Ampi Limited

Bluebird Care (Maidstone)

Inspection report

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Date of inspection visit:
28 June 2016
29 June 2016

Date of publication:
07 September 2016

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

The inspection took place on 28 and 29 June 2016. The inspection was announced.

Blue Bird Care Maidstone is a domiciliary care agency providing personal care to people living in their own homes in the community. They provide services to any people who need care and support. The agency provides care services mainly to people living in Maidstone and the surrounding area. There were approximately 136 people receiving support to meet their personal care needs on the days we inspected.

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

The registered manager was also the registered manager for another service owned by the providers, so divided her time between the two services. The provider employed a care manager to support the registered manager and to manage the day to day operations in the Maidstone office.

People felt safe when receiving care from Bluebird Care Maidstone staff and they knew who to talk to if this changed. Staff had a sound knowledge of how to safeguard vulnerable adults from abuse. They understood their responsibility to report concerns and where to go to outside of the organisation should the need arise.

Risks to individual people and their circumstances had been identified, with actions put in place to reduce the risk and maintain people's safety. People's home environment had been checked for hazards before support commenced, helping to keep people and staff safe. Some people needed help to take their medicines. As well as attending training courses, regular competency checks were carried out on staff to ensure their continued capability to safely administer medicines to people.

The provider had robust recruitment processes in place to make sure new staff were suitable to work with vulnerable people in their own homes. Enough staff were available to be able to run an effective service, responsive to people's needs. People told us that staff always stayed to support them for the time they were allocated. The personal development needs of staff were identified and supported within a supervision and annual appraisal system. The registered manager had a system in place to make sure staff one to one supervision sessions were not missed. Staff received the training they needed to be able to fulfil the requirements of their role well.

Although most people looked after their own healthcare needs or had a family member who helped with this, staff supported people who needed assistance when requiring health care appointments or advice.

People told us they made their own decisions and choices and staff were clear that people were in control of their care and support. Mental capacity assessments had been undertaken where appropriate following the

principles of the Mental Capacity Act 2005. People's families were often involved if their loved ones needed support to make decisions and this was clearly recorded.

A caring approach was shown by care staff and the staff supporting the delivery of care from the office. People made many positive comments about the staff and said they spent time listening to what they had to say. Most people had regular staff providing their care and support, creating confidence. People were given information about the service they could expect within a service user guide at the commencement of care and support.

One of the senior staff undertook a thorough initial assessment of people's personal care needs to make sure they had the resources available to support people. People had a care plan that detailed all the individual support people required as a step by step guide for staff. People, and their families if appropriate, were involved in the process to ensure the support in the care plan expressed how they wanted their care and support to be undertaken.

How to make a complaint was included in the service user guide, and the people we spoke to knew how to make a complaint if they needed to. The provider asked people for their views of the service by sending out a questionnaire every six months. The registered manager acted on responses, resolving issues and feeding back to people.

People and their families generally thought the service was well run and said the staff in the office were helpful.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had a good understanding of how to safeguard vulnerable people and knew their own responsibilities in maintaining people's safety.

Individual risks were assessed without impacting on people's independence. Risks to the environment were checked to help keep people and staff safe.

Robust recruitment practices were in place to safeguard people from unsuitable staff. Sufficient staff were available to provide the support required.

Accidents and incidents were reported and investigated well.

Is the service effective?

Good

The service was effective.

Staff had regular one to one supervision and assessments while carrying out their role. Suitable training was provided to develop staffs skills appropriately.

People had control over the choices and decisions they wished to make.

Staff contacted health professionals when necessary to get the appropriate support for people.

Is the service caring?

Good

The service was caring.

People said the staff had a kind and caring approach.

Information about the important people and things in people's lives were documented to give staff a good understanding of an individual's life.

People experienced care from staff who respected their privacy

and dignity.

Is the service responsive?

Good

The service was responsive.

People and / or their family members were involved in the whole care planning process and had the opportunity to change things.

Complaints were dealt with appropriately and people knew how to make a complaint.

People's views of the service were sought on a regular basis.

