Praesidium Partners Limited

Bluebird Care (Fareham & Gosport)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Bluebird Care (Fareham & Gosport) provides domiciliary care services to people living at home. They currently provide a total of 1000 hours of personal care to 64 people. Each person received a variety of care hours from the agency, depending on their level of need.

The inspection was conducted between 23 and 29 November 2016 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

There was a registered manager in place. 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 told us their regular care staff were skilled at supporting them and meeting their needs. However, they said fill-in staff, who covered when their regular care worker was absent, were not always able to provide effective care and support. The provider was taking action to improve the continuity and consistency of staff who visited to support people in order to address this.

People and their relatives told us there had been significant shortfalls in the quality of service provided over the past year, but noted that noticeable improvements had been made in recent months. There was a quality assurance process in place that focused on continual improvement, but this needed to become embedded in practice and the improvements sustained.

People and their relatives trusted the staff who supported them. Staff understood their safeguarding responsibilities and knew how to prevent, identify and report abuse. Risks relating to the environment or the health and support needs of people were assessed and managed effectively.

Medicines were given safely by staff who were suitably trained. Staff recruitment practices were safe and helped ensure only suitable staff were employed. There were enough staff to support people; they were reliable and usually arrived on time.

Staff received appropriate training to support people. They completed an induction programme and were supported in their work by management. Supervision arrangements had been enhanced by the appointment of a care supervisor.

Staff took care to be discreet and unobtrusive when working in people's homes. They protected people's privacy and involved them in decisions about their care. They also followed legislation to protect people's rights, by seeking consent from people before providing care and support.

People received personalised care and support that usually met their individual needs. Care plans provided appropriate information to enable staff to provide care in a consistent way. Staff referred people to healthcare professionals when needed.

The provider sought and acted on feedback from people. There was a suitable complaints policy in place and people knew how to complain. Staff were motivated and enjoyed working at the service. There was an open culture and the provider notified CQC of all significant events.

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 trusted staff and staff knew how to identify, prevent and report safeguarding concerns. Potential risks to people were assessed and managed appropriately.

There were enough staff deployed to meet people's needs. The timeliness of visits had improved and the provider was planning to introduce new technology to allow them to monitor this more effectively.

Recruitment procedures helped ensure only suitable staff were employed. Medicines were managed safely and administered by staff who were suitably trained.

There were plans in place to deal with foreseeable emergencies.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff who supported people regularly did so effectively, but fill-in staff were not always able to meet people's care and support needs. The provider was taking steps to improve the consistency of staff who supported people.

Staff received appropriate induction and training. They were supported in their role by managers. Supervision arrangements had recently been enhanced, but need to be sustained over time.

Staff protected people's right and sought consent from people before providing care or support.

Most people were encouraged to maintain a healthy, balanced diet and to drink often. Staff monitored people's health and supported them to see doctors or nurses when needed.

Is the service caring?

Good

The service was caring.

Staff treated people in a kind, caring and compassionate way and built positive relationships with people.

Staff protected people's privacy and dignity at all times.

People and relevant family members were involved in planning the care and support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their individual needs. Care plans contained information to support staff to deliver care in a consistent way and were reviewed regularly.

People were encouraged to make choices and remain as independent as possible.

The provider sought and acted on feedback from people to help improve the service. There was a suitable complaints policy in place and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Most people were satisfied with the service currently being provided, but told us there had been significant shortfalls over the past year.

There was a quality assurance process in place that focused on continual improvement. This was proving effective in addressing concerns raised by people or staff. The improvements needed to be sustained and embedded in practice.

Staff were happy and motivated in their work. There was an open and transparent culture. CQC were notified of all significant events.

Bluebird Care (Fareham & Gosport)

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 is the first inspection of the service as the current location was only registered in July 2014. The inspection was unannounced and conducted by two inspectors between 23 & 29 November 2016. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also sent questionnaire surveys to people and staff to obtain their feedback. We received 21 responses from people who used the service, or their relatives, and four responses from staff who delivered the service. We used these responses to help focus our inspection.

