Bayford New Horizons Limited

Bluebird Care (Chichester)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 11 and 17 February 2016 and was announced.

Bluebird Care (Chichester) is a domiciliary care service that provides support to people in West Sussex, including Chichester, Bognor Regis, Midhurst, Rogate, Emsworth, Climping and The Witterings. At the time of our visit the service was supporting 150 people with personal care.

The service had a registered manager. 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 spoke positively about the service and told us that they enjoyed good relationships with the staff who supported them. They felt involved in determining the support they received and said that they were encouraged by staff to be as independent as possible. People told us that staff were respectful of their privacy and treated them well. One relative wrote in a card of thanks to the provider, 'I hope I don't need Bluebird Care yet but hope when the time comes I can be fitted in!'

People received a safe service. Staff understood local safeguarding procedures. They were able to speak about the action they would take if they were concerned that someone was at risk of abuse. Risks to people's safety were assessed and reviewed. There were enough staff employed and the rotas were managed effectively. The registered manager was working to improve consistency in the staff supporting people. People received their medicines safely and at the right time.

People had confidence in the staff who supported them. Staff received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of regular supervision. People were able to determine the care that they received and staff understood how consent should be considered in line with the Mental Capacity Act 2005. Staff supported people to prepare meals and to eat and drink if required. The service worked with community professionals to ensure people's health needs were met and that they had the necessary equipment to support them in their independence and to maintain their safety.

When there were changes in people's needs, prompt action was taken to ensure that they received appropriate support. The service used an electronic records system which meant supervisors could check that staff had arrived to carry out each visit and monitor the delivery of care by seeing that all necessary tasks had been completed. People were asked if their care needed to be reviewed and had an opportunity to raise any concerns or make suggestions. People, relatives and staff all confirmed that the management team listened to them and responded to concerns. Complaints had been addressed fully and appropriately.

The registered manager monitored the quality of the service through a system of regular spot checks on care delivery along with monthly monitoring of care and staff files and key performance indicators. In addition,

representatives of the provider visited the service to conduct quality audits. The registered manager and provider were proud of the new electronic monitoring system that was introduced in autumn 2015. They spoke of how it had improved the service by providing 'real-time' monitoring information and described how the system would be used to enhance performance monitoring once fully implemented. Where actions had been identified these were monitored to ensure that improvements were made in a timely way. This helped to ensure that the service delivered was of a consistently good standard.

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 said they felt safe. Staff had been trained in safeguarding so they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough staff to cover calls and to ensure that people received appropriate support.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's care needs. They had received all necessary training to carry out their roles.

Staff understood how consent should be considered and people were consulted on the care they received.

People were offered a choice of food and drink and given appropriate support if required.

The provider liaised with health care professionals to support people in maintaining good health.

Is the service caring?

Good

The service was caring.

People received person-centred care from staff who knew them well.

People were involved in making decisions relating to their care.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care had been planned and reviewed to ensure that it met their needs. Staff knew people well and understood their wishes.

People were able to share their experiences and any concerns with staff.

Complaints had been responded to promptly.

Is the service well-led?

Good

The service was well-led.

The culture of the service was open and friendly.

People and staff felt able to share ideas or concerns with the management.

In addition to people's feedback, the registered manager and provider used a series of checks on care records and unannounced visits to monitor the delivery of care and ensure that it was consistently of a good standard.

Bluebird Care (Chichester)

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 11 and 17 February 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.

Three inspectors undertook this inspection.

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 also reviewed one previous inspection report and notifications received from the registered manager before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

Before the inspection, the Commission sent out questionnaires to obtain feedback from 50 people who used the service, their relatives and friends. Questionnaires were also sent to 55 staff and to four community professionals. We received 27 responses from people who used the service, two from relatives and friends, seven from staff and one response from a community professional.

We visited the office where we met with the registered manager, the care manager, three supervisors, two care co-ordinators, five staff who were completing their induction and a representative of the provider. We also spoke on the telephone with a second representative of the provider.

We looked at nine care records on both the paper and electronic versions, medication administration records (MAR) and visit records. We also reviewed five staff recruitment, training and supervision records, quality feedback surveys, minutes of meetings, staff rotas, quality monitoring reports and other records

relating to the management of the service.

