Corden Assist Limited

Bluebird Care (Wandsworth)

Inspection report

5 College Mews
London
SW18 2SJ

Date of inspection visit:
06 February 2018
08 February 2018

Date of publication:
04 June 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

Bluebird Care Wandsworth (Corden Assist Ltd.) is a home care and live in care agency, covering the London Borough of Wandsworth. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to mainly older adults. At the time of the inspection they were providing a domiciliary care service to approximately 130 people. Not everyone using Bluebird Care (Wandsworth) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection took place on 6 and 8 February 2018 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. At our previous inspection on 25 November and 3 December 2015 we found the provider was meeting regulations.

At the last inspection, the service was rated Good.

At this inspection, the service remained Good.

There was a registered manager at the time of our inspection. 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 and their relatives were extremely happy with the service and complimented both the care workers and the management of the service. They said the long time that care workers had supported them meant that they were able to establish close relationships with them and an emotional connection.

People's care and support were assessed and delivered according to their wishes. Where appropriate, family members and friends were involved in people's care. Risks to people in relation to their mobility, personal care and medicines were assessed and included control measures needed to minimise potential harm to people. Care records, including risk assessments, medicine records and support plans were recorded on an electronic system and were accessible via a mobile phone app to care workers.

Care workers told us they felt well supported and received regular training. The provider had robust recruitment checks in place which included psychometric tests to gauge care workers suitability for a job in care. New care workers received a thorough induction and regular mandatory training thereafter. People using the service were involved in the induction training to give a flavour of the 'customer experience' to care workers. Staff received regular supervision and spot checks which helped to ensure people received good support. Care workers received recognition for outstanding work and length of service.

The provider was involved in a number of community initiatives and employed a community liaison manager to establish close working links with other health and social care providers and voluntary organisations in the community but to also establish closer links with the people and signpost these services to people and carers.

There was an open culture at the service where people and their relatives felt confident raising concerns. They told us the provider was very good at communicating with them.

The provider continued to grow its staff and management team in line with the requirements of the business as it expanded. There was a business improvement plan which was reviewed on a regular basis. This included a number of areas that the provider was looking to improve, including the greater use of technology and aligning some practices in line with NICE guidelines.

The service scored very highly on the Bluebird Care quality assurance audit and regularly sought the views of people through surveys and monitoring checks.

We received positive feedback from health and social care professionals about the close relationships they had established with the service and their engagement with the wider community.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Outstanding.	**Outstanding** ☆

Bluebird Care (Wandsworth)

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 6 and 8 February 2018 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. At our previous inspection on 25 November and 3 December 2015 we found the provider was meeting regulations in relation to the outcomes we inspected.

The inspection team consisted of one inspector and an expert-by-experience who contacted people and their relatives after the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. The provider also submitted a provider information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people and 11 relatives by telephone after the inspection at the head office.

We spoke with 13 staff, the registered manager, the director, business manager, the community liaison manager, two customer services managers, a care co-ordinator, a field care supervisor and five care workers. We looked at 20 care records, four staff files and other records related to the management of the service including training records, audits and quality assurance records. After the inspection, six health and social care professionals contacted us to give their views about the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe in the company of care workers. Comments included, "Having a regular person who I have a good relationship with makes me feel safe", "I feel absolutely safe. I think it's their professionalism and just how caring they are", "Their professionalism makes you feel safe, in good hands", "Communication and keeping them safe works well between us" and "The carers are completely trustworthy and I have no problems with them being here."

Care workers were familiar with the term safeguarding and whistleblowing and were clear about the steps they would take if they noticed anything untoward. They said, "Safeguarding is keeping people safe and protecting them", "If you come across anything not right, you have to report it" and "If I notice something then I would try and find out what happened but report it also." Training records showed that care workers received regular safeguarding training.

Risks to people and the environment were assessed and included in their care records. These included potential hazards, the level of risk and any control measures. Typical areas that were risk assessed included personal care, nutrition, mobility and medicines.

Safety measures in relation to moving and handling equipment were recorded, this included the type of equipment, when it had last been inspected, when the next inspection was due and who was responsible for maintaining the equipment.

