

D.J.Howard Limited

Bluebird Care (Milton Keynes)

Inspection report

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Date of inspection visit:

21 September 2016

22 September 2016

Date of publication:

21 October 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

We carried out this inspection on 21 and 22 September 2016.

Bluebird Care (Milton Keynes) provides personal care and support to people in their own homes. They provide care for people with a range of different needs, including older people, people with learning disabilities or other neurological conditions. On the day of our inspection the service was providing care to 85 people.

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

People were kept safe by members of staff who were knowledgeable about abuse and the actions they should take to safeguard people against it, including recording and reporting procedures. Risk assessments had been carried out to monitor hazards and risks and to put systems in place to reduce them as far as possible. Staff members had been robustly recruited with background checks carried out to ensure they were of good character. There were also enough members of staff to ensure people's calls were made as scheduled. Where people required support with administration of their medicines, staff were able to do this and had been trained to make sure they could do so safely.

Staff members had been sufficiently trained to ensure they were able to meet people's specific needs. They also received regular supervision and support to help them develop their skills and discuss any concerns they may have. People were provided with choices and were encouraged to make their own decisions wherever possible. If people were unable to make their own decisions, there were systems in place to ensure the principles of the Mental Capacity Act 2005 were followed. If necessary, staff provided people with support to manage their nutritional intake and appointments with healthcare professionals.

People were treated with kindness and compassion by members of staff. There were positive relationships between people and members of staff and people were able to see regular staff members to help these professional relationships develop. People and their family members had been involved in planning their care and support, to ensure it was in accordance with their wishes, and were also provided with information about the service. Staff members worked to ensure they treated people with dignity and respect at all times.

Care plans were person-centred and contained specific information about people's individual needs and wishes. Initial assessments were carried out to ensure the service could meet people's needs and care plans were regularly reviewed, to ensure they were up-to-date and reflected people's changing needs. There were systems in place to record feedback, including complaints, and take action in response to them.

There was a positive and open culture at the service. People and their relatives were happy with the care

that staff members gave, as well as the office-based and management staff. The registered manager was accessible to people and their relatives, and members of staff felt well supported by the registered manager and the provider. There were also quality assurance systems in place to assess, monitor and improve the quality of care being provided.

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.

People felt safe and were protected from harm and abuse by staff that had been trained in safeguarding and were aware of the reporting procedures they should follow if they had any concerns.

Risk assessments were in place to measure the risks posed to people and to put control measures in place to manage those risks. They helped people to remain as active and independent as possible.

There were sufficient numbers of staff to meet people's needs and people saw regular staff members. Staff had been recruited safely and checks had been carried out to ensure they were of good character.

Staff were trained to provide people with support in administering their medicines, but encouraged people to do this for themselves where possible. There were systems in place to record medication administration.

Is the service effective?

Good ●

The service was effective.

Staff members received training and support to ensure they had the skills they needed to perform their roles.

People's consent to their care and support arrangements was sought and recorded in their care plans. Staff offered people choice and worked in accordance with the principles of the Mental Capacity Act 2005.

Staff encouraged people to be as independent as possible with their food and drink preparation, however; they were able to provide support in this area if required.

People were able to seek support from the service for appointments with healthcare professionals if they needed it.

Is the service caring?

Good ●

The service was caring.

People were positive about the care they received from the service and members of staff. Staff treated people with kindness and compassion and had developed positive relationships with them and their relatives.

People had been involved in planning their care and were provided with information about the service.

Staff members worked to ensure people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were provided with person-centred care, which was sensitive to their individual needs and wishes.

Care plans were reviewed on a regular basis to ensure they were accurate and up-to-date.

There were systems in place to receive and act on complaints or other feedback received by the service.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the care they received from the service and staff members were motivated to perform their roles.

There was a positive and open culture at the service.

The registered manager and provider were visible and accessible to people, their relatives and members of staff.

Quality assurance systems were in place to help the service improve.

Bluebird Care (Milton Keynes)

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 September 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 in. The inspection was carried out 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. During this inspection the Expert by Experience made phone calls to people receiving care from the service and their family members.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR, as well as other data we held about the service. This included statutory notifications about certain incidents, such as safeguarding alerts, which the provider was required by law to send to us.

During the inspection we spoke with 12 people to seek their views about the care they received from the service. We were also able to speak with four relatives, who were able to tell us what they thought of their family members' care. In addition, we spoke with seven health care assistants (three of which were new to the service), one senior care assistant and one coordinator, as well as the registered manager and the provider.