We visited three people who used the service in their homes and met with three relatives and a further four care workers. We telephoned 13 people and four relatives to ask for their views and experiences.

This was the first inspection of Bluebird Care (Chichester) since a change in the provider's registration.

Good

Is the service safe?

Our findings

People told us they felt safe in the company of staff. When we asked if they felt safe, one person said, "Good grief yes!" Another told us, "They look after you like you're their father or grandfather, they're a lovely bunch of people". One relative had responded to the provider's survey in June 2015 saying, 'Your staff are professional, kind and very attentive. (Name of person) is happy and safe'.

Staff had attended training in safeguarding adults at risk. They were able to speak about the different types of abuse and describe the action they would take to protect people if they suspected they had been harmed or were at risk of harm. They explained how it was important to remain vigilant at all times. In response to our survey, all staff responded that they would know what to do if they had concerns. Staff told us that they felt able to approach the registered manager. They also knew where to access up-to-date contact information for the local authority safeguarding team.

Before staff provided care, a detailed risk assessment was carried out, involving the person and, where appropriate, their relatives. These assessments covered people's mobility and the risk of them falling. Guidance to staff on how to minimise the risk was specific to the individual and the task, for example how to support a person from standing to lying down or from sitting to standing. It detailed the person's ability to weight bear, any restrictions on their mobility such as weakness on one side and any mobility aids that they used. There was also information on any environmental hazards such as slippery bathroom floors. In the details of how to support one person to use their shower seat we read that staff should, 'Ensure anti-slip mat is in place when standing'. One person allowed us to observe as staff hoisted them to their wheelchair. Staff gave clear information and checked that the person was ready and comfortable. The transfer was carried out safely.

Staff had a good understanding of risk management. Equipment was regularly checked by supervisors during people's care reviews. We saw in one that a person had a new mattress which the supervisor had checked was functioning correctly and safe for the person to use. In one person's home the staff member pointed out that one of the wall sockets was loose and required fixing. The person's relative said they would attend to this. While we were in the office, staff came to collect supplies of personal protective equipment (PPE) such as gloves and aprons which are used to minimise the spread of infection. There was an out of hours telephone number which people and staff could use if they required additional assistance of advice. This was staffed until 10pm when all care calls for the day were completed.

The service employed enough staff to cover the care calls that had been agreed with people. The registered manager explained that they now had the staffing capacity to fulfil requests from existing customers if they wished to increase call times. Requests for extensions were logged. We saw that they had all been added to the rota, with just one exception where the person wished to have a particular staff member at a particular time. There was, however, a waiting list for some new care packages. This demonstrated that the service considered the availability of their staff before agreeing to new care packages.

People had mixed experiences in relation to time keeping. Most were very happy and told us they received a

reliable service. One said, "I have the same girl every morning and different people in the evening. I get a schedule emailed to me and I always know who's coming and at what time. If there are any changes they ring me". Another told us, "Yes very good, the girls are very good. Only once I had a variation in the time; they had one time and I had another". Some, however, felt let down when they were not informed of changes in the time or staff member coming to support them. One said, "It's always two people, sometimes the other person is running late, but they don't explain why". Another told us, "It's 80% OK and 20% all over the place. Sometimes they are half an hour to one hour late and no one has called. I wouldn't mind a quarter of an hour either way, that's the 20% that's not so good". In response to our survey, 85% of people told us that staff arrived on time.

We saw that the registered manager had taken action to try and improve how people were informed of changes. A check sheet had been introduced where care coordinators noted that the customer and staff member had been informed of the change and that the system was updated. The care coordinators demonstrated how they allocated the calls. We saw that the system gave a warning if insufficient time had been allowed to travel between two people's homes. The care coordinator also said, "We have to think about train gates and things like that and allow extra time". During our time in the office we heard staff telephoning people to advise if a staff member was running late or to let them know that a different staff member would be visiting them.

The service was recruiting new staff. The registered manager told us that they always needed to 'over recruit' in order to cover holidays and sickness and to enable them to grow. The service had a recruitment and retention programme which included enhanced support for staff through regular supervision and clear career development planning. There were also incentive schemes in place for staff to refer a friend and loyalty awards after one, three and five years of employment.

