

Jacross Enterprises Ltd

Bright Dawn Home Care

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 20 April 2017. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service and talk with staff on the day of our inspection visit.

Bright Dawn Home Care is registered to provide personal care and support to people living in their own homes. The service operates in Solihull and the surrounding areas. There were 64 people using the service at the time of our inspection and 36 staff were employed.

A requirement of the provider's registration is that they have a registered manager. A registered manager is a person who had 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. At the time of our inspection there was a registered manager who was also the provider for the service. The registered manager was supported by a junior care manager and an office manager to run the service. We refer to the registered manager as the provider in the body of this report.

The service was last inspected on 11 November 2015. At that inspection we found a number of improvements were required and the provider told us they had plans in place to ensure these were made. During this inspection we checked and found the improvements had been made.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. People told us they received care from familiar care workers who now arrived at the expected time and completed the required tasks.

People told us care workers showed them kindness and had the correct skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

Care workers were knowledgeable about people's needs. The information contained in people's care plans and risk assessments had improved since our last inspection. The information helped care workers to provide safe care in a way people preferred. People who required support with eating and drinking were provided with foods they enjoyed.

People were involved in planning and reviewing their care. There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines. Analysis of incidents and accidents took place to identify any patterns or trends to reduce the likelihood of further incidents occurring.

There were enough suitably trained care workers to deliver care and support to people. The provider

checked the suitability of care workers to work with people who used the service during their recruitment. Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

The provider and staff understood the principles of the mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider had improved their knowledge in relation to community DoLS since our last inspection. Mental capacity assessments had been completed for people who needed them.

The provider was committed to providing high quality care to people. People told us Bright Dawn Home Care was well run and they spoke positively about the management team. Systems to monitor the quality and safety of the service provided were in place and had improved since our last inspection. Staff enjoyed working for the service, and were complimentary about the support they received from their managers.

People's feedback was gathered through annual surveys. This meant the service could understand the experiences of people who used the service. People knew how to make a complaint and there were systems to manage complaints about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe with the care workers who supported them. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures in place to protect people from risk of harm and care workers understood the risks related to people's care. People received their medicines as prescribed and a robust staff recruitment process was in place.

Is the service effective?

Good ●

The service was effective.

People told us care workers had the knowledge they needed to care for them effectively. Care workers completed training to ensure they had the skills to deliver safe and effective care to people. The provider and staff understood the principles of the Mental Capacity Act (2005). Care staff ensured they gained people's consent before delivering care. People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were happy with the service they received. People told us care workers showed them kindness and provided them with the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People told us they received personalised care from familiar staff who they knew well. Care plans were regularly reviewed and updated when there were changes to people's care needs. People were given opportunities to share their views about the service. People knew how to make a complaint if they wished to

do so.

Is the service well-led?

Good ●

The service was well-led.

People were happy with the way the service was run. Care workers felt supported to carry out their roles by their managers. The quality and safety of the service provided to people was reviewed through a series of effective audits.

Bright Dawn Home Care

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.

We visited Bright Dawn on 20 April 2017. We gave the provider 48 hours' notice we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with staff. The inspection was conducted by two inspectors.

Prior to our visit we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also spoke with local authority commissioners who funded the care some people received. They were satisfied with the care provided to people.

We asked the provider to send to us a Provider's Information Return (PIR). This enabled the provider to give us key information about the service, what it does well and what improvements they plan to make. We were able to review the information as part of our evidence when conducting our inspection. The information reflected the service provided.

Before our inspection visit the provider sent us a list of people who used the service and their staff. We sent questionnaires to 38 people and received 18 responses back, 38 were sent to people's relatives and we received two responses. We sent 32 questionnaires to staff and we received 13 responses back. We looked at the feedback from the questionnaires and reviewed the information to form part of our judgements.

During the office visit we looked at the records of five people and two staff records. We looked at other records related to people's care and how the service operated. This included checks the management team took to assure themselves that people received a good quality service. We spoke with the registered manager, the junior care manager, the office manager, the care co-ordinator and four care staff.

Following our visit we spoke by telephone with seven people who used the service and four relatives to gather their views on the service they or their relations had received.

Is the service safe?

