

J.W.S Services Limited

# Bluebird Care (Bradford North)

## Inspection Report

Suites 18-19,  
Shipley Business Centre,  
Kirkgate House,  
30 Kirkgate,  
Shipley  
BD18 3QN  
Tel: 01274 588246  
Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

Date of inspection visit: 13/05/2014  
Date of publication: 23/07/2014

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	7

### Detailed findings from this inspection

Background to this inspection	8
Findings by main service	9

# Summary of findings

## Overall summary

Bluebird Care (Bradford North) is a home care service which provides personal care in people's own homes. This includes help with washing and dressing, mobilising around their homes and supporting people to access the local community. At the time of the inspection, the service provided care to 102 adults. The service had a registered manager in post.

The overall feedback about the quality of the service was positive from people who used the service and their relatives. For example, people told us that staff delivered effective care, were friendly and treated them well. People said they felt safe when staff were in their home.

There were two areas where people felt improvements were required. Firstly, they said that they would like more continuity of care staff, so that they could build up good relationships with familiar carers who understood their needs. Secondly, although people told us staff were usually on time, and never missed calls, they told us that when they were late, they were not contacted by the service. We saw the provider had identified these problems and was working through an action plan to address them.

Staff understood how to keep people safe and how to identify and act on allegations of abuse. Staff understood how the Mental Capacity Act (MCA) was applied to ensure decisions made for people without capacity were made in their best interest.

People's needs were assessed when they started using the service and this was used to produce clear support

plans to allow staff to deliver effective care. People's likes and preferences had been recorded and there was evidence people were involved in their care planning and review.

Staff had received a range of training to allow them to do their role effectively. This included induction training based on national standards as well as regular training updates in areas such as manual handling and safeguarding.

People said staff were kind and considerate. People said that all the care staff were of a satisfactory standard but some were better than others. People said that it was difficult to develop strong relationships with staff due to the lack of continuity of carers.

People and their relatives were involved in the planning and review of care through regular care plan reviews.

Management had identified the key challenges which faced the organisation. We found these had been identified through quality assurance systems such as spot checks and surveys. An action plan was in place to address these challenges which were consistent with what we found during the inspection.

There were currently only limited systems in place to monitor the timeliness of care calls. There was no analysis of late calls to look for themes and trends, and late calls were not identified if staff failed to ring the office.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People and their relatives told us they felt safe when staff visited their homes. They told us that care staff were good at protecting them from risk and harm. People told us staff respected their right to make decisions and allowed them to do tasks for themselves such as preparing part of their meal.

Staff had a good understanding of how to identify and act on allegations of abuse to keep people safe. They had received training to give them the skills to do this. Staff understood how the Mental Capacity Act (MCA) was applied to ensure decisions made for people without capacity were made in their best interest.

The service had conducted risk assessments where risk of harm to people was identified, for example moving and handling and environmental assessments. These showed the service had considered risks to people and provided staff with information to follow in order to keep people safe.

Procedures were in place to raise the alarm if people did not answer the door and staff had a good understanding of how to follow these procedures to keep people safe.

Accidents and incidents were logged, and we spoke with the manager about recent incidents. They were able to clearly describe the action taken following these incidents to keep people safe.

We found there were enough staff to ensure people received their agreed package of care. People we spoke with said staff arrive on time; they always carried out the agreed tasks which indicated that the service had enough staff. Safe recruitment procedures were in place which included checks on their past work history and criminal record checks.

### **Are services effective?**

People and their relatives all told us overall they were happy with the care received. For example, one relative told us, "They are 1st class; they have the right skills and know what they are doing."

People said the timeliness of staff was usually satisfactory but sometimes staff were late. We looked at daily records and saw staff were mostly on time but saw sometimes staff did not arrive within the target 30 minute window, set by the service. The management was in the process of making changes to the rota system to ensure improvements were made in this area

# Summary of findings

People said they said they would like continuity with the care staff that came into their homes. They said it was difficult to develop positive relationships with staff because staff kept changing. People said new staff they were less familiar with did not always know what they were doing. We saw the service had identified that improving continuity of care workers was a key priority and were restructuring the teams as well as recruiting more staff in order to achieve improvements in this area. Some people reported to us that staff did not have the specialist skills to care for them. We found specialist training such as dementia and end of life care was being rolled out but most staff had not yet received it.

