

My Home Choice (Essex) Limited

# Bluebird Care Colchester & Tendring

## Inspection report

4 Lanswood Park  
Broomfield Road, Elmstead  
Colchester  
Essex  
CO7 7FD

Date of inspection visit:  
28 July 2016

Date of publication:  
24 August 2016

Tel: 01255427113

Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

## 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 Colchester & Tendring provides personal care and support to people living in their own homes. When we inspected on 28 July 2016 there were approximately 200 people using the personal care service. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

The service was previously two separate locations Bluebird Care Colchester and Bluebird Care Tendring, which have now been merged.

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

There were systems in place which provided guidance for care workers on how to safeguard the people who used the service from the potential risk of abuse. Care workers understood their roles and responsibilities in keeping people safe.

There were procedures and processes in place to ensure the safety of the people who used the service. These included risk assessments which identified how the risks to people were minimised.

Where people required assistance to take their medicines there were arrangements in place to provide this support safely.

There were sufficient numbers of care workers who were trained and supported to meet the needs of the people who used the service. Care workers had good relationships with people who used the service.

People or their representatives, where appropriate, were involved in making decisions about their care and support. People received care and support which was planned and delivered to meet their specific needs.

Where people required assistance with their dietary needs there were systems in place to provide this support safely. Where required, people were provided support to access health care professionals.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Care workers understood their roles and responsibilities in providing safe and good quality care to the people who used the service. There was good leadership in the service. The service had a quality assurance system and shortfalls were addressed. As a result the quality of the service continued to improve.

## 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.

Care workers understood how to keep people safe and what action to take if they were concerned that people were being abused.

There were enough care workers to meet people's needs.

Where people needed support to take their medicines they were provided with this support in a safe manner.

### Is the service effective?

Good ●

The service was effective.

Care workers were trained and supported to meet the needs of the people who used the service.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

### Is the service caring?

Good ●

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

### Is the service responsive?

Good ●

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People's concerns and complaints were investigated, responded

to and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

# Bluebird Care Colchester & Tendring

## **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 on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, we needed to be sure that someone would be in. The inspection was undertaken by one inspector.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 17 people who used the service and the relatives of seven people. We also received feedback on the service from the local authority.

We spoke with the provider, the registered manager and 10 staff members including two care workers, one supervisor, three new care workers undertaking their induction and staff who were responsible for customer service, coordinating care and recruitment. We also spoke with a consultant who was supporting the registered manager with the quality assurance in the service. We looked at records in relation to 11 people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People spoken with told us that they felt safe using the service. One person said, "I definitely feel safe with the carers." Another person commented, "The carers make me feel safe through their approach. They are laid back, friendly but still professional."

One care worker told us that they felt that the people who used the service were safe and that they felt safe in their work role. We saw records which showed that checks were made, such as on care worker's car insurance and they were provided with a policy regarding safe driving.

People were protected from avoidable harm and abuse. Care workers were provided with training in safeguarding people from abuse. The care workers and staff we spoke with understood their roles and responsibilities regarding safeguarding, including the different types of abuse and how to report concerns.

A care worker told us the actions they would take if they could not gain access to a person's home when they arrived for a visit. They understood the actions that they should take to ensure that the person was safe. We heard a member of the office staff receive a telephone call from a care worker who had arrived for a visit and the person had not answered the door. The staff member telephoned the person's relative, ensured the person was safe and fed this back to the care worker. This showed that appropriate actions were taken when there were concerns about a person's safety.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own homes. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There was a contingency plan in place to ensure that the potential risks to people and the running of the service were identified and plans in place to reduce the risks. This included if there were issues with the care planning computerised system. The registered manager told us that it was web based and therefore if the computer system went down records and care would not be affected.