Our findings

All of the respondents to our survey told us they felt safe with the care workers who supported them. Our discussions with people confirmed this. One person said, "I always feel safe, if I didn't I would phone the office." Another told us, "(Care worker) always gives me the help I need, I feel safe in their hands. I would tell the manager if I felt worried." This assured us people felt confident to contact the staff based in the office if they had any concerns. A relative commented, "Safety is paramount, the service is safe."

During our last inspection, people told us care workers were not attending their calls on time and some calls had been missed which had placed people at risk. We asked people during this inspection if improvements had been made. Overall, we received positive feedback. Comments included, "I have never had a missed call." "They always try to be here on time." And, "On occasions they do get held up, but that's to be expected." However, one person told us one call had been missed. In response to this, the provider told us they had arranged for another care worker to cover the call as soon as they were made aware the call had been missed. This meant the person had not been placed at risk. They told us how they had discussed the reason for the missed call with the care worker concerned, and they had reminded them of the importance of following procedures.

Since our last inspection, the provider had implemented a more effective electronic call monitoring system. Staff confirmed the system had improved the way people's calls were scheduled and this meant they knew what times they needed to arrive at people's homes. We spoke with the care co-ordinator who was responsible for scheduling and monitoring people's calls. They showed us how the electronic system worked and they said, "The system works well, I can see if calls are running late and then take action." We saw this happen on the day of our visit. For example, a care worker had been delayed in a traffic jam which meant they would arrive later at the person's home than the person was expecting. The care co-ordinator telephoned the person to inform them their care worker was on their way but they had been delayed.

Most staff used a 'smart' mobile phone and the use of an 'app' to scan a device when they arrived and left a person's home. (An 'app' is a piece of electronic software that runs on a mobile phone and passes information over the internet). At our last inspection, two call systems were in place and this meant the service could not monitor when some staff had arrived. During this visit the provider told us they had made improvements because one system was now in place. They explained four staff had chosen not to use a smart phone for personal reasons. As it was a small number those care workers telephone the office or the 'on call' person who then logs their calls electronically. This ensured the service knew those staff arrived and people had received their care.

The provider and staff confirmed there was enough staff employed to provide people's care. The provider told us, "Staffing levels are now more stable, there is enough staff." One care worker told us they had been involved in two recent recruitment campaigns which had taken place at a shopping centre and a local job centre. This had resulted in two new staff being employed.

The provider's recruitment procedures minimised the risks to people safety. The junior care manager explained they employed staff who were of good character, and recruitment checks were carried out before they started work. Records showed and care workers confirmed this happened. One said, "Yes, I had a DBS check." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

All of the staff who responded to our questionnaire told us they knew what action they needed to take if they suspected a person they were supporting was being abused or were at risk of harm. Care workers confirmed they had completed training in safeguarding adults to protect people. They confidently described different types of abuse and their responsibilities to report any concerns to their managers. They told us they felt confident their managers would take action to protect people if they did raise concerns. One care worker told us, "I know to report everything and inform the office straight away if I was worried someone was at risk." Another said, "If I visited someone and they told me something of concern I would let the manager know immediately." This assured us staff understood their responsibilities to keep people safe.

Our discussions with the provider, and records confirmed, they were aware of their responsibilities to keep people safe. The junior care manager explained if a safeguarding concern was raised they would make an immediate referral to the Local Authority. This meant allegations of abuse would be investigated correctly to keep people as safe as possible.

Risk assessments and management plans identified potential risks to people's health and wellbeing. These assessments helped to keep people and care workers safe when delivering care. We looked at risk assessments for five people which had been completed prior to people receiving care for the first time. All of the assessments had been reviewed in-line with the provider's policy. This showed us improvements had been made since our last inspection when we found some records did not all contain up to date information to ensure staff attending the person's call would know what to do.

Care workers knew about the risks associated with people's care and were able to explain how these were to be managed. For example, one person often refused to take their pain relieving medicines which could have a negative impact on their health. A care worker told us, "I explain what the tablets are for. I say, 'These are for your knees to help you with the pain'. If (Person) knows what they are for they will take them."