People's needs were assessed when they started using the service and this was used to produce clear support plans to allow staff to deliver effective care.

People said the service worked well with other health professionals and we saw evidence that information was exchanged between the service and these professionals to ensure effective care.

At the previous inspection in September 2013, we found the provider was in breach of Regulation 23 (Supporting Workers) as staff were not always receiving induction training before they delivered care. We found improvements had been made, and staff now received accredited induction training based on the Skills for Care Standards before they delivered care. We saw staff were up-to-date with training in a range of areas indicating they had been given the skills to undertake the role effectively.

## Are services caring?

All the people we spoke with who used the service said that staff were kind and treated them with dignity and respect. They said staff allowed them to maintain a degree of independence in their interactions with them. People all said they thought the organisation was caring. People told us they had their views listened to by staff and the organisation. For example, one person told us, "I talk a lot, but staff listen to me and respect my views." We observed staff clearly explaining options to people during home visits such as what they wanted to eat for lunch.

Staff we spoke with had a good understanding of how to ensure people were respected and their dignity was maintained. This included asking people for consent before carrying out care tasks and ensuring people were covered and curtains drawn during personal care. Staff had received training in dignity and respect and staff's performance in these areas was assessed during random spot checks.

# Summary of findings

## Are services responsive to people's needs?

People told us that the service was good at responding to their needs and requests. For example, one person told us the service changed their call time following their request and another person said the service had responded well following a complaint.

People said that calls were never missed. They said when staff were late; they did not always receive a call from the service. People and their relatives told us these late calls had not resulted in any poor or unsafe care but had been an inconvenience to them as they had not known what was happening

People and their families were involved in care plan reviews and we saw evidence their advice had been recorded and changes made to the care package. This indicated people's views with listened and acted on. The service had a plan in place to complete the remaining 15% of overdue care reviews.

Care plans contained communication assessments which considered people's capacity to make decisions and any extra support they needed to make decisions.

A complaints policy was in place and people told us they knew how to complain about the service. We had a mixed response regarding the provider's effectiveness in dealing with complaints. Some people told us the service had been very good following complaints and made appropriate changes, however, other people told us that complaints were not always dealt with or they weren't provided with feedback about what had been done.

## Are services well-led?

People who used the service told us that they had met either the Registered manager or supervisor or spoken to them on the phone. Most people said that the manager was approachable and had listened to them although some people said they weren't always provided with feedback following complaints. Staff we spoke with spoke positively about the manager of the service. They said they felt they were fair and pro-active in addressing and concerns or resolving any issues.

Management spoke openly with us regarding the challenges which faced the organisation and the areas where improvements were required. Management had identified that continuity of carers and ensuring people were informed of late calls were key priorities for the service and an action plan had been produced to ensure these improvements were made.

We found limited systems were in place to monitor the timeliness of calls on an ongoing basis. This relied on staff ringing the office to tell them they would be late to a call, but if staff failed to ring, this was

# Summary of findings

not identified. Feedback from people was that the office did not always tell them if carers were running late, this indicated that the current system of identifying and communicating information on late calls required improvement.

Incidents affecting customers such as missed calls or injuries were documented in their care files and there was evidence of action taken to prevent a re-occurrence. There was no central collation or analysis of these incidents which meant that the organisation may have missed opportunities to understand the frequency of these incidents and monitor for themes and trends.

Spot checks and audits of the quality of care delivered were undertaken and there was evidence that where issues had been identified the manager was able to demonstrate how they ensured action was taken.

Staffing levels were continuously evaluated and the service had a target staffing number which it was setting out to achieve. We saw computerised rota systems were used to plan staff resources and identify if enough staff resources were allocated to a particular day or week to ensure safe staffing levels were maintained.