During the inspection we spoke with six people who used the service and seven relatives by telephone. We visited and spoke with three people and their relatives at home. We spoke with a director of the provider's company, the registered manager, two care coordinators, two supervisors, the financial administrator and six care workers. We looked at care records for five people. We also reviewed records about how the service was managed, including staff training, recruitment records, quality assurance audits and complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the staff from Bluebird Care who supported them in their homes. One person described staff as "very trustworthy indeed." A family member told us, "I have no issues with trust. My relative feels very comfortable with their care workers." All respondents to our survey told us they felt safe from the risk of abuse by their care workers.

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was in place and staff were required to complete safeguarding training as part of their induction. This training was then refreshed yearly. Staff were knowledgeable about the signs of potential abuse and the relevant reporting procedures. For example, we saw an example of a referral to the local safeguarding authority following a medicines error. An investigation was conducted and action was taken to reduce the likelihood of a recurrence.

People were protected from individual risks in a way that supported them and respected their independence. Supervisory staff completed assessments to identify any risks to people using the service or the staff supporting them. These included environmental risks in people's homes and risks relating to the health and support needs of the person. When risks were identified, people's care records detailed the action staff should take to minimise the likelihood of harm occurring to people or staff. For example, staff were given guidance about using moving and handling equipment, alerted to trip hazards in and around the person's house and the safety of electrical appliances. Some people had pendants that sent an alert to the council's monitoring service if the person fell and staff made sure people were wearing these before leaving them on their own. Staff had identified a potential infection risk from an item of furniture in one person's home and arranged with family members for this to be removed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The registered manager told us new care packages were now only accepted if sufficient staff were available to support the person. This was confirmed by a coordinator who said, "We're always cautious when taking on new customers to make sure we can give a good service." The coordinators produced a staff rota each week to record details of the times people required their visits and the staff that were allocated to them. The rota was then sent to people (or their families), so they knew who would be supporting them at each visit. Staff confirmed that they had travelling time built into the rota so they were able to stay the full amount of time allocated to each person. Staff absence was covered by other staff working additional hours or by one of the office staff attending calls. This provided resilience to help make sure calls were not missed.

Most people told us staff were reliable and usually arrived on time. Comments included: "Yes, they always turn up. They have been late on occasion, but the office calls up and it's normally due to the traffic"; "Most of the time [staff are] on time or within a reasonable time, say five to ten minute delay"; and "[Staff] are usually on time; if not, the office will call". However, two family members told us there had been delays of up to an hour and a half in the recent past. One said, "This is a problem for my relative as they have dementia and they get unnecessarily confused."

We discussed late calls with the registered manager and the coordinators who set the rotas each week. They showed us work they had being doing to improve scheduling and reduce the frequency of late calls. Analysis they had undertaken showed that late calls had been reduced significantly in recent weeks and were now rare. The provider's policy relied on staff following their rotas and people calling the office if a staff member did not arrive to support them. This was not very robust, as some people lived alone and would not have the capacity to contact the office if the staff member did not arrive. In addition, it did not help ensure the welfare of staff who worked alone, as supervisors could not check that they had arrived and left each call safely. To address this, the registered manager told us they were planning to introduce new technology to enable them to monitor staff attendance at calls more effectively.

Suitable and safe recruitment procedures were in place to help ensure that only suitable staff were employed. Staff files included application forms containing their full employment history, together with reference checks. In addition, checks were made with the Disclosure and Barring Service (DBS). DBS checks show whether a person has a criminal records and help employers make safer recruitment decisions. Staff confirmed this process was followed before they started work at the service.

Where people required assistance to take their medicines, family members confirmed that these were managed and administered safely. The service had a clear medicine policy which stated the tasks staff could and could not undertake in relation to administrating medicines. For some people, the help required was limited to verbal prompting to take their tablets; for other people staff needed to administer medicines to them, for which they had received appropriate training. Following the training, supervisory staff assessed the competence of the staff member and offered further support if needed. A staff member said of their supervisor, "They check me every month. She checks I am giving the right medicine at the right time in the right way." One person was receiving their medicines covertly. This is where a person's medicines are hidden in a small quantity of food to make sure they receive them. Staff had assessed the need for this, consulted with the person's relative and checked with their GP that the medicines were safe to administer in this way.

