

J&Y Webber Services Limited

Bluebird Care Lincoln

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

J&Y Webber Services Limited trading as Bluebird Care Lincoln is a domiciliary care agency which is located near to the centre of the city of Lincoln. The service provides personal care and support to people living in their own homes in Lincoln and the surrounding villages. At their last inspection on 4 June 2014 we found they were compliant with the regulations that we inspected.

This inspection took place on 7 and 8 September 2016. The inspection was announced. At the time of our inspection approximately 118 people were receiving a range of support from the service and 82 people were receiving care under the regulated activity the service is registered with us for.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with CQC 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.

Staff understood how to report concerns about potential abuse, and when it was needed, took action to make sure people were protected from harm. People's needs were assessed and any potential risks to people and staff were identified before any new services commenced. Environmental risks were also assessed within people's homes to help protect all parties. Support plans were in place which helped inform staff about any potential risks to people's health and wellbeing and to keep them safe when it had been needed. Relevant health professionals were also contacted for help and advice to maintain people's wellbeing, where necessary.

An 'on call' system was in place outside of office hours to enable people, their relatives or staff to gain help and advice when they needed it. Staffing levels were monitored by the registered provider and an on-going recruitment programme was in place to make sure there were enough skilled and experienced staff to meet people's needs.

Staff were provided with regular supervision, including direct observation of their care practice. Senior staff demonstrated a supportive and non-hierarchical style of leadership which was appreciated by staff at all levels in the service.

Staff undertook training in a variety of subjects to maintain and develop their existing skills. Staff worked together in a friendly and supportive way and were provided with regular support through supervision, 'spot check' visits and appraisals. These processes were used to help the registered manager and staff to identify any further training needs and allow discussion and reflection on individual and team performance.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and staff had received training in this area and if people lacked capacity to make their own decisions the principles of the Mental Capacity Act 2005 and codes of practice

were followed in order to protect people's rights.

People who needed staff assistance to take their medicines were supported to do this and staff assisted people to eat and drink enough to keep them healthy whenever this type of support was required.

The provider had a range of quality monitoring systems in place which included audits, reviews and surveys. The provider and registered manager listened to what people had to say and took action to resolve issues or concerns when they were raised with them. There were systems in place for handling and resolving concerns and more formal complaints. The provider and manager met regularly reviewed and reflected on the systems they had in place to manage the service. When action was needed they responded in ways which enabled them to keep developing and improving practices for the future.

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.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People felt safe when they were being cared for by staff. Risks to people's health and wellbeing were identified, including those related to the home environment.

Safe staff recruitment and induction procedures were in place which ensured there were enough staff in place and that they were suitably supported and trained to work with the people who used the service.

People who needed staff assistance to take their medicines were supported safely to do this.

Is the service effective?

Good ●

The service was effective.

Staff had received all of the training and support they needed.

People had been supported to eat and drink enough and staff ensured people had timely access to any healthcare services they needed.

The registered manager and staff were following the MCA.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring. They provided compassionate care to the people they supported.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good 

The service was responsive.

People had been consulted about the care they wanted to receive.

People were involved in planning their support and were helped to maintain their independence in the community.

The provider and registered manager responded promptly and effectively to address any concerns or complaints they received.

Is the service well-led?

Good 

The service was well-led.

The quality checks and monitoring arrangements in place helped ensure that people received the care they needed.

Steps had been taken to promote good team work and staff were encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

People had been invited to contribute to the development of the service.

Bluebird Care Lincoln

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 registered persons were 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.

The inspection was announced. The registered provider was given 48 hours' notice of our inspection visit. We did this because the registered manager was regularly out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available in order to contribute to the inspection process.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report. We also reviewed other information that we held about the service such as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies such as the local authority and Healthwatch England.

The inspection was conducted by an inspector and an inspection manager who visited the administration office of the service on 7 and 8 September 2016. During these visits we telephoned eight people who used the service and the relatives of two people to seek feedback and their views about how their needs were being met. In addition we met with two people who received support from the service and we received feedback from a healthcare professional who had regular contact and worked closely with the service.

We also spoke with the registered manager, a care co-ordinator and five of the operational care staff team. We looked at a range of documents and written records about how services were being provided including eight people's care files, four staff recruitment files, information relating to the administration of medicines and the management, auditing and monitoring of the overall service provision.

Is the service safe?