# Summary of findings

## What people who use the service and those that matter to them say

As part of the inspection, we spoke with 19 people who used the service, four relatives, and six members of staff. We spoke with some of these people over the telephone and others face to face during visits to people's homes. We sent questionnaires to 52 people who used the service asking them questions about the quality of the care they received. We received 26 responses.

Everyone who responded to the questionnaire told us that they felt safe from abuse from staff. People we spoke with in person and over the telephone confirmed this. For example, one person told us "I feel safe and relaxed when the girls are in my home." One person told us they felt uneasy when less familiar staff came into their homes.

People and their relatives all told us overall they were happy with the care received. For example, one relative told us, "They are 1st class; they have the right skills and know what they are doing." Another person told us, "I am happy with the service, they give me good choices." A third person told us, "They gave me a choice of male or female carers." Of the questionnaires we sent to people prior to the inspection, 88% of respondents said they would recommend the service to another person.

People told us that on the whole the timeliness of staff was satisfactory. The questionnaire responses indicated that 77% of people said that staff arrived on time and stayed for the correct amount of time, with 15% of people saying that they did not, indicating that most but not all of people were happy with the timeliness of the carers.

People told us they would prefer more continuity of carers. One person told us, "The main concern is continuity with the same person where possible. I realise this is not always possible but it is always a concern for older people. Another person said, "It would be better if I had regular carers as they know what needs doing and new staff don't. If new staff are sent they should come with regular carers so they know what is required before they are sent on their own." People said that new staff they were less familiar with did not always know what they were doing.

People and their relatives told us that staff were very good at identifying any health needs and liaising with health professionals such as district nurses to ensure that any health problems were quickly investigated.

People we spoke with told us that staff treated them kindly, with dignity and respect. For example, one person said, "The carers are extremely friendly" and a relative said, "The staff are very kind to my mother." 92% of questionnaire responses indicated staff treated people with dignity. People said it was difficult to develop positive relationships with staff because of the lack of continuity of care. Only 73% of people said they were always introduced to their carers before they delivered care.

People told us that the service was good at responding to their needs and requests. For example, one person told us, "My morning call was a bit late for me, so I rang them up and got it changed". Another person told us they had complained, and the manager had set up a meeting and the service had improved as a result of that meeting.

Most people who used the service told us that they had met either the manager or supervisor or spoken to them on the phone. 92% of people who responded to the questionnaire said they knew who to contact within the organisation should they need to. One person told us, "Great company, the manager is excellent and the supervisor is as well." People said overall the service was well run and they would recommend to a friend. Most people told us the care agency had asked them what they thought about the service, for example, the questionnaire results showed 77% had been asked, and 12% said they had not.

We also sent questionnaires to three healthcare professionals who care for people who used the service. 100% of these people told us they would recommend the service to a family member. One health professional told us, "The interactions I have had with Bluebird senior carers and managers whilst at reviews have been good and they do appear to listen should any problems with the delivery of care services arise."

# Bluebird Care (Bradford North)

## Detailed findings

### Background to this inspection

Bluebird Care (Bradford North) is a domiciliary care agency providing personal care to adults in their own home. At the time of the inspection, the service was providing care to 102 people.

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

We visited the offices of the service on 20 April 2014, where we spoke with the manager and reviewed documents and records that related to peoples care and support and the management of the service. On the 21 April 2014 we visited five people who used the service and discussed their experiences of Bluebird Care (Bradford North). We also sent questionnaires to people who used the service and telephoned a random selection of people to seek their views and opinions on the service. We spoke with staff in person and over the telephone.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience gathered information from people who used the service by speaking with them on the telephone.

Before our inspection, we reviewed all the information we held about the service and contacted the Local Authority Commissioning and Safeguarding teams to ask them for their views on the service and if they had any concerns.

As part of the inspection, we spoke with 19 people who used the service, four relatives, and six members of staff. We received questionnaire responses from 26 people who used the service and three health professionals who had experience of working with the provider.

At the last inspection in September 2013 we found the service was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Supporting Workers. During this inspection, we checked whether the required improvements had been made.