The service had a business continuity plan in case of emergencies. This covered eventualities such as extreme weather. It included contact details for all staff and information showing which staff lived closest to each person, so they could respond on foot if the transport network was affected. In addition, the plan graded the importance of each visit to help identify those that were essential (for example because the person lived alone) and those where a family member could support the person in an emergency.

Requires Improvement

Is the service effective?

Our findings

People told us their regular care staff were skilled at supporting them and meeting their needs. One person said, "There are no problems with trained staff; they always know what they are doing." Another told us, "[The staff] all work ever so hard and I appreciate what they do." A family member said of the staff, "They are trained. I used to be a nurse and I can say they do know what they are doing." Another family member told us, "[Staff] are well versed and know what to do. They seem well trained."

However, some people felt that the care staff who filled in for their regular staff member were not always able to provide effective care and support. For example, a family member told us, "My relative has mental health issues. The care workers that come are trained and skilled to deal with my relative, [but] issues occur when those regular staff cannot come due to holidays or illness. Those [others] do not seem to have knowledge of how to deal with the condition my relative has." This was echoed by another family member who said, "[The fill-in carers] do not understand how to deal with my relative; they seem afraid." Other comments from people or their relatives included: "The permanent ones are certainly trained; the new ones take time, [although] the senior one's do supervise the new ones"; "I have to explain what to do when they are not the usual carers"; and "Some days different staff come. Some of them do not know what they are doing and I have to ask them to read the file."

People told us that the continuity of care had also been a concern in the past, although they said this was now improving. One person said, "There was a lot of trouble a couple of months ago with too many changes [of staff]. Now it's good." Another person told us, "We do have continuity now. Before, there was so much change with staff. This is now settled." A further person said, "We have two regular staff every week; the others change, but I do not mind as I have two that I see daily."

We discussed the training and continuity of staff with the registered manager. They told us they aimed to send the same staff to support each person at each visit to help ensure the person received consistent and effective care and support from staff who knew the person and understood their needs. The coordinators, who allocated staff to calls, showed us work they had been doing to improve the consistency of staffing. An analysis of the data showed this had been effective in recent weeks. Previously, up to 24 calls a week were attended to by staff who were not familiar with the person, but this had reduced to 4 calls in the week prior to our inspection.

Staff told us they were able to deliver more effective care to people they saw regularly as they got to know and understand their needs. A staff member told us, "I used to be put out with clients I didn't know and I hadn't a clue; but it happens more rarely now as I have a fixed rota." Another said, "I feel I can now care for people to a good standard."

There was an appropriate training programme in place for staff. Whilst most training was completed via e-learning, practical subjects, such as moving and handling, and first aid, were conducted in a training room that had been created in the service's office. This allowed staff to practise techniques used for supporting people to move, including the use of a hoist. A staff member told us, "The training is superb. I can't fault the

company. They're really up with the training."

Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example, they explained how they communicated with people living with dementia by remaining patient, asking simple questions and providing continuous reassurance. A staff member told us, "You have to check what people [living with dementia] tell you. [One person I support] will tell you they have washed and taken their medicines; they are absolutely adamant about it, but they haven't. So you have to find evidence of what's happened to make sure."

New staff received appropriate induction when they started working at the service. Following this, they worked alongside experienced care staff until they felt confident, and had been assessed as competent, to work unsupervised. Arrangements were also in place for staff who were new to care to undertake training that met the standards of the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people.

Staff felt they were now being supported appropriately in their role, although some said this had not been the case earlier in the year when they did not receive regular one-to-one sessions of supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, and discuss training needs. Staff records confirmed that supervisions had not taken place between May and October 2016, but were re-started when a new care supervisor was appointed. Whilst this had brought about improvements in the frequency of supervisions, this needs to be maintained over a period of time to enable the provider to demonstrate that they can sustain an appropriate level of support for staff.

