

Snowbeam Ltd

Bluebird Care (Stratford & Warwick)

Inspection report

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Date of inspection visit:
21 November 2017

Date of publication:
19 January 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?	Outstanding ☆

Summary of findings

Overall summary

The inspection site visit took place on 21 November 2017 and was announced. This service is a domiciliary care agency. It provides personal care to adults living in their own homes. Sixty people were receiving the regulated activity of 'personal care' at the time of our inspection visit.

At the last inspection in November 2015 the service was rated Good overall. At this inspection we found the quality of service had improved and was now rated Outstanding in the well-led key question, with a Good rating in all other key areas. This meant the service has been rated Good overall.

The registered manager had been registered with us since October 2010. 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 provider and the registered manager were innovative and demonstrated sustained improvements to the quality of care they delivered. They worked in partnership with other organisations to make sure they followed current best practice and high quality care. Systems ensured excellent standards of care were consistently maintained for people.

The provider encouraged people to provide feedback on how things were managed and to share their experiences of the service in creative ways. People were extremely positive about the care and support they received from staff who valued them as individuals.

The provider and the registered manager utilised a range of management tools to deliver person centred, quality care to people. They demonstrated they valued care staff and promoted their learning and development. There was an open culture at the service where staff felt well supported, able to raise any concerns and put forward suggestions for improvements. Staff opinion was listened to, and the registered manager acted on their suggestions. Staff enjoyed their work and were motivated to provide people with high standards of care.

People were protected from the risks of harm or abuse because staff were trained in safeguarding and understood their responsibilities to raise any concerns with the registered manager. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. Risks to people's health and wellbeing were managed.

Staff had the skill, experience and support to enable them to meet people's needs effectively. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives.

People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People, relatives and staff felt well cared for. People and their relatives were included in planning how they were cared for and supported. Staff understood people's diverse needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

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 understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and managed and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their independence.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were confident to raise any concerns or complaints about the service.

Is the service well-led?

Outstanding ☆

The service was very well-led. People were extremely happy with the quality and leadership of the service. The provider was innovative and demonstrated sustained improvement to the high quality, person centred care they delivered. They worked in partnership with other organisations to make sure they followed best practice. They had developed systems which ensured excellent standards of care were maintained for people. The registered manager was dedicated to providing quality care to people. They engaged with staff and people who used the service in creative ways, to continually improve the service.

Bluebird Care (Stratford & Warwick)

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 was 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 visit took place on 21 November 2017. It was a comprehensive inspection and was announced. This was to ensure the manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector and an expert 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.

This service is a domiciliary care agency. It provides personal care to mainly older adults living in their own homes. Not everyone using the service receives the regulated activity of personal care. CQC only inspects the personal care service provided to people, that is help with tasks related to personal hygiene and eating. Where they provide personal care we also take into account any wider social care provided.

The provider had completed a provider information return (PIR). The PIR 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 found the PIR reflected the service.

Prior to our visit we reviewed the information we held about the service. We looked at information received from relatives and the statutory notifications the registered manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we sent surveys to 48 people who used the service and 48 relatives or friends, to obtain their views about the quality of care they received. Surveys were returned from 27 people who used the service and nine relatives or friends. We also contacted people who used the service by telephone and

spoke with eleven people who used the service and one relative.

During our visit we spoke with the registered manager and three care workers. Following our inspection visit we spoke with a senior support worker and a support worker.

We reviewed four people's care plans and daily records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system.

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

People told us they felt safe using the service and told us who they would go to if they felt worried about something. Two people told us, "I always feel safe when the staff are moving me" and "I feel absolutely safe as everything that we discussed and agreed with [Name of the registered manager] has been followed through precisely." Everyone who used the service that responded to our survey told us they felt safe from abuse or harm from the staff. The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us, "If we had any concerns about people we would contact the care office straight away, because management need to know so they can put things in place [to protect people] and review care plans." Records showed concerns had been appropriately recorded and reported and action was taken by the registered manager to keep people safe.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. People were encouraged to maintain as much independence as possible. The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns. They gave an example of one person who was at risk because they chose to smoke in their property. They explained how they worked closely with the person and the fire service to obtain protective equipment for their property, to help keep them safe. The registered manager showed us their business continuity plan, which identified how risks to people would be reduced in circumstances where care may be affected, such as adverse weather conditions. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency.