Our findings

People told us they felt safe using the service and that they felt safe with the staff who visited and supported them with their care. One person said, 'If I am worried about something, I could talk to them as well as to my own [family member]. Another person said, "Bluebird give me security."

The registered manager confirmed that wherever possible before people had started to receive a service, visits were undertaken to talk to people about what services Bluebird Care Lincoln provided. Assessments were then completed with the aim of agreeing a care plan to meet each person's personal needs and preferences. A staff member told us that risk assessments were put in place when there was someone new to the service to ensure that both they and the staff were safe. There was an out of hours number that staff could ring if they had any concerns about people they were supporting. These included any risks related to people's mobility, bathing, taking medicines and dressing. We saw that the care records created from these assessments detailed the action needed to minimise any risks identified. Staff told us they were aware of the risks related to the care they provided for each person and worked to minimise these.

Advice to people and their relatives about how to raise any concerns about their safety and welfare were provided at the time people that first started using the service. One person told us, "They [Staff] leave the house very safe. They all show concern about what I'm doing." A care worker said, "We wear uniforms and ID badges which is nice, people recognise us." They described how they supported someone with memory loss as a result of dementia. They said although the person had difficulty remembering things the person recognised their uniform and would rush to the door to greet them. The registered manager confirmed the identity badges were checked and updated regularly to make sure they clearly showed the care staff member as they were.

Training records showed staff had received training in how to keep people safe and staff were clear about safeguarding procedures. Staff told us this was covered as part of the induction process and that they knew who to report concerns to if they felt people were at risk of harm and what to do if they felt the concerns had not been addressed. The information included the police, the local authority safeguarding team and the Care Quality Commission (CQC). Information about the safeguarding procedures staff should follow were on display in the service's office. We also saw the registered manager had made information cards for the staff to carry with them with their identification badge to remind them about vital safeguarding information. Staff told us that ensuring that people were safe was important to the manager. One staff member described how someone declined care and they were concerned about how it would impact on their health, so they reported it to the office so that the correct advice could be sought. The staff member said, "If I don't report it and if something goes wrong I'm to blame."

The registered manager told us they had an assessment process in place to consider and plan any new requests for care so that they could make sure they had enough staff in place and the time available to meet the need before it was provided. The staff rota information we looked at showed that staff deployment was planned to make sure care staff had the time available to meet each person's need. The arrangements were supported by a system for staff to report any delays in providing care due to events beyond their control

such as delays in carers' travel time or staff sickness absence. A staff member told us that a rota was sent to people every week. They said it was important that people knew who to expect. A staff member said, "Just because a person isn't leaving the house, doesn't mean they don't have plans."

Most of the people we spoke with said the care staff were consistent in their timings and that wherever possible the staff who visited remained the same. One person said, "It's nice to have the same familiar people. They [Care staff] get 10 minutes to sit and talk." Where care visit delays had occurred people told us and records showed that telephone calls were used by staff and the co-ordinators to provide clarity on when the visits would be completed and assurance to people so that they knew what was happening and that any immediate risks would be addressed. One person told us, "If there is ever the chance of a delay they let me know. It helps me to know where I am. I feel safer knowing." Another person commented that, "Sometimes the office alters the timetable, but they don't always tell us, but it's improved since the new manager took over."

However, other people said they had experienced a number of changes to their care staff and some delays in timings for the visits they needed. When one person told us about their experience of the service they received they described how they had become very frustrated and let down by the lack of consistency in both scheduled call times and carers. With the person's permission we spoke with the registered manager about their concerns. The registered manager undertook immediate action to arrange and carry out a review together with the person. After we completed our inspection visit the registered manager told us about what they were doing to address the person's concerns.

When we spoke with the registered manager we also discussed the feedback we received from other people who used the service about communications relating to rotas and deployment of staff via the rota systems, which some people felt was leading to inconsistencies in the delivery of their care. In response to this discussion the registered manager undertook immediate and positive action and produced an action plan which included detail and timescales on all of the actions being taken to address the issues we discussed.

The provider had safe recruitment processes in place. The registered manager demonstrated this through showing us the recruitment information and details contained in four staff files. We saw that appropriate reference checks had been obtained as part of the recruitment process for new staff. Security checks had also been carried out to ensure that staff employed were suitable to work with the people who used the service.