There were sufficient numbers of care workers to meet the needs of people. People and relatives told us that the care workers usually visited at the planned times and that they stayed for the agreed amount of time. One person's relative said, "They always turn up, sometimes late but this is only five minutes, we do not mind that." People told us that they were provided with a list each week of which care workers were planned to visit them. One person said, "I get the list. They keep me informed if there is going to be any changes." Another person told us, "I love the rota. I know who is coming and when, always come when they should."

The registered manager told us that the service was fully staffed to ensure all visits were covered. However, they were continually recruiting to make sure that any new enquiries could be covered.

We spoke with a staff member who was responsible for making sure that all the visits to people were coordinated. They told us about their computerised system which flagged up when visits had not been covered, allowing them to take action before an issue arose. They tried to keep a regular team of care workers visiting people to provide a consistent service, but had to change these when there was sickness or annual leave. One person's relative said, "My [relative] gets regular carers, no more than four different ones." One person commented, "I know it's the school holidays now so there will be changes, like next week, but I have met them all."

The registered manager told us that they had identified shortfalls in the coordination of visits to people with one of the now merged services. Action had been taken to ensure that the service was working to one system. One person commented, "There is more continuity now, used to have problems with calls, much better now."

Care workers told us that they felt that there were sufficient numbers of care workers to meet people's needs and that the people who used the service were known to them. This meant that people were provided with a consistent service. One care worker told us that they were provided with enough time to support people with their needs and with travel time between visits. This meant that people's visits were not cut short to ensure that all visits were covered.

People were protected by the service's recruitment procedures which checked that care workers were of good character and were able to care for the people who used the service. There was a staff member working in the service who was responsible for recruiting care workers. They told us about their role and checks that they undertook in line with the provider's recruitment procedures. Care workers confirmed that these checks had been carried out before they were allowed to work in the service.

The provider told us how they had improved how their recruitment processes to employ care workers who were suitable for the role and of good character. This included psychometric testing, interview, questions of given scenarios that may arise when supporting people, feedback from previous employers and checks on any past convictions. Records confirmed what we had been told.

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I get help with my creams." One person's relative said that they had, "No problems," with the assistance provided to their relative.

Care workers were provided with training and had undergone medicines competency observations. People's records provided guidance to care workers on the level of support each person required with their medicines. Where people required support, they were provided with their medicines as and when they needed them. The medicines records were signed by care workers on the computerised care planning documents which allowed the management and staff in the office to monitor that people had been provided with their medicines to meet their assessed needs. The registered manager told us how a person had been prescribed with new medicines and as soon as this had happened their care records were updated to ensure that the care workers were provided with the guidance they needed to ensure people were provided with their prescribed medicines when they were needed. There were paper body maps in place for people who required support with medicines that were placed directly on their body. This was not available in the computerised system, therefore the service had taken action to ensure that records were in place to show where on the body the person's 'patch' had been placed to ensure that they were put on alternate places to ensure effectiveness. This showed that the service's medicines procedures and processes were safe and effective.

## Is the service effective?

### Our findings

People told us that they felt the care workers had the skills and knowledge that they needed to meet their needs. One person commented, "Every bit [of care], they [care workers] know what they are doing." Another person told us, "The carers are well trained." Another said, "Carers are professional, well trained and know what they are doing." One person's relative commented that the care workers, "All have different talents," which they saw as positive as the care workers could make suggestions about the care of their relative.

Records of satisfaction telephone calls to people, included comments from one person in June 2016 which stated that they felt that the care worker's, "Training is obviously amazing, very professional."

Care workers were provided with the training that they needed to meet people's needs. This included an induction before they started working in the service consisting of mandatory training such as moving and handling and safeguarding. This was updated as required. Care workers who supported people with specific needs were provided with training to meet these needs, including dementia and epilepsy. This meant that care workers were provided with up to date training on how to meet people's needs in a safe and effective manner. Staff had been provided with training on the use of the new computerised care planning system.