People told us there were enough staff because they received support when they needed it. Two people told us, "Staff come when they should, they stay for their time and I am very happy with them" and "Staff always stay for the full time and it is usually the same regular staff who visit." Staffing levels were worked out using previous visit rotas, and how long staff needed on each visit in comparison to the planned visit times, which identified when people needed more support. This monitoring system, along with regular recruitment and reviews of people's care records, ensured there were enough staff on duty to support people safely. People told us they received a copy of the visit rotas and they liked this because they knew which staff were going to support them. The registered manager told us, "We are constantly recruiting to keep up with demand for the service... We have time to be responsive and meet peoples care needs."

Medicines were managed, administered and stored safely. People told us they had their medicines when

they needed them. One person told us, "Staff give me my [name of medicine] and are very reliable with it. If they have any queries then they have a number to ring. They are very good and I feel safe in their hands." Only trained and competent staff administered medicines. Records showed a supervisor regularly checked medicines were administered in accordance with people's prescriptions and care plans. Staff told us if there was any type of medicine error including record keeping, they were called to the care office to discuss them. One member of staff said, "I feel supported, not told off and this is important. Customers best interests are at the forefront of what staff are doing and errors need to be dealt with to improve care for people."

Care staff had training in infection prevention and control. People told us care staff demonstrated they understood the need for good infection prevention practice. One person said, "Staff always wash their hands and wear gloves and aprons as needed." People told us care staff always left their premises clean and tidy.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

Everyone who used the service that responded to our survey told us their care workers had the skills and knowledge to give them the care and support they needed. All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The induction training included the franchiser's version of the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care. Care staff were assigned mentors who supported their individual development needs, when they began their role. A member of care staff told us, "I felt totally prepared when I went out to work following induction."

Staff told us they felt confident in their skills because they had time to get to know people well and had training that was relevant to people's needs. Staff were positive about training and told us, "Whatever training we have, the trainer makes it specific to people we support." Different methods of training were provided which suited different ways of learning. The registered manager told us, "One customer has agreed to create a video to use at staff induction about their health condition and how it feels to receive care... Another person is to give a talk about their health condition at a team meeting. This will help staff to understand the health condition better and be more effective at meeting people's needs."

Staff told us they felt supported by the registered manager to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found staff and the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. One person told us, "Staff always show respect and ask for permission when they do things." A member of care staff told us, "We work with people so they are able to make their own decisions where possible. ...We always explain and ask if it is OK to do something."

Some people received food and drinks prepared by care staff and some people were supported by staff to help prepare meals to encourage their independence. One person told us, "Staff ask me what I would like to eat and offer a choice." Care staff told us people's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One care worker said, "I read the labels on food and what's written in people's care plan, to see how best to support them with their diet." The registered manager explained staff supported one person with a special diet because they had a Percutaneous Endoscopic Gastrostomy (PEG). This is a special tube into the stomach. They told us staff had worked closely with health professionals to ensure the person was supported to maintain their well being.

People's needs were assessed when they began using the service to ensure they could be met safely and in accordance with good practice. Staff continued to monitor people's health and referred them to other healthcare professionals if any changes were identified. One person told us, "We have had days when I have been unwell and staff have called the GP on my behalf which was all dealt with very professionally." Care plans showed detailed guidance for staff about how to recognise changes in people's health and what action to take to maintain their well-being. The registered manager explained all care plans included a new 'hospital passport', which gave important information about people's needs in a clear way and could be transferred with them to hospital if required.

Is the service caring?

Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be Good.

People felt staff cared about them and valued them as individuals. One person told us, "The staff show an interest and are almost like a part of our family." Another person commented in our survey, "Staff go above and beyond to ensure I am safe and comfortable. They are flexible to my needs... They were very good when I had to go into hospital and even sent a card and flowers when I came home." Everyone who used the service that responded to our survey told us they received care and support from consistent care workers, who were caring and kind.

