

WP Care Ltd

# Blue Ribbon Community Care in South West London

## 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

### About the service

Blue Ribbon Community Care in South West London is a domiciliary care agency. It provides personal care and support to people living in their own homes. At the time of our inspection 22 people were receiving personal care from them. Most people were older adults who had a range of physical disabilities and were also living with dementia.

20 other people who also received domiciliary support from this agency but did not receive a regulated activity from them. This included companionship and cleaning services. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

People's experiences of using this service had improved in the 12 months since their last inspection. The overall rating for this service has therefore increased from 'Requires improvement' to 'Good'.

This was because we found at this inspection the provider had followed the action plan they had sent us and taken appropriate steps to improve people's care plans and risk management plans to make them more person centred, staffs medicines record keeping, training for staff and the way they operated their quality monitoring systems.

People using the service and their relatives told us they were happy with the service provided by this agency. This quote we received from a relative sums up how people typically felt about this domiciliary care agency, "We're all very happy with the home care service we've received from Blue Ribbon and would happily recommend them to family and friends...The staff are all very kind and caring."

The improvements described above notwithstanding we have made a recommendation about the way the provider manages informal concerns they receive about their service.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate staff recruitment checks took place before new staff started working for the service. Staff scheduled visits were well-coordinated, which meant they were punctual. The service had procedures in place to reduce the risk of the spread of infection.

Staff had the right mix of knowledge, skills and experience required to meet people's needs. Staff routinely sought the consent of the people they supported ensuring they had maximum choice and control of over their lives. Where staff were responsible for this, people were supported to maintain a nutritionally well-balanced diet. People received the support they needed to stay healthy and to access community-based health care support as and when required.

People received support from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff met people's spiritual and cultural needs and wishes. People were encouraged and supported to develop their independent living skills. Assessments of people's support needs were carried out before they started using the service.

People's care plans were developed from these assessments and routinely reviewed to ensure they remained up to date. People had been consulted about their support needs and involved in helping staff develop their personalised care plans. People's end of life care wishes were recorded in their care plan.

Management support was available for staff when they needed it. The provider promoted an open and inclusive culture which sought the views of people using the service, their relatives, professional representatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care and support.

#### Rating at the last inspection

At the last inspection the service was rated 'Requires Improvement' overall (Report was published on 12 June 2018) and for four out of the five key questions including, 'Is the service safe, effective, responsive and well-led?' Following that inspection, we asked the provider to complete an action plan to show us what they would do and by when to improve these key questions, to at least 'Good'.

#### Why we inspected

This inspection was carried out as part of our scheduled plan of visiting services rated requires improvement within 12 months of their last inspection report being published. This inspection was carried out to check the quality and safety of the service people received and that provider had done what they said they would in the improvement plan we asked them to complete.

#### Follow up

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates in keeping with our inspection methodology (See above).

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 has improved and is now Safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service has improved and is now Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remains Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service has improved and is now Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service has improved and is now Well-led.

Details are in our Well-Led findings below.

# Blue Ribbon Community Care in South West London

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

An inspector and an expert-by-experience were involved in carrying out this inspection. The expert-by-experience had personal experience of caring for someone who received a home care service.

#### Service and service type

This service is a domiciliary care agency that provides personal care to mainly older adults living in their own homes who may have physical disabilities and/or be living with dementia.

The service continued to have the same manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service four days' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. Inspection activity started on 13 May 2019 and ended on 22 May 2019.

#### What we did

Before our inspection, we reviewed all the key information providers are required to send us about their service, including statutory notifications. We used this information to help inform our inspection planning. Due to technical problems, the provider was not able to complete a Provider Information Return. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During our inspection we visited the service's offices on 22 May 2019 and spoke in-person with the registered manager, the managing director and the assistant [deputy] manager. We also looked at a range of records including, five people's care plans, three staff files and various documents relating to the overall management of the service.