Is the service well-led?

Good

The service was well led.

The providers were involved in the running of the service on a day to day basis.

Staff felt supported and listened to. They felt their concerns would be acted upon.

Robust monitoring processes were in place to check the safety and quality of the service.

Bluebird Care (Maidstone)

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.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

The inspection took place on 28 and 29 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The two experts by experience made telephone calls to people who used the service to gain their views.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

Prior to the inspection we also looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events which the home is required to send us by law.

We spoke with 12 people who received personal care from the service, and five relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, the care manager and four care staff. After the inspection we asked two health and social care professionals for their views of the service but they did not reply to our request.

We spent time observing the care provided and the interaction between staff and people. We looked at eight

people's care files and six staff records as well as staff training records, the staff rota and team meeting minutes. We spent time looking at records, policies and procedures, complaints and incident and accident recording systems and medicine administration records

Good

Is the service safe?

Our findings

People told us they had no concerns about their support and they felt safe when receiving care from Bluebird Care Maidstone. One person told us, "Yes very safe, she supports me well, I am happy with her". Another person said, "Yes very safe, they know how to support me", and a third person said, "I have never had an occasion to worry about my safety".

Relatives felt equally comfortable when their loved ones were being supported by staff. One family member said, "Yes mum is safe with the carers, they support her well". People also knew who they could contact if they ever did have concerns about their safety. One person said, "The office have been very helpful so I would contact them". Another said, "I would probably speak to the carer first then the office".

The provider's safeguarding procedure included all the appropriate contact details for external organisations such as the local authority and a whistleblowing helpline. The registered manager and care manager were responsive to suspicions of abuse, having raised many concerns with the local safeguarding authority, the police and CQC. Staff had a good understanding of the signs of abuse and what to look out for. They told us what they would do if they had concerns about a person or situation and who they would report this to. Staff were also aware of who to take concerns to outside of the organisation should they need to and said they would have no problems in doing this. One staff member told us, "I have reported a couple of things I was concerned about. I have always got a reply back from the managers. They are always responsive with anything raised with them". Staff had the knowledge to be able to protect people from abuse and harm.

Risks to individuals were identified in individual risk assessments with measures in place to help keep risks to a minimum. The type of risks identified included when people needed assistance to move from their bed to a chair, or where people were at risk of experiencing dizziness due to a health condition. Step by step guidance was in place to ensure people were supported to remain safe, while at the same time maintaining their independence and self-respect. A staff member told us, "We are here to help keep people safe".

The equipment people needed to help them, for example a hoist or wheelchair, was initially checked by a supervisor to make sure the equipment was safe to use, had been serviced and when the next service was due. Staff told us they carried out visual checks of equipment each time they visited before using the equipment. Environmental risk assessments of people's homes were undertaken to identify any risks to staff when attending the property. The outside of the property was checked for hazards such as street lighting, driveways, or outside steps. The inside of the property was looked at to check it was free from obstacles. The whereabouts of fuse boxes, water stop cocks, smoke alarms etc. were also identified and recorded so staff had the information to help keep people safe. Risk assessments were in place to minimise the risks to people and staff of cleaning products in the home that may be hazardous to health.

The provider had a comprehensive emergency plan identifying emergency situations that may affect the service such as system failures, extreme weather conditions or epidemics. Risk assessments were in place for each disruption identified and people's priority of need ascertained. An on call service was available

outside of office working hours for the benefit of people and staff.

Accidents and incidents were recorded in detail and investigated well. Action taken was well documented including who was responsible for carrying out the identified action. Complete records were kept in a well organised folder divided by month. Each incident could be reviewed quickly and efficiently. Where appropriate, notifications had been made to CQC and the local authority had been informed. Accident and incident records were complete and well kept, supporting the registered manager to review easily in order to learn lessons.

