

Blue Moon Care Ltd

Blue Moon Care Limited

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Blue Moon Care Limited is a bespoke domiciliary care agency in the Taunton area. It was established by a group of people and their carers to provide personal care to people living in their own home with Myalgic Encephalomyelitis/Encephalopathy (ME). ME is a serious disabling chronic neurological illness with a range of neurological symptoms. These include severe fatigue and muscle pain, sensitivity to light/noise and smells and with poor sleep patterns. People experience difficulty concentrating which sometimes affects speech and suffer regular relapses and remissions.

One person was currently receiving personal care from the agency and they provided wellbeing services to two other people. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received an exceptionally caring and compassionate service from a small team of staff, they knew well, who understood how their condition affected their daily lives. The service demonstrated a strong and visible person-centred culture which put people at the heart of everything they did. People praised staff who were excellent at promoting each person's dignity, wellbeing and independence, which improved their quality of life.

The registered manager promoted people's human rights and inclusivity through equality and diversity training. People and staff advocated for improved services for disabled people through their 'ME uncut' project. They raised awareness of the condition through distributing information leaflets distributed to GP practices, schools and to the public and wrote an article for a local health journal. They also challenged and tackled disability discrimination wherever they experienced it, for example, in restaurants and public buildings.

People received an exceptionally personalised service because staff had an excellent understanding of their needs. Staff were committed to enabling people live fulfilling lives and supported them to achieve their goals. For example, they supported a person to obtain a master's degree in education and to work towards gaining employment. The registered manager used their educational expertise to teach a graduate how to amend the person's study material to make it suitable for their use. This included breaking the information down into smaller sentences, and through the use of coloured text and larger fonts to make it more accessible to them.

People's wellbeing was improved through an innovative wellbeing programme to support them with social interaction, mental stimulation and to learn new skills. For example, staff supported people to grow produce and make craftwork items, which they exhibited annually at the Taunton Flower show. Pictures of the 2019 show, an array of prizes and judges' comments were proudly displayed in the agency's office to celebrate their success.

People who used the service had a very close friendship and it was important to them to spend time together. When people were less well and unable to go out much, staff were increasingly using technology to support them to maintain social contact and prevent isolation. For example, using information technology (IT) to share messages of support, photographs, do arts and crafts and play games, watch films and other events virtually together.

The agency was exceptionally well led by the registered manager and their deputy who led by example. People and staff spoke about the high quality of care provided. Staff were motivated, enthusiastic and were proud to work for the agency. The provider promoted a positive culture that was person-centred, values based, open, inclusive and empowering. People, staff and management all worked together with input on priorities and decision making. For example, on training, developing policies and setting new goals.

Managers and staff worked tirelessly to give people with ME a voice through continually developing their 'ME Uncut' project and through contact with a member of a panel of experts developing clinical guidelines about ME for the National Institute for Health and Care Excellence (NICE). There was a strong emphasis on learning and continuous improvement. For example, the registered manager compiled a regular newsletter featuring articles of interest and relevance to people and staff. Following attendance at a training event about the introduction of General Data Protection Regulations (GDPR), they shared that knowledge by working with people and staff to create a local policy.

People received consistent support from well-trained care staff who knew them well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People said they felt safe as they were supported by a small team of staff they knew and trusted. Staff knew about the different types of abuse, ways to protect people and how to report concerns. Complaints and incidents were opportunities to learn and improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was Outstanding (report published 18 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-Led findings below.

Blue Moon Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to a person living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider/registered manager would be available to support the inspection.

What we did before the inspection

The provider was asked to complete a provider information return (PIR) prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection

We spoke with the person who used the service to ask them about their experience of the care provided and looked at their care records. We also spoke with two relatives.