# Are services safe?

## Our findings

People and their relatives told us they felt safe when staff visited their homes. For example, one person said, “I feel safe and relaxed when the girls are in my home.” Prior to the inspection we sent questionnaires to people who used the service asking them about their experiences of Bluebird Care (Bradford North). We received 26 responses. 100% of respondents said they felt safe from abuse when staff were in their homes. One person we spoke with on the telephone told us they felt uneasy with care workers coming into their home that they did not know and had never met before.

People said the carers protected them from risks and harm. For example, one person said, “The carers protect me from risk and harm by making sure things are to hand that are required between visits, for example medication.”

Staff were able to describe to us how they would act to protect people from abuse. They told us they would contact their manager with any concerns and were confident action would be taken by the manager to ensure people were kept safe. Staff were aware that safeguarding alerts and concerns should be reported to the local authority safeguarding team to ensure they were investigated. Staff told us they had been on safeguarding training. Safeguarding training aims to give staff the skills and knowledge to quickly act on allegations of abuse and keep people safe. We looked at the training matrix, which confirmed that staff had received this training.

Prior to the inspection, we spoke with the Local Authority Safeguarding Team who did not have any concerns about the provider. Safeguarding procedures were in place which had been followed. The most recent safeguarding referral took place in April 2013. We looked at the documentation which related to this. This showed the service had acted quickly to protect people from abuse and conducted a detailed investigation to establish the facts and ensure people were kept safe.

People told us their freedom was not overly restricted and that staff were pleasant. For example, people told us staff allowed them to do tasks for themselves during the visits such as taking medication and preparing their own food.

Staff demonstrated to us they understood how to ensure decisions made for people with limited mental capacity were made in their best interests. For example, one

member of staff told us when they cared for someone that they did not know as well, and the person could not make a decision for themselves; they would use various methods to ensure decisions made were in their best interests. This included consulting care plan documentation, speaking with other staff or contacting relatives.

We saw evidence Mental Capacity Act (MCA) training was incorporated into the providers training programme which meant staff had learnt about how to ensure the correct processes were followed to ensure decisions made for people were in their best interests.

Care plan documentation contained risk assessments which considered the key risks to people who used the service. For example, environmental, moving and handling and medication risk assessments were in place. These included advice for staff to follow to ensure people were kept safe. Any key risks to people were also recorded on the computerised rota system to ensure staff delivering care were aware of any vital information needed to keep people safe prior to visiting their home. A “no reply” policy was in place which detailed the procedure to follow should people not answer their door to a call, to ensure action was taken in case they had fallen ill. We found staff had a good understanding of how to react in this situation to ensure action was taken to keep people safe. This included various methods of trying to establish contact with the person and, contacting the emergency services if necessary.

Accidents involving staff were reported on a dedicated form, and any untoward incidents involving people who used the service were reported within their files. This ensured that a log was made of any untoward incidents. The manager was able to clearly describe actions taken as a result of untoward incidents, which demonstrated action had been taken to keep people safe.

We found the manager had a good understanding of the number of staff required to deliver a safe and effective service. For example, the manager told us they had 31 staff currently available which they said was enough to meet people’s needs but was looking to increase this to 40, to reduce the pressure on staff and ensure more continuity of care. We saw evidence recruitment was in progress, with four new staff ready to start and adverts out for the other vacancies. We looked at the computerised staff rota system which produced each staff members daily schedule based on people’s agreed package of care, factoring in travel time. We found there were enough staff to ensure people

## Are services safe?

received their agreed package of care. People we spoke with told us calls were attended on time, staff stayed for the correct amount of time and staff always carried out the agreed tasks. This indicated that the service had enough staff. They did tell us that the service could do with more staff to ensure continuity of care. Staff told us they thought there was enough staff, but echoed the comments of the manager that a few more would help to reduce the pressure on them.

Safe recruitment procedures were in place which included ensuring staff completed an application form, attended an

interview, had a DBS (Disclosure and Barring Service) check, provided proof of identity and provided three references. This ensured that staff's backgrounds and personal attributes were checked to ensure they were suitable for the role.

