

Bayford New Horizons Limited

Bluebird Care (Reigate)

Inspection report

Pilgrims Court
15-17 West Street
Reigate
Surrey
RH2 9BL

Tel: 01737247111

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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 (Reigate) provides personal care services to people in their own homes. At the time of our inspection 87 people were receiving a personal care service from the agency, most of whom were older people or people with physical needs.

The inspection took place on 12 December 2016 and included a visit to the agency's office, interviews with care workers and phone calls to people who used the service.

The service did not have 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. The current manager had been managing the service since 10th October 2016 and was in the process of applying to be registered.

People told us that they felt safe as a result of the care they received. Several people cited the agency as the reason they were able to remain living in their own home. The service had appropriate systems to safeguard people from the risk of harm or abuse and staff were knowledgeable about how to keep protect people and keep them safe.

There were systems in place to ensure the service safely recruited sufficient and appropriate staff to support people. Once employed, staff completed a comprehensive programme of induction and training to ensure they had the necessary skills and experience to meet people's needs. Communication systems across the service were good and staff were effectively supported to deliver high quality care.

People were supported to maintain good health. The service worked in partnership with a range of other healthcare professionals to provide a holistic approach to care. Where people were supported with their medicines, this was done safely so that people received their medicines as prescribed.

Staff understood the importance of supporting people to maintain adequate nutrition and hydration. Care plans identified where people needed additional support and steps were taken to ensure these people received sufficient food and fluids each day.

People's needs and homes were fully assessed before care was provided. As such, any risks associated with their care were now identified and managed safely. The service was responsive to changes in people's needs and tailored their services accordingly.

People were involved in the planning and reviewing of their care and supported to be as independent as possible. Staff respected people and understood the importance of gaining consent from people. Staff demonstrated an awareness of the Mental Capacity Act 2005 and knew what to do if a person refused to accept their care.

Staff were kind and compassionate and demonstrated the values of the agency to provide caring and high quality support. As such, people received care that was provided in a respectful way that promoted their privacy and dignity.

Bluebird Care (Reigate) had good management systems in place to ensure people received consistently good care. People praised the support they received from their care workers in addition to the reliability and efficiency of service that they receive from the office.

The management team were continually looking at ways to improve service delivery and sought and listened to feedback from people and their representatives. A recent change which meant that care workers were now allocated to defined geographical areas had had a positive impact for both people and staff. Similarly, the introduction of live monitoring of people's support both protected the most vulnerable and enabled effective sharing of information with other health care professionals.

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.

People were protected by the systems in place to safeguard them from the risk of abuse and avoidable harm.

Risks to people were identified and managed in a way that balanced people's safety and freedom.

Sufficient staff were deployed safely to meet people's assessed needs. Recruitment processes ensured that only suitable were employed.

People were safely supported with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills, knowledge and experience to meet people's needs. Training and support were provided to ensure care workers undertook their roles and responsibilities in line with current best practice.

Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to maintain adequate nutrition and hydration.

People's health needs were assessed and care workers worked in partnership with other healthcare professionals to ensure people were supported to maintain good health.

Is the service caring?

Good ●

The service was caring.

People had positive relationships with care workers and praised the kindness of those who supported them.

People received care in a respectful, dignified and inclusive way.

There were good systems in place to ensure care workers delivered high quality and compassionate support.

Is the service responsive?

Good ●

The service was responsive.

People received a person centred care that was responsive to their changing needs.

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences.

There were systems in place for people to raise concerns or complaints if they needed to.

Is the service well-led?

Good ●

The service was well-led.

The service was well organised with effective management systems in place to oversee the delivery of care.

There were good systems in place to regularly monitor quality and identify areas for improvement.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the services provided.

Bluebird Care (Reigate)

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 inspection took place between on 12 September December 2016. The provider was given 48 hours' notice. We did this to ensure someone was available to meet with us and provide access to records. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience conducted telephone interviews with people who used the service and their relatives on the same day that we visited the office.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We asked the provider to complete a Provider Information Return (PIR) before our inspection. 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. Along with the PIR, the provider sent us a contact list of people who used the service and their relatives. Using this information we sent out questionnaires to a random selection of people. We received responses from 20 people, six relatives & friends and five staff. The feedback from these questionnaires were used in the planning of this inspection.

As part of our inspection we spoke with twelve people who received a service from the agency and three of their relatives. We formally interviewed four members of staff and also met with the manager, operations manager and the provider. We reviewed a variety of documents which included the care plans for six people, four staff files, medicines records and various other documentation relevant to the management of the service.

Is the service safe?