The provider employed enough staff to be able to provide the care and support people had been assessed as needing. Staff covered each other's visits in the case of absences such as sickness or annual leave and they reported that this generally worked well. A structure was in place that could meet the support needs of staff and manage the delivery of care and support to people. The registered manager and care manager had a team of senior care staff including two supervisors and two care coordinators. The supervisors supported people by undertaking assessments, care planning and reviews as well as managing care staff. The care coordinators managed the office functions such as completing staff rotas, answering calls and dealing with office systems. The providers had recognised that recruiting good staff could be difficult. They were introducing a 'Career pathway' to help to retain staff and to attract new staff by creating a career structure to aspire to. Although not in place when we visited, job descriptions for new roles had been approved and the process of recruitment was underway.

People told us that staff were usually on time and they always stayed for the amount of time they were supposed to. One person said, "Sometimes they get stuck in traffic but they call to let me know. They stay for as long as I need", another person told us, "Yes they come on time and stay for as long as they are supposed to". Staff had time allocated on the rota to travel between each visit. Staff said there was usually plenty of time to travel from one visit to another, although sometimes traffic delays may cause an issue.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. Checks had been made against the disclosure and barring service (DBS) records. This highlighted any issues there may be about staff having criminal convictions or if they were barred from working with vulnerable people. Application forms were completed by potential new staff which included a full employment history. Any gaps in new staff's employment history had been explored at interview. For example, if staff had taken time away from work to bring up a family. The registered manager made sure that references were checked before new staff could commence employment.

Most people either took care of their own medicines or a family member or friend assisted with this. People able to administer their own medicines made it clear this was their decision and choice and it was recorded in their care plan.

People who had staff support to help them with their medicines told us they were happy with the service they received. Where people needed staff support, medicines were managed safely and people were supported to take them at the correct time. Staff had medicines administration training and this was updated regularly. Supervisors arrived at people's homes unannounced to observe staff administering medicines as another way of checking that people received their medicines safely. Only prescribed medicines in the original packaging from the pharmacist could be administered by staff. A medicines administration record (MAR) itemised the medicines to be administered. Staff signed to verify they had given the prescribed dose at the correct time. The care plan recorded where medicines were stored within the home and how medicines were ordered and disposed of. This would usually be the responsibility of a family member or friend and this was clearly stated.

The provider had a monitoring and auditing system in place to make sure medicines were managed well, helping to keep people safe from harm. Medicine administration records (MAR) were checked for errors, accurate recording, neatness etc. every month. Actions were recorded and fed back to staff if practice needed to improve. For example, when staff had used the wrong colour pen to sign their name, or if errors had not been properly reported.

Good

Is the service effective?

Our findings

People thought the staff were well trained and they knew how to support them. People told us they felt comfortable with their care staff. One person said, "Yes she knows what she is doing", and another said, "Yes I would say they are well trained".

The provider offered a structured induction period for all new staff. Four days of induction training was mandatory for all new staff before they actually commenced full employment. This included three days of face to face in house training, such as safeguarding vulnerable adults, moving and handling, food safety, the Mental Capacity Act and dementia training. The new staff member was then able to go out to meet people and start to support by shadowing a more experienced member of staff until they felt confident. The period of shadowing depended on the individual staff member, their previous experience and how quickly their confidence grew. New staff were supported to undertake the care certificate training once their induction was complete.

The registered manager made sure that staff had regular refreshers of the training that was necessary to carry out their role to a good standard. Records were kept for each member of staff to show which training they had taken part in and which were due for updating. Additional training courses covering subjects such as mental health, Parkinson's disease or end of life care were made available to staff when they required them. A member of staff said, "I am learning every day because everyone is different". Staff were expected to complete a question and answer workbook when taking part in training to test their knowledge of the subject they had studied. The provider had invested in an additional specific training package for care staff. The package consisted of workbooks with access to face to face, distance, or e learning to suit the needs of the service. Staff told us, "The training is good, the more you learn, the more you can give to people". Staff could access this programme as a substitute to training such as the QCF or NVQ if it suited their circumstances better. The provider said, "If we look after the carers, they will be motivated to provide a good service". The provider made sure that staff they employed were fully equipped with the training they required to support people well.