Disciplinary procedures were in place which ensured action was taken if staff were alleged to have acted inappropriately. We looked at a couple of examples of how the procedures had been followed to ensure swift action was taken and people were protected from harm where staff were alleged to have acted inappropriately.

# Are services effective?

(for example, treatment is effective)

## Our findings

People and their relatives all told us; overall, they were happy with the care received. For example, one relative told us, “They are 1st class; they have the right skills and know what they are doing.” A person who used the service told us, “I am happy with the service, they give me good choices.” Of the questionnaires we sent to people prior to the inspection, 88% of respondents said they would recommend the service to another person. Everyone we spoke with also said this. People told us staff allowed them to maintain independence in areas that they wanted to, such as mobility, and in choosing what they wanted to eat and drink. People said they had choices for example one person said, “They gave me a choice of male or female carers.”

People told us that on the whole the timeliness of staff was satisfactory. The questionnaire responses indicated that 77% of people said that staff arrived on time and stayed for the correct amount of time, with 15% of people saying that they did not, indicating that most but not all of people were happy with the timeliness of the carers. On looking through people’s daily files, we found staff were on the whole arriving at a similar time each day allowing them to deliver consistent care. However, in one person’s records who was supposed to have a morning call between 9am and 10am we found their morning call time was sometimes as late as 11.05am. We saw evidence in information submitted to us prior to the inspection that the provider was in the process of introducing a new rota and staff structure and the manager told us that this would ensure further improvements in this area were achieved.

Staff told us they normally managed to arrive on time to visit people, but sometimes due to running over on other calls, particularly 15 minute calls, which added a time pressure and meant that they sometimes were late for the next call.

People said they were on the whole satisfied with the care they received but would like improved continuity of carers coming into their homes. People said it was difficult to develop positive relationships with staff because of the lack of continuity of care. For example, one person told us, and “The main concern is continuity with the same person where possible. I realise this is not always possible but it is always a concern for older people.” Another person said, “It would be better if I had regular carers as they know what

needs doing and new staff don’t. If new staff are sent they should come with regular carers so they know what is required before they are sent on their own.” People said that new staff were less familiar with their needs and sometimes had to be told what tasks to carry out

The manager told us they or their supervisor met with people or their relatives to conduct initial assessments before people started using the service. This ensured the service could meet people’s individual needs. We saw evidence initial assessments were completed and these were used to produce support plans which assessed people’s needs in a number of areas such as nutrition, hydration and moving and handling. Plans were detailed, and considered people’s preferences and choices in order for staff to deliver effective care. We saw copies were kept in people’s homes and also in the office so both staff and management were aware of people’s needs.

In looking at daily care records there was evidence people had been involved in decisions relating to their care, for example choosing what meals they wanted. There was evidence that staff had respected people’s rights to refuse care, such as bathing or showering. This indicated staff listened and valued people’s opinions.

Staff we spoke with said they found care plans useful and they contained all the information they needed to deliver effective care. Staff knew people’s individual needs and preferences that we asked them about.

People and their relatives told us that staff were very good and identifying any health needs and liaising with health professionals such as district nurses to ensure that any health problems were quickly investigated. We saw evidence in people’s files that notes had been left for and by the district nurses to ensure information was passed on. Each file contained a log of any contact with health professionals and their advice was recorded to ensure staff delivered effective care.

At the previous inspection in September 2013, we found the provider was in breach of Regulation 23 (Supporting Workers) as staff were not always receiving induction training before they delivered care. This meant there was a risk staff did not have the necessary skills and knowledge to effectively care for people. At this inspection we checked whether the required improvements had been made.

The manager told us that following the previous inspection, all new starters now completed a five day

# Are services effective?

(for example, treatment is effective)

induction prior to starting work. This was based on the Skills for Care Standards and was delivered by an accredited training provider. We saw evidence of this induction package which covered areas such as moving and handling and safeguarding. We looked at the training matrix, which showed all new starters had completed this training prior to working in the community. This was followed by at least two days shadowing an experienced member of staff. We spoke with three new members of staff who confirmed to us that they had received training before they started work. The feedback from staff regarding the quality of training was good and all staff said it had given them the skills they needed to carry out their role.

