

Holly Rise Consultants Ltd

# Bluebird Care (Eastbourne & Wealden)

## Inspection report

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Date of inspection visit:

27 March 2018

06 April 2018

10 April 2018

Date of publication:

17 May 2018

## 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

This announced inspection took place between 27 March and 10 April 2018. The office visit took place on 6 April 2018.

Bluebird Care (Eastbourne and Wealden) is a domiciliary care agency and provides personal care to people living in their own homes. It provides a service to older adults, people who lived with dementia, people who lived with learning disabilities and younger adults with physical disabilities. At the time of the inspection, the service was supporting 40 people in Eastbourne and Wealden. Not everyone using Bluebird Care (Eastbourne and Wealden) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating and drinking.

At the last inspection in June 2015, the key question of effective required improvement as staff needed to gain more confidence and understanding of the Mental Capacity Act 2005 (MCA). The key questions for safe, caring, responsive and well led were rated good and there was an overall rating of good. Staff had received further training in MCA and were now fully confident in how to gain consent and the key question effective that required improvement is now rated good.

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 and associated Regulations about how the service is run.

People told us they were very satisfied with the care and support that Bluebird Care (Eastbourne and Wealden) provided.

People who used the service had the capacity to make decisions about what they did and the choices they made. People were supported to have choice and control of their lives and staff enabled people in the least restrictive way possible: the policies and systems supported this practice.

There were systems in place to protect people from harm, including how medicines were managed. Staff had been trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to the management team. Safe recruitment processes were followed and appropriate checks had been undertaken, which made sure only suitable staff were employed to care for people.

Risks to people's safety were assessed and managed to keep them safe. They were supported by sufficient numbers of a well-trained staff group who arrived on time and supported them in the time allocated in their care package. People who received medicines were supported in a safe way as staff had had the necessary training to administer medicines safely. They were protected from the risks of infection through good working practices by staff.

People's care was delivered in line with legislation and evidenced based practice. People who used the

service had the capacity to make decisions about what they did and the choices they made. People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible: the policies and systems supported this practice. Staff received regular training in all aspects of their role and received regular supervision from the registered manager. Where people were supported with their nutritional needs, staff showed a good awareness of their dietary needs and where to get further support should this be required. Staff worked with people, their relatives and health professionals to manage people's health needs, making appropriate referrals for individuals when necessary.

People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

## 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 ●

Bluebird Care (Eastbourne and Wealden) remains Good

People told us they felt safe and staff knew what to do if they thought someone's safety was at risk.

### Is the service effective?

Good ●

Bluebird Care (Eastbourne and Weald) has improved to Good.

People were asked for their consent. The registered manager and staff had a good understanding of the Mental Capacity Act 2005.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. They had regular supervisions with their manager, and formal personal development plans, such as annual appraisals.

### Is the service caring?

Good ●

Bluebird Care (Eastbourne and Weald) remains caring.

Staff knew people well and had good relationships with them. People told us they were treated with respect and dignity.

### Is the service responsive?

Good ●

Bluebird Care (Eastbourne and Weald) remains Good

People were able to express their views about their choices and preferences. People knew how to make a complaint and said they would feel confident to do so if they needed to.

## Is the service well-led?

Good 

Bluebird Care (Eastbourne and Weald) remains Good

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service. A quality assurance and monitoring system was in place and the registered manager used this to identify areas that could improve.

# Bluebird Care (Eastbourne & Wealden)

## **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 checked 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.

The inspection process took place between the 27 March and 10 April 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

We visited the office location on 6 April 2018 to see the registered manager and office staff and to review care records and policies and procedures. After the site visit was complete, we contacted care staff and health and social care professionals, who were not present at the site visit.

The inspection was carried out by one inspector. It also included an expert by experience who were responsible for contacting people from the 27 March 2018 to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider.

We telephoned eight people who used the service and managed to speak with seven of them. We also spoke with two relatives and six staff members. This included the registered manager, the managing director, care supervisors and five care assistants. We looked at four people's care plans, five staff recruitment files, staff

training files, staff supervision programme and audits and records related to the management of the service.