Staff were supported to perform well in their role supporting people by a supervision procedure that worked well. One member of staff said, "We receive lots of support". For the first 12 weeks after a new member of staff was employed, they received one to one supervision every week. Following this, one to one supervision was carried out every month. Staff received two types of supervision. One was a face to face meeting where topics such as workload, personal issues that may affect their work and standards of care were discussed. Staff also had observation assessments carried out while they were performing their role in people's homes. The different types of one to one supervisions were alternated so that staff had a mixture of individual support, skill building and development. One staff member said, "Observation checks are as regular as clockwork".

The provider made sure all staff had an annual appraisal to provide the opportunity for personal development and reflection. One staff member had completed the NVQ 2 and asked in their appraisal for the opportunity to study for the NVQ 3. The staff member had started the NVQ 3 a short time later. One

member of staff said, "This is honestly the best job I have had, I want to continue in care and make a career of it". Staff had the support needed to enable them to develop into their role with the skills and confidence required to support people well.

People's capacity was discussed and an initial capacity assessment was carried out when the first assessment of their care needs was undertaken. Families were often involved in decision making, supporting people to make choices and decisions about the care they received. This may happen if people were living with dementia for example. People were asked to sign a 'Consent to care' form at the point of agreement to care and support, confirming they were in agreement to staff entering their home to provide the assessed care. Records showed that staff had considered people's capacity to make certain decisions. If people lacked the capacity to make a decision, staff knew decisions must be taken in people's best interests, with the involvement of the appropriate professional support. Staff understood the key requirements of the Mental Capacity Act 2005. They could describe how people had the right to make their own choices and decisions. Staff told us that people could change how their care was delivered any time they wanted.

People's nutrition and hydration needs were discussed with them in order to devise a care plan to cater for their individual circumstances. Some people did not need any help with their meals as they took care of this themselves or a family member or friend did. People told us they were happy with the support they received with their food. One person said, "Yes she makes me porridge and when my son leaves food out she will help me with it". The level of support required varied among those who did need assistance. For example, some people subscribed to readymade meals that were delivered to their home and staff were asked to prepare and heat these up. A family member said, "Yes we have ready meals and staff give plenty of encouragement to make sure it is eaten". Staff did prepare and cook meals from scratch for those who requested it.

People's nutritional needs were looked at closely. Those who did not eat well and were at risk of malnutrition had assessments in place within their care plan for staff to follow. Plans were detailed including how staff encouraged and supported people to eat, being aware of their favourite foods and the foods they did not like. Where people had trouble swallowing and speech and language therapists (SALT) had been involved to provide advice and guidance to people, their recommendations had been incorporated into the care plan. For example, some people required a thickener to be added to their drinks, making them safer to swallow, preventing the risk of choking. Contact details of who to inform if concerns arose around peoples nutritional intake were recorded.

People's medical conditions and how they managed them were thoroughly documented in their care plans. This ensured staff were aware of what to look out for and what to do if people were experiencing difficulties because of their known medical conditions. For example, if people suffered with anaemia or high blood pressure, the care plan detailed the affects this had on the person. The medicines they took and the contact they had with health care professionals to manage the condition were recorded.

Generally, people or their family members managed their own health care needs such as contacting the GP or district nurse. Where people did require help staff made contact with health and social care professionals when needed for routine health issues.

Good

Is the service caring?

Our findings

People were happy with the caring attitude of staff and thought staff knew them well. People said the support they received was good and that most staff always did their best. One person said, "Yes they are caring and they do listen, we have a chat". People also told us, "Yes, one in particular that we've known for a long time. We often chat and she does extra things to help", and, "Yes they are caring, they are usually here for an hour and help me with everything I need and they don't rush me".

Relatives also thought the staff were caring and knew their loved ones well. One family member told us, "Yes they are fab, they are really good. The carer called me once to say she did not like the way mum was looking. They know her well". Another family member said, "They are caring, very much so, they are very patient and gentle".