Prior to our visit to the providers offices we made telephone contact with six people receiving a service from this agency, three of their relatives and six support workers.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- At our last inspection we found people might not be protected from potential harm because staff did not always have access to sufficiently detailed risk management plans to help them reduce risks people they supported might face. For example, risk management plans were not available for staff to help them reduce risks associated with people moving around their home, living with dementia or diabetes. The provider sent us an improvement plan as we had requested stating how they would be compliant with this outstanding breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 by 1 August 2018.
- At this inspection we found the provider had taken appropriate steps to meet this outstanding breach.
- People's risk assessments addressed any identified risks to their health, safety and wellbeing. For example, staff had clear guidance about how to prevent and manage risks associated with people's mobility and falling, nutrition and hydration, skin integrity and developing pressure ulcers, taking their prescribed medicines and the safety of their home environment.
- Staff demonstrated a good understanding of the identified hazards people they supported potentially faced. They confirmed risk management plans were in place and easy to follow, which helped them reduce these risks. One member of staff said, "It's very clear in people's care plans what the risks they face are and what we have to do to prevent them happening."
- Maintenance records showed where care staff used specialist medical equipment to support people in their own homes, such as mobile hoists; the provider ensured these were regularly serviced in accordance with the manufacturer's guidelines.

### Using medicines safely

- At our last inspection we found staff did not always appropriately maintain people's medicines records. We recommended the provider seek advice and guidance from a reputable source, about how they could keep better medicines records. The provider told us in their action plan this recording issue would be resolved by 1 July 2018.
- At this inspection we found the provider had sought guidance about how to appropriately maintain medicines records and implemented the advice they had been given.
- People told us staff supported them to take their medicines safely and as prescribed. One person said, "The staff help me take my medicines and always make a record when they give it", while another person remarked, "They [staff] always make sure that I've taken my medication on time".
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff had received training about managing medicines safely and their competency to continue doing so safely was routinely assessed by managers and senior team leaders. This included unannounced spot check observations of care staff administering medicines during their scheduled visits.

- Staff administering people's medicines were required to fill in a Medicine Administration Record (MAR). These records were routinely audited by the registered manager to ensure they remained up to date and accurate.

### Staffing and recruitment

- At our last inspection we received mixed comments from people and their relatives about staff time keeping.
- At this inspection we found the provider had taken appropriate steps to improve the punctuality of staff during their scheduled visits.
- People using the service and their relatives told us staff usually arrived on time for their scheduled visits and always rang if they were running late. Typical comments included, "They [staff] definitely turn up when they should and they call to let you know if they are going to be late", "I would say, roughly they [staff] are on time... They phone if they are going to be late, which has only happened a few times" and "There haven't been any missed visits and I've never felt rushed by staff because they're in a hurry to get to their next job".
- Staff told us their scheduled visits were well-coordinated by the office-based managers. One member of staff remarked, "I use public transport to travel to my visits and the coordinators always take that into account when they schedule my visits, so I'm able to get to people on time." Another member of staff said, "I think the office do a great job organising our visits and making sure we're not given too many visits to do."
- The registered manager told us people received continuity of care from a designated core/hub teams of up to three staff who always supported the same individuals. This meant staff in these small hubs became familiar with the needs, daily routines and preferences of the people they regularly supported and the working practices of their fellow hub workers. This also ensured staff with the right knowledge, skills and experience were always available to provide cover in the absence of fellow hub workers.
- The agency continued to operate a 24 hour on-call service. This meant managers were always available to offer advice or cover in the event of an emergency.
- The provider operated safe staff recruitment procedures that enabled them to check the suitability and fitness of all new employees. This included looking at people's proof of identity, right to work in the UK, employment history, previous work experience, employment and character references, and criminal records (Disclosure and Barring Service) checks. The DBS check provides information on people's background, including any convictions, to help providers make safer recruitment decisions and prevent people working in the care sector who are unsuitable.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who regularly visited them at home and most said they knew they could call the office if they felt unsafe. One person said, "I feel really safe with all of them [staff]".
- People were supported by staff who had received up to date safeguarding adults training. Staff were knowledgeable about how to recognise the signs and symptoms of abuse or neglect and report any concerns they might have to their line manager. One member of staff told us, "I've completed my safeguarding training and wouldn't hesitate to tell the managers in the office if I thought anyone I looked after was being abused by their family or our staff".
- All safeguarding concerns were investigated with outcomes and lessons learnt documented.
- The provider had reported allegations of abuse or neglect in a timely manner to the relevant local authority's safeguarding team and the CQC, when a safeguarding concern was identified.

### Learning lessons when things go wrong

- The provider had systems in place to record and investigate any accidents and incidents as they occurred. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people.



- Managers gave us examples of how they had begun to improve the safety of the medicines management by increasing the frequency office-based managers checked medicines records.