During the inspection process we spoke with three health and social care professionals who worked with people using the service for their views and feedback.

# Is the service safe?

## Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People told us that they felt safe when they received personal care and support. One person said, "Ever so good, always make sure I have everything before they leave me, never left me worrying about anything." Another person said, "They are so good, well-trained and know what they are doing." A relative told us, "It eases our minds knowing that the carers are trained, safe and very kind."

Staff had received safeguarding training and understood their responsibilities for keeping people safe from the risk of abuse. They were able to give examples of signs and types of abuse and discuss the steps they would take to protect people, including how to report any concerns. One staff member said, "If I saw or heard something that I was concerned about, I would report to the manager and follow the procedure." Another staff member said, "We have had training and I know to contact the local authority." Staff told us they had read the whistleblowing policy and that it was displayed in the office. People, relatives and staff said they had not seen or heard anything they were concerned about.

People continued to be protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults.

There were enough competent staff to carry out people's visits and keep them safe. The management team were all able to provide additional cover and worked together to provide an on call and out of hours service. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely. People who used the service and their relatives told us that continuity of care was excellent, along with time keeping. A friend/carer told us, "They are pretty good with their timekeeping, not kept waiting; if they are going to be late they ring to let me know." People told us, "[Staff are] never late" and "Always had the same carer which makes me feel safe because they know me."

The registered manager told us that people were always visited by the same members of staff to maintain continuity, build trusting relationships and ensure good communication between staff members and the people they supported. Staff were knowledgeable about people's health history, including whether they had been in hospital and the reason for this as well as any current conditions they had and how they could recognise any signs of deterioration. People's care records included the contact details of healthcare professionals in the event of any incidents or changes in people's health and well-being. Assessments had been reviewed within monthly or sooner when people's needs fluctuated and/or deteriorated.

Risks to people were effectively assessed and regularly monitored and reviewed. Computerised care plans included person centred risk management plans that detailed ways in which to keep individual people safe



and actions staff took to mitigate risk. These included assessments of the person's safety at home, safety when out, medicines, preventing pressure damage and personal care. Moving and handling assessments were in place, providing details of the manoeuvres that care workers were to employ when helping to transfer people from various situations such as bed to chair and others. Appropriate guidance was in place to mitigate the risk of any falls. Risk management plans were reviewed regularly and records were up to date.

The safety of staff undertaking visits had been considered. There was a lone working policy and staff could be tracked via their work smart phone. This alerted the office staff of the whereabouts of staff especially during poor weather conditions. All staff were provided with equipment to provide safety from extreme weather if they should get stuck, such as blankets.

Staff safely prompted and supported people to take their medicines, if this was required and were trained to do so with annual refresher courses and competency tests. Medicine givers told us that they received comprehensive training and regular competency checks to ensure that they were safe. They also had access to updated guidance. The registered manager and senior staff checked and monitored people's medicine and records. The medicine record on the smart phone immediately alerted the service if staff had not signed the record. This then prompted the registered manager to investigate and mitigate any immediate risk.

Accidents and incidents were recorded promptly and the management team had systems in place to ensure any emerging patterns were identified and acted upon.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection.

# Is the service effective?

## Our findings

We have inspected this key question to follow up the concerns found during our previous inspection in June 2015. At that inspection we found improvements were needed in ensuring that staff were confident in their knowledge of the Mental Capacity Act (MCA). At this inspection we found improvements had been made.

People told us that they were given choice and asked for their consent before staff provided care for them. One person told us, "They always ask me first, very polite." Another person said, "They knock before coming in my home, and always ask me if I'm ready to be helped."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Staff demonstrated understanding of involving people in decisions and asking their consent before providing care and support. This was also reflected within people's care plans. People had decision specific mental capacity assessments that demonstrated involvement from people and those that knew them best. An example of this was an assessment for a person that required their medicines to be locked away due to the risk of medicines being taken inappropriately. The provider had included views from the person, family, staff and the person's GP.