There were some standardised risk assessment tools readily available on the electronic care planning system that we found were not being utilised, these included Waterlow risk assessments for assessing the risk of pressure sores. We spoke with the registered manager and director about utilising these in future.

People and their relatives said there were enough care workers employed to meet their needs. They said, "They have never missed a call and are punctual. I can rely on them", "If for any reason they are late they stay on and never cut the time short", "We have about five in our team, three being very regular and I am delighted with all of them", "Fairly recently there was a missed call, but the agency rang to let me know and apologise" and "We have an Out of Hours contact, you call the main number and it transfers to an emergency number. I have always had prompt calls back if I have ever left a message."

Visit rotas were sent every Thursday to people so they were aware of which care workers would be attending and at what times. One relative said, "I like having a rota, they are good at communicating if there are any changes."

One person said, "I think that they take real pride in who they employ, not just anyone." We spoke with care workers about the recruitment process. They told us how they applied for the position and their experience of the process. A care worker said, "I was invited in for an interview and was asked to bring in my passport and other documents" and "[The registered manager] asked me why I wanted to be a care worker and told me about the company."

The business manager said all recruitment files were audited and they maintained a care worker file quality monitoring form which gave an oversight into all the pre-employment checks that had been completed for employees. Disclosure and Barring Service (DBS) checks were renewed every three years. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. Three references were sought at interview and potential employees completed psychometric tests which helped the provider to recruit staff that were suited to a career in care.

People and their relatives told us they were happy with the support they received in relation to their medicines. They said, "I take a lot of tablets and am glad that [my care worker] helps me although it is my responsibility", "My relative doesn't speak English and they take particular care when giving medicines that they agree and is happy", "My relative isn't always happy to take their tablets and we have the arrangement that the carers don't make an issue of it and they leave the box so that I can see it later. They write all that on the device and in the paper notes."

There was a section in the care plans related to people's medicine support needs. This included information such as allergies, how support was given with respect to medicines prescriptions, delivery, disposal and risks relating to the medicines.

When care workers administered medicines, they checked this off on the task list on the system which updated the Medicine Administration Record (MAR) charts. These gave a visual indicator of red, amber or green in relation for each medicine that was administered. Red indicated the care worker had not completed this task, amber that there was an issue that needed addressing and green indicated the medicine had been administered. The registered manager and care services manager told us the daily manager who was responsible for monitoring was expected to follow up any 'amber' and 'reds' to find out the issues. Some of the records related to medicines were not completed properly. We saw instances where the monitoring manager had indicated 'resolved' next to some instances of 'amber' and stated that the care workers' notes were to be checked, however when we checked these there was no reference to any medicines issues. We highlighted these to the registered manager during the inspection who agreed to follow up with the care workers to include more detail.

People and their relatives told us that care workers used appropriate Personal Protective Equipment (PPE) when delivering care. Care workers received training in health and safety and infection control.

We reviewed the incidents and accident monitoring records. These were recorded appropriately and records were kept of the action taken in response to each incident or accident to minimise similar incidents from occurring in future, such as referrals to community health professionals such as Occupational Therapists (OT) or updating risk assessments and care plans.

Good

Is the service effective?

Our findings

The customer services manager was responsible for meeting people and carrying out the initial assessment of their needs. They said home visits were completed for all people and their relatives were invited to be involved in this process if it was the wish of the person receiving care. People's support needs were discussed along with the number and length of each visit. Risk assessments were completed and people were left with an information leaflet about the service and were sent a copy of the agreed care plan. People were given time to decide whether to accept the service.

People and their relatives told us they were satisfied with the competency of the care workers. They said, "If there's going to be a new person they are always introduced, you never have a stranger coming", "I have confidence that they don't send anyone who doesn't know what they are doing. Sometimes new carers come and shadow here", "Some are more experienced than others but all are good. I think that they have been well trained" and "My previous very long term carer was promoted within the company – wonderful person. The current lady has been with me for about six months and with her training we are doing well."

Care workers said they were happy with the training and support they received. Comments included, "I did three days training and first aid", "I'm currently shadowing and also reading care plans for people", "Get lots of training. I've done level two health and safety and nearly done level three" and "I'm shadowing a senior care worker."