Staff recruitment practices were robust. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People received their medicines safely. Some people managed their own medicines, others needed to be prompted and some had their medicines administered by staff. One person told us, "They make sure it is taken!" Care plans detailed the level of support each person required with their medicines. We observed as one person was supported by staff to take their medicine. The tablets were presented in an egg cup and accompanied by a glass of water. The staff member explained what the tablets were for, observed to ensure that the medicine was taken and said, "Have another swig (of water) just to make sure it goes down". Before staff were allowed to administer medicines to people they underwent a practical assessment. They were then assessed every three months to ensure that they were handling medicines safely, recording them appropriately and supporting people in respectful way.

The service had introduced a new electronic records system which had replaced the paper Medication Administration Records (MAR). Each staff member had a smart phone which detailed the person's prescribed medicines that needed to be administered at each visit. The information included the name of the medicine, the form (cream, liquid, tablet), the route (oral, topical), the dose and where it was stored. Staff signed electronically to say when it had been administered. This information was quickly available on the system so that care supervisors could see if a dose had been missed. This enabled them to monitor the administration of people's medicines and to take prompt action if there were any concerns.

Good

Is the service effective?

Our findings

People had confidence in the staff who supported them. One person told us, "All the carers that come to me, every single one, are absolutely fine, willing able and helpful". Another said, "They know what they are doing, they are fantastic". In the review of one person's care after one month, they described staff as, 'Brilliantly trained'. A relative had written, 'I should just like to express my sincere thanks to everyone at Bluebird who has made Mum's life 100% better since having you on board'.

New staff underwent a thorough induction, which consisted of almost four full days of face to face training and a period of shadowing experienced staff. During this time they were introduced to the company and trained in personal care, pressure care, medication, moving and handling, health and safety, the Mental Capacity Act 2005 (MCA), dementia care, basic life support and safeguarding. The duration of shadowing was determined based upon feedback from their mentors and from the people they had visited. It was possible to extend this shadowing period if it was felt that the staff member needed additional support or training.

During their probationary period, they were expected to complete the Care Certificate which covers 15 standards of health and social care. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. When we visited the office a group of new staff were being inducted. They told us that they had found their induction very informative and that it assisted them to understand their role. They also said that they were provided with handbooks which contained the agency's policies and procedures.

There was a system of on-going training to ensure staff kept their skills updated. Training was delivered in both face to face and e-learning sessions. We saw that face to face training for the year had been entered on a booking plan. Staff whose training needed to be updated were booked on forthcoming courses. Many of the training courses were refreshed on an annual basis, rather than two yearly as had previously been the case. We saw that e-learning courses for some staff were out of date. This included food safety, which was due for nine staff and Control of Substances Hazardous to Health (COSHH) which was due for 11 staff. Some of these courses had been due since August 2015. The registered manager had taken action to improve the training completion rate for e-learning. She told us that letters had been sent to staff detailing the courses that they were required to complete. One staff member told us, "The office are good at keeping us updated". Another said "They let us know when our refreshers are due on our rotas that they send us".

Staff said they enjoyed working at the agency and that they received all training necessary to undertake their duties. We saw that additional training had been provided to some staff to enable them to meet people's specific needs. This included understanding Parkinson's disease, medication administration via a gastrostomy tube (this is a tube into the stomach through which fluids can be given) and stoma awareness. We checked the staff training records for one person who had a urinary stoma. Each of the five staff who had recently visited them had received appropriate training.

There were opportunities for staff to pursue further professional development. Care supervisors were supported to become trainers in medication, moving and handling, safeguarding and basic life support. This enabled them to better assess staff competency and to provide bespoke training to individual staff members who required additional support. The provider had introduced a career pathway which showed staff how they could progress to be a mentor, specialist, supervisor or trainer. At the time of our visit no staff had yet been trained as specialists but the registered manager explained this may include areas such as palliative care or dementia.

Staff were positive about the agency and said they felt supported and could ask for help from any of the senior team whenever they needed it. One said, "There is always someone at the end of the phone to get support; you are never on your own". There was a system of regular supervision and appraisal. In the first 12 weeks of employment staff had a weekly supervision. One new staff member told us, "It felt like she (the supervisor) was doing it every day!" The registered manager explained, "We have to make sure they are confident and nurture them. Staff retention is so important". Thereafter staff had monthly supervisions, either face to face, by telephone or in the form of an unannounced spot check whilst they were on a visit. Care supervisors generated a weekly report which showed which supervisions were due so that they could make arrangements.