We saw the provider had also taken steps to ensure the safety of staff when they undertook their care visits alone. Lone working risk assessments were in place for care staff who needed one and the registered manager confirmed the assessments were being introduced for all new staff who were recruited. Whenever it had been needed the risks related to the number of staff needed for each care call had been considered and where appropriate two staff had undertaken visits together. Other risks were also assessed and action taken to minimise these. For example, risks related to the environment and accessing the person's home through the use of a key safe had been considered and any agreed actions to minimise or remove the risk were recorded.

The registered manager told us that people had control over the arrangements in place for any help they needed in being reminded or supported to take any medicines which had been prescribed for them and those they needed to take to keep them well. A care worker we spoke with told us that they had been trained to administer medicines and training records showed medication training was regularly updated. Staff told us they were confident they had the skills to safely support people with their medicines and that there was also a clear 'chain to follow up' if they had problems or concerns such as contacting the pharmacy

if they had queries about labelling of medicines.

We saw records of medicines administration had been accurately completed and computer copies of the records were kept with the care plan information so they could be checked by the co-ordinators and the registered manager at any time. These checks were completed to ensure people were consistently supported to take only the medicines which they had been prescribed.

Is the service effective?

Our findings

People we spoke with and their relatives told us that staff were effective at meeting their needs. One person said, "The staff are very good. I think they are well trained because they can do the things I need help with well." People also said that when they needed to go to the registered provider's office they could access it easily. We saw the office was located on one level with access to car parking near to the entrance of the office and that there was private space in the office to enable people to meet with the provider in private. We also saw that there were two vehicles available which were for the use of staff if they needed transport and their own vehicles were not available for use.

The registered manager told us that all new staff, regardless of their role, received a full induction which covered aspects of care such as medicines, care people needed at the end of their lives and dementia. Each new staff member had a mentor appointed and they spoke with them each day while they were on probation.

We saw that the induction included completion of the new national Care Certificate which sets out common induction standards for social care staff. Once induction had been completed staff told us that they had access to a range of training opportunities. The registered manager maintained a detailed record of the training that was required by and completed by each member of staff and records showed staff training was on-going and relevant to the role they were undertaking. For example, some staff were trained to provide specialist care such as supporting people to receive nutrition through specialist equipment directly into their stomachs. Senior staff also provided staff with regular support to ensure they had the knowledge and skills to perform their role effectively and in line with the provider's values and ethos. Staff told us and records showed they were also provided with regular office-based supervision and an annual appraisal.

Staff told us supervision provided an opportunity to discuss any development needs or concerns. A staff member told us, "I'm learning so much, I love it." In addition spot checks were undertaken. The senior staff member undertaking spot checks was also working to ensure that they met all the people receiving care through the service.

When people had started to use the service, the provider had assessed each person's capacity to consent to their care and support and people had information in their care plans to show they had consented to their care. Through our discussions with the registered manager and care staff it was clear they had an understanding of 'best interests' processes. Records we looked at confirmed and staff told us they had received or were due to attend training in the Mental Capacity Act 2005 (MCA). The training was on-going to ensure those staff who needed to receive it had access to it. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff we spoke with understood issues around consent and described how they would respect people's wishes if they refused care. They described what actions they might take to enable the person to make

decisions for themselves. One staff member told us, "If the person doesn't want breakfast, I might ask if I can make myself some toast. When the person sees the toast then they are more likely to want to join me."

The registered manager and care staff we spoke with told us how they worked closely with a range of local health and social care services including local doctors and community nurses to ensure people received any specialist care and treatment required. When people became unwell staff knew what to do to enable people to get the help they needed. For example, one care staff member told us that they had a good relationship with the district nurses in the area that they covered. They were able to describe how this helped one person with significant health needs. By working with the district health team the person was enabled to go to attend the special occasion of a loved one which was very important to them. A person we spoke with told us that care workers supported them with their health needs. They said they felt that the GPs were not always interested but, "[the care worker] is good and will insist with the GP's. I'll ask them to make an appointment for my flu jab and they will help me."

Care staff told us they understood the information available in care records regarding any help people needed to make sure they ate and drank enough to keep them healthy and followed the care plans whenever this was required. Where people needed this type of support records detailed any particular likes or dislikes and any risks associated with people eating or drinking, for example in relation to food allergies and swallowing which had been identified. An office staff member told us that there was a food diary for those who needed one on the computerised care system with the level of detail dependent on people's needs. If necessary staff would prompt, monitor and check people's access to food and drink. One of the care staff told us, "I always make sure people have plenty to drink, especially in this weather." The registered manager and care staff told us if they had any concerns, with the person's permission health care professionals were contacted for advice to help maintain people's dietary needs and their well-being.