There were many examples through the day where people, relatives and staff were heard telephoning in to the office. All calls were dealt with professionally with time given to listen and respond appropriately. A staff member rang the coordinators in the office as they had been knocking at a person's door and receiving no response. The staff member was becoming concerned. The coordinators dealt efficiently with the situation raised, ringing contacts and keeping the staff member informed until eventually the person answered the door, having fallen asleep. The coordinators in the office kept family members informed of any concerns or changes noticed through the day. For example, contacting family members to let them know their loved one had told staff they did not want support when the staff arrived. The staff member rang the office straight away to inform them, so the coordinator could contact the family, making sure important communication worked well.

Those family and friends who were of great importance to people were listed in the care plan, stating who they were and what contact they had with people. This helped to aid communication when necessary, for instance if staff needed to make contact. It was also a point of conversation for staff, if they knew the important relationships in people's lives.

Staff carried out 'extra' tasks to help individual people. For example, if people had problems going out on their own due to lack of confidence or anxiety. Staff encouraged people to go out by going with them to carry out every day responsibilities, such as walking the dog or attending appointments. One member of staff told us, "I like making people happy and seeing them smile".

Care plans were written in such a way that it was clear people and / or their family members had been involved in the preparation of them by providing the information needed to make sure they were person centred. Information provided in the care plan gave a picture of individual people and the people important to them. People often had pets that were important to them and these were not left out. If people had pets, guidance would be given for staff such as making sure the garden gate was closed to keep the pet safely in the garden.

People told us that they usually had the same care staff most of the time so they got to know each other.

One person told us, "Yes it is the same staff most of the time" and another said, "Yes mostly they stick to the rota so we know who is coming and any new girls shadow the more experienced carers".

Staff said they generally supported the same people so they got to know them well and this made a difference to people's day. In times of staff absence such as sickness and annual leave, they would help out by supporting other people too. One staff member said, "It's not just that someone likes tea with two sugars, but exactly how they like it, strong, weak etc." Another said, "We have friendly banter, it does make a difference". One member of staff told us about a person they had supported for some time. The person was coming towards the end of their life and had asked if the staff member could stay with them. The staff member said, "I like to be as involved as I can and to do the best I can".

One staff member told us about a person they supported who they could see was starting to struggle and the time they had allocated was not enough anymore. The staff member contacted the care manager in the office who contacted the local authority and the person was given extra time for support. This all happened within two weeks. The staff member was relieved as they felt the person was safer.

The provider produced a newsletter for the benefit of people, sent out every three months to provide updates and news. People received a service user guide when they started to receive support. The guide included useful information about the agency. For instance, introducing the staff structure, useful contact numbers, who to contact if people had concerns about abuse and how to make a complaint.

One of the main aims running through people's care plans was to support people to maintain their independence. The intended outcome for every part of people's care was for them to remain as independent as possible. Staff were guided to give people the time and encouragement to enable this to happen. Respecting people's dignity was also a key feature, to always respect people's wishes within their own home.

Good

Is the service responsive?

Our findings

People were happy with the care and support they received from Bluebird Care Maidstone. They told us that staff supported them and did things in the way they wanted. One person told us, "Yes they do what I need and want". Another person said, "Yes they take me to my sister who is in a care home".
People's family members were also happy that their loved ones received care in the way they wanted. One family member said, "Yes on the whole mum is happy with them. I'm more involved with the care plan than mum".

An initial assessment was carried out by one of the two supervisors prior to care and support being agreed. They met with people and, if appropriate, their family members to gather the information required to support people well. The assessment also informed the decision whether Bluebird Care Maidstone had the resources to be able to support people in the way they wanted. As well as assessing people's care needs, important information about the person, such as their likes, dislikes and who and what was important to them was collected. The days and times support was required was explored and agreed. People signed to confirm they had been involved in the initial assessment. Once support commenced, people were contacted after one week to review the first week's support and again one month later.

People were involved in how their care was described in their care plan by stating how they wanted staff to support them with their personal care. All care plans had lots of individual detail, helping the staff to understand and act as people wanted them to. For example, in what order they would like the staff to start, such as whether they would like to have a wash or bath first and breakfast after this, or the other way around. Staff found the care plans easy to follow and always up to date. Staff were clear that care plans followed what people wanted. One staff member said, "It's very important that you get the care right, the way people want it", another said, "We follow what people want".