Supervision records showed that the discussion included how the staff member was finding the role, if they needed additional support and if they had any concerns. Once a year staff attended an appraisal meeting where their performance was reviewed. The staff member was rated on their attitude, initiative, dependability, work quality and knowledge of the job. It was also an opportunity for them to discuss their professional development and to agree key areas of strength and those that would be the focus of improvement in the coming year. One person told us, "I have no concerns whatsoever; some staff are more experienced than others, but they are all very good in what they do".

People were involved in decisions relating to their care and treatment and staff understood how consent should be considered. Care plans included guidance on people's preferences and had often been signed by the person to demonstrate their agreement. Each person's care plan detailed their communication method and ability. There was also information on whether they used hearing aids or glasses. For one person we read, 'Stand in sight of R (the right) side when communicating'. This was because the person had an impairment in their left eye. In the daily notes we saw that people had declined some support, for example to use the commode or to take particular medicines.

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.

We checked whether the service was working within the principles of the MCA. The registered manager had a clear understanding of the MCA and their responsibilities. Staff were also confident in their understanding and described how they supported people to make decisions. One supervisor told us that although the care workers adhered to people's agreed care plans, prior to supporting anyone, permission was always sought from the individual. Where people had appointed a power of attorney to represent their views in relation to health or finance, this was clearly stated in the care plans.

Some people were supported to prepare meals and drinks, or to eat them. People's preferences and any allergies were recorded, for example we saw that one person did not eat pork. We visited one person at

lunchtime. They were offered a choice of meals from the freezer with the staff member showing the packages and reading out the names of the dishes. Once served, the staff member offered support, which was accepted. Once the person had started to eat they were able to continue independently. The same person enjoyed cups of tea. The staff member was quick to get them a cup on arrival and before leaving said, "If you finish your tea off, I can do one for later for you". Due to arthritis this person was unable to drink from a mug so a lightweight cup was used. We observed that the staff member was mindful of the person's position and assisted them to sit up before drinking. They were also given water to drink and before leaving the staff member checked that the table and drinks were within comfortable reach. Where people were at risk of malnutrition or dehydration, staff were directed to complete food and fluid charts. At the time of our visit fluids were being monitored for one person. These forms were kept in the person's home and reviewed by the dietician.

People were supported to maintain good health. Following our visit to one person's home, they were expecting the occupational therapist. This referral had been made to assess the person's mobility and to see if there were ways of making it easier for them to get around inside and perhaps to go in the garden. One supervisor told us how they were liaising with the hospital occupational therapists over a person's discharge and any changes to the home or care that were needed. There were also examples of staff contacting the GP over missed medicines and referring to the dementia crisis team when staff noticed changes in a person's behaviour. A relative told us how staff had provided support when their mother was taken ill. They said, "One member of staff stayed until an ambulance arrived.

Good

Is the service caring?

Our findings

People spoke warmly about the staff and enjoyed their company. One person said, "They are very good, very caring, I look forward to them coming. I don't know what I'd do without them". Another told us staff were, "Very, very caring" and said they, "Treat you like you're their father". A third described their care worker as, "A good old bloke" which elicited laughter from the person and much younger staff member. In cards of thanks to the provider we read, 'All of the carers made such a difference to his life, not only in delivery a high standard of professional care but their compassion towards him. They treated him like he was their friend'.

People described the staff as, "Marvellous" and told us they enjoyed a good laugh with them. We visited three people in their homes. It was clear that people had a relaxed and comfortable relationship with the staff. Conversations were wide-ranging about people's interests, families and the things they had been involved in. When one carer arrived and called out to let the person know they were coming in, the person responded, "The man himself!" During the visit they were making plans, such as to have a fish and chip lunch together the following day. This person's relative told us, "They're the best. Every single one is lovely and does more than they have to".

Staff spoke fondly of the people they visited. One told us, "He's usually my last call so I stay a little longer and keep him company". Some relatives had written to the provider to thank staff for attending memorial services. One wrote thanking them, 'For all your care and kindness and especially to the girls who came to the cathedral for the service'.

