

Aeracura Limited

# Bluebird Care (Cheshire East) Domiciliary Care Agency

## 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

We inspected Bluebird (Cheshire East) on 21, 22 and 23 September 2016. As this was a domiciliary care agency service, we contacted the registered manager 48 hours before the inspection. This was so that we could ensure that staff were available at the office. At the last inspection in January 2014 we found the service met all the regulations we looked at.

Bluebird Care (Cheshire East) is registered to provide personal care to children and adults who live in their own homes. The offices for the service are located in Crewe. At the time of the inspection 38 people were in receipt of personal care.

The service has 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.

People were very positive and complimentary about the support they received from Bluebird Care (Cheshire East). They found the service to be very reliable and responsive to their needs. Comments included "I can't speak too highly of them, they are excellent," "They care greatly" and "I am indeed happy with the way they treat me."

People told us that they felt safe and we found that people were protected from harm and abuse. Staff were trained in safeguarding procedures and understood their responsibilities to report any concerns of this nature. Two staff members were uncertain where they could report safeguarding concerns to outside of their organisation. The registered manager addressed this immediately and ensured that all staff had a copy of the service's safeguarding process flow chart with contact details.

We found that there were sufficient staff to meet the needs of the people supported by the service. The service was focused on the recruitment of new staff and the manager told us that additional care packages would not be accepted unless they had the staff to cover these. People told us that their care calls were never missed, and that staff always arrived to support them as expected.

All new employees were appropriately checked through robust recruitment processes.

People who required support with taking their prescribed medicine were provided with this. We saw that medicine administration records (MAR) had been written and printed by staff. However we found in a few cases, the information written on the MARs did not always reflect the current medication requirements, although people were receiving their medication as required. The registered manager took immediate action to address these issues.

Staff were skilled and knowledgeable. We found that staff completed an induction prior to starting work in

the service and received regular and on-going training. Staff told us that they felt supported, they received regular supervision and appraisals.

Staff had an understanding of the Mental Capacity Act (MCA). Staff ensured that they obtained consent from people prior to carrying out any support tasks. The registered manager told us that all of the people they supported at the current time had the capacity to make decisions about their care.

We found that people were well cared for and treated with compassion. Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care. People told us that were treated with dignity and respect.

People received personalised care and the service was responsive to people's changing needs. Assessments and care plans were in place. They provided sufficient information and were regularly reviewed. The care plans and risk assessments provided some person centred information but this was an area that the service had already identified for further improvement.

The service had a complaints policy and procedure that was included in people's care records. People and staff spoken with said they felt confident they could raise concerns with the registered manager and staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

The management team were friendly and approachable. We found that information was organised and readily available. There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service. Staff told us that they felt well supported by the management team. Communication within the staff team was effective and the registered manager ensured that staff were kept up to date with best practice guidance. There were plans in place to develop and improve further the quality of the service.

## 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 found that the service was safe.

We found that staff understood their responsibilities to safeguard adults from abuse and harm. Staff had received appropriate training.

We found that there were some minor issues with the recording of medication administration. The registered manager took immediate action to address these issues.

People told us that they felt safe whilst being supported by staff.

There were sufficient staff to meet the needs of the people using the service and robust recruitment processes were followed by the registered manager when recruiting new staff.

### Is the service effective?

Good ●

We found that the service was effective.

Staff were skilled and well trained, they received a robust induction and regular training updates. Staff were undertaking the Care Certificate.

Staff received effective supervision and felt supported.

People were happy with the support they received and felt their views were listened to. The service had an understanding of the requirements of the MCA.

People had access to health and social care professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who had a good understanding of their needs and had developed caring and supportive relationships with them.

People told us that staff treated them with care and compassion.

Staff respected people's choices and independence. They provided care and support in line with those choices.

People told us that they were treated with dignity and respect.

### **Is the service responsive?**

**Good** ●

We found that the service was responsive.

Staff knew people well and had a good understanding of their needs. People told us that the service was flexible and responsive.

Assessments were carried out prior to the start of the service, to ensure that people's needs could be met. Care plans contained sufficient information for staff to know how to meet people's needs. The service had started to review all care plans to make them more person centred.