Care plans were person centred; focussing on the individual, well written and creating an overall picture of each person. Small important details, crucial to people's wellbeing, were included throughout. Such as exactly how people take their drinks or how they like their bed to be made.
A section entitled 'what is important to me' recorded what people had said they valued in life. Personal insights, such as, 'Living at home in my own bungalow', 'I like to go to church', and 'I am very independent and very private'. Another section entitled 'Concerns and difficulties', recorded what people were worried about. People had said they were concerned for example, about, 'My mobility and my poor eyesight. I am worried about falling'. This information gave staff an understanding of individual people when reading the care plan before starting to support them.

Each visit of each day was recorded step by step in the care plan to ensure important details were not missed. For example, if people were unable to hang their washing out, the care plan stated what day this needed to be done and how. Making sure people were not worrying about tasks that were important to them but not in a position to do themselves. Staff said if people wanted to change anything about their support, or if staff noticed changes in people's abilities, they would contact the office staff to let them know. The office staff were very responsive and arranged for a supervisor to carry out a reassessment. Staff told us

they were very quick to respond, and had usually made the changes within a couple of days.

Important information to help staff was recorded in each care plan. Information used as a supportive measure and to aid efficiency, such as detailed directions to people's homes and how to access the property.

People and their family members were involved in a six monthly review of their care plan. They were helped to go through their care plan and make any changes they would like to make or were necessary. For example, if people felt their mobility was getting slower so they needed more support or more time to do things. People told us they were involved in reviewing their care plan. One person said, "My son guided my husband and the care plan was reviewed 2-3 months ago". A family member told us of their involvement, "Yes we have had regular reviews, they are about 6 monthly".

People were asked their views of the quality of the service provided by Bluebird Care Maidstone at each six monthly review. Questions such as, do staff arrive on time; do the times of your support suit you and what do you value most about your support. People were also asked what improvements they could suggest. Some suggested improvements included, 'There is too much paperwork', and 'More travel time for carers'. As well as being asked about suggestions for improvements, people were also asked if they had any comments to make. Some people took the opportunity to give praise to the staff who supported them, for example one response said, '(staff name) goes above and beyond. She has a wonderful manner and makes me feel confident and at ease'. Another response, from a family member this time, was, 'I could not manage without the carer's help'.

A further questionnaire was sent by post to people every six months asking for their views of the service. An opportunity to make comments was also incorporated into the questionnaire. The care manager analysed the responses in order to pick up on common themes and areas for improvement. An action plan was developed to respond to the improvement required. 150 questionnaires had been sent to people in April 2016 and 60 were returned. Feedback was generally good with the majority of people happy with the service provided. One common theme identified was around communication, mainly regarding people not always being informed when staff were running late or if there was a change in planned care worker or call times. The care manager spoke to all staff in staff meetings as well as in some individual meetings to confirm the standards expected by the provider.

People received a copy of the complaints procedure, explaining how to make a complaint if they needed to, with the service user guide at commencement of receiving a service. People and their family members told us they knew how to make a complaint. One person said, "Oh yes I know how to make a complaint, I would ring the office". A family member told us, "We did make a complaint and it was dealt with very promptly".

All complaints were well recorded, including a comprehensive investigation and action taken to address the concerns raised. Correspondence back to the complainant to inform them of action taken, where appropriate, had taken place quickly and within the timescales of the provider's complaints procedure. Lessons were seen to have been learnt from the complaints made. For example, by addressing individually with staff if appropriate or feeding back at monthly staff meetings or weekly office meetings.

There were also a number of compliments received from people and their relatives, often naming individual staff to praise. The care manager fed back to staff individually when compliments were received.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they thought the service was well managed and if staff appeared happy in their work. On the whole people thought the service was well run and were quite happy with the service they were given. One person said, "They are very friendly and approachable". Another person told us, "I think it is well managed and yes the senior staff ring and check sometimes".