People told us that they knew the staff and were generally visited by regular care workers. One said, "We tend to see a core of two to three workers". Another told us, "O yes I know everyone". Continuity in staffing was an area of focus for the registered manager. Care coordinators were encouraged to allocate staff to regular calls and the percentage of permanently allocated visits was monitored on a monthly basis. In response to our survey, 81% of people said that they received support from familiar, consistent staff. A new staff member said, "The great thing about this agency is that they always introduce you to new clients prior to lone working with them". Relatives told us that they also felt supported by the care workers. One said, "They are all very friendly and have a chat with me too". Another told us, "They support me as well as they support my wife".

People told us they had been fully involved in discussing their needs and the way in which the agency should meet these before their care package started. One person said, "I can change or amend my care package whenever I want, I just have to say to one of the staff and they will arrange it, they are very good like that". Each of the people that we visited had a customer guide in their home files. This described the services offered by the agency and informed them of how to get in touch if they had any requests or concerns. In this guide we read, 'We believe that it's your life and your care, so it must be your way'.

People were encouraged to maintain and pursue their independence. All of the people who responded to our survey said that the support from the agency helped them to be as independent as they could. One person told us, "When I have a shower they stand back and let me do what I can do". They also said, "For the

first six months I had two carers and a hoist, now I have one carer and no hoist". Another told us, "They encourage me all the time". In response to the provider's survey in June 2015 one person had written, 'The pace of care provided is always adjusted for my needs/abilities of the day which helps me remain calm and not get agitated or flustered'.

All of the people and relatives who responded to our survey said they were always treated with respect and dignity. One person said staff were, "Very respectful". A relative told us, "I've never known them to gossip". Privacy and dignity were covered on induction and discussed at supervisions. Care plans also included guidance for staff, for example, 'Please use key safe for entry but ring or knock beforehand'. We observed that staff were mindful of people's dignity when providing support, for example when assisting a person to brush their teeth, they placed a towel over their top to keep it clean. A relative told us that when staff left, "They leave the place tidy". We heard staff in the office telephoning people to check they were comfortable with new staff shadowing during their visit. One person told us that on one occasion they hadn't been pre-warned but otherwise everyone had been informed which showed respect for their homes and privacy.

Good

Is the service responsive?

Our findings

People told us that their care met with their needs and preferences. One said, "The staff are marvellous, they know what I like." Another told us, "(Name of care worker) knows what I want and just gets on with it". Before a person received care from the service their needs were assessed and the support they wished to receive was discussed with them. This assessment covered any religious or cultural needs that might affect how support is provided. It also included details of personal interests such as gardening that each person enjoyed. All of the staff who responded to our survey told us that they were informed about the needs choices and preferences of people they cared for.

People and their relatives spoke of how staff often went over and above their duties to support them. In response to our survey, one person wrote, 'All the workers I have met have really looked for extra ways to help and have accepted any suggestions of mine very readily'. A relative said,
"He's (the care worker) my hero!" In response to the provider's survey in June 2015 people had made reference to additional tasks that staff did for them, such as feeding pets or garden birds and posting letters. One wrote, 'All of my carers are very pleasant and really look for ways to help'. A second commented, 'The service is first class and sometimes goes beyond that expected'.

The support agreed with each person was written into a care plan. This included outcomes, such as, 'To meet dietary needs' and tasks which were the specific areas of support. At each visit, the care worker was required to complete and report on each task. These might include, 'Prepare and serve lunch', 'Ensure care line is on', 'Make cup of tea' and 'assist (name of person) to use commode'. This information was quickly available on the system so supervisors were able to monitor the delivery of care to people. Staff could add notes to the system to give a reason if a task was not required on that visit. Where a care worker had not completed a task and there was no explanation, the task would show up as a red alert which allowed supervisors or office staff to check that the person had received appropriate support.

We looked at the red alerts for incomplete care tasks in the office on the first day of our visit and noted that some raised in the past seven days had yet to be resolved. We discussed this with the registered manager and a representative of the provider. The representative of the provider told us, "The alerts should be cleared down at the end of every day". In some cases alerts had been generated unnecessarily because staff had failed to include a reason as to why the task had not been completed. The registered manager and supervisors told us that they were providing feedback to staff and additional support to help them use the system effectively. By the second day of our visit, the outstanding alerts had been resolved, with just one alert from an hour earlier showing. The availability of real-time information relating to people's care was helping the service to become more responsive and to ensure that people had received the support they needed.