Our findings

All the people we spoke with said that they felt safe with the care they received from Bluebird Care (Reigate). One person told us, "Yes I feel perfectly safe with them because I know them all." Another person also commented, "They are reliable, I feel safe when they use the hoist to help me get out of bed." Similarly, a relative informed us, "I feel [my family member] is very safe with them. Bluebird employ very nice and good people. I feel that I could leave [my family member] here alone with them if I needed to go out."

People were protected from the risk of harm. One person told us, "'I feel very safe with them. They have a lovely attitude and caring ways." Similarly, another commented, "They are friendly and treat me respectfully. I don't feel threatened in any way."

Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff told us that they had completed relevant training in safeguarding. Records confirmed that this learning was regularly refreshed. The service had introduced a new safeguarding process which included a clear flow chart for all staff to follow in the event of suspected abuse. All staff confirmed that they felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff were also clear about how to correctly report abuse to relevant external agencies if necessary.

A safeguarding tracker had been introduced which detailed the date an alert was raised and the required action taken to safeguard people. From the notifications submitted to CQC in respect of safeguarding alerts that had been raised, it was evident that the management team were proactive in safeguarding people.

Risks to people were identified and managed in a way that balanced people's safety and freedom. Prior to the commencement of care, a supervisor undertook a detailed assessment with people. This included assessing any risks associated with people's needs, living environment or equipment. No care package commenced or was re-instated until the assessment had been reviewed and approved by the manager.

Where specialist equipment, such as hoists were used, staff had taken steps to check that these were kept in good working order. People told us that they felt care workers knew how to use their equipment and felt safe and comfortable when being moved. For example, one person said, "I feel safe when they use the hoist to help me get out of bed." Similarly, another person commented, "When using the hoist they always ask if I am comfortable and check with me to see if it is correct before they move me"

Risk assessments were kept under ongoing review and staff confirmed that they understood the importance of reporting any new risks to the office. When people's needs changed, such as their mobility decreased or they experienced falls, risk assessments had been updated in a timely way and appropriate action taken. Staff talked confidently about how they supported people to manage their individual risks such as pressure wounds, dehydration or choking.

People and their relatives had no concerns about the way the agency managed access to their homes.

Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. People who had key safes in place told us that staff would always ask them how they wished the door to be left when they left. Staff had access to key information about people via a business phone. Staff explained that these were password protected and that they were only able to access personal information about the people they were allocated to support. Staff demonstrated that they understood the importance of maintaining people's confidentiality and keeping their properties and personal data secure.

People were protected by the systems in place to manage and report any accidents and incidents. For example, we saw that where people had experienced falls, these were fully documented appropriate action taken, including where necessary the updating of people's care plans and risk assessments. The log of these records did not identify any trends or repeated incidents which might give rise to concern.

People received care and support when they needed it. The management team had recently changed the way they deployed staff by introducing a system of allocating staff to work within defined geographical areas. Feedback indicated that this had significantly improved the consistency of care for people as well as the reducing the time that staff spent travelling between calls. The management team explained that as staff now worked near to way they lived this also minimised the disruption during instances of adverse weather.

People told us that they usually received the same care workers, were kept informed about who was allocated to support them and had never experienced a missed call. For example, one person said, "I have the same pool of people, got a real team of people going and I have confidence in them." Another person commented, "They are reliable." People also highlighted that the recent changes had improved the timeliness of the support they received. Where people required two staff to support them that this was provided and care workers confirmed that they were never expected to mobilise people using hoist on their own.

Provision was made for people to be cared for in an emergency. For example, there were clear systems in place to manage disruption caused by adverse weather. The provider had a business continuity plan provided clear guidance and instructions for staff about what actions they should take in the event of an emergency, such as a fire or flood at the provider's base and the loss of transport for staff. There were also contact details for relevant agencies such as utilities providers. Each person using the service had been assessed and the risk rated in the light of any emergency occurring which impeded staff providing care. Staff were able to describe how they would manage an emergency situation and demonstrated that they had contacted various companies in order to manage the failure of equipment or utilities.

Staff told us that they were allocated sufficient time to support people effectively and that if there was ever a problem, then they called the office and additional support was provided without delay. For example, the agency operated a mentorship system and as such more experienced staff would frequently assist new staff or when they were experiencing difficulties with a person's specialist needs.

Appropriate checks were undertaken before staff began work to ensure they were safe to work with vulnerable people. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, such as passports in staff files. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services. The management team explained that they had also recently revised their recruitment systems to include both numeracy and literacy tests as part of the selection process. They said this enabled them to identify what support needs new staff would need in addition to screening applicants that might be

unsuitable for the role.