People were aware of how to complain and said they would feel comfortable raising any issues with the care staff or registered manager.

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

**Good** ●

The service was well-led.

Staff told us that the service was well-led. They knew what was expected of them and felt supported in their roles.

The management team had good knowledge and understood of the needs of people using the service.

People were asked for their views of the quality of the care provided and there was a system in place to receive feedback from people using the service, relatives and staff.

We found that the service had systems in place to monitor the quality of the care.

# Bluebird Care (Cheshire East) Domiciliary Care Agency

## **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 21, 22 and 23 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to speak with them.

The inspection was carried out by one adult social care inspector.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. We contacted the local authority contracts quality assurance team to seek their views and we used this information to help us plan our inspection. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at any notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experience of people who used the service. We spoke with people who used the service and their relatives over the telephone. These included nine people and four relatives. We looked at a number of records during the inspection and reviewed three care plans of people supported by the service. Other records reviewed included staff training records and

records relating to the management of the service such as policies and procedures, rotas and meeting minutes. We also inspected three staff recruitment files.

Throughout the inspection we spoke with a number of staff including, the director of the service, the registered manager, three care supervisors and five care assistants.

# Is the service safe?

## Our findings

People told us that they felt safe whilst being supported by staff from the service. People felt very satisfied with the support that they received. They said "They make me feel safe," and "I feel confident with the carers."

We found that people were protected from the risk of harm and abuse. We saw that staff had received training in safeguarding and staff who we spoke with had a good understanding of safeguarding, the signs of abuse and how to report it. One staff member told us, "I would go to a supervisor with any concerns, you could also go to CQC or the council." However, we noted that two of the staff we spoke with were unclear where they could report safeguarding concerns to outside of their organisation. We saw that within the office there was a flow chart on display which explained the process for reporting any safeguarding concerns. Following the inspection the registered manager confirmed that she had re-distributed this information to staff via their monthly newsletter.

We found that the service had a safeguarding and whistleblowing policy in place. The safeguarding policy was due for review in 2014 and did not incorporate current legislation. Following the inspection the registered manager confirmed that the safeguarding policy was amongst others which were currently under review within the organisation, which had been made a priority.

We found that the manager knew how to report any safeguarding concerns. Indeed, the manager had regular contact with the local commissioning team, who took the lead for safeguarding adults and explained that they would discuss any safeguarding concerns with them directly. The registered manager told us that any records relating to safeguarding concerns and the actions taken were stored on people's individual records but there had been no recent safeguarding concerns.

The service employed enough staff to cover the shifts required within the service. People told us that their care calls were never missed, and that staff always arrived to support them as expected. The staff we spoke with all felt that there were enough staff within the service to cover the shifts available. The amount of people who used the service had reduced in recent months due to difficulties with the recruitment of new staff. The registered manager explained that they would only take on care packages when they had sufficient staff to cover these calls. We found that this approach ensured that calls were always covered even when staff were on leave or off work due to sickness. We saw that there were two care coordinators, as well as three supervisors who were office based and were available to support staff and cover emergency calls if necessary. There was an on-call service for emergencies outside of normal working office hours. Staff told us that they felt well supported. One carer commented "There's a safety net and always someone at the end of the phone."

The service used an electronic rostering system to ensure all planned visits went ahead and we saw that staff were allocated travelling time. People told us that care calls were at the times that they preferred and carers were usually on time. They said "They are reliable" and "They come on time and I have more or less the same carers." The management team understood the importance people placed on having regular care



workers. The registered manager told us that they tried to use the same staff to ensure people were supported by staff who knew them well. One person told us "They come on time, they know me well."

People and staff told us that the length of calls were sufficient and provided enough time for staff to meet people's needs in an unrushed manner. Staff commented "You get time to talk to people." Where possible the service would ensure that new staff were introduced to people before they provided support. Although one person we spoke with commented that this had not happened more recently. We highlighted this to the registered manager.

The service was focused upon the recruitment and retention of new staff. A new incentive had recently been introduced to support staff to consider their "career journey" and to develop their skills and knowledge.