#### Preventing and controlling infection

- People were protected by the prevention and control of infection.
- People using the service confirmed staff always wore protective clothing such as gloves and aprons when they were supporting them with any intimate personal care.
- Staff were trained in infection control and food hygiene. They told us they were provided with personal protective equipment (PPE) such as gloves and aprons to use when supporting people.
- Practice around infection control and use of PPE was checked by senior staff when they carried out spot checks of care staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we found people did not always receive personal care from staff who were suitably trained and supported by their line managers to meet their needs. For example, staff had not received mental capacity and deprivation of liberty safeguard (DoLS) training. The provider sent us an improvement plan as we had requested stating how they would comply with this outstanding breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 by 1 August 2018.
- At this inspection we found the provider had taken appropriate steps to improve the training staff received.
- People told us staff who visited them at home were suitably trained. One person said, "I think staff are very good at their jobs and are well-trained", while another person remarked, "They [staff] know how to use my [family members] mobile hoist and ensure he's moved safely".
- Records showed people received their personal care from staff who had the appropriate skills and support. Staff had completed training that was relevant to their role.
- This included an induction which was a comprehensive training programme. The induction was followed by a period of shadowing experienced staff.
- It was also deemed mandatory by the provider for all staff to complete the Care Certificate, which six staff had already achieved. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- All staff received an employee handbook which sets out the provider's philosophy, policies and procedures, and expectations regarding their behaviour at work.
- Training staff received was routinely refreshed to ensure their knowledge and skills remained up to date. Each member of staff's qualifications were electronically monitored to ensure they remained current.
- Staff demonstrated a good understanding of their working roles and responsibilities. Staff told us the training they received was on-going and relevant to their roles and responsibilities. Typical comments we received from staff included, "The best thing about working for Blue Ribbon is the training", "The training I've received since I've worked for the company has been very good" and "There's plenty of training...The managers are always sending us on new training courses".
- Staff told us they felt supported by the office-based managers and the senior team leaders who often visited them in the field.
- Staff had regular individual supervision meetings with their line manager and group meetings with their fellow co-workers.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance

- People's care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity and recorded any other individuals with Lasting Powers of Attorney (LPA) for the person's finances or welfare.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff understood who they supported lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they received support. Expected outcomes for each person were identified and their individual care and support needs regularly reviewed.
- Care and support was planned and delivered in line with people's assessments described above.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff were responsible for this, people were supported to eat and drink enough to meet their needs.
- People who received assistance with their food told us they were satisfied with the choice and quality of the meals staff offered them. Typical feedback included, "They [staff] help me at meal times by cutting up my food for me", "I think the food and drinks staff prepare for me are generally very good" and "I'm happy with the food staff make for me...Last meal I had was exceptionally tasty."
- Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition or dehydration to ensure these individuals continued to eat and drink adequate amounts.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans set out how staff should support them to ensure their identified health care needs were met.
- Appropriate referrals were made to the relevant health and social care professionals to ensure people received the support they required. This ensured external professionals, such as GP's and district nurses, were notified in a timely manner when people's health care needs changed.
- Records showed staff had immediately contacted emergency services or other health care professionals when they were concerned about a person's health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were "caring" and treated them or their loved one with respect. Typical feedback included, "The carers have always been very kind and caring to me", "The staff that come and see me, I'm happy with...Everyone is very pleasant" and "My [family member] has good chats and banter with the staff...They're all very kind and caring and know how to look after him."
- People were treated equally and had their human rights and diversity respected.
- Staff received equality and diversity training to help them protect people from discriminatory behaviours and practices and staff were respectful of people's cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People told us staff listened to them and acted on what they said. Typical feedback included, "The staff and I have always come to a decision together, it's a happy medium", "My [family member] has dementia and the staff are very good at making sure they always talk her through stuff they are about to do or are doing, such as brushing her teeth or assisting her to have a wash" and "They [staff] talk through everything with us".
- The provider used people's needs assessments, care planning reviews and quality assurance checks to ensure people had a voice and were able to routinely make informed decisions about the package of care and support they received from this domiciliary care agency.
- Care plans also documented people's views about the outcomes they wanted to achieve. People had signed their care plan where they were able to.
- People were given a service user guide which contained information about the standards of care and support they could expect to receive from this agency before they started receiving a home care service from them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy. One person said, "Yes, staff give me privacy and respect my dignity. For example, when it comes to showering and helping me dress, they always close the curtains".
- Staff spoke about people they supported in a respectful and positive way. Several staff told us they always ensure bathroom, toilet and bedroom doors were kept closed when they were meeting people's intimate personal care needs.
- People told us staff supported them to be as independent as they could and wanted to be. One person said, "Staff understand my [family member] wants them to support him in such a way that allows him do as much as he can on his own, so he can remain independent and living at home." Another person remarked, "I can't walk very well, but the staff are very good at supporting me to get on my feet and are always encouraging me to use my walker when I can, so I don't lose the ability to get about by myself."