Another person was visually impaired and was at risk of falling. A care worker explained they always made sure the person's home environment was free of obstructions so when they walked around the risk of them falling was reduced. We spoke with this person and they said, "I feel safe with my carers because they make sure there is nothing for me to trip over." Staff told us if they identified any changes in people's needs, a manager would immediately complete a review to make sure the person was kept as safe as possible. We discussed this with the provider who confirmed this happened.

The provider had a procedure for recording and monitoring accidents and incidents. Records were analysed each month to identify any patterns or trends to reduce the likelihood of them happening again. For example, one person's leg had been knocked by a piece of equipment which staff were using to move them. The person had not been injured but the care workers assisting them had been retrained in moving and handling people to reduce the risk of a similar incident occurring.

Care workers confirmed they were confident to deal with medical emergencies. We asked what they would do if they arrived at a person's home and they were unwell or required medical treatment. One said, "I would stay calm, assess the situation and call 999. I would stay with the person and then phone the office for advice if I needed to."

During our last visit the provider was in the process of implementing contingency plans for managing risks to the delivery of the service in an emergency. For example, poor weather conditions. We found that these plans were now in place and care workers confirmed they knew what they needed to do in an emergency situation.

People spoke positively about the way care workers handled their medicines. One person told us, "They help me with my medicines, I take them myself but they give them to me as I struggle to open the packets." Another said, "They sign a sheet each time to say I've had them." We looked at how medicines for four people were managed and this assured us staff administered and prompted people to take their medicines safely. One care worker said, "I give (Person) their tablets one at a time to make sure they take them. I remind them what their tablets are for."

Care workers told us they had received training and this made them feel confident to administer medicines safely. They told us they always checked the records to make sure the care worker before them had signed to confirm medicines had been given. We asked a care worker what they would do if they saw a gap on the medicine administration record that could suggest the medicine had not been given. They said, "I would inform the office straight away." A manager checked completed medicine administration records (MAR's) each month. We saw evidence that monthly auditing of medicines and frequent checks of staff competency in administering medicine took place to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS).

During our last inspection we found one person who used the service was being deprived of their liberty. During this visit we checked and we found improvements had been made. This assured us the service was working within the principles of the Act. The provider had increased their knowledge in this area and our discussions with them indicated they were now aware of the procedure they needed to follow to refer people for community DoLS.

We saw mental capacity assessments had been completed for people who lacked the capacity to make all of their own decisions. Appropriate discussions had taken place with those closest to the person to make decisions in their best interests and the outcomes were clearly recorded. This meant the rights of people who were unable to make important decisions were protected.

Care workers confirmed they had received training in the MCA since our last inspection which had helped them to understand the act. One said, "I know people have the right to refuse me helping them and I recognise the importance of respecting people's wishes." Another said, "It has to be proven that people do not have capacity, we cannot presume." This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had capacity who had given their consent. We also saw consent forms had been completed correctly for areas such as consent for staff to administer medicines.

We asked care workers how they knew if a person's care and support needs had changed. One staff member explained how they always read people's daily notes and this meant they had up to date information. Another said, "The office staff will phone or text me to tell me and I make sure I read people's care plans so I know what has been happening."

Ninety four per cent of people and 100 per cent of relatives who responded to our questionnaire strongly agreed care staff had the skills and knowledge they needed to provide the care and support they required. Our discussions with people confirmed this was correct. One person said, "Yes staff are well trained, I've never had any problems with them. New staff shadow (work alongside) other staff to make sure they know what they're doing and I'm happy."

Care workers signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. Records showed a programme of

regular training updates supported staff to keep their skills and knowledge up to date. New staff members were provided with effective support when they first started work at Bright Dawn Homecare and they completed an induction to the service and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Care workers told us they had spent time shadowing (working alongside) experienced colleagues to gain an understanding of how people liked their care to be provided. They had also read people's care records before they worked unsupervised.

The provider invested in staff training by providing an on-site training room, regular training updates and opportunities for staff to complete nationally recognised qualifications such as National Vocational Qualifications (NVQs). One care worker said, "I have completed all of my mandatory training and have done my NVQ." The provider explained all staff had completed or were in the process of completing level 2 or 3 qualifications in health and social care to benefit the people who used the service. We looked at the training matrix and this reflected what the provider had told us.