Supervisors regularly reviewed people's care with them. These reviews were documented and demonstrated that the staff responded to changes in people's needs. One of the supervisors told us that the care workers also passed on information from people and their relatives which enabled them to update the care plans. There was a pattern of review which included a phone call after one week of starting the service,

an end of first month review, a monthly medication check and a six monthly review. Supervisors printed off a list of all the reviews due at the start of the week. We saw that some were slightly overdue. This was because there had been one rather than three supervisors in post at the end of 2015. In contrast to no reviews in October 2015, 216 had been completed in January 2016. A relative said, "(Name of supervisor) comes out and makes sure all is the way we want it, and she checks how (name of relative's) mobility is". With the new electronic records system, the care plan could be updated immediately. A representative of the provider told us, "The care worker cannot ignore any changes and you get the real time reporting back". One person had increased the number of calls they received since their last review. Their relative told us, "He's been so much perkier since we had the four calls".

Staff told us they always read the care plan before providing care. They felt confident that the care they delivered reflected the person's needs and preferences. Following the introduction of the electronic records system, staff had been focused on making sure that information relating to people's support was uploaded. This included details of the person's medical history. For example one person had previously fractured their hip. We read, 'This affects my mobility and I currently walk with a frame'. For longstanding clients, some of their background information still needed to be added to the system, such if they had a diagnosis of dementia. We did not identify any impact on people since regular staff attended these calls and new staff visited first on shadow shifts. The care manager told us, "All visits have the tasks on there; it's now getting all the history and background on there. We need to catch up". We also found that some of the paper copies of care plans kept in the office and in people's homes were not updated. For one person, the printed version was dated October 2015 and did not reflect the current care being provided. A representative of the provider told us, "It (the electronic records system) allows us to make changes more rapidly but it doesn't stop the need to drop a hard copy in the homes". The registered manager confirmed that new versions of the printed care plans had been delivered to people's homes. The two people we visited on the second day of our inspection had current copies of their care plans in paper format.

People and relatives told us that staff were available to listen to their concerns. One relative told us, "They are always on the end of the phone". Another said, "They changed the times (of calls) quite often but they did apologise". A third said, "No problems, I only had one not so good person, I complained about him and he was removed". We saw that some people had recently raised concerns regarding the new electronic records system. Staff told us that they completed both paper and electronic records for some people as this had been requested. One relative told us, "They stopped using the book and used the new system but we didn't find it easily. They took on board what we said and went back to the old system".

People had an opportunity to provide feedback on the service during their care reviews. The review included questions such as whether staff arrived on time, stayed the full time and did everything in the care plan. They also asked if they felt staff were well trained and if there was anything else the person would like to raise. Twice a year, surveys were sent to people. One person told us, "I've had a questionnaire, and the supervisor calls me every few months to ask if all is ok". We looked at the results of the June 2015 survey, along with the preliminary findings of the one sent in January 2016. As a result of the June 2015 survey the registered manager had highlighted two areas for improvement, namely, 'Communication from the office' and, 'Continuity and consistency of care staff'. Due to staff shortages in 2015, the results of the survey had not been sent to people until October 2015. This meant that some comments people had made had not been addressed in a timely manner. In the January 2016 findings we noted that specific comments from people were being addressed, for example one person felt their care plan needed updating and a meeting with the supervisor had been booked in February. Comparing the two surveys, we noted that there was an improvement in the percentage of people who said they were informed if a care worker was going to be late. This had moved from 61% in June 2015 to 69% in January 2016.

People knew how to complain. Most said that they would ring to office or speak with the local authority. The provider had a complaints policy which was outlined in the customer guide people were given when they began to use the service. This included information on advocacy support should people need assistance to make their views known. We looked at the records of complaints received. No complaints had been made in 2016 but three were received in 2015. We saw that each of these complaints had been addressed promptly. In one case a meeting had been held with a person's family in order to discuss their concerns and future options. Each complaint included details of the 'customer's preferred outcome'. They had all been investigated and resolved to the satisfaction of the complainant.