We reviewed care plans for ten people to see if they were an accurate reflection of people's care and support needs. We also looked at files for nine members of staff to look at recruitment, training and staff support

practices at the service. Information and documents relating to the management of the service, such as staff rotas and audits, were also examined, to determine how the service was run and the quality assurance systems which were in place.

Is the service safe?

Our findings

People felt safe when they received care from the service. They explained that they trusted staff members when they came into their homes and felt comfortable when they were there. One person told us, "I feel very safe with them as I know them and they know me." Another person said, "I feel safe as houses with the carers that come to me!" Relatives were also positive about the service and felt that their family members were safe when staff came to their homes. One relative said, "I feel my husband is very safe with the carers who come." Another told us, "We feel very safe with them and have had no problems."

Staff members explained that the safety of the people they cared for was very important to them. They told us that they were trained to recognise potential signs of abuse and were aware of reporting procedures which were in place to ensure any concerns were raised appropriately. One staff member said, "People are definitely safe, we make sure of that and are able to report any problems we may have." Staff members were able to explain the reporting procedure at the service and were also aware that they could share concerns with external organisations, such as the local authority safeguarding team or the Care Quality Commission (CQC).

The registered manager told us that they had systems in place to ensure that incidents and accidents, including safeguarding concerns, were recorded and reported appropriately. They showed us that there was a file in place to record incidents and a separate one for safeguarding incidents. We saw that appropriate action had been taken in response to these incidents, including referrals to external bodies. This helped to keep people safe and provided a record of actions taken which the service could use to learn from and help avoid future incidents.

Risk assessments were in place to help identify potential risks to people's health and well-being and to put measures in place to reduce the impact of these risks. People told us that staff were aware of risks, however; these risks did not stop them from doing the things they wanted to do. They explained that the risk assessment and management process enabled them to be as active and independent as possible. One person told us, "We go with my walking frame and they always help me up and down the steps. It is so important to me to remain as independent as possible and remain in contact with my friends and the outside world."

Staff members told us that risk assessments were in place in people's care plans. They explained that they used these to guide them on potential risks to people and the control measures which had been agreed on to manage those risks. The registered manager told us that risk assessments were put in place when people's care package started and were regularly reviewed to make sure they were still relevant. We saw that there were risk assessments for people's home environments, as well as specific areas such as mobility and manual handling. These contained details of the risks to people and the steps staff should take to manage them, whilst still supporting people to be as independent and active as possible. These risk assessments were reviewed regularly and updated when things changed, to help keep people safe.

There were sufficient numbers of staff to ensure that people's needs were met. People told us that there was

enough staff and that they usually saw regular staff members, which helped them to develop positive relationships and feel comfortable with the care that they were receiving. One person said, "I always get one carer from a group of three or four who I know really well." Another person said, "I have had the same carer for the past six months and I feel very safe with them." Relatives were also positive about the staffing levels at the service. One relative told us, "We always get one of four carers that we know very well and are familiar with the condition." Staff members told us that it was important that people were able to see a consistent group of staff. This helped people to feel comfortable allowed staff to build a relationship and understanding of people's needs and wishes. One staff member said, "We see regular people." Another told us, "I generally go to see the same people which I think really helps their care."

People and their relatives also told us that staff members were punctual and always stayed for the agreed duration of the care visit, even if they had completed all the tasks required. One person said, "They always arrive on time and stay for the full time. I know if they are going to be late because of traffic then they will ring me." A relative told us, "They always arrive on time and stay for the full time, and longer if we need it." Staff members confirmed that they were given sufficient travel time between calls to ensure they were on time, and that the registered manager listened to their feedback if travel time was ever not quite enough.

The registered manager and provider explained to us that they were in the process of recruiting new staff members, to help ensure that this would be possible. They were carrying out targeted recruitment, to try to find staff in similar geographical areas as people in need of care, this would help to reduce travel time and therefore cut-down the chances of staff being held up in traffic. Staff rotas showed that people's visits were scheduled with regular staff members and that staff were given time between calls for travel. We also saw that three new staff members were in their induction process, as well as evidence of other recruitment going on.

There were suitable and robust systems in place to recruit new members of staff. The staff on induction told us that they had been through an interview process and the service had carried out checks before allowing them to start work. These checks included previous employment histories, references and Disclosure and Barring Service (DBS) criminal record checks. The registered manager and provider took care to ensure that these checks were completed before commencing with a staff member's induction. Staff records showed that these checks were in place. We also saw application forms and interview notes, which were used to help ensure candidates were suitable for their roles.