The service supported many people who lived with dementia. To ensure these people were provided with high quality care, the provider had completed a nationally recognised qualification in dementia care which was awarded by Stirling University. (Stirling University researches best practice, from across the world, to provide a comprehensive, up-to-date resource on all aspects of dementia.) They had also completed dementia courses with the Alzheimer's society in February 2017 which meant they were trained to provide in depth dementia training to their staff team. They explained how the training staff received supported them to care for people effectively. We asked care workers about this training and they told us this had benefited some people. One said, "I learnt about depth perception which means some people think dark rugs and shadows look like holes. They feel frightened they might fall down. I know to offer those people extra reassurance so they feel safe."

The service was working towards achieving a recognised award from the UK Stroke Association. To achieve the award the service needed to demonstrate it was highly skilled to provide effective care to people who had a stroke or who had acquired a brain injury. A care worker explained the training included modules which they completed to demonstrate their understanding. They had completed the training and had learned how to identify the signs to indicate if a person had a stroke. They said, "If their speech is slurred I know to call 999 immediately. The faster I act, the greater the person has of making a good recovery." The provider told us they were aiming to achieve the award in the three months following our visit.

When people were assessed for care and support, the arrangements for food preparation or support were discussed and agreed. People spoke positively about the way care staff prepared their meals and drinks which maintained their health. One person told us, "I make my own drinks and most meals but they (care workers) make my lunch. They always ask me what I would like, I usually have something light like a sandwich, but they will make me anything I want." Our discussions with care workers indicated they knew what people enjoyed to eat. For example, one told us about a person who lived with dementia who needed encouragement to eat. They explained how they gave the person gentle prompts which resulted in the person eating their meals.

If there were concerns that a person was not drinking or eating enough to maintain their health, care workers monitored how much people ate and drank using a chart system. The provider explained if they were made aware that a person was losing weight they first discussed this with the person and their relatives. If necessary they also informed the person's GP. This demonstrated the provider and care workers understood the risks associated with nutrition and were aware of their responsibilities to take necessary action to address them.

People we spoke with managed their own healthcare or relatives supported them with this. The provider told us the service was flexible and supported people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed the service worked in partnership with health professionals when required. This included the person's GP and district nurses.

Is the service caring?

Our findings

All of the people and their relatives who responded to our questionnaire said they were happy with the care they received from the service. Our discussions with people also told us people were happy with the care. One person said, "My regular carer is wonderful. I would give her the gold crown." Another said, "Carers are always very polite, friendly and respectful. When they arrive they always start with a 'good morning' and ask me how I am feeling." All of the people and their relatives who responded to our questionnaire told us they would recommend the service to others. Staff enjoyed working at Bright Dawn Homecare and they told us they would recommend the service to their family and friends.

Care workers told us what caring meant to them. Comments included, "Having a caring nature and wanting to help people," "Being gentle and kind," and, "Being patient and listening to people." The provider was confident all of the staff showed people kindness and demonstrated a positive attitude.

People told us they received care from a consistent group of care workers who they knew well. This meant they had built up strong and meaningful relationships and they always received their care in the way they preferred. Care workers confirmed they enjoyed working at the service and they provided care to the same people. One said, "I visit my regulars. Consistency is very important to people especially if they have dementia."

Another said, "I really love my job I work flexible hours to fit around the school run." However, some staff who responded to our questionnaire told us they were not always introduced to people before they worked with them. We asked care workers about this and they explained positive changes to the annual leave process had been made. This meant they were introduced to people before they worked with them. One said, "It's settled down now, things are overall, consistent for people ."

All of the people and their relatives who responded to our questionnaire told us the service supported them to be independent. One person said, "I am very independent so my care is led by me." Another person explained they never felt rushed by care workers and this meant they were able to wash at their preferred pace which maintained their independence. A care worker told us how they had supported one person to regain their independence. They explained the person was quite tall and their toilet seat was situated at a low height. That meant the person was reliant on care workers to assist them to get off the low seat. The care worker had liaised with the person and their family to source and purchase a raised toilet seat which meant the person was no longer reliant on care workers to assist them.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person said, "Everyone always asks what I think about things and if I want to make any changes." Another said, "I am fully involved. Everything runs well, no changes."