All new employees were appropriately checked through robust recruitment processes. We inspected three staff files, which confirmed that all the necessary checks had been completed before they had commenced work at the service. This helped to reduce the risk of unsuitable staff being employed. We saw that all staff had completed an application form which included their employment history. Recruitment checks included, obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. We saw that interviews questions were thorough. The registered manager explained that she was always involved in the recruitment of staff and placed great importance on ensuring that new staff were able to demonstrate a caring and compassionate approach.

Staff had the information they needed to support people safely. Risk assessments were undertaken to keep people safe and manage any identified risks. For example they were completed for moving and handling or the use of equipment. These had been reviewed and updated to meet people's changing needs. We saw an example where staff had identified concerns about a person's mobility. A relative explained that a re-assessment had been arranged to ensure that the staff were supporting the person as safely as possible. Environmental assessments of people's homes were also undertaken. We saw that the care plans included actions to manage risks as safely as possible. We also saw that where equipment was used, for example a ceiling track hoist, a record was kept to indicate when it's next service was due. This was to ensure that it remained safe and fit for purpose.

People told us they were happy with the support they received with managing their medicines. The service had a medication policy in place to support staff and to ensure that medicines were managed in accordance with current guidance. This policy was due for review which had been prioritised by the organisation. We saw from the records that staff who administered medication had received medication training and their competency had been checked on a regular basis.

People who required support with taking their prescribed medicine were provided with this. We saw that medicine administration records (MAR) had been written and printed by staff.

We viewed five Medication Administration Records (MARs) records which demonstrated that people were supported with medication, including creams. These records showed the type, frequency and dosage of medication. Where people were being supported with medicines, information was recorded in their care plan about the support they needed. Care staff signed MARs when they had assisted people to take their medicine. We noted that there were some minor issues with the MARs we reviewed. For example there were some gaps where staff had not signed to indicate that the medication had been administered. We were informed that some of these gaps occurred when the person's family supported them with medication, but

this was not recorded on the person's support plan and could have led to confusion. The registered manager confirmed that a small number of the instructions on the MARs had not been updated to reflect the current instructions as indicated by people's medication blister packs, but that staff understood people's current medication needs. We asked the registered manager to check that medication was being administered appropriately and she confirmed that it was. The registered manager took immediate action to address these issues and confirmed after the inspection that a full audit of every MARs had been undertaken and all recorded information was current and accurate.

We saw that the service had a business continuity plan in place and this ensured that all relevant contact numbers were easily available in the event of an emergency. Systems were in place to minimise any adverse impact on the service people received in the event of an emergency. A customer priority tool was used to ensure that the most vulnerable people would be appropriately prioritised in the event of an emergency.

# Is the service effective?

## Our findings

People and their relatives told us that they found the service to be effective. Comments included "The carers seem well trained" and "I am very satisfied with Bluebird."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. People spoken with told us that carers were knowledgeable and well trained. All staff were required to complete induction training before starting work at the service and all staff spoken with confirmed that they had gone through this training. This was followed by the shadowing of other staff members to gain experience. We saw that alongside their induction new staff were required to undertake The Care Certificate. The Care Certificate is a recognised set of standards that health and social care workers must adhere to in their daily work. We saw that the care supervisors observed staff on a weekly basis as part of this induction and they would be signed off as competent following appropriate assessment. We saw that staff had completed workbooks which were linked to The Care Certificate. We talked with a newly recruited staff member who told us that they had completed a two day induction and described how thorough they had found this training, they commented "It helped me a lot."

All staff undertook regular training and we saw evidence of training certificates within staff files. Training which the service considered to be mandatory was undertaken on an annual basis and we saw that staff undertook e-learning which included safeguarding, basic life support and infection control. The training included practical assessments for manual handling, as well as regular medication competency assessments. We inspected the training records and saw that on-going training was monitored, kept up to date and logged. The registered manager demonstrated that a new training programme was being developed to ensure that all of the staff as well as the new starters had undertaken all aspects of the Care Certificate. Specific training was also organised when required. This training enabled staff to meet the people's individual needs, for example epilepsy/medication training. We found that the service also maintained links with other organisations for best practice. A representative from the Stroke Association had recently undertaken stroke awareness training with the staff.