The service supported people to administer and manage their own medication, if required. Where possible, they encouraged people and their relatives to take the lead, however; trained staff were able to provide assistance when needed. One person told us, "I organise all my own tablets, but the girls cream my legs and back to stop any pressure ulcers." Another told us, "They do my medication for me as it is a liquid. They measure it carefully and give it me. They always record it using the phone system." Relatives also told us that staff were able to provide help with medicines if needed. One relative said, "They give all the tablets and cream his legs and back." Another told us, "I do all the tablets but the carers will cream my wife's back and legs which I know she appreciates."

Staff members told us that they received training to provide them with the right skills and knowledge to give people's medicines. They also told us that they encouraged people and their relatives to be as independent as possible, but were there when needed. There was evidence to show that staff members had been trained to give people their medication and care plans showed the levels of support that people needed. They clearly showed when people did and did not require help with their medicines and the electronic system at the service allowed staff to record when medication was given. It also raised alerts if medication was not recorded in the system, which allowed office staff to chase staff to make sure it was given. This helped to

reduce medication errors or delays, which meant that people were more likely to get their medicines as prescribed and we saw that there were no gaps in the medication records.

Is the service effective?

Our findings

Staff members received the training and support they needed to enable them to perform their roles. People told us that staff were knowledgeable and possessed the skills required to meet their needs. One person told us, "The carers who come to help me certainly know what they are doing and are well trained." Another person said, "I have every confidence in their skills and they have certainly been well trained."

Relatives also told us that members of staff were well trained and were confident that the staff that cared for their family members knew what they were doing. One relative said, "I think they are well trained and know what they are doing." Another said, "The carers who come here know what they are doing. They know how to deal with my [family member's] needs."

Staff members told us that they received a wide range of training from the service, to ensure they had the skills they needed. When they started working at the service they received induction training. This included working through the modules of the Care Certificate, which helped to provide them with the skills they needed in their roles. They also shadowed more experienced staff during their induction. This helped to provide role models for new staff and helped them begin to develop relationships with the people they would be caring for.

There was also regular on-going training for members of staff, to help them maintain their skills and develop new ones. Staff felt that this training was useful and told us that they received a range of different training courses. One staff member said, "Training is good. We do some distance learning but also have the option to get together in groups to do it." The registered manager told us that staff members were provided with a number of different training courses to equip them with the skills they needed for their roles. This included new and refresher sessions, to help keep those skills current. There were records to show that staff received regular training and refresher sessions, as well as assessment papers to show that their competency was being assessed.

Supervision sessions were also provided to members of staff, to provide them with support and the opportunity to discuss any concerns or learning and development issues they had. Staff members told us that they found supervision sessions useful and were able to use them to help improve their performance. One staff member said, "Supervision takes place regularly and is really helpful." We saw that staff supervision sessions were recorded and provided staff members with a forum to raise any concerns they had and to discuss their performance. They were used to identify training needs or interests for staff members and to set goals for them to work towards.

Staff members made sure they gained people's consent before they provided them with care or support. People told us that staff always asked if it was okay for them to do something before proceeding, even if it was familiar staff who knew their routines well. One person said, "They always ask me if it is alright to do things for me and they are polite." Another person told us, "They always make a point of asking for my consent before they do anything." Relatives also told us that staff members always sought people's consent to their care. One relative told us, "They always ask [family member] if it's alright to do things for her."

Staff members told us that it was important to seek people's consent before they did anything. They explained that they encouraged people to have as much choice as possible and respected the decisions that people made. One staff member said, "We always make sure we give people a choice, if they don't want us to do something, then we don't do it." Another told us, "We make sure people have a say in their care."

Records showed that people's consent to their care and treatment had been sought. The service had moved to an electronic record keeping system. This allowed them to show people their care plans on an electronic device such as a smartphone or tablet as well as printing one if requested. The system allowed people to sign an electronic consent form using the device. We saw that these had been completed, showing that people agreed to the arrangements in place for their care and support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff members told us that they had been trained in the principles of the MCA and applied this to their roles for those people who were unable to make decisions for themselves. The registered manager told us that MCA assessments had been introduced to the electronic record keeping system, which allowed staff members to assess people's capacity if there were concerns about people's ability to make their own decisions. We saw that people's care plans contained MCA assessments where appropriate. They demonstrated that the service had considered people's decision making ability and had used the assessments to empower people to make decisions. They also showed that, if people were unable to make their own decisions, the service followed a best-interests' process, to make a decision on their behalf.