Good

Is the service well-led?

Our findings

The registered manager and provider were open and fostered a culture in which people could share ideas or raise concerns. All of the staff who responded to our survey said they would feel confident to report any concerns or poor practice to management. Staff also told us that they would recommend the service as a good place to work. One staff member told us that they had recommended it to a family member who had since joined.

The service's mission statement was displayed in the office. It read, 'Our mission is to provide our customers and healthcare professionals the best care service by: hiring, training and retaining the best carer; communicating quickly and effectively with healthcare professionals, customers and carers'. The provider was working towards this vision through their recruitment and retention programme and with the introduction of the new electronic records system. A representative of the provider told us that the system represented a, "Huge improvement for our business". They told us, "It's about knowing what is happening in the field, we needed to improve the connection" and described how access to real-time information improved their monitoring of care delivery. The registered manager told us, "It helped to be more efficient" and said, "When someone rings with a query you just log on and see all the details".

The system was still under implementation and it was not yet being fully exploited. The registered manager explained that they were in a period of transition. Staff were mostly in favour of the new system. One said, "I like it. You can change it just like that. It's good. You can read better on here than spider writing in books. It is easy to follow". Another told us that they had received phone calls to check that tasks had been completed and felt reassured that people's care was being actively monitored. There were two key areas of implementation outstanding at the time of our visit; the first was the introduction of a 24 hour helpline so that people, their relatives and professionals such as district nurses or paramedics could access the system. This would be important if a paramedic was called out during the night and required information on medicines the person had taken that day. The second was the introduction of a free application whereby people, relatives and professionals could access information on the system via a smartphone once the appropriate permissions and consent had been obtained. Following our visit, the registered manager confirmed that both systems were in place by the end of February 2016.

People and staff told us that the service was well led. One said, "It is well-managed, if a bit late sometimes. They are all very friendly and helpful". Staff felt comfortable approaching the registered manager and told us they felt listened to. The registered manager was responsible for a number of services run by the provider and was due to hand over the responsibilities of the registered manager post at this service to another staff member. Staff had confidence in the leadership team. They told us there had been vacancies but that these had been filled. One staff member said, "The team they've got in the office now is good". There were regular staff meetings which helped to share information and ideas as well as to provide updates on policy or training requirements. There were also monthly staff newsletters. These celebrated success, such as through the 'Carer of the month' award which was based on nominations from colleagues, as well as providing prompts such as to complete e-learning.

People told us the agency did a good job in ensuring the quality of the service was maintained. One person told us that the care supervisors attended their home to check that the care workers were working well. People also told us that the staff regularly spoke with them on the telephone or would attend their home to ask if they were satisfied with service delivery.

The registered manager used a series of audits to monitor the quality and safety of the service. The provider set monthly key performance indicators (KPIs) which included the percentage of people who received support from regular staff. There were also targets for the number of supervisions and customer reviews completed, along with an audit of a sample of care plans and staff files. These monthly reports were sent to a representative of the provider who monitored the service. We saw that there had been improvements in the number of supervisions and customer reviews completed between October 2015 and January 2016 as well as progress in the maximum number of staff visiting each person; down from 15 in December 2015 to 12 in January 2016.

A representative of the provider carried out twice yearly audits of care plans and staff files, along with checks on office compliance such as health and safety and insurance. In addition the provider's team of compliance quality control officers visited the service. Between their visit in September 2014 and August 2015 there had been an improvement from 79% to 90% in the service's overall score. Each audit included an action plan which detailed the date for completion of each action and staff member responsible. There was evidence of actions being reviewed and marked as completed, or if further work was needed a new deadline being agreed. This demonstrated that audits were used effectively to monitor performance and improve the quality and safety of the service.

Data generated by the new electronic records system was to be used to enhance quality assurance systems at the service. The registered manager showed us a 'time and attendance' report which detailed each visit along with any variation in the time of arrival or the length of time the care worker was scheduled to spend with the person. Where the report showed that staff had not stayed for the full duration of the call, there was an action for the supervisor to speak with the staff member concerned. These measures were due to be added to the KPIs for the service and monitored on a monthly basis by the registered manager.