- Several staff gave us examples of how they helped people develop their independent living skills. This included supporting a person to regularly do vocal exercises as a way of helping them regain their speech and accommodating another person on walks in the local park so they could maintain their mobility.
- People's care plans set out their level of need and the specific support they should receive with tasks they could not undertake without help, such as getting washed and dressed.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found people's care plans were not personalised. We recommended the provider seek advice and guidance from a reputable source, about how to make people's care plans more person-centred. The provider told us in the action plan they said they would resolve this issue by 1 July 2018.
- At this inspection we found the provider had taken appropriate steps they said they would to ensure people's care plans were person-centred.
- People told us the service met their needs and that staff provided them with the personalised home care and support they or their loved one needed.
- Care plans were person-centred and contained detailed information about people's strengths, likes and dislikes, staffs visiting times and duration of their calls and how they preferred staff to provide their personal care.
- People were supported to make informed choices about the home care they received. Typical feedback we received from people included, "Staff have great conversations with my [family member] and never ignore his wishes", "We can say what times are good for us. For example, I've expressed a preference to have an early breakfast and an early dinner, which staff do stick too" and "I asked to have female only staff, and to be fair to the agency, they've never sent us a male carer as per my expressed wishes."
- Several staff explained how they helped people make an informed choice about the food they ate or clothes they wore by always showing them a selection of meals and clothing to choose between. One member of staff said, "[name of person using the service] asked me the other day if they could have their breakfast in bed before they showered, which isn't their usual routine. I remember thinking at the time how important it is to keep asking people what they want because we can all change our mind."
- People's care and support needs were regularly reviewed with them by the provider. If people's needs and wishes changed their care plan was updated accordingly to reflect this.
- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- People's communication needs and preferred method of communication had been identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.
- The registered manager told us the service could provide information that people needed, such as a guide to the service, their care plan and the complaints procedure, in different formats on request. This included large print, audio, different languages or easy to read pictorial versions, as and when required.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint if they were unhappy with the standard of home care and support they received, and most felt the process was easy to follow. One person said, "My relative knows

how to make a complaint, and we would definitely complain if there was anything wrong. I'm sure the agency would do something about it if we weren't happy". Another person remarked, "The assistant manager contacts me every few weeks, so I would definitely tell them then if I wasn't happy about something Blue Ribbon did or didn't do."

- People were given a copy of the providers' complaints procedure when they first started using the service. This set out clearly how people could make a complaint and how the provider was expected to deal with any concerns they received.

- A process was also in place for managers to log and investigate any formal complaints made, which included recording any actions taken to resolve any issues raised.

- However, we saw other more informal concerns people made were not recorded. For example, there was no record of action the provider told us they had taken in response to people who had raised concerns about staff time keeping. This was confirmed by the registered manager who told us they make a distinction between formal complaints and informal concerns they received and only recorded action taken to resolve formal complaints. This meant people authorised to see the providers complaints record were unable to determine whether or not any action taken by the provider in response to informal concerns they received had been appropriate, timely and sufficient to resolve the issue/s raised.

We recommend that the provider seek advice and guidance from a reputable source, about the management of and learning from any concerns they receive about the service they provide.

#### End of life care and support

- There were policies and procedures in place around end of life care.

- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms included in some of the care plans we looked at.

- Staff had not received any end of life care training, although the managing director showed us recorded evidence that confirmed dates had already been arranged for all staff to complete their end of life care training by the end of June 2019. Progress made by the provider to achieve this aim will be assessed at their next inspection.