People were supported to maintain a nutritious and balanced diet. Wherever possible, staff encouraged people and their relatives to be as independent as possible in terms of choosing and preparing their own meals and drinks. People told us that, if they needed it, staff were able to help prepare meals of their choice and also made sure they had drinks available when they needed them. One person told us, "They prepare my breakfast, lunch and tea for me and always make sure I have a drink." Another person said, "They prepare and serve my meals for me and I always choose what I want." Relatives told us that staff worked with them to help provide people with their meals and that they always respected people's choices. One relative said, "They help make breakfast for my [family member] and I do all the other meals."

Staff members told us that care plans provided them with important information, such as any allergies or specific dietary needs or wishes. They also told us that they spoke to people about what they wanted to eat or drink for each meal, to make sure people were happy with what they got. We saw that care plans clearly stated when staff should provide support with meals and when people were able to do this for themselves. This helped staff maintain people's independence and encouraged them to do as much for themselves as possible.

The people we spoke with all made their own arrangements regarding medical appointments, or received support from their family members for this. Staff member told us that, if needed, they were happy to book appointments with people's healthcare professionals and arrangements could be made for staff members to attend these appointments with people, if they so wished. The registered manager confirmed that people

could be supported with medical appointments if necessary. We saw information regarding medical appointments and their outcomes were recorded in people's care plans so that staff members were aware of the latest developments in people's care and support needs.

Is the service caring?

Our findings

People felt well cared for by the service and were happy with the staff that provided their care and support. One person told us, "The care I get is excellent. Nothing is too much trouble and they know exactly what I want." Another person said, "The carers who come to help me are very good." A third person told us, "The carers who come to see me are very caring." Relatives were also positive about the care provided by the service. One relative said, "The care we get is excellent and I can't fault it." Another said, "The care my [family member] gets is very good. They are sensitive to his needs nothing is too much trouble."

There were positive relationships between people and the staff who provided their care. People told us that by seeing regular staff members they were able to establish positive relationships. They explained that this helped them to feel relaxed when staff were in their home and meant they could chat and joke with staff when they visited. One person told us, "I know them all and they are all very nice." Another person said, "We get on really well and they understand my needs." Relatives also felt that staff were positive and helped to create a caring relationship with people. One relative said, "They always talk to her even though she can't respond verbally. They help create a happy environment." Another relative told us, "They are smashing people."

Staff members were positive about their roles and the people they supported. They told us that they worked hard to establish a relationship with the people they supported, to help them provide their care. Staff explained that they were mindful of professional boundaries between them and the people they cared for, but they ensured that people were happy and they got along with them. One staff member said, "We always have time for a chat and a joke with people and sometimes a cup of tea. It's important that we treat people like people and not just a job that needs to be sorted."

People were involved in planning their own care and support arrangements. They told us that they had meetings with the service to discuss their care needs and to make sure that the arrangements which were in place were sufficient to meet their needs. One person said, "I have been having care since the start of the year and I was involved in the planning." Another person told us, "The manager helped me plan my care, which was so useful." Relatives also told us that they had been involved in planning their family members care, which helped to ensure they received the care and support they needed. One relative told us, "My [family member] is able to decide the care she wants and, despite her condition, she is still in charge. We were all involved in planning the care package, including my [family member]. It was made really easy." Another said, "We started his care before Christmas and the manager came out to talk through what we needed and what we wanted."

Staff members told us that people's care arrangements had been made with their involvement to ensure they were happy with the care plans which were put in place. They also confirmed that family members had been involved in care planning, to provide people with support and make sure that care plans were in accordance with people's needs and wishes. We checked people's care plans and saw that people and their family members had been involved in planning the care that people would receive.

The registered manager explained that people were provided with information they needed about their care and support arrangements. They explained that, when a care package started people were provided with a guide to the service which set out what they could expect and provided useful information, such as contact details and complaints procedures. We saw that these were in place and also saw that the provider wrote newsletters to people and their family members, to keep them updated regarding any changes or developments at the service.

People were encouraged to be as independent as possible. They told us that staff were happy to provide them with care and support, but did try to get them to do as much for themselves as possible to help them maintain their independence. One person told us, "They always encourage me to do as much as I can for myself, which makes me feel better." Another person said, "They do make sure I stay independent and do as much as I can." Relatives also told us that staff members worked hard to help promote people's independence. One told us, "Given [family member's] condition he does not have much independence, but they still try to give him as much as possible."