We spoke with the registered manager, deputy manager and with three members of staff, which included two care staff and a maintenance person. We looked at systems for recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from health and social care professionals who worked with staff. Unfortunately, we did not receive any responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People said they felt safe as they were supported by a small team of staff they knew and trusted. One person said, "I look forward to their visits, it's nice to meet different people."
- The provider minimised the risks of abuse to people by making sure only suitable staff were employed. For example, undertaking criminal record checks and seeking references on applicants. New staff undertook a probation period to make sure they were suitable for the role.
- All staff received training on how to recognise and report signs of abuse. The registered manager had developed a 'Creating a safeguarding culture' training session to raise awareness of types of abuse and empower staff to report abuse concerns. Staff were confident the registered manager would take action on any concerns and knew the other agencies they could report their concerns to directly.
- People worked with the registered manager on the staff rota. For example, staff worked for four to six hours at each visit. This meant they could work flexibly to support the person, depending on their priorities and how well they were. Staff worked flexibly to meet the person's needs and adapted their support daily. For example, in relation to the time the person wished to get up, have a bath and eat their meals.
- There were contingency plans in place to cover any staff sickness or leave, which ensured reliability of the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Individual risk assessments showed all risks were identified and minimised. For example, to enable the person to move freely around their home, when using the stairlift and to safely access their garden and the local area.
- Staff received training in health and safety. Environmental risk assessments highlighted and minimised any potential hazards for people. For example, by using natural based cleaning products for a person with sensitivity to cleaning chemicals.
- Staff supported people to arrange for regular checks and servicing of their mobility equipment and in fire safety in people's homes.
- Any accidents and incidents were recorded and reviewed by the registered manager to enable them to learn from events and share that learning with staff. For example, accident related to food preparation.

Using medicines safely

- Currently, the person did not need any support with their medicines. However, there were policies and systems in place to support the safe administration of medicines, if needed. This included staff training on medicines management and system to record details and administration of any prescribed medicines. If needed, assessments would be undertaken to check staff had the required knowledge and skills.

Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in infection control. They understood the importance of cleanliness and hand washing to prevent cross infection for people who were more prone to infections due to their ME.
- All staff used personal protective equipment such as disposable gloves and wore aprons when providing personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "Each day is different, staff are flexible and adapt quickly to my needs."
- Staff received regular training which included online and face to face training. For example, fire safety, infection control, food safety, first aid as well as equality and diversity training. They had opportunities to gain qualifications in care.
- All new staff completed an induction period and worked alongside the registered manager and other experienced staff to get to know people's needs. If staff were new to care, they had to complete the care certificate, a nationally agreed set of standards.
- People participated in training sessions, so they could share their experiences and knowledge with staff about living with M.E. This inclusive training meant people were supported by staff who really understood how the illness affected them and how best to support them.
- Staff felt well supported in their work and had opportunities to receive feedback through regular supervision and appraisals. They praised the training and development opportunities at the agency. One staff said, "Support for learning and training is comprehensive." Where staff had any difficulties with learning or language, the registered manager could adapt their teaching, learning methods or materials to meet individual staff needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Each person's complex needs were assessed with them to ensure their needs could be met by skilled competent staff. Care plans were comprehensive, took account of expert guidance in managing ME and provided staff with detailed information about the best ways to support each person.
- Each person's care and support needs were regularly reviewed and updated with them as their condition, needs and goals changed. When we visited, the registered manager was supporting a person preparing for their social care review. They helped them ensure their self - assessment captured the complexity of their day to day needs associated with their condition, so care funding decisions could be made.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to maintain their health and provided additional support when they were unwell. A staff member said, "The registered manager is fabulous at looking at all aspects of [name of person] care and quality of life."
- Staff were trained to help people maximise the energy they had available to them each day using a self - help technique, known as 'Pacing.' Pacing recognises that physical, emotional and cognitive energy is