There was a trainer employed by the service who was responsible for delivering face to face training for care workers and there was a training suite where care workers could complete e learning courses. In addition the registered manager told us that there was a training company on site and they could access training from them if required. The registered manager told us that they had identified that all staff had not received their updated training within timescales and as a result they had organised and booked the care workers on this training. Records seen confirmed this. Workbooks had been developed for care workers to complete to refresh their knowledge. Regular memorandums advised staff and provided links for information on people's specific needs, such as dementia, Parkinson's disease and mental health.

We spoke with three newly employed care workers who were on their last day of their formal training programme. One told us that the training was the, "Best I have had." Following this they were to shadow more experienced care workers. The care workers were complimentary about the training they had received and felt that they were ready to start their shadowing shifts. They were reassured that if they did not feel ready to work alone once their period of shadowing was over they had been told that they could request more shadow shifts.

There was a 12 week induction process in place which incorporated the care certificate, which is a set of standards that care workers should work to. We saw a care worker's care certificate portfolio which confirmed what we had been told. The induction included formal training, shadowing and observations, medicines observations, ongoing mentoring, supervision and probation meetings. Both colleagues and people using the service were asked for their feedback on the probationary care workers and these, along with the one to one meetings were used to identify any further training or support needed to improve their practice.



There were career pathways in place which supported care workers to achieve their goals, such as if they wanted to work their way up in the service. During our visit we saw care workers arrive in the service to meet with their assessor for their care qualification, which showed that they were supported to undertake qualifications relevant to their role.

Care workers told us that they felt supported in their role and were provided with one to one supervision and appraisal meetings. This was confirmed in records which showed that care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This told us that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively.

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

Care workers were provided with training in MCA. Three new care workers who were on their induction period confirmed they had received this training and understood that people's consent must be sought before providing any care.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person said, "They [care workers] ask for me to agree before they help." Another person commented, "They ask me what I need help with next, never just do it." Another said, "They always ask me what I need help with, even though they already know."

The registered manager and care workers understood how people made their own decisions regarding their care. The registered manager had developed an action plan to include more information in people's care records about their capacity to make decisions. This included a template of the assistance people required to make decisions about their care obtained from the local authority. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said that the care workers, "Always make sure I have a drink and I have got one before they leave." Another person said, "They help me with my lunch." Another commented, "If I say I did not like my meal, they will ask what was wrong and what I would like."

Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. We heard a member of the office staff speaking with a care worker on the telephone regarding a person's dietary needs. The office staff member reassured the care worker and advised that the person usually ate small amounts and to offer alternative food. This showed that where concerns arose regarding people's nutrition care workers took appropriate action to ensure that their needs were met.

People were supported to maintain good health and have access to healthcare services. One person told us how care workers supported them to attend medical appointments and how a care worker had recently stayed with them following a medical procedure. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. An e mail the service received from a relative in June 2016 thanked the care worker for calling out the doctor when they were concerned about the person's wellbeing.

Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner.

## Is the service caring?

### Our findings

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person commented about the service they received, "I feel with this agency, the disabled person is right and not wrong. They are just lovely." Another person told us, "They do all sorts, very gentle and kind." Another told us, "The one [care worker] the other day, we chatted and they were interested in me." Another person commented, "I am very lucky, most of them they are really like friends, I talk to them and they talk to me." One person's relative commented about a care worker who had supported them and their relative, "I think they went over and beyond the call of duty, they really helped us." Another said, "[Care workers] are lovely, [relative] loves every single one of them."

Records of satisfaction telephone calls to people, included comments from one person in June 2016 which stated that they felt that the care workers were, "Professional, care is outstanding." Another person described a care worker as, "Charming and delightful." An e mail sent to the service from a person's relative in May 2016 stated, "We have always been impressed by their [care workers] kindness and their patience and their friendliness they always showed [person]."

We saw staff speaking with people on the telephone during our inspection visit. The staff were polite and caring in their interactions. Care workers and staff who worked in the office understood why it was important to interact with people in a caring manner. Care workers knew about people's needs and preferences and spoke about them in a caring and compassionate way. Care workers told us that people's care records provided enough information to enable them to know what people's needs were and how they were to be met. People's care records identified people's preferences, including what was important to them, how they wanted to be addressed and cared for.