The management team supported the development of staff skills and knowledge through a monthly staff newsletter. We saw two examples which demonstrated that staff were kept updated about best practice guidance. For example, in a recent newsletter staff had been given safety reminders for times when they were assisting people with bathing and showering. This information had been produced to reflect current good practice guidelines. We saw that the latest newsletter provided food hygiene information and a training update.

People told us that carers knew their needs well and discussions with staff demonstrated that they had knowledge about people and the way that they preferred to be supported. People told us. "They know me well" and "I have a very good principle carer, she's brilliant." Staff told us they were kept updated about any changes in people's support needs through reading people's care plans. They said that they would often go into the office to read people's care plans prior to providing their care. One carer told us "I look at the care

plans, which give all the information needed."

We saw from the records and by discussions with staff that one to one supervision meetings were carried out on a regular basis. We saw annual appraisals were also undertaken. The registered manager demonstrated that the service was committed to supporting staff to develop their skills. Indeed, they were implementing a new supervision process and which incorporated a "career pathway" approach. We saw booklets being completed which supported staff to create a personal development programme (PDP), which enabled staff to identify their individual training and development needs, as well as the support needed to meet these needs. For example some staff had identified the need for training in dementia to build on their current knowledge.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We saw that some staff had completed MCA training and had an understanding about the principles of the MCA. Staff told us that they understood that people should be supported to make their own decisions. They told us, "You should give them as much information as possible to help them make decisions," and "People are able to make their own decisions." The registered manager explained that she had undertaken training provided by the local authority about the MCA and this was an area she wanted to focus on further. She had planned for all staff to undertake e-learning on the subject. We were advised that all of the people currently supported by the service had the capacity to make decisions about their care and it had not been necessary to carry out any MCA assessments. We saw that documentation was available to staff if they needed to carry out an MCA assessment or record a best interest decision.

We found that staff gained consent from people before carrying out any care tasks. One person told us, "They ask what I need, they couldn't be any nicer." All the people we spoke with made similar positive comments. We saw that people had various signed consent forms within their files to show that they gave permission for staff to carry out certain care support. The service held records where relatives held Lasting Power of Attorney for people using the service.

Staff supported people to maintain their health and well-being. We saw that where people's health needs changed the service contacted health professionals and informed relatives appropriately. Records demonstrated that the provider had referred to health professionals such as GPs, districts nurses and occupational therapists where necessary.

# Is the service caring?

## Our findings

We found that the service was caring. People told us that staff treated them in a caring and compassionate manner. Comments included "They care greatly" and "I can't speak too highly of them, they are excellent."

People and their relatives were very positive about the support they received. They told us that they received support from regular staff who knew them and their needs well. We found that the management team had a very thorough understanding of the needs of all the people who they supported. They aimed to provide consistent support to people and the people who we spoke with confirmed that they were usually supported by regular carers. One relative was particularly complimentary about the support they had received and said that the management team had been very flexible and provided extra support when needed. The relative felt that the management team had gone "above and beyond," to support the family's needs. This demonstrated the caring approach of the service.

All of the people spoken with told us that staff were kind and caring. We saw that staff had developed positive and caring relationships with people and their relative's. Comments received included "I am indeed happy with the way they treat me" and "They treat me beautifully."

We saw that the service maintained a compliments log and a number of compliments had been received about the service. These included "The carer is always well prepared, very confident, very efficient and had a pleasant sense of humour," and "I'm very impressed with (Name) and would highly recommend her to anyone."

We found that staff supported people to have as much choice, independence and control as possible. One person explained "You have choice, you can say if you don't like a meal, you can tell them without a problem." We saw that people were involved in their own care planning and in making decisions about their care. People knew about their care plans and said they had been included in the development of these. One person said "They know me well and talked to me at first (about the care). They always ask how you want things." Staff confirmed that they understood the importance of enabling people to make decisions about their care. They told us "It's up to them what they have, it's their choice," and "People are able to make their own decisions." We saw that the management team visited people at home and spoke with them over the telephone on a regular basis. People felt listened to and that their views would be acted upon.

People were given information about the service in a "customer information pack," which gave all relevant information about the service, how to contact and who to discuss any questions or issues with. People spoken with told us that information was available and had appropriate contact details as required. We also saw that the service provided a customer newsletter, which was sent out to people on a quarterly basis. This contained relevant information about any changes to the service but also focused on key aspects of staying healthy and safe.