The service had good systems in place to safely support people with the management of their medicines. People told us that they received the support they needed. One person told us, "I always get my medicine in the morning and night." People also highlighted that care workers followed the agency's policy of only administering medication as prescribed. For example, one person said, "I like to take homeopathy medicine, but care workers will only give me what the doctor has prescribed, which is their company policy." They also went on to say that care workers followed their medicine care plan exactly and that any changes were updated straight away.

Care records detailed whether people required support with their medicines. Where people required assistance, this was provided by staff who had been trained in the safe administration of medicines. Staff told us that in addition to completing training on medication they also shadowed more experienced staff and had to pass a series of competency checks before they managed medicines. Staff were knowledgeable about the medicines they were giving. For example, staff were able to describe those medicines which were required to be taken before food or which were time critical. Whilst staff knew which medicines were required to be taken before food and how this affected the person's usual routine on days when these medicines were given, this information was not always recorded in people's care plans. We highlighted this to the management team who confirmed that this would be swiftly addressed.

The provider had devised an electronic missed medicines alert, which notified the provider if a person's medicines had not been signed as given by staff. This system was subject to regular audit. We noted Medicine Administration Records (MARs) were also returned to the office from people's homes on a regular basis and subjected to scrutiny and review.

Is the service effective?

Our findings

People and their relatives told us that care workers were well trained to meet their needs. For example, one person said, "I feel that they are well trained. I always feel comfortable with them." Similarly, another person commented, "All staff seem to wash and cream my leg the same way, so this must be part of their basic training." A relative also informed us, "They appear very confident moving [my family member] around."

People said that care workers were competent and well matched for them. For example, one person told us, "The carers are a good match for me, they all do the job well." People also expressed that new staff were introduced to them and shadowed existing staff before working alone. One person informed us that after new care workers visited them that the office would phone and "Check that everything was going alright."

The management team were committed to developing best practice. Staff told us that they had received a good induction when they commenced working with the agency which had included both online and practical training together with shadowing other care workers. We found that the length of time new staff shadowed senior staff was tailored to their previous experience and individual confidence levels. Staff recruited after April 2015 had either completed or were in the process of working towards the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. The management team informed us that the way the induction was structured was in the process of being changed to have the first two days of induction dedicated to skills assessing new staff. They said this would help them tailor the induction process to the individual staff development needs.

Staff training was ongoing with regular opportunities for care workers to update and learn new skills. In addition to the Care Certificate staff completed a continuous programme of training, which included topics such as moving and handling, infection control and first aid. In addition to these mandatory subjects, staff also completed specialist courses in dementia awareness, end of life care and pressure sore awareness. The management team had made arrangements at their office for staff to complete their e-learning if they wanted to, with the support of senior staff. Staff spoke enthusiastically to us about the training they had done and how this had helped them feel more confident in their roles.

Staff had the skills and knowledge to meet people's needs. Staff spoke confidently and competently about the support they provided to people. They told us that they had access to good information about people's needs and that the support of a team of office staff that helped them to deliver their roles effectively. Staff were able to describe how they managed difficult situations such as if a person refused care or using new equipment and said that the management team were very responsive if they ever needed help.

Staff told us that they felt well supported and had regular face to face contact with their line managers. The provider also operated a mentorship programme which provided new staff with ongoing support when working with people. Higher level training for mentors was scheduled for the week after the inspection. New staff felt valued by this extra layer of support and it also provided a career pathway to lead more experienced staff into management.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. We saw information relating to consent in people's care records and staff said that they would routinely ensure that people consented to their care. Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff were able to demonstrate what they would do if consent wasn't given. For example, staff discussed the steps they took if a person refused to accept care. Staff were clear that they would never force a person to do something they didn't want to do and would always respect their wishes. Staff were also able to highlight how people's capacity sometimes fluctuated and how this impacted on the support the provided.

People received appropriate support to ensure adequate nutrition and hydration. People told us that care workers helped them as they needed and where they prepared meals for them, always offered choice. For example, one person said, "I choose what I want to eat" and another commented, "They make eating as pleasant an experience as possible for me."

Care plans included information about people's likes and dislikes and how they should be assisted. Where people were at risk of malnutrition or dehydration, there were guidelines in place which advised staff how to support the person effectively and when concerns would need to be reported to other healthcare professionals for advice. Specialist dietary needs such as diabetes, food allergies or swallowing difficulties were recorded and care workers were able to talk about the specialist needs of the people they supported. For example, one staff member showed us the fluid chart that was in place for one person and how all they regularly and how they used their phone to track their fluid intake throughout the day.