People's needs and choices had been assessed in line with current legislation and good practice guidance. The registered manager or senior staff met with people before setting up the care package to ensure that they could effectively meet their needs. The assessments were clearly recorded and incorporated information about their preferences and wishes. The provider used a series of standard assessments to establish people's needs with regards to health, skin integrity, nutritional needs, assisted moving and mental capacity. These helped determine people's base line care needs. The assessments were enhanced with personalised information which had been provided by the person themselves and their representatives. The staff used these assessments and additional initial observations to create care plans so that people received the care and support which was right for them. Assessments were reviewed each month and following any changes in people's needs.

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that people were supported to access their GP, chiropodists and health appointments if they became unwell. This was mainly arranged for people in their own homes. One person told us, "I tell my carer's if I am unwell and they offer to phone my GP for me." Another said, "If I have to walk to an appointment, my carer's sometimes go with me which is really nice and helps me feel safer." A health professional also felt that the provider was quick to contact them if they had any concerns about people's health; "I am happy to say that have been really good with a client of mine, communication between us was very good and efficient."

People that required support with eating and drinking reported that they were given choice and control over what they wanted to eat and drink. One person told us, "They ask me what I fancy to eat and prepare it for me, they leave me plenty of drinks." Food and fluids were made available so that they could be easily accessed by people when carer's left. For those that required their intake of food and fluid to be monitored, there were records kept on the electronic care record. These were evaluated daily by the office team and action taken as required, such as informing the family and GP. Care plan summaries also highlighted their nutritional needs to remind staff to monitor closely and report to the office if they had any concerns. One staff member we spoke with told us, "We keep an eye on how much people eat and drink if we are worried we record on our smart phone which links to the office, we also talk to the manager or supervisor in the office who will talk to the GP."

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that people were supported to access their GP, chiropodists and health appointments if they became unwell. People confirmed that staff accompanied them to appointments when necessary. One person told us, "If I'm off colour, my carer will offer to call my doctor or my family." Another said, "My carer is very quick to notice if I'm not right." A district nurse said, "Very efficient service, they ring to let us know if there is a problem, such as skin damage or if there is a possible urine infection." Another health professional said, "Very good service, they always make sure the client is safe and has everything they need before leaving."

People told us staff were efficient, competent and knowledgeable. One person said, "I think they are very well trained, never doubted their expertise." The staff we spoke with told us that they received a range of training to ensure they had the skills to provide the support people required. One member of care staff told us, "We have a great training room, it makes it much better to learn." Another member of staff said, "We have lots of training and there's always more planned."

The registered manager talked of how they had recently changed the training provider and were also training staff to provide training in house. At present there is a mix of face to face training and on-line training. Staff complete work books following the on line course which are then marked. The registered manager said that staff competencies are regularly assessed.

We saw new employees completed an induction and training programme before working in people's homes. Staff told us being well supported in their work. The manager told us of a recent staff development incentive they had introduced to support staff professional development. The registered manager was proud of her staff team and said staff rewards were very important to build confidence and retain good staff. Staff information boards were full of information and incentives. The registered manager said, "The previous staff induction program has been replaced with a revised 12 week program that runs alongside the requirements of the new care certificate. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care. Staff described how the training was a good mix of practical and academic work and they were encouraged to ask questions about anything they did not understand. All mentors are now required to undertake and pass mentor and medication assessor's training. This was designed to ensure that they had the skills and abilities to continually assess new staff against the care certificate standards, set to support carers, in their new role. This new mentor assessor's award has also supported the branch in identifying existing staff who work to high standards.

Staff told us that they received regular supervision, face to face, whilst undertaking care delivery and over the phone. One staff member said, "I feel very supported and listened to", while another said, "Supervisions are very helpful." Collectively, staff felt that supervisions with their line manager gave them opportunities to

raise any concerns or issues and that these were dealt with appropriately. Staff also received annual appraisals where they could reflect on the previous year, discuss any additional training needs and talk about their future goals.