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. Some care staff had worked there for several years and had developed strong relationships with people they supported. Two care workers told us, "I've heard people saying a number of times of how they can't do without us. I think this is lovely to hear because that's what it's all about" and "It's just like extended family, everyone's friendly and helpful."

The manager told us, "We put the person at the centre and involve them, asking them how they want their care and allowing them to be independent wherever possible. We do this from the point of assessment." They said, "We have a fantastic bunch of staff because we recruit the right kind of people. We can give people skills training, but if they don't have the right nature, you can't make someone a good carer." Staff shared this caring ethos and were supported by the provider to give people care in a way that had a positive impact on them. The provider had signed up to the social care commitment in February 2017, which meant they supported staff through their supervision process in raising social care standards. Supervision is a meeting between the manager and member of staff to discuss the individual's work performance and areas for development.

People told us staff knew how they preferred their care. One person told us, "Staff have got to know me pretty well, so they know exactly what I need." People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. A care worker said, "I know my customers well, I have regular customers and I'm a good listener if someone wants to talk." Care plans included information about people's religion, culture, family and significant events.

The registered manager explained how staff supported people to express their views and be actively involved in making decisions about their care. They gave an example of one person who had limited communication because of a health problem. Care staff supported them to use a form of communication the person had devised, that suited their individual needs. They told us, "This person's initial assessment took a long time, but they were totally involved and we got information from them that we could not have obtained from anywhere else."

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. Records showed people had not been asked about all their protected characteristics when their care was reviewed, such as their sexuality. We discussed this issue with the registered manager and they told us they would make changes in the way they gathered important information about people, to improve their understanding of people's needs.

Staff understood the importance of treating people with dignity and respect. Everyone who used the service that responded to our survey told us care workers always treated them with respect. A member of staff told us, "The person is the decision maker about what care they want. If it is our first time with the person we look through the care plans and see how they like to be treated.... We ask them how they like to do things."

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us they were happy with the care and support staff provided. Two people told us, "I am entirely happy with my care" and "Our care covers all our needs." A care worker said, "We know people well and if something were to change, we would see it."

People told us they were asked for their views and were fully involved in planning their care and support. Two people told us, "I express my views openly with staff and I feel empowered that I am in charge of my care" and "They visit the house sometimes to review our care plans and discuss how things are going. They very much involve us and these visits are an opportunity to give our feedback." The registered manager explained how people were initially assessed before they first used the service.

People told us they were able to make their own choices. One person told us, "Staff help to encourage my independence." Care plans were personalised, easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. A care worker said, "We encourage people to make their own decisions and encourage them to do what they can, when they can." We saw there was clear guidance for staff about how to support people with their identified needs. Care plans included a newly developed one page profile. Staff told us it was helpful because it have them, "A snap shot of who we are dealing with straight away." The registered manager explained the profile helped them to support people better because for example, it was a good way to help match staff with people they supported.

Staff were able to refer to a 'library' of information leaflets available to them in the care office. Staff told us these were available to share with people they supported. For example, there was information on health issues and organisations where people could find additional support with specific needs, such as loneliness. People's care plans were easy to read and person centred. The registered manager told us if people required additional support to understand information because of their health needs, this support would be made available to them. For example, they could create a, "Talking brochure" if required.

Staff had worked alongside other organisations to provide end of life care to one person. This enabled the person a choice to remain in their own home. The registered manager told us, "We will always ask staff of they feel they can provide end of life care." Staff told us the registered manager had fully supported them following the person's death.

People told us they felt able to raise any concerns with staff. Everyone who used the service that responded to our survey told us they knew how to make a complaint about the care agency. One person told us, "We raised an issue once and it was dealt with promptly. If we have any concerns we just speak to the office staff and they are very approachable." Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was accessible to people in their own homes

and in the care office. The registered manager confirmed there had been three complaints dealt with in the last 12 months. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. Seven compliments had been received in the last 12 months. For example, there was evidence of a compliment from a relative about the standard of care received, stating the staff had, 'Done a sterling job and done them proud.' The registered manager explained compliments were shared with staff.

Is the service well-led?