- The managers told us they would liaise with various external health care professionals, such as GP's, district nurses, palliative care nurses and hospice staff, where appropriate to ensure people nearing the end of their life experienced received comfortable and dignified care at home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care:

- At our last inspection we found the provider did not always operate effective governance systems to monitor the quality and safety of the service people received or learn lessons about how they might improve. For example, although we found governance systems had been established, they had failed to pick up all the issues we identified at the providers last inspection in relation to people's care plans and risk assessments, and staff training, supervision and record keeping. The provider sent us an improvement plan as we had requested stating they would be compliant with this outstanding breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 by 1st July 2018.
- At this inspection we found the provider had taken appropriate steps to improve the effectiveness of their quality monitoring systems so they were able to continuously learn and improve the service they provided.
- The managers and senior team leaders carried out a rolling programme of audits to check staff were working in the right way and were meeting the needs of the people they supported. As part of the provider's auditing processes team leaders routinely carried out 'spot checks' on staff during their scheduled visits. During these checks team leaders would assess staff's punctuality, interaction with the person they were supporting and their record keeping.
- The provider also used a range of electronic systems to monitor the quality of the service they provided. This included an electronic call monitoring (ECM) system that enabled managers to keep a close eye on staffs scheduled visit times. In addition, the provider used other electronic information technology which alerted managers when people's care plans and risk assessments and staff employment checks, training and supervision needed reviewing or updating. We also saw the registered manager routinely checked all the records staff were required to keep up dated in in people's homes, including medicines administration records (MAR) sheets and daily notes.
- The registered manager told us they used these checks to identify any issues and learn lessons to enable them to develop an improvement action plan to reduce the risk of similar incidents reoccurring. For example, the provider had taken appropriate action to remind staff to always sign MAR sheets after administering medicines after they had identified a growing trend of staff failing to always sign for medicines they had administered.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The agency had an effective management and staffing structure in place that promoted person-centred care and transparency.
- The service had a manager registered with us. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered people'. Registered persons



have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

- The registered manager was supported by the managing director, assistant manager and three senior team leaders.
- Most people spoke positively about the way the agency was managed. Typical feedback included, "The service is well managed", "I would say the managers are above average because they run everything really well" and "I'm very happy with Blue Ribbon...It's not a huge organisation, which means you get to know all the managers and staff really well. It feels very personal."
- Similarly, most staff spoke positively about the way the service was managed and the culture within the staff team. Typical comments we received from the vast majority of staff included, "Yes, the manager is the best...always very supportive", "I have a lot of time for the managers. I think they're all lovely and I feel about to talk to the manager if I've got a problem. I enjoy working for this organisation and wouldn't be working here if I didn't like it" and "I like the manager. I think we're both on the same page when it comes to caring for people. Because we've got a small staff team we work well together".
- Several staff also told us communication maintained between the managers, team leader and their fellow co-workers remained good. We saw staff received a weekly bulletin from the registered manager and they made good use of electronic devices to ensure good communication between themselves and the office-based managers.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- We saw the services last inspection report and rating was clearly displayed in their offices and available for people to read on their website. This showed us the provider was aware of their legal requirement to always ensure people seeking information about their service had access to the CQC's judgments about the standard of home care they provided people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers understood their responsibilities with regard to the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected their service and people using it.
- The provider had clearly stated values and aims about the quality of care and support that people should expect to receive from them. Staff were familiar with the provider's values and aims, and had been provided with employee handbooks, which reinforced how they should demonstrate these, through their conduct and behaviours when working in a person's home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people using the service and their relatives.
- People told us they could speak with the office-based managers and staff who regularly visited them at home if they wished to discuss any aspect of the service they or their family member received from this agency. One person said, "We had a visit from the manager a couple of months ago to check how we were getting on."
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had regular opportunities to share their views with the provider about the service they received through regular telephone contact with the office-based managers, visits at home from

senior team leaders, care plan reviews and satisfaction surveys. Most people who had participated in the providers most recent satisfaction survey said they were happy with the standard of care and support they had received from this agency.

- The provider also valued and listened to the views of staff. Staff had regular opportunities to contribute their ideas and suggestions about the agency through regular individual and group meetings with managers and their fellow co-workers, and a staff satisfaction survey. Staff who had participated in the providers most recent satisfaction survey said they were happy working for this organisation. We also saw the providers website for staff had the managing directors email address clearly displayed on the home page, so staff could contact him directly if they wished.

#### Working in partnership with others

- The provider worked closely with various local authorities and community health and social care professionals including GP's, district nurses, occupational therapists and social workers.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and sharing best practice ideas with their staff team. This helped to ensure people continued to receive the appropriate care and support they required.