The training matrix showed staff required refresher training in a number of subjects on an annual basis. This included fire, moving and handling, medication, food safety and first aid. Staff were up-to-date with required training. The manager explained this was all face to face training, which they believed ensured a greater level of understanding of subjects rather than e-learning. The value and usefulness of this training was confirmed by staff.

88% of people who responded to the questionnaire said that staff had the right skills and knowledge to care for

them. However, some people we spoke with raised concerns that not enough training was given to new members of staff. For example, one person said, "Not enough training for my needs and they do not know what they are doing." The manager told us that the improvements in continuity of carers and rolling out of specialist training would help address these concerns. We saw that some staff had received specialist training in some subjects such as dementia care or end of life care, however most staff had not. The manager told us that ensuring this training was rolled out to all staff was a key priority of the service. We saw evidence this had begun, for example we saw that a number of staff were enrolled on a dementia course.

We saw evidence staff were supported through regular supervision either face to face or over the telephone. This was an opportunity to discuss any further support they needed, for example we saw evidence staff wanted to do national qualifications in care. A number of staff told us they had been supported to do further qualifications to increase their skills and knowledge.

# Are services caring?

## Our findings

People we spoke with told us that staff treated them kindly, with dignity and respect. For example, one person said, “The carers are extremely friendly” and a relative said, “The staff are very kind to my mother.” People told us they were allowed to be as independent as possible for example one person told us, “They let me prepare part of my meal myself as I like to do this.” 96% of questionnaires received said that people thought staff were kind and caring. People all told us they thought the organisation was caring. People told us that staff were patient with them and allowed them time to make decisions. We observed staff clearly explaining options to people during home visits such as what they wanted to eat for lunch

People said that all carers were of a satisfactory standard but some were better than others. Some of the comments included “Staff treat me with respect, they are generally good, but some rush a little bit. I would say 85%-90% of carers are really good, and the others are OK.” Another person said, “Some staff are good, some are not so good. One carer went away without telling me that the shower was broken. But I didn’t complain.” People said that staff provided companionship and talked to them as well as delivering care. People said that they preferred the older carers as they were generally both more friendly and talkative.

Staff we spoke with had a good understanding of how to ensure people were respected and their dignity was

maintained. This included asking people for consent before carrying out care tasks and ensuring people were covered and curtains drawn during personal care. We carried out some visits to people’s homes and asked staff some questions about the people they were caring for. We found staff understood people’s personal preferences and were aware of any recent events or risks concerning those people.

Policies and procedures were in place which covered dignity and respect. The manager told us that they had recently sat down with staff and gone through these policies to ensure staff understood their requirements with regards to dignity and respect. Staff confirmed to us that this had taken place. We found staff had also received training which covered these areas. Dignity and respect was covered within spot checks of care carried out by the provider.

We saw dignity and respect issues were covered by staff meetings and supervisions. For example, it had been identified that some staff were not always taking their coats off during visits and management had taken action to ensure staff were all aware of their required behaviours.

People told us that they had their views listened to by staff and the organisation. For example. One person told us, “I talk a lot, but staff listen to me and respect my views.” We found that any comments from people or their relatives were logged within the contact section of care files so that action could be taken.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People told us that the service was good at responding to their needs and requests. For example, one person told us, "My morning call was a bit late for me, so I rang them up and got it changed." Another person told us they had complained, and the manager had set up a meeting and the service had improved as a result of that meeting. A third person's relative told us that the service had identified that their relative needed more support so had quickly liaised with the local authority to ensure it was provided. This indicated to us that the service responded to people's needs and requirements

We sent a survey to three healthcare professionals who all said that the agency acted on their advice. This indicated that the service provided responsive care. For example, one health professional told us, "The interactions I have had with Bluebird senior carers and managers whilst at reviews have been good and they do appear to listen should any problems with the delivery of care services arise."