People were helped to maintain their health and wellbeing. The service supported people as necessary to access other healthcare support. For example several people told us that care workers had stayed with them during health care appointments.

Care records showed that where people required specialist health care support, the service had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively. Any professional advice had been included in people's care plans. The provider explained that their live monitoring system enabled other professionals involved in people's care to have access their electronic records for 30 minutes when in the person's home. Thus allowing doctors, district nurses, paramedics to identify information including when medicines were last administered or when the person last ate or drank.

Is the service caring?

Our findings

People praised the support they received from the agency and described the care workers as all being very caring. People gave us specific examples of how their care workers had treated them well. For example, one person told us, "My carers always ask what I am doing and what sort of week I've had. They are all very pleasant I never feel rushed." Similarly, another person said, "They are always gentle with me." People spoke about the positive relationships that they had built with their care workers. For example, one person told us, "They care about their work. We have great fun together."

Relatives echoed these positive comments. One relative was keen to tell us, "They are very caring and patient with [my family member]." Relatives and people repeatedly told us that care workers spent time talking to them and involving them in their care. There was a display board in the office where compliments were shared. We read numerous letters of thanks and praise. For example, one card stated, "Thank you all so much for your patience, kindness and dedication."

In the lead up to Christmas, office staff had ensured every client had received a personalised Christmas card, along with a rota outlining who would be supporting them over the Christmas period. An 'Isolated Customers' Programme' had also identified which people were alone at Christmas and for those people, the management team had arranged for a special gift to be delivered.

People were cared for as they wished. Staff worked in geographical teams which enabled most people to receive support from the same small number of staff. People told us that they appreciated having the same care workers because it gave them consistency and continuity of care. Care workers also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided. Care workers told us that when they did visit a new client or cover for another member staff, that good information about the person's needs was always available and the office ensured a good handover of information.

People were supported by staff who were enthusiastic and compassionate about the work they did. One staff member told us, "I really love my job. It feels like I really can make a difference." Staff talked passionately about the success stories of their work. For example, where they had supported people to regain their independence.

People told us that staff were interested in them and took the time to treat them as an individual. For example, one person commented, "When they first came they asked how I would like to be called." A relative also said that they had noticed, "Before the carers leave, they always take [my family member's] hand and say 'see you tomorrow, have a good day,' They are so kind."

Staff recognised people as individuals and encouraged them to be involved in their care wherever possible. One person described how they had made significant progress with their mobility and how their care worker had "Joined in with lots of praise." They went on to tell us that, "there is now a handover between the physiotherapist and the carer. Together we discuss what I can now try and do for myself."

Care plans highlighted the importance of staff involving people in their care and provided directions to ensure people were offered choice. Each support guideline in place started with what the person had identified as their objective. Staff recognised the importance of doing the little things in order to make people feel valued and involved in their care. A recent satisfaction survey completed by people and their relatives highlighted that 97% of respondents were happy with their involvement in the care planning process.

People told us that their care workers were polite, respectful and protected their privacy and dignity. People gave examples of how care workers provided support in a dignified and sensitive way. For example, one person commented, "They always shut the bathroom door when they help me shower." Similarly another person said, "The carers always talk to me respectfully; when I am undressed I don't feel embarrassed. They make sure I am warm." People also said that staff respected their belongings by hanging up their clothes for them, asking where they would like things to be left and ensuring their kitchens and bathrooms were left clean and tidy after use.

Staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people the time to do as much for themselves as they could.

Is the service responsive?

Our findings

People told us that they felt in control of their care and were able to make choices about what help they wanted and from whom. For example, people said that they had been asked about their preference on what gender of care worker they wanted and that this was always respected. People said that their care plan was based on the support they had requested and was regularly reviewed with them to check it is still meeting their needs. For example, one person told us, "My daughter and I discussed my care needs at an initial visit from the agency. My care plan is based on that." They went on to say, "The senior has been to visit to check if I need any changes to my plan and see how things are going." Another person commented, "I am very risk adverse myself and always suggest things and little adjustments to my care plan".

People received a personalised service that was responsive to their needs. Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. Each person had been assessed prior to the commencement of care. Information gathered at assessment had been used to formulate a plan of care that was personalised to the person. Care records included details about people's backgrounds, needs and what was important to them. People had been consulted about the support they needed and how they wished their care to be delivered. This information enabled staff to provide a personal service to people. For example, we saw details in people's notes about how they liked to be addressed and they order in which they liked their support to be delivered.