The director and registered manager told us they had created a pathway for employees for their potential progression within the company. This concept was delivered to all new employees at induction so they were aware of the potential for promotion. All new employees started off as an inductee, progressing to trainee care worker, care worker, senior care worker and then a team leader.

There was a five day induction for new staff which was delivered over eight weeks. The first three days were delivered at the start of a care worker's employment. Topics covered included medication, safeguarding, health and safety, infection control and manual handling. The fourth day was mental capacity and dementia and end of life care and the fifth day was delivered after eight weeks and included reflective practice. Care workers completed the Care Certificate during this period. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Refresher training for care workers was delivered on an annual basis over one day.

We saw evidence in the staff files of Care Certificate assessments and shadowing observations.

The registered manager told us they encouraged customer inclusion in the training. They used a person who used the services to speak with care workers about the 'customer experience' and their journey with Parkinson's. This meant that care workers could hear first-hand accounts of a person's experience of receiving care.

Field care supervisors were responsible for supervising care workers 'in the field', these were unannounced checks and general observations of care but also for specific areas such as medicines administration observations. New care workers were spot checked every week and medicines practice checked every six weeks. Experienced care workers were spot checked every month and medicines checked every three months.

A supervision spreadsheet was also maintained with dates of when care workers were last spot checked, had a medicines observation and a face to face/telephone supervision.

Relatives said the care workers provided appropriate support in relation to their family member's nutrition and hydration. They said, "The carer has liaised with people over [family member] swallowing and they buy and cook food that [family member] can manage", "Food is prepared, always the things that I ask for and it's brought up to me, just as I like. It's lovely that [the care worker] will always check that my husband has had something as well" and "[Family member] can still cook most days but the carers assist at whatever level is needed, [family member] still likes to cook and they don't stop them."

A care worker said, "[Person] usually likes ready meals, things like shepherd's pie. I just need to prepare it." A section called nutrition and hydration listed the types of food people liked and disliked, and how they liked their food to be cooked and served.

The staff team worked collaboratively internally and across organisations together to deliver effective care, support and treatment. There were a number of roles within the staff team with specific roles, these included a customer services manager, a care coordinator, field care supervisors and team leaders. The customer services manager was responsible for carrying out assessments and reviews and liaising with families, the care co-ordinator was responsible for matching care workers to people and organising their rotas. Field care supervisors and team leaders were responsible for carrying out spot-checks and leading teams. In addition, there were other specific roles to meet the individual needs of people such as a respite and live-in care supervisor.

There was also evidence that the provider worked with other health and social care professionals to deliver co-ordinated care to people. A relative told us, "[My family member] has some swallowing issues and we have seen therapists for advice and the carers also listen to that advice and read the sheets that they leave." A health care professional said, "I was very impressed by their input, which appeared to be very person centred focused. Bluebird were actively involved in any reviews I completed and provided relevant information about the level of care they provide / support."

Care and support plans included details of people's medical history including their health diagnosis and how this could impact on their abilities. They also included details of relevant health professionals involved in their care such as GP, therapists and community nurses.

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

Care workers were aware of the importance of asking people for their consent when delivering personal care. One care worker told us, "[Person] makes their own decisions. I ask them what shall I do first and they

decide."

People had signed their care plans indicating consent to their care and treatment. Care records also included any Lasting Power of Attorney (LPA) that were in place for people. A person using the service said "The agency have asked for my LPA and I had to sign some confidentiality forms for the App."

Good

Is the service caring?

Our findings

Care workers promoted people's independence by encouraging them to do tasks if they were able to and providing the appropriate level of support.

One person said, "They have truly enabled me. I have gone from a hospital bed to walking, washing, doing light housework – they have 'walked' with me at every step. They have had the training and patience to help me to regain my strength and confidence. They believed in me and matched my determination. The hospital wanted to discharge me to a care home with a plan for me to be bedbound. This agency have given me back some life and I am so grateful to them."

Other people said, "I have great physical difficulties and they never push me which I appreciate" and "The team leader came to review the plan as things have changed and it has been adjusted for them to help me build other skills as I am getting stronger, that will include going out for short walks and supporting me with home exercises."

One relative said, "[Family member] can still cook most days but the carers assist at whatever level is needed. They are brilliant at trying to keep [family member] as independent as possible but they help as it's needed."
The provider encouraged people to explore their care and support options and supported them to explore sources of additional help and advice. People and their relatives were regularly signposted to organisation such as the Fire Service, Telecare and the Alzheimer's Society.