People told us that calls were never missed. They said when staff were late; they did not always receive a call from the service. For example, one person said, "Knowing what time they are coming would be good" and another said, "On the odd occasion when things have gone wrong, I had to ring headquarters, they didn't ring me." People and their relatives told us these late calls had not resulted in any poor or unsafe care but had been an inconvenience to them as they had not known what was happening. We received a number of comments from questionnaires which also confirmed this. For example, one person said, "When they are late the office said they would contact me and let me know. But this isn't happening I have to make numerous calls to find out when they are coming." One relative told us they thought this aspect of the service had improved recently, saying, "They didn't used to ring me when they were going to be late, but do now, so it has improved."

The manager explained how an information pack was given to people to inform them about the service. This contained details of the various people within the organisation, how they could help and how to contact them. Information was present on how to access advocacy services and how to complain. During home visits, we found this information was present within people's care

plans and was in an easy read format to promote understanding. One person's relative remarked that the pack contained good and helpful information on the service.

Each care plan we looked at contained a recent review which had taken place with the person or a family member. 88% of people we sent questionnaires to said they had been involved in the creation or review of their care package which indicated most people had been involved in care plan review. Some people told us that their care plans were overdue a review. We spoke with the manager who showed us the care plan review schedule, which included a plan to complete the remaining 15% of overdue reviews.

Care plan reviews asked people questions to ensure a full evaluation of the standard and effectiveness of the care package was obtained. The feedback regarding the service in the reviews we looked at was positive. Minor concerns had also been recorded, and the manager was able to clearly describe how these minor concerns had been addressed and the changes to care which had been actioned. This indicated to us the service responded to people's views and opinions.

Each care file contained a communication assessment which detailed any special measures that staff needed to help support people make decisions. The provider had a capacity and consent policy in place which contained clear guidance of how to ensure decisions made for people with limited capacity were made in their best interests. This included a form for documenting best interest decisions. We spoke with the manager about this who said it had been recently developed, but they had not yet needed to use it.

An advocacy policy was in place which detailed how staff can support people to access advocacy services. The manager was able to tell us how they had supported someone to access an advocate from the Alzheimer's society, to ensure that their views and rights were represented where a decision needed to be made.

The manager was in the process of transferring care plan documentation to a new format which they told us was simpler and more personalised. We looked at these files and saw care plans contained information which allowed staff to deliver responsive care. There was evidence that support plans were regularly updated with additional

# Are services responsive to people's needs?

(for example, to feedback?)

information to allow staff to care for people's changing needs, for example following a change in their dependency. Care plans contained clear and detailed information allowing staff to deliver appropriate care.

Care plans contained a section on social needs to ensure people's social needs were met and protect them from isolation. People that we spoke with said staff were friendly and when they had time tried to engage them in conversation.

A complaints policy was in place which set out how people could complain about the service. We looked at the most recent complaints received in 2013 and found they had been responded to within appropriate timescales, setting out anything that the provider had learnt from the incident. People told us they knew how to complain and that they could access the information from within the service user guide. 88% of people who responded to the questionnaire said they knew how to make a complaint about the service.

We had mixed feedback about the way the provider dealt with complaints. Some people told us that complaints were not always dealt with or they weren't provided with

feedback about what had been done. Of the questionnaires we sent out, 73% of people were happy with the way the agency and its staff respond well to any complaints or concerns raised, and 25% disagreed that the agency responded well to complaints

We spoke in detail to a relative who had made a complaint in the last month. They told us that the service had listened to them, invited them in for a meeting and addressed the concerns raised. They spoke positively about the management and the way they had addressed the problem.

We saw staff meetings discussed aspects of individual's care that had changed or following requests from family members. For example, it was mentioned at one meeting that staff were not delivering personal care correctly, so the manager talked staff through what they needed to do. We spoke with this person's relative who confirmed that the care had improved, which showed the service was responsive to feedback in order to make changes to the care package.