An experienced staff member had been appointed recently to act as a mentor to new staff, which the registered manager told us had been well-received. Staff who had worked at the service for more than a year received an annual appraisal to assess their performance and identify development objectives for the coming year. The provider operated an on-call system to provide staff with advice out of hours. A staff member told us, "There's always someone available at the end of the phone. For example, if there's been a medication change and I need to check up about it." Another said, "I would go to the supervisor first for advice or guidance and we also have an out of hours number. They're really good and were there when I needed them last weekend. I needed an ambulance for a person and they came out to stay with the person so I get to my next call on time."

Staff protected people's rights by following the Mental Capacity Act 2005 (MCA). The MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff were clear about the need to seek consent from people before providing care or support and used a variety of methods to check people were ready and willing to receive the proposed care. For example, one staff member told us about a person who they supported whose ability to communicate was restricted by their illness. They said, "I tell the person step by step what I'm doing and ask her to nod or touch me if she's okay with it. Some days she can't talk at all, but she'll smile or nod to show she's happy with it."

Most people's meals were prepared or provided by family members. However, where care staff were responsible for preparing meals, they encouraged people to maintain a healthy, balanced diet based on their individual needs and preferences. Staff also encouraged people to drink well in order to reduce the likelihood of urine infections. A family member told us "They have supervisors in place who are really good and guide the staff well; for example around supporting [my relative] to drink." When we spoke with a staff

member who supported this person, they were clear about the importance of encouraging them to drink and described how they achieved this. They said, "[The person] drinks best with a straw. You have to keep prompting her, giving her little sips and then try again a little later." Another family member said, "[Staff] specified the amount [my relative] should be supported to drink and which fluids she should be tempted with. As a result there have been fewer infections."

Staff who regularly supported people knew them well and monitored their health on a daily basis. If they noted a change they would discuss this with the person and their family member, if appropriate. With the person's consent, they then sought appropriate professional advice and support, for example from doctors, occupational therapists and specialist nurses. Care records showed doctors and nurses had been contacted when required.

Good

Is the service caring?

Our findings

People's needs were met by staff who worked in a caring and compassionate way. All respondents to our survey told us staff were caring, kind and respected their dignity. This was confirmed when we spoke with people, one of whom said staff were "very caring" and "always respectful". Another person described staff as "sincere, nice people" and a family member said staff were "always happy and polite, never rude." Another family member told us, "My relative is very happy. [Staff] treat them with the utmost respect."

People felt their regular care workers knew them well and spoke positively about the relationships they had built with care staff, which they valued and appreciated. For example, one person said, "I'm very lucky. I have two [care workers] who are excellent; they are brilliant and I have an excellent relationship with them." A family member told us, "We get on really well with [the care staff]. They've become friends." A staff member told us, "I really love the job and feel I've now got a relationship with people."

Care plans included information to help staff build positive relationships with people. For example, they contained details of the person's background, their likes, dislikes and preferences. They also specified how people like to be addressed. One person liked to be called by their first name and preferred staff did not use terms of endearment. When we spoke with a staff member who supported this person, they were clear about this and said they were careful to always use the person's name.

People said their privacy and dignity were protected and respected at all times. Staff were sensitive to the fact that they were working in people's homes and took care to be as discreet and unobtrusive as possible. People were able to choose the gender of the staff member who assisted them and could request a change of staff if they did not feel comfortable with a particular staff member. Staff described the practical steps they took when supporting people with personal care. One staff member said, "We pull curtains and cover the person with a towel as much as we can. We ask [their relative] to go out while they use the commode." Another staff member told us, "You pick up on people's wishes quickly. Some people like to keep covered up as much as possible and other people are [less inhibited]. It's about listening to their wishes."

People and relevant family members were involved in planning and agreeing the care and support they received. This started with an initial assessment of the person's needs and was developed over time as people's needs became clearer or changed. Records confirmed that people were also involved in reviews of their care and in discussing any changes they wished to make to the way their care and support was provided. All respondents to our survey confirmed that they were involved in making decisions about the care they received.

Good

Is the service responsive?