All the staff we spoke with confirmed people were involved in making decisions about their care and support needs, One said, "People are very involved, it's their care." They explained even though they knew people really well, they always asked people how they would like their care to be provided. They felt this

demonstrated the service was courteous and respectful.

People told us care workers showed them respect. One explained when care workers arrived they always knocked their front door and announced their arrival. They said, "I feel that's respectful towards me." A relative commented. "They make sure [person's] dignity is protected. They make sure she is covered, the curtains are shut and they close the door." Care workers told us how they respected people's right to privacy. For example, they left the room if a person answered their telephone. This meant the person could hold their conversation in private.

People told us care workers encouraged them to make their own decisions. One person said, "They always ask me to what I want and how I want them to help me. They always make sure I'm happy." Staff told us how they supported people who lived with dementia to make decisions. For example, they showed one person a cup which helped them to decide if they wanted a drink. This showed us care staff communicated choices in a way people could understand. The provider told us one person who received a service had an advocate to help them make decisions. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to help them to make a decision.

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak with people about other people who used the service and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

Is the service responsive?

Our findings

Ninety four percent of people who responded to our questionnaire told us the service involved them in making decisions about their care and support needs. The provider told us that prior to receiving support, people's care needs were assessed. People confirmed this happened. For example, one person said, "When the service started, the manager came out and we sat and talked about what I wanted. They even asked me what type of sandwiches I liked." A relative told us, "We met with the manager. We talked about care needs, mum's history, what she liked and didn't like. It was helpful because they know what they need to do."

Records showed the information from the assessment had been used to complete people's care plans. We looked at five people's care plans and they all contained detailed information on the different aspects of the person's life and how they preferred their care to be provided. For example, we saw one person enjoyed eating spicy foods and another person enjoyed watching television programmes. All of the information had been reviewed in the month prior to our visit. This showed us improvements had been made in this area because during our last inspection we found some information was not up to date.

People told us they received care from familiar staff who they knew well. One person said, "I know them well, I have four people in my 'care pool'. If one person is off then I am never with someone I don't know. That means I don't feel uncomfortable with them and I know I can trust them." Another said, "Not only do they know how I like things done. The standard of their work is excellent." A relative commented, "The carers really do know [person]. They know what she likes and how she likes things done."

Staff demonstrated they knew the people they cared for well and they described to us how they responded to people's individual needs. For example, one person found some foods difficult to chew. Staff told us they cut the crusts off the person's sandwiches so they were able to eat them. Another person lived with dementia. A care worker told us the support they needed differed each day depending on how they were feeling. They said, "Because I know them well I ask each day things like... can you undo your shirt buttons today or do you need a bit of help?"

All of the people who responded to our questionnaire knew who to speak with if they had any concerns or complaints about the service and all felt their views were listened to and acted upon. One person said, "I have absolutely nothing to complaint about but I would ring the office if something needed to be sorted." Another told us, "I've never had to make a complaint, if I did I would phone the manager, I'm sure they would sort out any problems quickly." People confirmed they had been provided with a copy of the complaints process which included contact details for the Care Quality Commission and the local authority.

There were systems in place to manage complaints about the service provided. Records showed one complaint had been received in the last 12 months. We saw action had been taken to respond to the complaint in a timely manner.

Five compliments had been received about the service in the six months prior to our visit. Comments included, 'Thanks to those of you who made my dad feel wanted, befriended and most of all not a burden.'

And, 'Thank you for your exceptional care and commitment. This showed us people were happy with the service provided to them.

Is the service well-led?

Our findings

During our last inspection people told us the service had not been as good as they were used to. During this inspection people told us the service had improved. Comments included, "I am very happy with the service now, I get the same staff." "Things have got a lot better there is nothing I can think of to improve it." And, "The changes made mean Bright Dawn are a company I can rely on."

At the time of our last inspection the provider acknowledged they had been through a challenging time and a number of staff changes had impacted on the quality of care. During this inspection the provider told us they had worked really hard to make improvements to the service. They said, "Over the past year the staff team has stabilised. I am really pleased to have a staff team who are dedicated to providing a quality service."