People told us that they felt that their views and comments were listened to and acted on. One person commented, "I am in control of all of my care." One person's relative said, "They came here and talked to us about what [relative] wanted. We were consulted on everything." Three care workers who were on their induction told us that they had been told throughout their training to ensure that people's choices were always listened to and acted upon.

Records showed that people and, where appropriate, their relatives had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were listened to and respected.

People's independence was promoted and respected. One person told us about the areas of their body that they could wash and what they needed the care workers to help them with. They said, "I do as much as can myself, they [care workers] do not take that away, just help with what I need." Another person commented, "My condition means they [care workers] need to take a flexible approach as it varies what I can and can't do for myself."

People's records provided guidance to care workers on the areas of care that they could attend to independently and how this should be promoted and respected. Records guided staff to make sure that they always respected people's privacy and dignity.

There was a dignity tree in the service's premises where care workers and staff were asked to add a leaf with their views on what dignity meant to them. This encouraged care workers to think about how they ensured people's dignity was respected when being provided with care and support.

## Is the service responsive?

### Our findings

People received personalised care which was responsive to their needs. People told us that they were involved in decision making about their care and support needs and that their needs were met. One person commented, "Myself and the carers are governed by my condition that determines what tasks or support will be provided, this is factored into my care package arrangements." Another person told us, "I am overwhelmed by their attitude, they [care workers] do not have one leg out of the door having to go somewhere else. I can't believe my luck." Another said, "I am cared for how I want to be cared for." One person's relative said, "There were a few teething problems at first [when their relative started using the service] but we have worked together and found what works and what doesn't." Another person's relative told us how the service had responded to their relative's needs, "We asked for double up [two care workers] and this was done within days."

People's care records included care plans which guided care workers in the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised. The care records were on a computerised system which were broken down into outcomes and tasks to be provided to meet people's needs. Care workers could access these care plans prior to visiting people in their own homes to ensure they had an understanding of the care and support they needed. One care worker said that this system was much better because they did not have to spend time in the person's home reading their care plan when they could be supporting them. This was confirmed by the provider and manager who said that the system allowed care workers to spend more time with people. Staff and care workers were complimentary about the new system, one described it as, "Amazing."

Care reviews were held which included consultation with people and their relatives, where appropriate. These provided people with a forum to share their views about their care and raise concerns or changes. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. This was done immediately on care plans when the review was taking place. The registered manager gave an example of how they were undertaking a care worker's appraisal and they had shared information about how they met a person's needs, when they had been reluctant to receive an aspect of their personal care. The registered manager was able to update the care plan at that point so all care workers who were visiting the person were made aware of how to approach the person. This meant that the service was able to respond promptly to any changing needs and preferences. Daily notes were added to the system which included information about the care provided, people's wellbeing at each visit and any arising concerns.

People we spoke with were aware of the new care planning system. One person told us, "I have also got my book [care plan] here [in their home]. The [care workers] use the phone thing." The registered manager told us that paper care plans were generated from the computerised system for people to keep in their own homes.

Where people required assistance to reduce the risks of them becoming lonely or isolated, this was reflected in their care records. For example, if they required companionship or support to use services in the

community. One person told us how the care workers supported them to access services in the community, which they valued.

People knew how to make a complaint and felt that they were listened to. One person commented, "I had some problems in the past, I told them and they put it right." Another person told us, "I have never had to make a complaint, but I have the information here in my book if I need to." Another person said, "I did make a complaint, I asked for [care worker] not to be sent, I never saw them again, so it was dealt with how I wanted it to be." Another told us, "If I have any problems I just call the office and they act on it straight away." Another person said that when they had raised a concern, "It was resolved within 10 days. Pleased with the way it was handled."