# Is the service caring?

## Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People we spoke with told us the care staff who visited them were kind and helpful. People told us that the care staff who visited were caring and would always ask them how they were feeling and ask them what they would like support with. One person told us, "They listen to me, and treat me very well." Another person said, "Very nice, no complaints at all, they treat me very nicely." We were also told, "Really good carers, always a smile and never make me feel rushed."

People said staff treated them with dignity and respect. They felt they were listened to and their opinions valued. This was made possible by the training staff received regarding people's rights to dignity and respect. Staff told us that they ensured people's dignity whilst washing and dressing people. One staff member said, "I ensure that curtains are closed and that I cover them with a towel, it's really important to make sure that people are treated with respect." It was reflected, from the conversations we had with people, that care and support was delivered by caring, compassionate and respectful staff in a friendly, helpful and professional way. Dignity and privacy was respected not just with regard to personal care but in terms of professional conduct. For example, one staff member said, "I am very careful about ensuring that their personal letters and papers are put away safely with their permission." One person told us, "Staff never gossip or betray confidences, I trust them totally." This meant staff conducted themselves professionally and in line with the confidentiality and privacy expectations of the service. The care practices followed the agency's philosophy of enabling people to make their own decisions regarding the support they needed and when it was required.

The registered manager and staff demonstrated strong caring values, a very good understanding of people's diverse needs and gave clear accounts of the care given to individuals. Staff showed genuine interest and concern in people's lives and their health and wellbeing. One person said, "They always ask about my family, they know me well and I look forward to seeing them." The registered manager described how staff had enabled one person to visit their closest relative who lived in Kent and stayed with them to ensure they were safe. This had made a real difference to the persons' life.

People told us the support they received helped them to stay in their own homes and said this was very important to them. They told us they had developed positive relationships with the care staff that supported them. One person told us the service was "Second to none" and another person said, "They are marvellous, their help means I can stay at home, where I am happiest."

The registered manager said that consistency of care was a priority. Staff were matched to people by their skills and their personalities and this had ensured the partnership was strong. People were relieved and pleased about having consistent care staff who understood their needs and how they liked their care delivered. We were told that staff listened to how they wanted their care delivered and ensured that changes to care were discussed and agreed in their best interest. This demonstrated a person-centred approach to the care that was provided.

Staff arrived on time, carried out required tasks and stayed the agreed time. The service did not undertake calls of less than 30 minutes, this was because they did not feel that 15 minutes allowed staff to undertake the task in way that promoted a caring approach.

The management team and staff were knowledgeable about the people they supported. They were able to give us information about people's needs, interests and preferences that demonstrated they knew people well. Staff recognised the importance of their roles in establishing relationships with people and enriching their lives, as for some people their visits maybe a large part of or the only point of contact for people. One person told us, "The carers are lovely and caring." A staff member said, "We are sometimes a client's only contact to the outside world, so to be able to chat and get to know the person is the best part of the job."

The care records we looked at included information about any support people needed to be able to communicate their wishes. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. One person told us, "I'm very independent and the staff know and respect that." Another person said, "The staff encourage me to make decisions. I feel very comfortable that I can tell them what I want doing."

The provider had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

People's religious and cultural beliefs were respected. Staff understood the importance of their religious beliefs and told us they had at times liaised with the local vicar to ensure, when the person could no longer attend church, that the vicar visited them. This meant people's independence and choices were empowered, whilst protected characteristics such as their religious beliefs were respected. People's protected characteristics are set out in the Equality Act 2010.

The agency had a confidentiality policy and procedure that staff said they understood, were made aware of and followed. Confidentiality, dignity and respect were included in induction and on-going training.

## Is the service responsive?

### Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

People felt that the staff at Bluebird Care were responsive to any changes to their support and also to any concerns that they had. We were told by one person, "Staff talk to me about any changes needed to my care after I've seen the doctor." A relative confirmed, "They let me know if there has been any changes to my relatives care, and they invite me to all the reviews."