People's dignity and privacy was respected and promoted by the service. People told us that staff treated them with dignity and respect. One person said "They are all polite and they treat me with respect as a

customer." Staff we spoke with were aware of importance of promoting people's dignity and were able to provide examples of the way that they promoted people's dignity. One member of staff described how it was important to get to know the person and respect that you are working in people's homes. They said "I always ask people where they want things, it's not where you want them." Another member of staff told us, "Everyone is an individual, I treat someone as I would want to be treated." Staff were positive about the service and were aware of the expectations placed on them by the management team to provide good care. They commented, "Standards are high, all the girls that work here are fantastic, we are all aware of treating people with dignity."

The management team told us that regular checks were carried out with the staff and we saw records which demonstrated that part of this check was to ensure that people were treated with dignity and respect.

## Is the service responsive?

### Our findings

People told us that they found the service to be responsive. Comments included "I've no complaints", "If ever there are any concerns they are very responsive, nothing's ever an issue," and "They are excellent in every way."

People received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. Staff had good knowledge and awareness of the people that they provided care for. They told us that they usually provided care to the same people, which allowed them to build a rapport and understanding of their needs. One member of staff demonstrated his knowledge and understanding of the people he supported and how he effectively responded to their dementia needs. He explained that he had information about people's histories and interests which enabled him to build rapport. He gave an example where this had been effective, whereby he had shared a book with a person which he knew would be of particular interest. This had led to some reminiscence and a meaningful conversation.

A relative told us that their relative was supported by a small team of staff, which provided a cross section of carers with different personalities which she told us she "really liked." She explained that her relative had complex needs and staff needed to have good knowledge of his needs. She found that any new carers were introduced and supported by experienced members of staff to ensure that all staff fully understood his needs.

People's needs were assessed prior to accessing the service to ensure their needs could be met. One of the management team would arrange an initial meeting with the person and their relative, where appropriate, to discuss the support that they required. People who we spoke with told us that they had been involved in the development of their care plans. They said, "We were involved in the initial care plan," and "When the care started we were involved in the care plan."

We saw that people had care plans and risk assessments in place which were regularly reviewed and updated by staff. We found that some of the care plans focused on the tasks that care staff needed to complete and may benefit from further detail about the way the person would like these tasks to be carried out. However, all the plans contained sufficient information and enabled care staff to support the people who they were caring for. The registered manager told us that the service had already planned to make improvements to people's care records. An internal audit had been carried out in April 2016, which had highlighted that people's care plans needed to be written in a more person centred manner. The care supervisors confirmed that they had recently undertaken training to support them to create person centred care plans. The care plans did contain some information which was person centred and detailed information which was important to the person being supported. For example we saw that it was recorded in one care plan that staff needed to take account of a person's sight loss and to clearly explain to the person what was happening. The registered manager also told us that plans were in place to create a one page profile, this would contain a summary of the significant information all staff needed to be aware of for each person being supported.

The management team were in communication with the local commissioning teams and health professionals. They communicated issues and concerns when required, so that appropriate action could be taken. We saw that reviews were undertaken where there were any changes to people's needs. One relative told us that their relative had complex needs and as such the service would arrange reviews as necessary.

We found that the service listened and learnt from people's experience to improve the quality of the care. The service had a complaints policy which set out the process and timescales for dealing with complaints. This was given to people when they started to use the service, people told us that this was available to them within the home as part of the customer information pack. People told us that they would know how to complain if they needed to. Most people said they had never needed to complain as the management team contacted them regularly to hear their views and ask for feedback about the service. People commented, "I have a number, they give you a booklet if you want to complain, it's properly done," and "You can ring them with any problems, but I'm happy with everything."

We saw that the registered manager kept a log of any complaints which demonstrated that these were investigated and actions taken as a result. We reviewed the complaints file and saw that there had been one formal complaint received over 12 months ago. We saw that action had been taken to address the issue and further positive feedback had been received about the action taken.

We saw that people were regularly asked for feedback and the management acted on the information to improve the quality of the care. People told us "They ask me once or twice a year if I am satisfied," and "The office gets in contact, they've rung several times to see if I'm happy." Customer questionnaires had been sent out and we saw that the responses from these were discussed within the senior team meeting minutes and action agreed to make further improvements.