We spoke with the customer service manager who told us how they responded to calls received from people about concerns they had with the care they were provided with. Where they could address issues, this was done immediately, or were escalated to formal complaints if needed. They also made calls to people to ask if they were happy with the service they were provided with, undertook initial assessments and checked that risk assessments and care plans were in place. They met with the supervisors daily to ensure that any issues were dealt with promptly.

Complaints records showed that complaints and concerns were addressed in a timely manner, this included meeting with complainants to make sure that they were happy with the investigations and outcomes. Complaints were used to improve the service and to prevent similar issues happening, for example taking disciplinary action where required.

## Is the service well-led?

### Our findings

The service provided an open and empowering culture. People told us that they felt that the service provided good care, was well-led and that they knew who to contact if they needed to. One person said, "I have confidence in the management team to address problems and concerns when reported." One person commented, "Bluebird care is brilliant, I make a point of letting them know when something is good." Another person told us that when they had problems the provider had spoken with them, which they saw as positive. One person's relative said, "If the world revolved around them [the service] it would be a good place, I reckon."

One person composed a song about their experiences of the service. They agreed that we could quote part of their song, "Bluebirds flying in the sky flying high. Never let you down...Bluebird is one who stands free. A bluebird who travels free. A bluebird is a special person of a nursing station who cares and loves one another...The public remembers you for caring for them." They told us that they were happy with the service they received.

People told us that they had filled in questionnaires about their views of the service. One person said, "I have no complaints, I am satisfied, I put it in the questionnaires." Records showed that quality satisfaction questionnaires were undertaken where people could share their views about the service they were provided with, anonymously if they chose to. People were kept updated with the outcomes of the questionnaires and actions being taken as a result of people's comments, including providing customer care training to office staff in response to concerns that communication with the service could be improved. One person said, "I did have concerns about the office, but communication is better now. Things are improving." This was also raised by two people's relatives who told us that when they had changed the times of or cancelled visits, they were not always updated on if the changes had been actioned. We spoke with the registered manager about this and they said they were improving in this area and all of the office staff had been told to keep people updated.

There was telephone contact made with people to check that they were happy with the care and service they were provided with. The records of these included actions that had been taken, where required. One person said, "The agency ring me up and ask me how I am getting on." Another person commented, "I have had meetings and telephone calls to check I am happy with the care package in place." They told us how changes they had requested had been accommodated and the service was flexible when they needed to change the times of visits. This showed that people's comments were valued and acted on to improve the service.

There had been changes in the service. The service had previously been two locations which had merged into one. The registered manager told us how they had identified issues within one of the services, such as the coordination of visits to people and training. They had worked to, "Deconstruct and restructure," to make the necessary improvements to ensure that people were provided with a consistent and good quality service. This included contacting people to keep them updated with the changes and reassure them that any concerns they had would be addressed.

Customer newsletters were sent to people including any changes within the service and information of interest, such as charity initiatives the staff in the service had participated in and available services in the community. These newsletters also included actions taken as a result of people's comments and customer testimonials. One person's relative confirmed that they were kept updated with the changes in the service and said, "The two have merged, they are getting established, much better. I can tell they have tightened up."

Care workers told us that if they were running late to visit people in their homes, they were to telephone the office who would let people know, so they were aware that the care workers would be arriving to visit them. During our inspection we saw that a care worker had contacted the office to let them know that they may be delayed to their next visit due to a fire which was affecting traffic. The office staff member checked how long the care worker may be and telephoned the person to let them know. They asked another care worker if they had the capacity to cover the call when they found out that the traffic delays were significant and then let the person and the original care worker know what was happening. One person said, "Carers for the most part are on time. Sometimes they are five to six minutes late but you expect that with traffic. If on the odd occasion they are likely to be later then I am notified. Stops me worrying. I know they will turn up. That is the most important. If they are late they still stay the allocated time."

People told us that they had no experience of missed visits. One person's relative said, "They always turn up."