Since our last inspection the service had developed and implemented effective quality monitoring systems. Records showed us the management team completed quality checks of the service. For example, daily records that care workers had written had been checked monthly to ensure people had received their care as planned. This meant the provider had an overview of the care provided. We saw the electronic call monitoring system was effective and this had improved the way people's calls were scheduled and monitored so that people received their care when they should.

People and their relatives spoke positively about how the service was run. One person said, "I think the service is well led, I have no problems. (Provider) and office staff are always available, if you phone the office they answer straight away, if they can't give you the answer to what you need they call you back." An out of hour's on-call system when used the office was closed. There was an 'out of hours' telephone number that people could use if for any reason care staff did not arrive for calls. A manager explained if this happened they were able to make arrangements for other care workers to complete calls to ensure people's needs were met.

There was a clear management structure in place. The management team consisted of the provider, a junior care manager and an office manager. They were supported by a care co-ordinator. The managers told us they felt supported by each other to carry out their roles. One said, "We take the lead on different areas. It works really well and we share responsibilities."

Staff felt valued by the provider and told us they were supported by their managers. They explained this was because their managers listened to them and welcomed their ideas to improve the service to benefit people. Comments included, "All of the managers are helpful, and they really do try their best." And, "I think the managers do a great job."

The provider told us they were committed to recognising and rewarding the staff for their hard work and commitment. A 'Care worker of the month' scheme was in operation and individual staff members were nominated by people who used the service when they had providing care and support above their duties. We spoke with the care worker who had received the award for March 2017. They explained receiving the

award had made them feel honoured and they felt proud that their efforts had been recognised.

A care worker from Bright Dawn Homecare had also reached the final of the Great British Care Awards in November 2016. (The purpose of the awards are to pay tribute to those individuals who have demonstrated outstanding excellence within their field of work.) The care worker had been nominated by the provider because they had showed compassion and empathy when providing care.

Care workers told us they had regular one to one meetings with their manager to make sure they understood their role and assess they had the skills and knowledge to fulfil their role. They also told us that 'spot checks' (unannounced checks) of their practice took place. One care worker told us, "Checking us assures the managers we are doing a good job." They explained this made them feel confident they were providing good care.

Care workers told us their knowledge and learning was monitored through a system of appraisals, supervisions and 'unannounced spot checks' (Sport checks are observations of a workers practices.) They told us they had a one-one supervision meeting with a manager every couple of months. During the meetings they had the opportunity to discuss their learning and development .

Staff meetings took place and care workers were encouraged to contribute items for discussion. We looked at a selection of meeting minutes and we saw new staff had been welcomed to the service and staff had been reminded of the importance of following the policies and procedures in place.

The service had recently been highly rated on a care comparison website with an average rating of 9.4 out of a maximum of 10. This comprised of 14 reviews made up from people who used the service and their relatives between November 2015 and November 2016. The provider told us how they encouraged people and their relatives to use the website to rate their experiences, whether this was positive or negative.

The provider was committed to the continual improvement of the service and the care people received. We saw they had signed up the Social Care Commitment. (The commitment aims to increase public confidence in the care sector and raise workforce quality in adult social care.) They told us, "We are constantly looking to drive forward improvements and this is just one way how we demonstrate this." We asked them what they were most proud of at the service. They said, "Many things, the culture, the staff, the care provided." They told us of their future plans for the service which included becoming a specialist provider for people who lived with dementia.

Eighty nine percent of people told us Bright Dawn Home Care had sought their views on the service they receive. The provider promoted an open culture by encouraging feedback from people and their relatives. Annual quality questionnaires were sent to fifty eight people and their families in February 2017. At the time of our visit twenty one responses had been received. The junior office manager told us, "Each time we receive a response I read it and address any areas for improvement immediately." The explained the feedback gathered would be analysed in the week following our visit and an action plan would be implemented if improvements were required.

The provider understood their responsibilities and the requirements of their registration. For example, they knew about statutory notifications they were required to send us, so we were aware of changes and significant events at the service. They had completed the provider information return (PIR), and their rating was displayed on their website as required by our regulations.