Our findings

People received personalised care and support from their regular care workers that met their individual needs and was responsive to any changes. One person said of the staff, "I think they respond to things pretty quickly really." When we spoke with staff, they demonstrated a good awareness of people's individual support needs and how each person preferred to receive care and support. In addition, they knew how to work closely with family members to provide all the necessary care and support for the benefit of the person. They recognised that some people's mobility or cognitive ability varied from day to day and were able to assess and accommodate the level of support the person needed from visit to visit.

Assessments of people's care needs were completed by a supervisor, who then developed a suitable plan of care. The care plans we viewed provided enough information to enable staff to provide appropriate personal care in a consistent and individualised way. They included clear directions to staff about how they should meet people's support needs, such as medicines and moving and handling needs. They included information about people's health conditions, their life history, preferences and any environmental risks in their home.

A new process was being put in place to review people's care plans after one day, one week, one month, three months and six months; and then at six monthly intervals after that. Care plans were also reviewed if people's needs changed. A staff member told us, "The care plans are informative and are always up to date." Records of the care provided confirmed that people received appropriate care and support. For example, the care plans for some people included a need to support the person to undertake activities. Records of care provided confirmed that staff were doing this when required. In addition, a staff member told us, "We talk and look at books. If [the person] is well, we can even play games, or do drawing or dominoes."

People were encouraged to make as many choices as possible and to remain as independent as they could within their abilities. One person told us, "At the beginning, [staff] came round, asked a load of questions, things I can do, things I liked, when I wanted the visits. It was good actually." The need to promote independence was communicated to staff in care plans. For example, one instructed staff to "use clear instructions and empathy rather than asking questions and for staff to describe the choices to the person as well as showing them. A staff member told us, "We always try to give people options to encourage them to choose. It's the way you [present] the options that matters to make sure they understand. It helps their independence."

The provider sought and acted on feedback from people. Two people told us that they requested earlier or later times for their calls and the provider had made the changes immediately. One person said, "We asked them to make it a little later in the morning. They changed it almost immediately." Another person told us, "The supervisors in the office are very efficient. I know they will sort out any issues. The [care supervisor] is a very, very good listener and she makes sure things get done."

The provider sent questionnaire surveys to people and their relatives to assess and monitor people's satisfaction with the service. Responses were then collated and analysed to identify improvements that

could be made. The registered manager told us some of the feedback indicated the need for improved communication. To address this they had recruited an additional care coordinator in the office to help them keep in touch with people more effectively, for example to notify people when their care worker was delayed. When we spoke with people about this, most confirmed that the level of communication had improved, which they said they appreciated.

People knew how to complain about the service and there was a suitable complaints procedure in place. All respondents to our survey told us they know how to make a complaint to the service. One person said, "I feel they do deal with any issues I have." A family member told us they had raised a concern about the timeliness of some visits. They said, "I spoke to the office and this was changed. There are no problems now." Another family member told us they had received an apology following a similar complaint and were satisfied with the action taken.

Requires Improvement

Is the service well-led?

Our findings

Most people told us they were satisfied with the care they were currently receiving from their regular care staff. Comments included: "I want to say I'm very happy with my carers"; "Everyone is good; I would not even think of going anywhere else"; "They are very good; no problems. They are the best people we've ever had"; "The service is reliable, we are ever so grateful really"; and "The service is very well-led; my relative is happy". All respondents to our survey told us they knew who to contact at the service and said they were given clear information that was easy to understand.

However, people and their relatives told us there had been significant shortfalls in the quality of service provided over the past year. They said staff had not always arrived on time, there had been a lack of consistency of staff and poor communication with the office. They said the service had noticeably improved during the two or three months leading up to our inspection; it was now far more reliable and communication had improved.

Comments from people or their relatives about this included: "In the past they were certainly not organised. They are much better organised now"; "There are now people in the office that answer the phones"; "This new carer is wonderful and [the service] is much, much better. If they are late, the office will call; before I would have to ring and ring and get no answer"; "There has been a change recently for the better"; "If [staff] are late, it will only be 10-15 minutes; but the office does call. Previously they did not inform us at all"; and "We do have continuity now; before there was so much change with staff, but this has now settled". Staff echoed these comments. One said, "Staff had a lot put on them in the summer due to shortages, but we're up to strength now and able to take on more customers."