Staff said the managers were caring towards the staff as well as people they supported. They said their visits were covered straight away if they had a personal issue to deal with. One staff member said, "They are a caring company, there is always someone to get hold of, at the office or on call. There are never any problems with contact". Another said, "They are there to support us and they are good at sticking to their word".

There was a happy atmosphere in the office, where everyone got on well together, supporting each other. There were many telephone conversations with pleasant and patient exchanges. Many staff called in throughout the day. A staff member said, "They are all great in the office, if I have a problem, I ring or call in. They often send texts out saying call in anytime, we'll make you a drink".

There was a registered manager in post who knew the organisation and the area well. They understood their responsibilities as a registered manager and the regulated activities they were providing. The registered manager and the care manager kept CQC informed of any important events that had taken place in the service. For example they had been prompt in sending notifications to CQC when safeguarding concerns had been raised with the local authority or police.

The providers were involved in the day to day running and management of the service so knew what was going on and were able to respond quickly if needed to issues or concerns. They were a husband and wife team and one or other would spend time in the office on at least a weekly basis. They made contact by telephone at least once a day on the days they didn't attend. The service had access to a support team based at another office, including a marketing manager and recruitment specialist. The care manager said, "The providers are both very supportive and listen. They are very approachable". The registered manager had similar compliments about the provider and said, "They are very approachable. We all get on well together".

The provider had invested in an electronic system intended to record and manage all information regarding people's support. Staff will be able to access the system on mobile phones and record the care and support they give while in people's homes. The provider told us the new system will enable the registered manager to have a live system to monitor and respond to instantaneously. Although not in full operation, all information was being uploaded onto the system with a completion date of the full system by October 2016.

A fleet of five company cars were made available by the provider for use by staff when necessary. For example, if a staff members car broke down or needed to spend time in a garage. This initiative ensured

people continued to receive their support as planned and supported the staff by making sure they were able to get to work and not take annual leave unnecessarily.

Staff meetings were held every month. Good attendance was seen at all meetings. Topics included sharing and learning from accidents and incidents, complaints and compliments, confidentiality, updates and information sharing. A weekly meeting involving the office team was held, discussing items such as; concerns about people, for example if people were in hospital, concerns about staff; for example, staff who were off sick or on leave and people's reviews due in the coming week. Objectives were set for the team and these were reviewed each week to make sure they had been met. We were told that the care manager had recently changed how the staff meetings were held, splitting the staff team into smaller groups. Staff reported the smaller groups were much better as there was more opportunity to take part and time to gain more information.

The provider had a 'carer of the year' initiative. Staff were nominated either by people they supported or their family members, or a colleague or manager. The winner was announced and attended an event to receive their award from the mayor. The award ceremony was reported in the local newspaper. A newsletter for staff was produced four times a year with information and updates to keep in touch. For instance, the carer of the year was featured, new staff were introduced and updates such as new initiatives for the future were reported on.

A communications folder held useful information for staff to access. The care manager sent regular emails to all staff for information and to aid good communication. For instance, when cold weather approaching with guidance and advice about keeping themselves warm while out supporting, and also making sure people were warm and had access to heating etc. A staff handbook was available, providing comprehensive information to support staff to carry out their role.

The provider had a range of quality monitoring systems in place to measure the quality and safety of the service provided. Performance indicators were set by the provider and these were reported on each month. For example, numbers of complaints, compliments, accidents and incidents, missed calls and staff sickness. The care manager had an action plan to address the shortfalls or concerns. Medicines administration records and daily visit records completed by staff were checked every month. Any errors or areas of concern were raised with individual staff and at staff meetings. For example, sometimes staff used the wrong colour pen, such as red instead of black, or had forgotten to sign their name. Monthly, six monthly and annual audits were undertaken, some by the registered manager or care manager and some by managers from other services as an objective approach. All areas of the service were looked at, for example, people's care plans and reviews, staff supervisions and training, complaints recording and accident and incident recording. Where improvements were needed, action plans were put in place to address the shortfalls within a timescale.