Recently there had been changes in people's care planning documents. This was now on an electronic system and care workers were provided with a mobile telephone which they were required to swipe into a device in people's homes when they arrived and left. This allowed the office staff to identify when care workers had not turned up for their visits. Therefore missed or late calls could be identified immediately and addressed. The registered manager told us that staff were responsible for checking the computerised system to ensure visits were undertaken as planned. The policy for missed visits identified that if any missed visits occurred apologies must be provided to the person and they were to be met with face to face. This further identified the open culture of the service.

The care planning system included care needs that were broken down into tasks which care workers were required to input into the system when completed, such as when support was provided with medicines. This allowed the management to identify that all tasks had been completed as planned and people were receiving the care identified in their care records. Prior to care workers signing out of a visit, if a task had not been completed the system asked them if they were sure they wanted to sign out before all tasks had been identified as done. A spread sheet was generated and we could see that where tasks had not been completed or partially completed, the care workers were spoken with about the reasons. This allowed any shortfalls to be quickly followed up and actions taken. Records showed that all none or partial completion were followed up and action taken to reduce the risks of people not receiving the care they required to meet their needs.

The registered manager had identified shortfalls in the system and had spoken with the system provider to address these issues. This had included allowing access to documents by equipment other than a telephone or tablet computer. This meant relatives, with people's permission, could access people's care notes when they did not have access to the usual required equipment. In addition they could provide, on request, communication books for relatives and care workers to write any concerns or information for the attention of relatives and vice versa. This was a concern raised by two relatives who said they could not access the care notes because they did not have the up to date telephone which allowed access.



The registered manager and provider told us how they had made changes in the service and encouraged an open and transparent culture. Care workers were encouraged to visit the office at any time in case they wanted to discuss any issues arising. This was confirmed by care workers.

There was a clear ethos in the service to provide good quality care to people. The registered manager and provider told us how they continually sought ways of improving the service and to provide the best quality care they could. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. A consultant worked in the service who worked on compliance and quality and supported the registered manager in the planned improvements and the merging of the services. Although not all of the improvements had become embedded in practice, we could see that the provider and registered manager were innovative and proactive in providing a good quality care for people, which was continuously improving.

There was good leadership demonstrated in the service. Care workers told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns. They were committed to providing a good quality service and were aware of the aims of the service. They could speak with the registered manager when they needed to and felt that their comments were listened to. One care worker told us that the service was flexible to their needs when arranging their care visits, which they appreciated. Another care worker spoke about the improvements made in the service since the two locations merged, they said, "Since [registered manager] took over there has been a different atmosphere," which they saw as positive. They added that they felt valued, supported in their career progression and that care workers and staff, "All know what they are doing, a happy company." One staff member described the registered manager as a, "Good leader."

Records showed that care worker's meetings were held which updated them on any changes in the service and where they could discuss the service provided and any concerns they had. One care worker told us that where they could not attend these meetings, the minutes were provided to make sure they were kept up to date. The minutes from a meeting in May 2016 showed that care workers were encouraged to share their opinions and ideas on any areas they thought that could be improved on. In addition to the meetings regular memorandums were sent to staff to keep them updated. These included guidance on any actions care workers should be taking when shortfalls had been identified and different policies were included to ensure care workers kept their knowledge updated.

The management of the service worked to deliver high quality care to people. Records and discussions with care workers showed that spot checks were undertaken. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted a follow up one to one supervision meeting was completed to speak with the care worker and to plan how improvements were to be made such as further training.

The registered manager and provider told us about the community work that they had developed. This included providing dementia friend workshops with services in the community, including supermarkets and a bingo venue. They had encouraged 150 people in the community to become dementia friends. In addition the provider collected people, both from the community and in local care homes, to attend a coffee morning, which reduced the risks of people becoming isolated. They also had a dog which was being trained to be a therapy dog and we saw newsletters which included a photograph of the dog and the offer of the dog being able to visit people in their homes.