needed to undertake the activities of daily living. It is used to help people to conserve their available energy to maximise their quality of life. Staff helped people with personal care, housekeeping and administrative tasks, so they could use any available energy to improve their wellbeing and quality of life.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported one person to eat a bespoke diet to incorporate research findings about foods thought to reduce their symptoms and any high-risk foods to avoid. The diet was developed over time with the person using only organic produce. It took account of their likes and dislikes, food intolerances, allergies and chemical sensitivities.
- Staff supported this person with menu planning, shopping, and made sure they had regular meals, snacks and drinks available. Lightweight crockery and cutlery were used because of their muscle weakness, which required minimum effort.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Staff sought the person's consent before delivering any care or treatment. For example, about timing of personal care.
- Staff understood the principles of consent. For example, about a person's right to make choices, and weigh up the risks and benefits in planning their care including decisions others may consider unwise.
- Although none of the people the agency supported lacked capacity, staff had undertaken training on MCA and DoLs and on dementia awareness.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The service demonstrated a strong and visible person-centred culture. Staff were committed to providing a service which put people at the heart of everything they did. One person said, "I enjoy interactions with all my care staff and look forward to their visits." Staff said; "Care is very personalised, we are able to see and adapt our care to any change in their wellbeing," "Everyone is caring and compassionate, [name of person] needs are first and foremost."
- People received an exceptionally caring and compassionate service from a small team of staff, they knew well, who understood how their condition affected their daily lives. For example, one person experienced disrupted sleep patterns, so staff used 'Hello and goodbye cards' to alert them when they were present in their home or had left whilst they slept.
- The registered manager promoted people's human rights and inclusivity through equality and diversity training on the Equality Act 2010 and its protected characteristics. The registered manager said, "Only by providing good quality training in discrimination (including lots of discussion) can one 'change hearts and minds.' They provided training through articles, watching films and leading discussions and reflections on race, disability discrimination and Lesbian, Gay, Bisexual, Transgender (LGBT) issues.
- People participated in the training and development of staff which valued their knowledge, skills and experience of living with ME to help staff understand how best to support them. Staff feedback included; "A fun afternoon" and "A very appropriate session as prejudice is still a major issue."
- Staff supported people to promote understanding of people with ME and other disabilities. They collaborated to develop an 'ME Uncut project', to raise awareness and promote knowledge and understanding of the condition. Since the last inspection, they developed leaflets they distributed and wrote an article for a local health journal which was distributed to GP practices and social service departments. They also compiled an educational pack which was sent to all the schools in Somerset.
- Staff explored places people wanted to visit in advance before taking them there to ensure they could meet their needs re food choices and were wheelchair accessible. They empowered people to tackle any prejudice and discrimination they encountered due to their disability. For example, by raising a complaint with a restaurant when the person visiting had to wait outside in the cold for 10 minutes to access a disabled access toilet because staff forgot to unlock a side door.

Respecting and promoting people's privacy, dignity and independence;

- Staff promoted each person's privacy, dignity and independence and improved their quality of life in innovative ways. For example, people were often housebound and spent long periods with the curtains closed due to extreme light sensitivity. Staff helped people decorate A 'Year Tree' to mark the changing seasons and celebrate special events such as Easter and Christmas. One person showed us how staff

decorate their home for them for Halloween.

- Staff protected people's privacy and supported them sensitively with their personal care needs. Care plans included details about aspects of care they could undertake independently, and those they needed care staff support with.

Supporting people to express their views and be involved in making decisions about their care

- People were partners in developing their care plans to achieve their personal goals by making sure they had the support they needed. For example, a designated member of staff helped a person with their studies. People the agency supported participated in recruiting new staff to make sure they got on well together and had some shared interests. A person chose a particular staff member they had confidence in to accompany them to go out and attend events.
- Although staff and family members advocated for people, they were also aware of independent advocacy services they could use if they chose to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received an exceptionally personalised service because staff had an excellent understanding of their needs. One person said, "It's nice to see different people. Staff adapt quickly to all my needs and are very understanding of my personal circumstances," Another wrote, 'Thank you for making living a bit easier. I appreciate the help and support provided and the chance to be involved.' A staff member said, [The registered manager] "Is fabulous at looking at all aspects of [person's] care and quality of life."
- People's care plans were developed with them to meet their holistic needs. For example, to help them have a thalassotherapy salt bath or infra-red treatment to ease their symptoms. Also, by preparing meals at times to suit the person, doing household tasks and helping them care for their pets. This meant each person's limited energy could be maximised, so they could pursue their studies, enjoy hobbies and spend time in the garden.
- Staff paid attention to detail. For example, they always rang before they visited a person check the visit time and day still suited them and so they did not have to rush to get into their wheelchair to open the front door. When messaging another person, as part of their social contact, staff checked they had the energy to engage with them.
- The service was committed to enabling people to live as full a life as possible and they went out of their way to find solutions to obstacles they faced. For example, a person expressed feelings of fear in crowded areas when they accessed the community in their mobility scooter. This was because members of the public came too close and jostled them. To overcome this, the registered manager provided a flag for their scooter to alert people they were approaching. This worked so successfully, others were now handcrafting their own flags to use on their mobility scooters.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them;

