no electricity. In response to this they had gone to their own home to fill a flask with boiling water to make sure the person was able to have hot drinks. In another situation a person who used the service was seen disorientated and upset in the town by a care professional who was on a day off. They helped the person back to their home and waited with them while the office contacted a family member to support them.

The provider was taking part in the 'Every visit counts' campaign. This is an initiative from Bluebird Care to raise awareness of loneliness among older people in Britain. We asked staff how the campaign affected their work. One care professional said "We may be the only person they see that day so I make sure I devote every minute to them." Another said "We try to make everything we do special for that person." Comments from people using the service showed the way care was provided helped to brighten their day. One person said "I look forward to them coming in. It doesn't seem to matter what may be happening in their lives they always make you feel good." Another person said "They all have a sense of humour. It's very frustrating not being able to do the things you used to but a good laugh helps you cope with your situation."

The registered manager told us in their Provider Information Return (PIR) that where possible they tried to match staff to people using the service. This helped people to build relationships with the staff who supported them. For example we heard how one person had been matched with a member of staff who was musical because the person liked music and they often sung together during their visits. One person said "I have really taken to the girls who come to me. We are well matched and so I am very satisfied with everything about the service."

People were treated with respect and dignity at all times. Interactions we saw between people and the care professionals supporting them were very respectful and friendly. One person told us "They are totally respectful of me and my house." Another person said "They are always respectful and professional. I am totally comfortable with them." In the last satisfaction survey carried out by the agency 100% of people answered YES to the question 'Are care workers polite and treat you respectfully?'

There were ways for people to express their views about their care. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. People told us they felt fully involved in planning their care and care was provided in

accordance with their wishes. One person said "We do the care plan together. It's definitely me in charge." Another person told us "When we reviewed the care plan we were able to tweak it a bit. Knowing that the care plan is so comprehensive takes away so much stress. Whoever comes to care for me has all the information they need about what I want."

Care professionals were aware of issues of confidentiality and did not speak about people in front of other people. The minutes of staff meetings showed care professionals were always reminded of the need to keep personal information confidential. One person told us "They are very discreet and understand confidentiality. That's important to me."

The agency were able to care for people at the end of their lives and were planning to set up a specialist team to make sure people receiving palliative care were supported by care professionals who were well trained and motivated. A senior member of staff had undertaken in depth training and had made links with local hospice services. Some care professionals were very enthusiastic about this development. One care professional told us "I've done some training in palliative care but they are planning extra for staff who want to be on the team. A dedicated team will help us to be able to give really high quality care and make sure people get exactly what they want at the end of their life. It's the very last thing you can do for people and will be a total privilege to care for them."

Is the service responsive?

Our findings

Bluebird Care (Mendip) was passionate about providing a person centred service. One care professional told us "The best thing about working for Bluebird is they do what they say they do. They really believe in person centred care and choice. You have all the time you need to do the job." One person said "I tell them what I want and that's what I get." People said they had been able to request visits at times that suited their needs and lifestyles and these were accommodated.

Each person had their needs assessed before they began to use the service. This was to make sure the service was appropriate to meet the person's needs and expectations. One person told us "From the very beginning their professionalism told me I was going to get a good service. I haven't been disappointed yet." Another person said "The first time I met anyone it was about what I wanted not what they wanted to provide."

From the initial assessments care plans were devised to ensure staff had information about how people wanted their care needs to be met. Care plans were personalised to each individual and contained information to assist care professionals to provide care in a manner that respected their wishes. Care plans we read were extremely personal to the individual and contained all the information care professionals needed to meet people's needs and wishes. Information included in the care plan ranged from the support people needed to meet their physical needs to how they liked their tea.

People were encouraged to maintain their independence as far as possible. The registered manager and provider told us they trained their care professionals to respect people's abilities and not to take over and do things for them. One care professional said "I guess my job is to make people happy and help them to be independent." One person using the service told us "Knowing one of my girls is coming in gives me the confidence to stay independent."

The service responded to changes in people's needs and we saw records of how the registered manager had liaised with other professionals to make sure people received care and support which met their changing needs. One person told us as their needs had increased the agency had increased the time allocated to them to make sure they were not rushed. One person said "I found the time I'd asked for wasn't really what I wanted. When they came to do a review I mentioned it and we changed it."

People told us the service was flexible and enabled them to make changes to their care if they needed to. People said the service was able to make changes to times to accommodate appointments and social outings.