People and their relatives felt that they received care that was specific to their individual needs. One person told us, "They do my care in a way that suits me, never had any problems" and another said, "They sometimes seem to know me better than I know myself, they pick up when I'm not quite right."

Before receiving care, pre-assessments were completed with each person to identify their support needs, preferences and wishes. This included awareness of specific sensory or communication needs. Examples of this were for people that had hearing or sight impairments. Staff were able to tell us how they support people with these needs, such as speaking clearly and checking understanding.

Information from the pre-assessment had been used to formulate the person's support plan. This included contacts for the person such as their GP, next of kin and family. Care records were uploaded onto a computer system which could be accessed by care staff with the most up to date information via their work smartphone. Care records contained contact details for the person, their next of kin and health and social care professionals who were involved in their welfare. They provided a detailed summary of medical histories and health conditions, including people's personal histories, what was important to them, their preferences and communication methods. Care plans contained details of the care that needed to be carried out during the visit. This included people's personal care routines and preferences, social inclusion, medicines, nutrition and hydration, levels of privacy and family support. The registered manager was able to monitor the care delivered closely as staff needed to complete care tasks sections on the portable computerised records which then stated the outcome had been achieved. If the section was not completed it would generate an alert to the office, who would then follow this up with the staff member

The care plan reminded staff of specific support needs. For example if a person was at risk of falls. The person's summary highlighted for staff to check the area for trip hazards and to ensure the person was safe. Another example was the risk of pressure sores. The care plan task section emphasised the important of checking for reddened areas and seeking advice from the management team and GP if there were any concerns. The provider responded to people's changing needs by taking appropriate actions to support them. One relative told us how carer's were 'quick to identify issues,' when their relative became ill recently; "They phoned the doctor and were very concerned and kept us informed as well as the GP." Another relative said, "Whenever there has been an emergency, both carer and staff have been fantastic." Comments from people included, "The office always call me if they have concerns or if my relative's needs change" and "The carer's give us good feedback." The registered manager showed us the computer system that supported staff delivery of care. Staff confirmed their arrival and departure from people's homes with the use of a

programme on their mobile smart phones. This meant that the registered manager could monitor that people get their care calls at the right time and for the right length of time. This had enabled the registered manager to constantly assess that the call visits were of the right timing to deliver the care required and the care the person wanted delivered.

We spoke with a health professional that was involved with the service due to the support needs of a person. They felt that staff were responsive and told us, "The office staff and carers I have met have a good understanding of their clients and they have a good insight of care."

People told us that they participated in reviews about their care regularly. One person said that they are always involved in care reviews. Another said that further needs were identified and a review was arranged. These were either face to face or over the telephone. During this time they discussed current support needs and reviewed documentation in the home file. One person told us that a review meeting was held and changes were discussed and planned. Care co-coordinators completed satisfaction questionnaires with people to see how they felt about care provided. There was also involvement from relatives. Two family members told us, "I have completed a survey very recently." Another said, "Following review, it was identified that my relative needed more support and they now have an increased package of care. It came through very quickly". People advised that they had not had any care calls missed and that if staff were late, they were phoned with an explanation. Relative's agreed that carers were on time. One said, "The morning carer is very, very good. They arrive on time and seem to have enough time to do what needs to be done."

The provider had established an accessible effective system for identifying, receiving, recording, handling and responding to complaints. A complaints procedure was available to people in their information folder. The complaint system was also available on the website for the service. People told us they felt confident in raising any concerns or making a complaint. One person told us, "Yes I know how to moan and make a complaint." Another said, "I would tell one of the staff and I know it would be taken seriously." Complaints were recorded and responded to as per the organisational policy. A complaints log was kept and monitored by the registered manager. There was evidence that complaints were fully investigated, responded to, apologies given if there was a need to with actions they were going to take.