- People received excellent support to achieve their personal goals. Since our last inspection, a person proudly told us, with the help of staff, they had recently completed a Master's in Education through the Open University, an amazing achievement for them. The person was looking forward to attending the graduation ceremony in two weeks' time to accept their award. Staff were involved in meticulous planning to make sure the event went ahead. For example, the registered manager obtained detailed photographs of the venue to help person plan how they could independently access the podium in their wheelchair. Another staff member helped the person choose and buy their outfit and was driving them and their relative to the ceremony.
- People's wellbeing was improved through an innovative wellbeing programme to support people to

socialise, have mental stimulation and learn new skills. For example, staff found an Italian conversation group for one person and a board games club two people could attend together. One person who was an excellent seamstress taught another to sew which gave both people a sense of satisfaction.

- Each year people and staff attended the Taunton Flower show which was a highlight of their year which they spent months preparing for. They participated in various competitions submitting their garden produce, home baking and crafts as well as using their exhibits to provide education materials to promote a better understanding of Myalgic Encephalomyelitis (ME). Pictures from the 2019 show demonstrated people won an array of prizes, positive judges' comments were proudly displayed in the agency's office.
- People were very positive about how wellbeing initiatives had a positive impact on their lives and made them feel energised, valued and included. One person told us about how much they enjoyed a vocal improvisation group they attended, since we last visited, and about various musicals staff had taken them to see. Also, how the registered manager had sourced a lighter viola, so they could overcome muscle weakness to continue to play their instrument.
- People who used the service had a very close friendship and it was important to them to spend time together. Since the last inspection, when people were less well and unable to go out much, staff were increasingly using information technology (IT) to support people to maintain social contact and prevent isolation. For example, to share messages of support, photographs, do arts and crafts and play games virtually together. In October the registered manager arranged a live streaming of the annual Bridgwater carnival, which people experience this event together from their respective homes.
- When a person went on holiday to Italy but was too unwell to visit Pompeii, one of their holiday highlights, they were very disappointed. To compensate, the registered manager found a virtual tour they e- mailed to them. This meant the person was able to experience the tour from their hotel room while they recovered.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- To assist a person to undertake their master's degree through the Open University, the registered manager used their educational expertise to teach a graduate how to amend the person's study material to make it suitable for their use. For example, by breaking the information down into smaller sentences, and through the use of coloured text and larger fonts to make it more accessible to them. This adaptation meant the person successfully completed their degree and is now moving on to undertake a teaching qualification. This would enable the person to have a career, should their condition improve enough to allow them to work.
- People's individual communication needs and preferences were highlighted in care plans. For example, information about how ME affected a person's vision and that a person preferred email to telephone contact.
- Information provided to people about the service took account of the impact of their Myalgic Encephalomyelitis (ME) on their cognition and sensory experiences. For example, the registered manager created a regular newsletter in a format that was easy to follow, with bite size pieces of relevant information, using symbols, larger and coloured fonts as well as photographs that captured people's interest.

Improving care quality in response to complaints or concerns

- People were happy with the quality of the service and felt comfortable to raise any concerns with the registered manager or their deputy. The registered manager and their deputy sought people's views and respond to any minor concerns. For example, with additional staff training.
- People were given written information about how to raise a complaint, although no complaints had been

received since the last inspection.