Information also contained in the care records showed how some people had described the additional support they would want to receive at the end of their lives and how staff should provide this. Staff also described how they had supported someone who chose to die in their own home by working closely with MacMillan nurses and district nurses.

Is the service caring?

Our findings

People told us the staff who worked for the service were very caring. One person said, "The staff who visit are very caring. They take their time even when they are rushed to go to another visit. The way they care shows me they want to do the job and that makes me feel more like a person."

People also told us that care workers supported them in ways which promoted their privacy and dignity. One person described how the care worker would stand behind them when supporting them with their shower which made them feel more comfortable. Another person told us, "They always knock at the door and wait for me to let them in."

The registered manager and senior staff we spoke with confirmed supervisors carried out routine observations of care staff whilst they were delivering care and gave feedback about the way care was delivered and the behaviours displayed by staff. Care staff told us this helped them to keep reflecting on their roles and how they engaged with and responded when supporting people to maintain their dignity.

One person we spoke with said the staff, "Always show lots of kindness and compassion to me. I like them as people and we get on well." The registered manager confirmed the operations manager had recently taken on the role of dignity champion for the service. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. They told us the role was new but that would be rolled out to the staff mentors so that they could incorporate the role as part of their observation checks and mentor discussions with staff.

Care plans were person-centred and showed a detailed level of information about the care needed for each person and to accommodate people's preferences. For example, one care plan described that the person liked their towel and lotions warmed on the radiator before their shower. Another care plan for someone living with dementia detailed the type of questions they might ask and what answers they should give them to provide reassurance.

People received support to access community services and to be part of their communities. For example, one person we spoke with described how care workers supported them with choices regarding activities and the registered manager showed us a scrapbook with memories of events they had enjoyed. Information showed some people had been supported by staff to visit a recent local exhibition and there was a comment from one person who received a service that said, "This service has been brilliant. If I didn't have Bluebird Care I would be in a home and I'm so grateful."

A staff member told us how they supported someone with anxiety to access shops and the community because this gave the person an opportunity to make their own choices and not to be dependent on what other people brought into their home for them. Another staff member described how they might support people to make choices by laying out a couple of outfits for them to choose from to wear during the day.

The provider was aware of the need to keep information they held about people and their needs private and

to maintain confidentiality in relation to people's personal information. The registered manager and staff we spoke with said they always respected people's privacy and protected the information they held about people. Through our review of care records we saw information recorded by staff for each visit was factual and did not disclose any personal or private information which the people did not want to be shared. We also saw that personal care files and information about people's needs were stored securely in the service's office and that all of the service's computer documents were password protected wherever necessary so that only staff who needed to access the information could do this.

The registered manager told us that if people needed any additional help to express their views they and the staff team would provide information for people to access lay advocacy services. Advocates are people who are independent of a service and who support people to make and communicate their wishes. We saw that the provider had developed links with a local lay advocacy service and had established a range of information for people to access about lay advocacy and how it could be accessed whenever this was needed.

Is the service responsive?

Our findings

People told us the services they received were responsive to their individual needs. One person told us, "If I feel I need help or advice, I shall be given it. It's nice to have somebody to talk to." When we spoke with staff it was clear that they were aware of people's individual needs and preferences and that this knowledge enabled them to provide support in a responsive and person-centred way. One person told us, "With the Wednesday [care worker] we try to get out."

Care workers supported people to retain their independence and to enjoy day to day tasks that made them feel as though they had a purpose. A staff member who worked in the office told us that they had received a call from a family member who was concerned about their parent feeling isolated. The person described how the care worker had spent time with the person who used the service and showed them how to sort the contents of their refrigerator. When the family visited the person was pleased and proud to show them the contents of their refrigerator. The family rang to share their gratitude as this had made a difference to their loved one.

A care worker told us how they supported a client who had experienced a stroke to attend a gym to improve their physical health. The care worker had learnt exercises to support the person and was able to describe how at the person's request they had started to keep a video record so that they could track the person's progress. When the person had a 'down' moment, the care worker was able to share with the person the improvement they had made. The care worker described how they were able to bond with people and was able to communicate with one person as they understood their body language. We also saw care workers were attentive to people's needs. For example, while we were speaking with one person a care worker noticed an irritation on the person's chin and offered to put some cream on it when they got home.