The registered manager acknowledged that the service had experienced some difficulties over the past year. They attributed this to a lack of continuity of office staff and the service expanding too fast. They said, "We grew too quickly and had to stop and catch up. We had problems, so had to take a close look at what we were doing. Staff retention wasn't good and we kept getting the wrong people in the office." They said they, and one of the directors of the company, had engaged in some "reflective practice". This had led to the current office and management structure which was proving effective in bringing about stability and improvement. It consisted of a director of the provider's company, the registered manager, a care supervisor, a customer supervisor, two care coordinators and a financial administrator. The registered manager told us, "Our biggest achievement is getting a good office team in place; the care team have always been good."

Whilst we noted the recent improvements to the service, this needs to be maintained over a period of time to enable the provider to show that they can sustain this level of service.

There was a quality assurance process in place which focused on continually improving the service provided. Audits of each aspect of the service, including care planning, medicines and staff training were conducted. However, these had not been completed regularly over the past year. For example, the monthly care record audits for the previous six months had only been completed in the week before the inspection.

Therefore, any errors and omissions picked up by the audit, such as the fact that a medication administration record was missing from one file, had not been addressed in a timely way. In addition, the care record audits mainly focused on technical issues within the care plans, for example the colour of the ink that had been used by staff. They did not examine the content of the care notes to check that people's needs had been met in accordance with their care plan. For example, one person's care file stated that blood had been found in their faeces, earlier in the year, but there was no record to say whether any action had been taken and this had not been picked up by the audit. We raised this with the registered manager, who agreed that auditing of care records was an area for improvement.

One of the coordinators conducted 'continuity audits' to assess, monitor and improve the consistency of staff who supported each person. They told us, "This is one of our main focuses now." A family member confirmed this when they said, "[The service] is a lot better now; there is consistency. Since consistency, it has been very good."

In addition to the above audits, staff from the Bluebird franchise provider completed a yearly audit of the service. This identified changes or improvements that needed to be made, which were then actioned promptly. For example, it had identified that staff were not receiving practical training in basic life support and this had been put in place as part of the induction programme.

The registered manager had conducted a regular staff survey. The results were analysed and actions put in place to address any concerns. These included the appointment of a mentor to support new staff and the provision of better back-office support for care staff through the appointment of a second care coordinator.

To check that staff were working to the required standards, supervisors conducted regular 'spot checks' and 'observational checks' of care workers. These covered all aspects of their work, including punctuality, safeguarding, moving and positioning practices, medicine administration, dignity and respect. Where the checks indicated staff needed additional support, this was provided.

Improvements identified by the above surveys and audits were fed into a 'Quality improvement plan', which the provider used to track and record action taken to help drive continuous improvement. It included improving the auditing of care plans, completing more spot checks of staff and reducing the number of changes to the staff rotas. This work was well underway, but needs more time to become fully embedded in practice.

People benefitted from staff who were happy and motivated in their work. Feedback from staff was sought on a regular basis and they were encouraged to make suggestions about improvements that would benefit people. Care staff told us the managers were "supportive" and "approachable". One staff member recorded in the staff survey, "I've got to know [the managers] from meetings. They are two lovely, amazing women. It's easy to talk to them and I don't have a problem passing on my opinion." An office worker told us, "I thoroughly enjoy working for [the provider]; it's a fun office to work in. It runs well now and has the right resources." Another said, "I think of the bosses as friends more than bosses; and I feel valued as my skills are being used." An 'employee of the month' scheme had been introduced in April 2016 to recognise, reward and motivate staff, which the registered manager told us was working well.

There was an open and transparent culture within the service. Staff told us they were made welcome when they visited the office. The registered manager notified CQC of all significant events. There was a duty of candour policy in place to help ensure staff acted in an open and transparent way when mistakes were made. Managers and supervisors were responsive to issues raised during the inspection and all expressed a shared commitment to improving and developing the service for the benefit of the people using it.