The service supported some people to take part in everyday and leisure activities to minimise the risks of social isolation. The registered manager told us one person liked music so a care professional had taken them to a musical event at a local care home. A care professional said they took some people out "for a change of scene." One person said that the service helped them to take part in leisure activities sometimes at short notice. They said "They seem happy to accommodate my flights of fancy. When I wanted a carer for

a long day trip they were only too willing to accommodate it."

The service listened to the views of people and care professionals to make sure the service was responsive to people's individual needs and wishes. One person said "If I mention anything I feel they really listen."

All concerns reported, or mentioned, were taken seriously and fully investigated. The registered manager and provider had a real commitment to making sure the service took account of everybody's views and provided a truly person centred service. For example if anyone had said they did not want a certain member of staff they were removed from the person's care team. One person said "There was nothing wrong with them we just didn't click. I mentioned it and I don't see them anymore." The care co-ordinator showed us how the computer system could be marked to make sure people only saw the care professionals they were comfortable with.

All complaints made were recorded and treated as learning for the organisation. Action was taken to address any shortfalls identified by the investigation of complaints. This could be changes to practice or disciplinary action against staff.

There were annual satisfaction surveys for people using the service and the staff. Again action was taken if areas for improvement were identified. For example at the last survey some people commented that they were not informed about any changes to their visits. In response to this they had implanted a system where people were telephoned in advance if there were going to be any changes. One person said "They send a schedule out every week. If anything changes they ring you."

Is the service well-led?

Our findings

The service was extremely well led by the provider, registered manager, clinical director and a team of senior staff. People described the service in very positive terms. One person told us "It is a well-run and very reliable service, I would recommend them." Another person said "It's a very professional organisation starting from the top all the way down."

The provider and registered manager worked hard to ensure people received a high quality service from staff who were up to date with good practices. They kept their knowledge and skills up to date by research, training and taking part in local initiatives. They were part of the Somerset Homecare Providers forum which was a forum to share good practice and tackle difficulties in the industry such as staff recruitment and retention. Through the forum the agency had worked with other care providers to raise the profile of care work. This had included a newspaper article demonstrating how people could enjoy a career in the care industry. The registered manager told us the aim of this group was to continually raise the profile of care work and ensure high standards for people using services. They had incentive schemes to help to with staff retention. These included making sure any compliments received were always passed on to care professionals and implementing an 'employee of the month' scheme to reward staff who performed well. One care professional told us "We have a stable team because we are well looked after."

The registered manager also belonged to a manager's network which enabled registered manager's to share ideas and knowledge to make sure people were receiving a service in line with current good practice guidelines. Through the network the agency had made contact with a local advocacy service and incorporated information about this service into the welcome pack that people received when they began to use the service. This made sure people had easy access to independent advocates.

The management team were passionate about social care and had attended local careers days to promote social care as a career for young people. The service was working in partnership with Somerset Skills and Learning to offer staff the opportunity to study for health and social care vocational qualifications. The agency was active in the local community promoting social inclusion for people who used their service and others. For example; the registered provider was a founding member of local dementia alliance group which aimed to encourage communities to provide dementia friendly services to people. Bluebird Care (Mendip) also gave a quarterly grant to local charities, such as small day centres, to promote social inclusion. The clinical director was trained to provide basic life support and in addition to providing this training to the staff team they had also provided it to local groups on a voluntary basis. The registered manager wrote a monthly article in a local paper to promote good health to people. Articles had included; nutrition, live in care and falls prevention.

People and care professionals praised the communication and effectiveness of the management team. One person told us "The thing that makes Bluebird the best agency I've ever used is the ability to go to the manager with anything. The leadership and communication is brilliant." A care professional said "It really is the best managed service I've worked for. They listen and if you query anything they always come back to you to tell you what they have done." One care professional said they had spoken with the registered

manager about a particular policy. They told us "They listened to me and today they have sent an email to everyone to clarify how the policy should be put into practice. They take everything you say on board."

Staff felt fully involved in the work of the agency and there were ways for them to share their views and make suggestions. One said "The manager makes you feel part of a team. We have meetings where we problem solve together. Everyone is listened to." Another member of staff said "We have meetings and supervisions and you feel listened to. [Registered manager's name] always wants your ideas."

There was a very strong emphasis on finding ways to improve and have a positive impact on people's lives. For example, as reported under caring, the provider was taking part in the 'Every visit counts' campaign. This is an initiative from Bluebird Care to raise awareness of loneliness among older people in Britain. People provided positive comments on the impact this was having on their lives. One person said "I look forward to them coming in. It doesn't seem to matter what may be happening in their lives they always make you feel good."