## Is the service well-led?

### Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very supportive and responsive. Comments included "Bluebird (Cheshire East) are very refreshing, in comparison to other agencies. Staff are amazing and the management are great." Staff also told us that the service was well-led and they felt well supported. They said "The managers are very supportive," and "(Name) is fantastic and communication is good."

We saw that suitable management systems were in place to ensure that the service was well led. There was a clear management structure. There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since October 2010. We spoke with director of the service, who told us that she was involved in the running of the service mainly from a strategic perspective. The registered manager dealt with the day to day running and was supported by two care coordinators and three care supervisors. During the inspection information requested was well organised and readily available. The management team responded well to the inspection process and we found them to be friendly and approachable. For example we saw that the registered manager had a well organised system in place to ensure that appropriate procedures were followed in relation to the recruitment and induction of new staff.

We saw that the provider had a number of policies and procedures in place. These were reviewed and updated by the organisation's head office. We saw that some of these policies were due to be reviewed and the registered manager confirmed following the inspection that the organisation had prioritised a review of the safeguarding, medication and the MCA policies.

The registered manager told us that customers and their families were given the opportunity to be involved in the service through reviews. People's views and feedback of the service were also sought through regular telephone surveys. We saw that people were encouraged to provide feedback through the customer newsletter which was sent out to people on a regular basis

Staff told us that the registered manager and management team were very supportive. The management team knew the staff team well. Staff had regular contact with the management team through regular visits to the office and telephone conversations, which was observed during the inspection. Staff told us they felt able to raise or highlight any issues routinely. The registered manager told us that she had an "open door policy" and staff confirmed that senior staff were always available and felt able to approach them to deal with any concerns. One person said "If I've got an issue, I always tell them. They are supportive, the supervisors are out and about and know the people." We found that staff spoken with were very positive about the service and well-motivated. Comments included "I love it" and "They're always checking I'm alright." The service had implemented a staff award scheme and people using the service were invited to make nominations for staff who they felt deserved special recognition.

The registered manager informed us that full staff meetings were difficult to achieve due to the numbers of staff being available at any one time. Information provided by the service indicated that a series of evening events had been planned to bring staff together. The events were planned to be a combination of both

training and an opportunity for staff to meet up and learn from each other. It was hoped that these events would be an opportunity for staff to share their experiences with each other.

The registered manager kept a "Staff inclusion" folder which contained details of activities undertaken to share information and updates with staff. We saw that a team meeting had been held in June 2016 and topics such as data protection and the on call system were discussed, to help ensure that staff understood their responsibilities. Staff had been asked to complete a survey, to provide feedback about the service and support further improvements. The registered manager told us that communication was encouraged throughout the service. Staff feedback was also sought through supervision reviews and each Thursday and Friday afternoon a staff 'clinic' was available where staff could talk to a supervisor about any concerns or their work loads. Senior staff team meetings had been held on a quarterly basis. We saw from the minutes of these meetings that the registered manager had clearly set out her expectations of staff and included discussions around the quality of the care provision

The service had systems in place to monitor the quality of the service. Regular spot checks were carried out by senior staff. We saw records which evidenced that these were carried out on frequent basis, especially when staff were undertaking the Care Certificate. Staff also confirmed that spot checks were undertaken and one staff member commented. "We get spot checks, sometimes they will surprise us." The registered manager undertook a number of audits. Care plans, risk assessments and staff files were regularly audited. We saw that a representative from the Bluebird franchise had carried out a full audit of the service during April 2016 and some areas had been highlighted for improvement, which the registered manager demonstrated that they had started to address.

The care supervisors told us that people's MARs were returned to the office on a regular basis and were audited by the office staff to check for any discrepancies or errors. However we had noted some short falls in the recording on the MARs during this inspection which had not been identified through these audits. We raised this with the registered manager, who assured us that this would be addressed immediately. Following the inspection we received information from the registered manager to confirm that all MARs had been fully audited and where required information had been appropriately updated.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager was aware of her responsibility to notify CQC of any significant events, as legally required to do so. There had been no recent events requiring a notification, but our records indicated that previous notifications had been made as required.