# Are services well-led?

## Our findings

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

People who used the service told us that they had met the Registered manager and supervisor or spoken to them on the phone. Most people said that they were approachable and had listened to them although some people said they weren't always provided with feedback following complaints. One person told us, "Great company, the manager is excellent and the supervisor is as well." People said overall the service was well run and they would recommend to a friend. Most people told us the care agency had asked them what they thought about the service, for example the questionnaire results showed 77% had been asked, and 12% said they had not.

Staff spoke positively about the manager of the service. They said they were fair and pro-active in addressing any concerns and resolving issues. 88% of staff, who responded to the questionnaire, said that managers were accessible, approachable and dealt effectively with any concerns they raised.

The service had procedures in place outlining how safeguarding, whistleblowing and complaints were reported and investigated. We saw evidence these systems had been followed, for example, we looked at how a concern raised by a staff member had been fully investigated to ensure people were kept safe. The findings had been documented and provided evidence of a detailed and impartial investigation.

Incidents affecting customers such as missed calls or injuries were documented in their care files and there was evidence we saw of action taken to prevent a re-occurrence. There also was no central collation or analysis of these incidents which meant that the organisation may have missed opportunities to understand the frequency of these incidents and monitor for themes and trends.

We found management and staff spoke openly with us about the key challenges facing the service and the improvements required. We found the manager and staff were consistent in their responses. For example, both told

us that ensuring more continuity of care and increasing the timeliness of carers were key priorities for the service. We saw evidence that the provider had identified these improvements through the customer service questionnaire which was completed at the end of 2013. For example, this showed that 100% were satisfied with the service, but 55% were not told if staff were going to be late and 42% not told if there was a change in care worker. Following this, we saw evidence that the results had been analysed and an action plan put in place. The manager was able to clearly describe how they would achieve improvements in these areas, which included a staff re-structuring to ensure localised teams, and changes to the rota system. This meant the organisation was learning from this feedback to make improvements.

We found there were only limited systems in place to monitor the timeliness of care calls and these systems required improvement. The manager told us that they arranged a 30 minute window with people and that if the visit was outside this window they would call people to let them know. This system relied on staff making a call to the office and then the office ringing the person. As feedback from people was that the office did not always tell them if carers were running late, this indicated that the current system of identifying and communicating information on late calls required improvement. Information on the number of late calls was not analysed or collated. This meant that the provider was not monitoring the effectiveness of the rota system on a daily basis.

The service undertook regular spot checks and task/observation on staff to ensure they were delivering appropriate care. We looked at the documentation which showed staff were assessed in a range of areas including timeliness, completion of tasks and dignity and respect. Where issues had been identified the manager was able to demonstrate the action they had taken, for example providing extra training and support to staff or through the disciplinary process. This indicated the service was regularly monitoring the quality of care delivered to ensure continuous improvement.

Regular staff meetings were held; we looked at recent minutes and found that issues identified to improve the service, for example we saw that staff behaviour and respect had been discussed so that staff and the service made the improvements required from feedback gained.



## Are services well-led?

Staff we spoke with confirmed that regular staff meetings took place and they found these useful in gaining information about what they were doing well and where improvements were needed.

We saw the service had recently implemented a “leaver’s evaluation form” to look at the themes and trends behind staff leaving the organisation. The manager hoped the analysis of this would help ensure better retention of staff and this would in turn address the continuity of care issues that had been identified.

We saw evidence that the service had continually assessed staffing levels. The computer based rota system was used to manage and plan staffing hours. Information on people’s daily needs, staff availability, estimated travel time between calls, as well as the use of agency staff was used

to calculate target staffing numbers. Based on this information, the service had come to the conclusion that they required 40 staff. The service currently had 31 staff and had a clear plan in place to ensure the remaining vacancies were filled in order to achieve the target staffing levels.

Emergency plans were in place to ensure the service delivered continuity of service, for example, in bad weather or in the event of a flu epidemic. The business continuity plan contained clear actions showing how the service would maintain care services in the event of an emergency. We found staff understood emergency arrangements, for example what to do if someone did not answer their door or what to do in the event of a medical emergency. This indicated adequate emergency procedures were in place.