People's preferences such as the time and length of their care calls were documented and these were reflected in the package that they then received. People's care and support needs were regularly reviewed. People received regular reviews to assess the suitability of the care plan. It was evident that people had opportunities to discuss the support they received and were involved in making decisions and expressing choices about the way their care was delivered. Staff also told us that when they reported concerns about people, a member of the management team would always go and review the person's needs without delay.

The provision of care was flexible to people's changing needs. People told us that they were able to request changes to their care. For example, one person said that it had been their decision to reduce the number of care workers from two to one at each visit when they had become more mobile. Likewise staff talked to us about occasions when changes had made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

Care was also responsive to how people felt at the time of support. For example, one person told us that staff asked them how they felt before care was provided before deciding whether to use a hoist or not. Similarly, a person informed us that "Sometimes I don't feel like having a shower and then the carers will help me with a strip wash." People described care workers as observant to any changes in condition. For example, one person recounted, "Last week they noticed some dry skin and asked me if I'd like cream rubbed into the area."

The agency used a live computer system to provide care workers with access to current information about

people via their mobile phones. This facility also enabled office staff to monitor in real time when people had received support. Calls which were deemed critical in respect of medicines, nutrition or hydration needs were displayed on a large screen in the office to minimise the risk of them being late or missed. Care workers maintained a record of the care they provided at each visit. The agency also maintained a communication log of all contact that office staff had with or without people. We saw from these records that the agency effectively followed up concerns about people's health or wellbeing and engaged with other professionals to ensure people received whatever support they required.

People who used the service and their relatives said both management and staff were approachable and were confident about raising any issues or concerns with them. The service had a clear policy and procedure for the handling of complaints. People told us that they felt able to complain should they need to. We saw that where people or their relatives had raised concerns about their care in writing, these were dealt with appropriately and in a timely way. For example, one person told us that they had once complained about timekeeping. Since that point they said they had always been kept informed if their care worker was delayed.

Is the service well-led?

Our findings

People told us that the service was well managed and as a result they received good care. One person commented, "I am very well looked after by the agency." People told us that communication from the office was good and that they received letters informing them what was going on and any staffing changes. Many people expressed that the management team were keen to their service and described the office staff as "Friendly" and "Approachable."

People highlighted that the change care workers being assigned to geographical areas was a positive step. For example, one person said, "Changes in management has meant that the same carer now visits everyone after each other. They seem to manage very well." Another person also told us, "They have started using smart phones to record when they arrive and go and update their notes. This seems to work very well as all carers can see any updates".

The culture of the service was open and reflective. Daily handovers and regular staff meetings ensured effective communication across the service. Staff meeting minutes highlighted best practice discussions and the management team sharing expectations of how care should be delivered. These were also used as a forum to share learning from any complaints, incidents or accidents. The provider had a clear vision for the service and care worker knowledge of the expected values was tested through the use of quizzes.

The service was well organised with effective management systems in place to monitor quality and identify areas for improvement. For example, supervisors carried out regular spot checks on care workers to ensure they were working appropriately. In addition to spot checks, staff had one-to-one supervisions and yearly appraisals. Feedback from these sessions was recorded in staff files and issues of best practice were discussed. Staff told us that they found the management team to be approachable and supportive at all times.

The provider also had a good understanding about the performance of the service and how to continue to develop. In addition to a raft of regular audits across the service, the manager was also required to submit management reports to both the operations manager and provider on a weekly basis in addition to a full monthly report against key performance indicators against which quality and productivity could be monitored. A new 'Customer Forum' was in the process of being introduced to enable people platform to share their views, experiences and suggestions at a senior management level.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the care provided. In addition to the face to face reviews and the spot checking of staff, the management team visited people in their homes and also sent out regular satisfaction surveys to gather their views on the service. People said that they were regularly asked for their feedback with regards to timekeeping, satisfaction with care workers and whether staff wear protective clothing. People felt their feedback was genuinely listened to and action taken swiftly to make any identified improvements.

Staff felt valued and that their feedback was listened to. The provider invested in staff through schemes such

as 'Care Worker of the Month,' the mentorship programme and the creation of the agency's office as a 'hub' for staff to call in and network with each other. As our visit was just before Christmas, the management team were in the process of preparing gifts for each staff member, along with a personalised invitation inviting them to visit the office over the Christmas period. Staff told us that they felt appreciated by the management team and the recent staff survey highlighted that all staff felt valued in their work.

Records were well maintained and stored safely. Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have quick access to people's current information. We found that regular audits of care and staff records were undertaken to ensure that they conformed to the agencies policies.

The registered manager was aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way. Incidents and accidents were documented and evaluated to minimise the risk of re-occurrence.