The provider was also working in partnership with a company that provided assistive technology to promote people's independence within their own homes. This technology would enable the agency to respond quickly to changes in people's behaviour which may suggest they were in need of support or assistance. For example it may register that people had not got out of bed or had not moved around the house. These changes could indicate people were unwell or had fallen. The provider hoped the use of this technology would make the service more responsive to people's individual needs and maintain their safety within their homes.

The service was well organised and the office staff we spoke with had a very good knowledge of the people who used the service and the times and staff they preferred. This enabled them to plan the service around people's wishes. No one we spoke with reported any missed calls and no missed calls were recorded. One person said "They always turn up. They have never missed." Another person commented "I get a schedule every week. They come when they say they will. Totally reliable. I think they would arrive, come hell or high water."

The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve. For example when a medication error had occurred it had been reported and investigated immediately. The care professional involved had been asked to write a reflective practice statement to enable the learning from the situation to be shared with other staff. One member of staff said "When I joined Bluebird the managers made it really clear you must report everything no matter how trivial it seems because that is the way we learn and improve."

The management team constantly looked for ways to improve the service offered to people. They met weekly to make sure they were all aware of any issues that had arisen during the week. This included any late or missed calls and any incidents which had been reported. This enabled them to identify shortfalls in the service promptly and take action to address them. During the inspection one care professional told us they would like to have a little bit of extra time on the first visit to people who were new to using the service. They told us this would give them time get to know the person, to explain anything new customers were uncertain about and offer reassurance. We fed this suggestion back and the day after the inspection we received an email to state this suggestion had been put into practice with immediate effect.

The registered manager and provider had a clear vision for the service which was to provide a person centred service which helped people to stay independent in their own homes. Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

Care professionals we spoke with were very aware of the vision and felt well supported to carry out the aims and values. Staff morale was extremely good which created a well-motivated staff team. One care professional said "It's something about the relaxed and friendly atmosphere that makes you want to do your very best for people." Another told us "It's the best job ever. They support you in everything and the aim is to give a really high quality service so people can get on with living their own lives." All staff said they felt well supported by the provider and registered manager. We were told they were able to contact or visit the office at any time to seek advice or support. They said the open and approachable management team created a good atmosphere and encouraged them to discuss issues. One care professional said "Even the directors are really approachable. [Nominated individual's name] was out on Christmas day last year making sure staff and customers were OK."

The provider ensured there were innovative systems to cope with difficult situations such as bad weather and staff sickness. For example to make sure the service was able to respond if staff were unavailable they had an on call system which was able to contact staff to work at short notice. It also allowed any concerns to be reported and dealt with effectively by senior staff. The service also operated a banding system which they discussed with people when they began to use the service. This meant the service had information about how urgent a person's care visit was if they had to reduce the service. For example some people had friends and family living close by who they could call on if staff were unable to reach them. People who lived on their own, and relied on staff for all their needs, were treated as a high priority to cover. The service had access to vehicles which were suitable to transport staff in bad weather conditions to make sure those who urgently needed their visit would receive it.

The registered manager had robust quality assurance processes in place which included regular audits. All care professionals received spot checks of their work and records were kept and discussed in individual supervisions. Where additional training was identified as a need this was put in place. One person said "Oh one of the seniors comes out to check on the girls. When they are here they make sure you are satisfied with everything as well. You can talk to them."

People could be sure their care plans were kept up to date and reflected their current needs and wishes. All care plans were regularly audited by senior staff and the registered manager. We looked at one audit which showed some minor improvements were needed and an action plan was put in place to address this. The next audit showed improvements had been made and all care plans were up to date and comprehensive.

Where audits highlighted repeated shortfalls action plans were changed to promote improvement. For example audits of medication administration records had noted some gaps in recording. When first identified staff had been provided with additional training. When the next audit continued to show gaps in recording the action plan had been changed to provide individual supervision, further checks on competency and possible disciplinary action. The registered manager hoped that the next audit would show improvements.

There were annual satisfaction surveys for people using and working for the service. Results of these surveys were analysed and changes in practice were made where needed. For example a new system had been put

in place to make sure people were informed of any changes to their schedule following the analysis of the last survey. The results the last staff survey showed very high levels of satisfaction. Some staff had requested further training which had resulted in a weekly clinical training programme which enabled staff to attend drop in sessions in the office.

To the best of our knowledge the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.