Our findings

At our previous inspection we rated Well led as Good. At this inspection, we found the provider and manager had continued to develop their service, offering people consistent high quality care. The providers values were centred around people who used the service, they made sure people were always at the heart of how the service was developed and delivered. Systems took into account people's views, and ensured the highest standards of care were maintained for people. The rating for well-led has improved from Good to Outstanding.

Everyone we spoke with was extremely happy with the quality of the service. Two people told us, "They are the best company around" and "I'd give the company one hundred per cent. I really couldn't wish for better care than I have from them, they are second to none and wonderful." Two relatives commented in our survey, 'We have been very satisfied and happy with the care provided by staff from Bluebird over the last few years. We are always able to discuss any issues and feel that staff from Bluebird will often go above and beyond what they are expected to do' and 'I was extremely impressed with their professionalism, reliability and willingness to assist with any sudden changes of plan due to illness or hospital appointments. I cannot fault them and [Name of relative], who was very much against having carers initially (in spite of their advanced age and frailty), has nothing but praise for the carers.' Everyone who used the service that responded to our survey told us they would recommend this service to another person.

The provider had developed a positive culture at Bluebird Care Stratford. Their values were imaginative and person-centred and made sure people were at the heart of the service. Two members of staff told us, "[Name of registered manager] is the best manager I've ever worked with. They are very professional, they know exactly what needs to be provided to customers and instils this in the team. If there any issues, [Name of registered manager] will deal with them. This gives me total confidence" and "We are looked after as much as the customers are looked after. We are all treated the same. There are great opportunities."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their manager's leadership. Staff told us the registered manager valued their opinions and used them to develop and review practices, to continually identify ways to improve the quality of care for people. The registered manager told us staff worked collaboratively and always ensured the provider's values were upheld. They told us regular staff meetings were used to, "Discuss people's specific needs and look at ways to improve their care." They told us a speaker from the Alzheimer's Society had recently given a talk to staff and encouraged them to become 'Dementia Friends'. This meant staff learnt what it was like to live with dementia. The registered manager gave a further example, where they shared information about one person who had received hospital treatment. They reviewed the person's needs and staff looked together at ways to provide additional support until the person's fitness levels had returned. The registered manager explained following the staff meeting, they recorded the person's additional support on a short term care plan, which contained guidance for care staff and helped to improve the person's well being. The registered manager told us senior staff treated their weekly meetings as, "Risk meetings." They explained this was because senior staff reviewed any events that had occurred, such as medicine errors or safeguarding matters and looked at ways of learning from the events, to help improve the service and reduce future risks for people.

The registered manager explained lead roles had been developed for some senior staff to support other care staff in areas such as safeguarding and medication.

Staff felt valued by the provider and told us they received recognition for good practice and feedback to help them improve. The provider operated a 'Gem' award, where people were asked to nominate care staff who had gone the 'extra mile.' The results of the nominations were shared in the provider's newsletter to people who used the service. Staff told us they valued these awards as recognition of their hard work. The provider had introduced length of service awards, where staff received a certificate to recognise their longevity of their role. The service had been chosen as a finalist for 'Franchise of the Year 2017' by the franchiser Bluebird Care, in their regional conference in September 2017. This achievement had also been shared in the provider's newsletter, where the provider celebrated staff's hard work and wrote, 'You can all feel proud of the exemplary service you provide to our customers which has been rightly recognised. Congratulations one and all.' The provider had introduced a career pathway for staff which encouraged them to improve their skills and develop themselves professionally. This included increments in their salary for developing new skills, such as additional training and mentoring other staff. Staff were very positive about this initiative and told us, "People can move up the scale to a more professional role, which I think is brilliant" and "New staff come and they know they can develop their career and this makes people feel motivated."

The provider demonstrated a clear commitment to work in a joined up way with other organisations to improve people's care and to make sure they followed current practice. They had recently sent out a survey to health professionals they worked with to support people, asking how they could improve their service. They had received positive responses to the survey, one health professional had responded by saying, 'The service has always been proactive in resolving any issues that they have come across.' The registered manager explained as a result of the survey, they were in the process of meeting with a local pharmacy to find out how they could work in a more joined up way to improve the service. They told us how they had been approached by a local GP and asked to share their experiences with student health professionals about what it is like to provide care in the community. The registered manager told us they felt privileged to be asked, based on the reputation of their service and they were able to strengthen their relationships with local health professionals and give an insight into the challenges faced by social care providers.