Bluebird Care Wandsworth supported World Parkinson's Day, as part of Parkinson's Awareness week. As a follow up to this a 'learning into practice' session in dementia was arranged for people, their relatives and care workers.

The provider was involved in a number of community initiatives for both people using the service and the wider community to try and overcome and combat loneliness that people experienced. A health and social care professional told us, "Bluebird Care also involved themselves with community events and organised several themselves and appointed a member of staff with responsibility for community engagement, a rare exception amongst the many care providers I worked with."

We spoke about community engagement with the community liaison manager and how they supported people to avoid loneliness and be active in their communities. They told us they worked in close partnership with a number of key organisations in the Borough, including the establishment of a formal partnership with Wandsworth Carers Centre and the Alzheimer's Society called the Wandsworth Carers Partnership, focused on family carers, and included initiatives such as annual programme of day trips, dementia Café's and the Home Cook Project. In addition, they also had their own social events calendar for people and their families. These included inviting people and their families for afternoon tea and bingo/entertainment in August 2017, organising care workers to visit people who were alone and sing carols to them at Christmas. People were also invited to nominate their care workers for outstanding care and they were entered into a prize draw, six

care workers and their customers were selected and taken on a day out to the beach.

Another said, "We are currently fundraising to build a 10 bed Reablement Unit for older people on discharge from hospital and they are fundraising for us – so they have an outward looking focus and support others in the community." Some care workers entered the Wandsworth Carers Partnership bake-off event and had entered the race4life in support of Cancer Research UK.
People were treated with kindness, respect and compassion, and were given emotional support when needed.

Comments from people and relatives included, "They are so calm; stroking her face and holding her hand. Their manner brings us great comfort too", "Knowing that they keep to a regular person who [family member] has built a relationship with is very important", "A lovely lady who doesn't spend time just talking but is chatty when I want her to be", "They are good in how they react to [family member], gentle talking and personal", "They have become friends", "In the summer they would go out for a walk", "When [family member] has been in hospital the carers have stayed in touch to see how they are doing", "All have been of a very high standard. They treat him with respect and call him [person's preferred name] which he likes. They are efficient and pleasant, I have been very impressed", "If there was a bigger word than 'brilliant', lovely', I would use it. They never let the lack of English be a barrier, they laugh and joke", "I am sometimes in another room and they don't know, a sort of mystery shopper and I hear them being so loving. They treat [family member] with enormous respect", "They do more than their best" and "Go beyond the call of duty and they always put [family member's] welfare at the forefront."

Care workers demonstrated a real empathy for the people they cared for. They said, "I put myself in the customer's position" and "We have become great friends. Establishing that emotional connection is so important."

The care co-ordinator explained that when people started using the service they always tried to match them with suitable care workers, either those from the same cultural background or if they had preferences in terms of age. One relative said, "They find people who gel with who they're caring for." A health and social care professional said, "They understand the importance of placing the person who uses the service at the centre of the planning and package of care."

People and their relatives said their views were considered when their care plans were developed. The customer services manager visited people in their homes, met people and their relatives and included their wishes when they documented their care plans. Care plans included a section called 'what is important to me', this contained person centred information about people's lifestyle choices and how staff could respect them and support people in their choices. Information included their living arrangements, important people in their life, religious/cultural preferences and social activities enjoyed.

People's privacy and dignity were respected. Care workers explained how they cared for people as individuals and supported them according to their needs. Comments included, "When we go to the bathroom, I close the door behind us and cover them", "We don't talk about the customers outside of work" and "[Person] lets me wash their face and top part. They will do the bottom part themselves."

Good

Is the service responsive?

Our findings

People had individual care plans in place which were reviewed on a regular basis.

Risk assessments and care plans were all documented on an electronic care planning system. Each care worker was issued with a smartphone and secure access to this system which allowed visibility into the tasks required at each visit but also other information such as support plans and medicines administration record (MAR) charts.