People were involved in their care. One person told us they had a folder at home with information about how the service could support them. The registered manager told us all of the care plan records were being reviewed to ensure they were fully up to date after they had introduced an updated system for recording information. A care worker told us that the new system for care plans was good as they could read information about the person who used the service before supporting them. A care worker told us that building a relationship with the people they supported was important. They said, "You have to be a different personality with each person because each person is different."

The registered manager and operations manager told us how they had developed strong professional relationships together with health and social care professionals and that this had led to people being helped to retain their independence. A healthcare professional who provided feedback to us about the relationship they had with the agency told us, "Bluebird have always been responsive to enquires with prompt responses and accurate information, and are considered by our team to be a reliable, resourceful, and valued community contact and provider. Most importantly, they enable vulnerable patients to return to their own homes, and give our patients an alternative discharge pathway, where the more traditional discharge routes would have been detrimental to that patient's recovery." The healthcare professional also described how the management team communicated with them saying, "All communication is made via telephone and

email, and is always prompt and informative. [The care co-ordinator] and her team have enabled me to work flexibly and effectively, with care provision always available when needed, which has been noted as impressive by our team."

Most of the people we spoke with told us they knew how to contact the main office and to raise any concerns they had. One person said, "I just call the office and they are there." Another person said, "I do call the office and if the manager isn't free and I need to talk to someone higher the service owner always comes back to me." When people had indicated to the provider that they were unsure about how to complain, for example through the reviews being undertaken, they were being followed up to make sure people had access to the information they needed.

The registered manager kept information to show the number of compliments and complaints they had received. They told us in the last 12 months they had received 75 compliments and that they had needed to respond to eight formal complaints. Information we looked at showed the complaints related to a range of themes. They included issues regarding invoicing and the communication associated with the planning and consistency of the service people received. We saw the complaints had been taken seriously and followed up by the provider and registered manager in line their policy and procedure for formal complaints. We saw a response to a recent complaint that was clear and open to the complainant and described what they had done to improve the service based on the complainant's feedback.

The registered manager told us they analysed complaints they received to identify any emerging themes and the outcome of any actions taken following a complaint were discussed together with all staff during staff meetings. The registered manager also said that if needed specific issues were discussed through individual supervision sessions so that any further actions needed to reduce the risk of them being repeated could be considered and if needed additional action taken. At the time of our inspection the provider and registered manager confirmed there were no outstanding formal complaints.

Is the service well-led?

Our findings

There was a manager in post, who had recently registered with us to manage the service. The registered manager was supported by an operations manager, three care co-ordinators and two care supervisors.

Throughout our inspection visit, the registered manager demonstrated an approachable and reflective management style when listening to and communicating with office and care staff. One staff member told us, "Since [The registered manager] has taken over the manager's role I have seen some positive changes and the communication and the overall mood is a massive positive." Other staff comments included, "[Since the new manager started] it's been amazing. I feel listened to more." and "Within a couple of weeks I felt like I've always been here."

As part of the management support arrangements in place the registered manager told us they met with the provider every week to discuss any issues, the development of the service overall and to agree any actions needed together. People and staff we spoke with told us that they were clear about how the organisation worked and staff we spoke with said they felt well supported in their roles. There was a range of information available to tell people about the services provided and we saw the provider's vision statement was on all documentation and on display on the walls around their offices.

People we spoke with told us they could contact the office at any time and one person commented that, "[The registered manager] gets things done on time." Another person who used the service said, "I'd be happy to ring the office if something could be done differently." They said that they were confident that the provider would listen to them and respond.

We saw that the manager led the service with a focus on developing a staff culture based on person centred care that enabled people to be in control of their own lives. Staff told us the registered manager empowered staff to make decisions and, wherever possible to address any concerns as they were being raised. One staff member told us, "If it's in my job role I can deal with it there and then." They also confirmed that the culture enabled them to be open about mistakes so that they could resolve and learn from them, saying, "As a team we would solve it."

When describing their approach the registered manager gave us an example of a staff member who had been making appointments on behalf of a person being encouraged to support the person to make their own appointments and therefore their own decisions. The registered manager told us this gave the person an added sense of control over their own life. A staff member commented that there was a, "Real sense of working as part of a team. Everyone helps everyone." The staff member told us that they had not worked anywhere else where they had such a supportive manager.

Staff we spoke with also told us they felt able to raise any concerns they had direct with the registered manager and the two care co-ordinators who supported them. They said if they had any concerns they would be listened and responded to appropriately. Staff also confirmed they had access to a confidential whistle-blowing procedure to enable them to report any concerns they had without fear of any

recrimination. Staff said they understood that if they had any issues which they felt needed to be escalated outside the agency they would not hesitate to raise these direct with external organisations such as The Care Quality Commission (CQC).