The provider was innovative and demonstrated a commitment to focus on raising the standards in social care and improvement to the quality of care they delivered. The provider had signed up to the social care commitment in February 2017. The registered manager explained they had been approached by a housing organisation to be their preferred care provider for tenants, due to their local reputation. An independent audit of the service had taken place to check their standards of care prior to commencement of the agreement. There had been one recommendation made, which records showed had been actioned straight away. The registered manager told us about a new initiative in progress, where care staff would be given secure, electronic access to the staff handbook via their staff mobile telephones. This would mean they could have immediate access to the provider's policies and procedures which would support them in their work.

The registered manager had actively engaged with people to empower them to help make decisions about how the service was run and how the staff provided their care and support. The registered manager explained they had been focussing on customer involvement and had recently asked people how they would like to be more involved in staff recruitment and training. As a result of this, some people had suggested interview questions, which were helpful and they were now using because it helped them recruit staff who understood people's needs. In addition they said, "One person has agreed to create a video to use at staff induction about their health condition and how it feels to receive care... Another person is planning to give a talk about their health condition at a team meeting." They explained this would help staff to

understand the health condition better and be more effective at meeting people's needs. The registered manager told us during national 'Carers week', "We sent out a memo to family carers and offered them the opportunity to create their own support plan because we recognise the importance of their responsibilities." The registered manager explained they wanted to find out how they could offer more support to people's carers at home, so they could improve the quality of care they provided. We saw one family carer had completed a one page profile of themselves, which had been added to their relatives care plan with consent. The registered manager told us this would be considered by staff at their next team meeting and the information would be used to help support the family carer, alongside the person who used the service. This demonstrated how the registered manager worked creatively with people who used the service to make improvements to people's care.

The provider valued people's opinions and worked with them to make continuous improvements to the service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw positive results of the latest customer quality survey completed in September 2017. People who used the service were at the heart of the provider's quality monitoring process and an action plan of improvements was shared openly in the provider's newsletter. Some people had concerns they had not been contacted when care staff were delayed. The registered manager explained what action they had taken to address these concerns and how they would include staff to review ways to make improvements at their next staff meeting.

The provider regularly engaged with staff and encouraged them to share their experiences of the service. The provider had sent staff a survey in April 2017. We saw the registered manager had collated the responses and shared the learning points with staff. Some staff had concerns about travel times between care calls and we found the registered manager had taken action to address these concerns. They had put in their response to staff, 'Thank you, this information is invaluable to us helping us to improve your working conditions.'

The registered manager demonstrated a continuous drive to support staff by providing up to date guidance and advice. They kept up to date with best practice by receiving updates from various organisations such as Skills for Care and the National Institute for Health Care and Excellence [NICE]. The registered manager told us how they developed their leadership skills. They were due to attend a workshop run by Skills for Care about positive leadership, where they would share their learning with staff following the training. The registered manager shared best practice with staff at meetings. They told us they had recently arranged for speakers from two charities, who talked about different health conditions which affected people they supported. They told us staff had enjoyed the talks and had adopted one charity to support in the care office. Staff had access to a secure new, electronic, policy system. The registered manager told us, "We always get the most up to date policy and can set up reading lists for staff." The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority.

There were effective systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans, daily records and medicine administration by senior staff. Records showed actions were taken to make improvements to the service, following audits. For example, we saw changes were made to care plans to ensure they were up to date. Additional, independent, quality assurance checks were carried out by the franchising company, to ensure the service was meeting required standards and people who used the service were well cared for. At their last check in June 2017, they found no recommendations for improvement, which meant the service was acting fully in accordance with their franchise agreement. The provider had ensured people had access to the CQC rating given to the service at

our previous inspection. It was displayed in the care office and on their website.

Performance management processes were effective and led to improvements in the service. The performance of care staff was regularly observed by senior staff and care workers were given feedback which helped to make improvements to the service. For example, a check of medicine administration records had identified recording issues. We saw staff were provided with additional support to help them use best practice to improve their performance and this had helped to reduce future errors.