People and their relatives told us their care plans were reviewed on a regular basis and were up to date. They said, "The care plans are reviewed regularly. Face to face meetings about every six months with lots of e-mail contact in-between as needs change. I have found them to be incredibly flexible and responsive", "I do have a care plan and someone comes, to go over that and check that I'm happy with things. They always include [my relative] in those chats who supports me", "I have a copy of my care plan and it is reviewed annually. If things changed they would review it immediately", "[Staff member] is coming next week for a catch up and to see how things are going" and "They were happy to include my [relatives] when we sorted the care plan. We have a review booked for next week."

The provider had implemented a new 'A', 'B', 'C' system to try and provide a more personalised service to people. High risk, vulnerable people were classed A (high risk), and were reviewed monthly, those categorised as B (medium risk) were reviewed every three months and those people identified as C (low risk) were reviewed every six months. All people were reviewed during area meetings to ensure they were categorised correctly.

Relatives said that care workers were not always task focussed and spent time doing things that interested them. One relative said, "They asked me about the things that [family member] used to like and I told them music and singing. Now they sing and clap with them, [family member] is so happy with them." Another said, "Our regular carer is totally reliable and is a link to the outside world for my relative. On good days she will try to go for a little walk."

Care plans included a section relating to people's communication needs, this was assessed during their initial assessment. This gave care workers information about any disability or sensory loss that impacted on their communication needs and how they could be supported to express their views. A care worker said, "[Person] cannot see or hear well so I stand near them and speak to them directly in front of them."

Some aspects of the care and support plans were not being documented appropriately. The customer services manager said the waking night staff were supposed to be turning a person due to their poor skin integrity but this was not listed as one of the tasks and the care worker's care notes for the waking night shift did not reflect that the person was being turned. We spoke with the customer services manager about this who told us this turning regime had only recently started a few days previously which we checked on the system and the records had not yet been updated to reflect this. In two records, it said medicine support was needed but we confirmed that no medicines were actually being administered.

We raised this with the customer services manager and registered manager during the inspection who corrected the records on the system. The registered manager told us one of the benefits of having an electronic care planning system was that any changes that needed to be made could be done instantaneously and the records would be updated immediately on the care worker's mobile phone app.

People were given details of how to raise a complaint through the service user guide which was issued to them when they first started to use the service. People and their relatives were also given an opportunity to raise any concerns and complaints during their reviews or during care worker spot check visits.

Complaints were recorded and followed up appropriately. Each complaint was filed and associated documents such as follow up investigations, correspondence with stakeholders such as social workers or the complainant were filed alongside the complaint. All complaints were logged and the question was asked, 'what is the customer's preferred outcome?'

People and their relatives said, "Nothing has got anywhere near a complaint, we have such a high level of communication that anything worrying just doesn't happen", "I am confident that I would complain to the office if it did ever become necessary and they would deal with it very well", "I am confident that I would be called if there was a problem but they try to deal with things as I am quite a distance", "They are wonderful at trying to help me even when it is short notice. They are adaptable."

End of life training was delivered as part of the induction for new staff. One relative said, "They work very well with the Trinity [Hospice] Nurses and all of the family. It's a very difficult time and we are all grateful for their care and understanding."

Outstanding ☆

Is the service well-led?

Our findings

People and their relatives told us there was an open culture within the service and the way the service was led was exceptional. They said, "They always seem very efficient in the office and are good at communicating", 'The friendliness of the office means you don't mind calling them", "Contact with [named person] in the office has always been excellent. They have rung to ask how things are, they are all very thoughtful", "We have a great relationship. They listen, answer e-mails; great at communicating" and "I like it that when I speak to [named person] they know me, my relative and I feel that we are working together. It feels very personal."

We asked people and their relatives 'Would you recommend this service?' Comments included, "Most definitely", "Absolutely. There is no other agency that I would rather use", "I have recommended them. I wasn't looking forward to care, you hear such stories and this has been so good", "I definitely would. Right from the beginning they have been friendly and helpful", "Highly because they are led by the family and the person that they care for, their use of technology and for the very good, confident and trained carers that they employ, "I would be proud to", "They are the best I have ever come across", "100%. I am blessed in my life with them" and "We all feel very lucky that they are so good."

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 serving his notice period at the time of our inspection. A new manager had been recruited and was due to start at the end of February 2018.