Staff members also treated people with dignity and respect. People explained that staff were always kind and caring and spoke to them as people. They were polite and made sure that their privacy was maintained, particularly when providing personal care such as assisting with bathing or showering. One person said, "The girls are very polite and courteous." Another said, "They are very respectful." A third said, "They are all very polite and nothing is too much trouble for them." Relatives also felt that staff members treated people with dignity. One relative said, "They are always sensitive to all our needs and nothing is too much trouble. They are always polite." Another told us, "They are all very polite and courteous and nothing is too much trouble."

Training in dignity and respect was available for staff members and we saw evidence that this had been completed. The provider also had policies in place to ensure that members of staff worked to ensure people were treated with respect at all times. The registered manager told us that they planned to introduce the role of dignity champions at the service. This would be a member of staff who, as part of their role, would work to highlight the importance of dignity and respect and explore the way the service was fulfilling this.

Is the service responsive?

Our findings

People received person-centred care from the service. Care was sensitive to their individual needs and wishes and was adaptable to ensure that as these needs changed, the care provided by the service would also change.

When new care packages were started, an initial assessment was carried out. This was to identify people's specific needs and ensure the service would be able to meet them. People told us that they met with staff from the service, including the registered manager, to discuss their care needs and wishes. Their relatives were also involved which helped to ensure that their wishes were represented. We saw that initial assessments were in place and that these had been used to produce people's first care plans.

People told us that staff were knowledgeable about them and their care needs. Staff members were aware of the things that people needed help with, as well as the areas in which they required support. One person told us, "The girls really know what I like and how I like things done." Another person said, "The staff who come to help me know exactly what I like and what I don't like." A third person told us, "They understand what I like, if they didn't I would tell them." Relatives also told us that staff members knew people well and were able to provide them with person-centred care. One relative said, "The carers certainly know what my [family member] needs and she will let them know what she wants." Another said, "The carers do know what my [family member] likes and take account of it when they care for her."

Staff members felt that the service was able to provide people with person-centred care, which was sensitive to their individual needs and wishes. They told us that they made sure people's specific needs were at the forefront of everything that they did and were able to adjust their approach to ensure their needs were met. One staff member said, "Care is now person-centred. It's tailored to meet people's individual needs." Another staff member told us, "Care plans are person-centred and help to guide us with exactly what has to be done." They went on to explain that each person has an individual care plan in place, which provided staff with the information they needed.

Staff showed us that the care plans had been updated and transferred to an electronic system. This system contained full care plans for people and also provided staff with specific information relating to the specific visit they were scheduled to complete. Staff told us that they used mobile electronic devices to access people's care plans via a secure access application. They were then supplied with specific information about each visit they were due to complete, which helped to ensure they provided the agreed plan of care for that visit. We saw that care plans contained specific information about people's care.

People told us that these care plans were reviewed on a regular basis and that they were involved in the process of reviewing them. They told us that senior and management staff visited them to ensure they were still happy with the care that they were receiving and to see if there were any areas that needed to change. One person told us, "The supervisor comes to check how well the girls are working and the manager comes to see what I think of the service." Another person said, "I always get a yearly review." Relatives also told us that care plans were reviewed regularly, to make sure they were accurate and up-to-date.

The registered manager told us that care plans were reviewed on a regular basis to make sure they were a true reflection of the care and support that people needed, and to make sure that people were still happy with the care that they received. We saw that there were records to show that people had been involved in reviews of their care and that their opinions had been taken seriously when plans were updated.

People were able to provide the service with feedback about their care and support, and were aware of the process in place for raising complaints or compliments about the service. They also told us that they felt their concerns were taken seriously and that the service would take appropriate action to address their concerns. One person told us, "We have no reason to complain, we did have a minor issue which was dealt with straight away." Another said, "I have no complaints everything is fine." Relatives also told us that there were clear systems for raising any complaints, however; they did not feel the need to raise many, as they were happy with the care being provided. One relative told us, "We have no complaints and have no reason to make one."

The provider and registered manager told us that there were systems in place to receive and act on any complaints or feedback they received. They showed us that there were systems in place to record complaints and demonstrate the action being taken. We saw that both complaints and compliments were recorded, along with a log of the actions taken in response. The provider had taken steps to investigate any complaints and write back to those concerned, to explain their findings.