End of life care and support

- Currently the service was not supporting anyone with end of life care. Where people had expressed any advanced decisions about resuscitation, these were recorded in their care plan.
- We discussed end of life care plans with the registered manager, who planned to capture more detailed information about people's end of life care wishes during the forthcoming year.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff spoke about the exceptional quality of care provided. One person said, "I feel the service is being delivered to the highest extent possible, given my circumstances. The best thing is flexibility, as each day is different." Staff said, "Care, kindness, compassion and respect are key and I feel we provide that," "Management tries really hard to deliver high quality person-centred care, nothing is too much trouble Nothing is too much trouble," and "People have a good quality of life within the limits of their condition."
- The provider promoted a positive culture that was person-centred, values based, open, inclusive and empowering. The ethos of the company was to strive be the 'best of the best' and provide high quality care tailored to people's individual needs. People, staff and management all worked together with input on priorities and decision making. For example, on training, developing policies and setting new goals. The registered manager said, "There is no them and us, that is integral to the way it works."
- Staff were highly motivated, enthusiastic and were proud to work for the agency. They provided person centred care focused on people's health and well-being. Staff worked well as a team and felt valued and well supported. Staff comments included; "I have never felt so valued in a workplace," Support for learning and training is comprehensive." "Everyone is kept up to date with service users' needs."

Continuous learning and improving care; Working in partnership with others

- Managers and staff worked tirelessly to give people with Myalgic Encephalomyelitis (ME) a voice by working with them to educate local health and social care professionals and the public through their 'ME Uncut project. This meant local professionals received up to date relevant information about ME and how it affected people in their day to day lives. This year, people and staff were working on compiling information for local opticians and dentists on the impact of ME on eye and dental health.
- The registered manager kept in contact with an expert medical practitioner who was a member of a panel of experts developing clinical guidelines on best practice in ME for the National Institute for Health and Care Excellence (NICE). This meant people received the most up to date advice on developments in ME and were helping to contribute to the development of the guidelines from their personal experience.
- The registered manager was a member of the Registered Care Providers Association (RCPA) and attended their annual meeting. They also attended local training events, for example, one on equality and diversity and shared their learning with people and staff.
- The service worked with a number of organisations including providing financial support to support their development. For example, a local board gaming group and working with Citizen UK to improve wheelchair accessibility in Taunton.

- People and staff are kept up to date with a variety of topics through a regular newsletter featuring articles of interest and relevance to them. For example, articles on chemical free cleaning products, wellbeing, nutrition, equality and diversity and sleep. There was also a library of book/articles for people and staff to use.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- People's feedback, views and suggestions were regularly sought through regular reviews and twice-yearly customer satisfaction surveys. For example, people's written comments included; 'When I look back over these six months it is remarkable what I was enabled to do and how much I have progressed my goals,' and 'As a micro care agency that only focuses on severe ME the company is able to give highly specialised care and training to both staff and clients.'
- Recently, people had become interested in the environment and climate change. In preparation for their participation in the Taunton Flower Show 2020, they had decided to focus their efforts on developing an awareness raising campaign on sustainable change. For example, the importance of creating wildlife havens in gardens and researching recycled household products. This had provided people and staff with a shared goal to focus on over the coming months.
- Staff felt able to make suggestions and felt listened to through meetings, at one to one supervision and via the staff survey. Staff survey feedback included; 'Staff and clients are seen as one unit that works together, that is why I went to this company.' When staff experienced personal problems and bereavement the registered manager developed an employee's assistance programme to help promote staff wellbeing. For example, contributing towards bereavement counselling for staff following bereavement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their regulatory responsibilities. The service received regular updates from the Care Quality Commission about regulatory matters, which they shared with people and staff. For example, they recently wrote an article for the newsletter on Duty of Candour and how it might apply to their practice, such as their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Where mistakes were made, they were open and honest with people and made improvements. The agency displayed their CQC rating in their office and on their website.
- People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Following the introduction of General Data Protection Regulations (GDPR) people and staff worked with the registered manager to create a local policy. This meant they had confidence in how information about them was kept.
- People were supported by a provider who had excellent systems to monitor quality and plan ongoing improvements. People, management and staff worked met up regularly to discuss and review the quality of care provided. For example, since the last inspection, they had assessed the service against the Care Quality Commission standards. For example, writing a new staff handbook. They also discussed the findings of surveys and audits and decided on any improvements. For example, improving daily records.
- An on-call system meant they staff always had access to a member of the management team for advice and support.
- Where any concerns about individual staff performance were identified, these were dealt with positively through training, supervision and one to one coaching. For example, allowing more time to complete paperwork. Any lessons learnt were shared with the wider team.