There was a strong organisational structure in place. The directors had taken over another Bluebird Care franchise and the staff team had expanded and developed as the business had grown. Certain functions such as marketing and recruitment had been centralised across both services. There were separate teams in place for other functions such as customer services managers and care workers. Care workers told us, "I really enjoy working here. It's really good to be part of this team" and "It's the best job I've had." Staff appreciation and retention was considered and the provider gave rewards for 'care worker of the month' and length of service. Events and activities for care workers were arranged including lunches and days out which resulted in motivated staff who were proud of working for the provider.

The service was split into two teams based on geographical location. Each team held monthly area meetings which included the care co-ordinator, the field care supervisor, the customer services manager and the team leader. They met to review the people and care workers within their area. We looked at the meeting minutes and saw that actions identified at previous meetings were followed up.

A health and social care professional said, "I have found the managers in general to be highly competent, well trained and clear about their role and boundaries."

The service played an active role in its community. It had developed community links to reflect the changing

needs and preferences of the people. The service employed a community liaison manager who was responsible for establishing and maintaining good community links. They told us, "I try and bring the community into Bluebird Care, to find out what services are on offer to our customers, tell them about what we do and try and raise our profile." They also told us they often signposted people and their relatives to organisations such as the London Fire Brigade and the Alzheimer's Society if they found they needed additional help or support from these organisations.

The service developed and implemented innovative ways of involving people in developing high quality, outstanding practice. The provider had held a number of 'learning into practice' information sessions for people, care workers and the local community delivering information and training in dementia, capacity and safeguarding. The purpose of these sessions was to invite experts in dementia and other areas to bring their expertise into informal style sessions to enhance the training already delivered to care workers but also to provide information to people and their relatives.

A quarterly customer newsletter was produced and given to people using their service and their relatives, providing any updates or changes to the service.

The provider had continued its use of technology and the use of the electronic care management system for its care planning and delivery. This system was now available to people, relatives and healthcare professionals so they could see their visits and the notes that care workers had completed for them. It allowed them to access real time information, helped everyone to be kept up to date of any changes and enabled better communication. There was an allocated manager who was responsible for monitoring the system every day, this was either the care co-ordinator, customer services manager or the registered manager. One relative said, "I am very impressed with the software and find it very useful. I can upload or screenshot the latest prescriptions so that the drug list can be updated. It's a brilliant system."

There was a particularly strong emphasis on continuous improvement. The provider had an ongoing improvement and development plan in place which was used to continuously improve the service. This identified areas of growth and development and was reviewed weekly. Each area was scored according to whether it had been completed, if it was underway or if it was in the pipeline for the future. Some of the areas identified included the development of recording supervisions and practice observations directly onto a tablet, how digital signatures could be captured so people and their relatives could consent to their care or any changes immediately on tablet devices, the development of a self-assessment tools against NICE guidelines to ensure care was in line with the latest clinical guidelines and reviewing the 'probationer journey' and how the probation period for new staff could be improved.

Satisfaction surveys were sent out to both people and relatives and employees in October 2017, with a 58% return rate for people and their relatives and 50% of care workers. Other surveys sent out included asking for feedback specifically regarding communication, the rewards on offer for care workers and social activities and events. Areas of improvement identified included reviewing the probation period for new staff and arranging more social activities and events.

The registered manager and business manager explained they were looking to bring in new policies and procedures, they said they were taking a gradual approach as to not to overwhelm the care workers with lots of new information all at once and to enable them to understand any changes better. They said they did this by linking the new policies into any relevant training that was being delivered, discussing new policies in team meetings and also providing information on new policies in newsletters.

The use of technology to deliver a more effective service was also being looked at; this included the ongoing

development of the electronic care management system, making the staff guide and policies available as an app on care worker's mobile phones for easy access.

Governance was well-embedded into the running of the service. The service had achieved a 99% compliance score against a Bluebird Care internal audit which was competed for all franchises.

Part of the provider's quality assurance checks included field care supervisors carrying out unannounced spot checks on care workers whilst they were delivering care. Three monthly reviews for care workers included medicines observations, telephone or sit down or observation supervision. The registered manager told us they used an electronic rostering system to prompt them when care worker supervisions and care plan reviews were due. A care worker supervision and customer review spreadsheet were maintained.