Is the service well-led?

Our findings

There was a positive culture at the service. People were happy with the care that they received from the provider and felt that their needs were being met in the best way possible. They told us that they were happy to see regular members of staff and had good relationships with staff at the office, which helped to ensure they received the care that they needed. One person told us, "I am very happy with the service I get." Another said, "I am very happy with the service I get. The office is very responsive to any query or problem; they will do everything to solve it."

Relatives were also positive about the service and the care that their family members received. One relative said, "We are exceeding happy with the service. The office and the company are fantastic." Another told us, "We are really happy with the service that we get from the carers and the company."

Staff members were enthusiastic about their roles and were committed to providing people with the best care they could. They told us that they were motivated by seeing the difference they were able to make in people's lives. They told us they enjoyed getting to know the people they cared for and their families, and, where possible, would go the extra mile to help people. One staff member said, "I really love my job and I think that we do a really good job here." Another said, "This is the best place I have worked, we really try to make a difference."

The service had an open and honest approach to managing people's care. Staff members told us that people were involved in their care and were able to have full access to any of their records or information if they wanted to. The provider confirmed that people or their relatives where applicable, could have access to their electronic records, or a physical version if needed. The service also had systems in place to ensure they were working with other stakeholders, such as the local authority, clinical commissioning group and the Care Quality Commission (CQC), to help ensure people's care was well coordinated. Staff members were knowledgeable about who they should share information with and how, and were also aware of whistleblowing procedures and were prepared to raise any concerns they may have.

The service had a registered manager in place. People and their family members were aware of who the registered manager was and told us that they had spent time establishing strong relationships with them. They explained that the registered manager had visited them in their homes to discuss their care and support needs, as well as providing them with an opportunity to raise any issues they had. They were also able to reach the registered manager on the phone if they needed them. Staff members felt well supported by the registered manager and felt that they had a positive impact since coming to work at the service. One staff member said, "The new manager is very good, they are easy to get along with." Another told us, "The manager has already helped us to make some improvements."

The provider also had a visible presence at the service. People told us that they knew who the provider was and that they were able to provide them with guidance or help whenever they needed it. Staff members, including senior staff, told us that they felt well supported by the provider and that they were approachable and easy to get on with. One staff member explained that the provider was willing to get involved and do

whatever was necessary to maintain the smooth operation of the service.

Staff members told us that the registered manager and provider worked hard to help keep them motivated and positive about their roles. They told us that they held regular staff meetings, during which they shared new information and listened to feedback from staff. They had also introduced a staff forum which provided the staff team with an opportunity to approach the provider with ideas or concerns about the service. We saw records of these meetings and saw that the provider had used them to take the feedback from staff into account and drive improvements at the service. There were also systems in place to recognise the hard work put in by members of staff. An employee of the month award had been introduced and care coordinators were also provided with a range of small gifts to give to staff members when they had gone the extra mile to help out.

There were quality assurance systems in place, to help monitor and improve the quality of care at the service. People told us that they were aware of visits carried out by senior staff to monitor the care that they were providing. They welcomed these spot checks, as it helped to make sure staff were performing well. One person told us, "The supervisor often comes out to check things are okay." A relative told us, "We have had two checks in the past 12 months." Staff members confirmed that senior staff members conducted spot checks on a random basis. They explained that they observed their practice whilst providing people with their care, before discussing areas of good performance or those requiring improvement with them. We saw records to show that these spot checks were being completed and that they were used to help the service improve.

People also told us that they were asked to complete a questionnaire, providing the service with feedback about the care that they had received. One person said, "We do get a questionnaire from [the provider] every year." The provider told us that they used these questionnaires to get a picture of how people felt about the service. We saw that the results were analysed and were used to identify areas for improvements. People were sent a newsletter which provided them with details of the outcome of the survey, as well as actions they planned to take in response to them.

There were also a number of checks and audits which were carried out, to help ensure care was provided to a high standard and identify areas in which improvements could be made. The provider explained that the registered manager conducted checks and that they also had their own range of audit tools which they used to monitor the service. We saw that areas such as care plans, staff files, medication administration and training. There were also action plans in place where necessary, as well as evidence of previous actions completed to help drive improvements. A comprehensive annual audit check was carried out to provide a total view of the service, which provided an overall percentage score. We saw that this score had increased from 75 percent to 86 percent, which demonstrated that the service had identified areas for improvement and had taken appropriate action.