At the time of inspection, no person required support with end of life care. The registered manager had enrolled staff on the Gold Standard framework for End of Life care. Gold Standards Framework gives outstanding training to all those providing end of life care to ensure better lives for people and recognised standards of care. When people's health deteriorated, additional health professionals were accessed. Most people had then been supported to hospital or to a residential placement. Where people were comfortable discussing it, their wants and wishes for end of life care had been written in their care plans. The registered manager advised that should end of life care be required, they would work with the person, their families and health professionals to support them.



## Is the service well-led?

### Our findings

At the last inspection, this key question was judged to be good. This inspection found that it remained good.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

People were happy with the support they received from Bluebird Care. They told us they felt 'comfortable' speaking with the registered manager and would be able to raise any concerns with them as they were with talking to the staff providing support. They also told us there was frequent contact from the office. One person said, "Because it's a small agency it's much more personal, I feel I know everybody at the end of the phone." One person told us, "I know who to speak to if I had a problem." Feedback from people about their career was put on to the compliment tree which was displayed in the office. This impacted positively on staff morale.

The agency had a clearly set out vision and values statement that staff understood and followed. The statement starts with 'our customers have been at the heart of everything we do' and Bluebird Care Eastbourne & Wealden is committed to ensuring people have the option to receive high quality care in their own homes, without the strain and upheaval of leaving home to receive their care. The values were explained during induction training and regularly revisited at staff meetings. Staff were able to tell us what the values meant to them. For example, "We support people to live the life they want" "Our customers drive everything we do" and "We support and train all staff to a high standard." The registered manager described the agency vision as nurturing our staff so they can provide outstanding care."

The agency's culture was open, transparent and supportive with clear, honest and enabling leadership. This was also reflected in staff comments. One staff member said, "Excellent agency to work for, they really care about us as well as our clients." Another staff told us, "Couldn't ask for a better job, plenty of support." The registered manager was supported by a strong, committed team of office staff, who had clear responsibilities and accountabilities, including training, compliance, scheduling, care reviews and business development. The skills of the office staff members complemented each other and we observed the team worked well together and morale was high. Care staff visited the office throughout the day of the inspection visit and the atmosphere was supportive and encouraging. Staff we spoke with individually confirmed they were well supported, stating, for example, "You can talk to the manager about anything," and, "The support here is great."

The provider was aware of their responsibilities and provided a clear vision for staff that they wanted to be innovators and strive to change the nature of domiciliary care. This vision was also shared with people on their website. The provider had invested in technology to help improve quality standards. Staff had been fully involved in the roll out of the software which was used by all staff and feedback from staff was very

positive. The registered manager and provider spoke of how all staff were able to access policies and procedures in a more informal and accessible format via their work phone. Staff told us they could access guidance for delivering care and also how to deal with emergency situations. Safeguarding information was also made available to staff via this system.

Other systems that had been implemented included a flexible contact management software tool, which gave the provider an overview of interactions with all people using the service, their relatives and health and social care professionals. Messages could also be sent out to all staff and could be tracked to see when they were received and read. It had the function to set up reminders and we saw an example of how staff would receive an alert. For example if someone was on the way to a client and there was information they needed, such as encourage fluids, the alert would reach them and they could ensure extra fluids were made available.

People told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider and manager. One person told us, "I do get a questionnaire from time to time. They also ring for a chat to find out if everything is okay with my care." Records showed that frequent spot checks and service reviews took place. The reviews also identified what worked for people, what did not and what people considered the most important aspects of the service for them. Spot checks took place in people's homes and included areas such as care staff conduct, courtesy and respect towards people, ensuring people's dignity was maintained, competence in the tasks undertaken and in using any equipment. Frequent phone contact quality checks took place with people and their relatives.

Staff told us that they enjoyed working for the agency and the staff files demonstrated that regular staff supervision and annual appraisals took place that included input from people and their relatives.

The registered manager carried out audits that included people's care plans, staff files, risk assessments, infection control and medicine recording. This information was used to identify how it was performing, areas that required improvement and areas where the agency performed well.

The service had notified us of all significant events which had occurred in line with their legal obligations.

The health care professionals we contacted had no concerns regarding the agency providing a well-led service for people.