The registered manager told us how they worked with other agencies to improve people's experience. For example they told us for one person who experienced severe anxiety they had additional support arranged for the person through Age UK and that this had helped the person to feel less anxious. The registered manager also described plans they had to run a series of visits called 'every visit counts' aimed at reducing social isolation and that they had set up a dementia awareness forum. This was a two hour session for the families of people who received care so that they could better understand the needs of their loved ones, share experiences and get to know staff.

In their PIR the registered manager told us they supported staff to access information related to the ongoing development of good practice. They told us, "We are a registered member of the United Kingdom Homecare Association (UKHCA) and share all relevant sector specific updates with our workforce to enable the promotion of best practice. Our Bluebird Care franchise network have introduced a 'Best Practice Forum' for staff access/reference on our intranet and to promote discussion on best practice within health and social care."

The provider had a range of systems to monitor the arrangements in place for the care the service provided. The registered manager told us they used an electronic care planning and care notes system which was completed by care staff and communicated to the office staff team who managed and updated the care plan information as any changes were being made through the review process. The system also helped to ensure the staff visits and timings for each visit could be monitored and managed so that any issues related to delays in care being given could be prioritised and addressed. The registered manager, care co-ordinators and care staff told us how they worked within these processes to ensure quality was being maintained. The registered manager and care co-ordinators also undertook regular monitoring checks to ensure the care provided was meeting the needs of the person in the way they expected.

The provider carried annual surveys with people and told us the last survey was completed in January 2016. The information we looked at regarding the responses the provider received indicated the overall feedback from people was positive. The registered manager said they were in the process of sending out a new survey but that in advance of this they had been considering the way they did this and how they might get more timely feedback from people so they could respond to any issues people had which had not been raised. For example, they and the operations manager told us how they had worked together to commence a process of reviews called 'experience reviews' where they arranged to meet with people to get their direct feedback on the quality of care being provided. We looked at the outcome of three recent experience reviews which showed follow up actions taken in response to feedback received. For example, one person had fed back that they experienced a missed call and had reported this to the office but not had feedback. Action was taken to remind the office staff of the need to improve communication and provide a response when requested. The person also asked for help to obtain a wrist strap for their telephone lifeline system. The record showed this had also been actioned.

Following our inspection the registered manager confirmed the experience reviews were being scheduled with all of the people who used the service and that people would receive communication about any actions agreed and undertaken. The reviews would be repeated every six months. The registered manager told us seeking and using feedback in this way helped to create a culture of continuous improvement which they intended to maintain.

As part of their wider reporting arrangements the provider was aware of the need to notify CQC and other relevant agencies of any untoward incidents or events which occurred within the service. We saw that any incidents had been reported to the appropriate agencies, such as the local safeguarding team and where needed had been responded to by the registered manager.

The provider shared the weekly newsletter produced by the United Kingdom Homecare Association [UKHCA] to the management team and the registered manager confirmed this was circulated to office and carer staff and any directly relevant points of interest discussed at regular team meetings and supervision sessions. The registered manager also told us, "We also offer to email the newsletter to all care staff and have a printed version on the table in our rest room/kitchen area. This showed us people benefited from staff having access to and acting on good practice guidance.

Monthly staff team meetings were held which staff said were used to enable them to discuss rotas, call timings and individual care needs. A care worker told us that any issues would be talked about within the staff team so they could be addressed and resolved together. Another staff member told us, 'If I could work every day I would. It is very family friendly. If I've ever got an issue, they help me'. They told us that at staff meeting they had discussions about what they could learn from when things had gone wrong or the meetings were used to share information with colleagues.

The provider had a business continuity plan in place so that the registered manager and staff would know what to do if, for example there were delays in the ability to deliver care due to extreme weather conditions. This information included details about the other professional agencies the management team would need to work with to ensure the continuation of service provision and how communications would work to ensure the continuation of the service. The registered manager told us this document was kept under regular review so it could be updated as and when needed.

As part of their strategy for managing the service the registered manager had developed an ongoing audit action plan which was kept under review and updated regularly through reports to the agency's directors who they met with weekly. The registered manager had an on-going action plan in place which linked to these meeting and which they said enabled them to take any additional actions needed to keep developing and improving care, communication and practices for the future.