

Blue Sky Enabling Limited

Blue Sky Enabling

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 and 30 July 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Blue Sky Enabling receives regulated activity; CQC only inspects the service being received by people provided with 'personal care', and help with tasks related to personal hygiene and eating. For people who receive a regulated activity, we also take into account any wider social care provided.

The last inspection took place on 7 and 31 October, and 16 November 2016. We identified one breach in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records did not consistently demonstrate a robust recruitment procedure.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key question of whether the service was safe, to at least good. At this inspection, improvements had been made.

There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was available throughout the inspection.

The registered manager began their role in December 2017. Since their appointment, they had developed the culture of the agency and various management systems. The registered manager had an open approach and encouraged people and staff to share their views about the service. This was on a day to day basis and more formally through surveys. Feedback was being used to enhance service delivery.

People and their relatives were happy with the service they received. However, feedback from health and social care professionals was variable. The registered manager told us they would consider this and make amendments where needed.

Whilst people had comprehensive support plans in place, staff did not always use objective terminology when writing daily records. The registered manager told us a staff training session would be arranged to develop this area. There were clear plans regarding the management of risk.

There was a strong focus on enablement and promoting independence. People were encouraged to make decisions and aspire to achieving their goals. They received a range of support from various health and

social care professionals and enabled to lead healthy lives. People received support with meal preparation if needed and had enough to eat and drink.

There were enough staff to support people safely. People and their relatives were given the opportunity to be involved in recruiting the staff who would be supporting them. This enabled a sense of ownership and encouraged successful relationships. People were supported by a small team of staff which ensured consistency.

Staff received a detailed induction when they joined the agency. This was "signed off" by the registered manager to ensure all new staff were competent to work with people. Staff received support on a day to day basis and more formally through one to one meetings. They undertook a range of training to be able to support people safely and effectively.

A range of audits and monitoring visits assessed the quality of the service provided. The introduction of a new electronic record management system, was being used to give an overview of service provision.

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.

Risks to people's safety had been identified and properly assessed.

There were enough staff to support people safely.

New staff were recruited safely.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make decisions.

Staff were well supported and received a range of training to equip them to do their job effectively.

People received good support to meet their health care needs.

Is the service caring?

Good ●

The service was caring.

Systems were in place to ensure staff treated people with kindness and compassion.

People and their relatives were complimentary about the staff.

People's rights to privacy, dignity and independence were promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Some records lacked clarity and contained subjective information.

People had a detailed support plan, which was devised using a multi-disciplinary approach.

People received a reliable service based on enablement and promoting independence.

Is the service well-led?

Good 

- The service was well led.
- There was a new registered manager in place.
- Improvements had been made to the culture of the service and its systems.
- There was a clear auditing process to ensure on-going monitoring.

Blue Sky Enabling

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.

The inspection took place on 5 and 30 July 2018, and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure someone would be in.

This inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection visit, we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification.

In order to gain feedback about Blue Sky Enabling, we spoke to two people who used the service, two relatives and four staff on the telephone. We spoke with the registered manager, the chief executive and three staff in the office. We looked at people's care records and documentation in relation to the management of the agency. This included quality auditing processes and staff training and recruitment records. After the inspection, we contacted 14 health and social care professionals for their views of the service. Four health and social care professionals responded.

Is the service safe?

Our findings

At the last comprehensive inspection, in October and November 2016, we identified the service was not meeting Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records did not consistently demonstrate a robust recruitment procedure. At this inspection, improvements to recruitment practice had been made.

The registered manager had developed a checklist which identified each stage of the recruitment process. This was placed at the start of a prospective staff member's personnel file. The registered manager told us they "signed the checklist off" to ensure all required recruitment checks had been undertaken. Records showed these checks included the prospective staff member's past work performance, their character and fitness. There were also checks of the prospective staff member's identity and their right to work in the UK. All staff had completed a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. All new staff were subject to a probationary period. During this time, staff were allocated various pieces of work to complete to ensure their work was of a good standard, before they became a permanent member of staff.

Whilst medicines were managed safely, one medicine administration record was not clear. This was because staff had written changes to a person's medicines, without showing all prescribing instructions. They had also documented information across the page, which was difficult to follow. This increased the risk of error. The registered manager told us they would discuss this with staff and complete a refresher training session to learn from the shortfalls. Records showed how people liked to take their medicines and there was clear guidance for staff about medicines to be taken on an 'as required' basis. This included a range of other strategies to use before administering such medicines. Staff received a range of training before administering people's medicines. One relative told us "[Staff] know precisely when [family member] should have their medicines. They always have them on time. Once they've taken them, staff always write it up in the records."

There were enough staff to support people safely. Each person was supported by a team of staff who knew them well. Staff's annual leave or sickness was generally covered within the team, by office staff or the registered manager. The registered manager told us at times, agency staff were used. They said only agency staff who knew the person they would be supporting, would be used. This ensured consistency. One person confirmed this. They told us, "In my experience, there's always been one of my other regular carers who's been able to fill in for them." A relative told us, "I suppose it helps that we have a number of carers who we see quite regularly and who know my [family member] really well. Over the past couple of months when something like that has happened, it's usually been [the registered manager] who will fill in from the office and we like that because my [family member] gets on with her."

Risks to people's safety had been considered. Action had been taken to minimize such risks whilst balancing independence. There were a range of assessments which identified risks such as spilling hot drinks, social isolation and unexplained sudden death in epilepsy (SUDEP). Each person had a detailed personal

emergency evacuation plan (PEEP). The information was up to date and regularly reviewed. The registered manager told us the risk of unsafe practice was minimised through staff training. They told us if staff did not complete their training, they would not be allocated any work.

Staff were aware of their responsibilities to identify and report a suspicion or allegation of abuse. They said they would immediately inform the registered manager or other managers in the office, if they had a concern. Information was available to them about other agencies such as the local safeguarding team. Records showed staff had completed up to date training in safeguarding.

People told us they felt safe whilst using the service. One person told us about equipment they used and how staff assisted them with this safely. Another person said a member of staff enabled them to go out, which they enjoyed. They told us, "My [relative] always worries about me but they know when I'm out with my carer, I'll be well looked after." Relatives had no concerns about their family member's safety. One relative told us, "I've been reassured that if anything were to happen and we weren't available, then the carer would know exactly what to do and would have their best interests at heart. This means a huge amount to both myself and the rest of the family and to be honest we now sleep a lot easier at night knowing [family member] is well cared for."

Staff had completed infection control training and were aware of their responsibilities to minimise the risk of infection. They said they had disposable protective clothing, such as gloves and aprons, to use if required. There was information about infection control in people's support plans. This had been written in accordance with NHS guidance.

People and their relatives had no concerns about staff practice and the management of infection. One person told us, "Their hygiene is outstanding and I never have to remind them to wash their hands or change their gloves when they need to." A relative told us, "I can't think of any instances where they haven't been following hygiene rules."

Is the service effective?

Our findings

There was a detailed assessment process before a person was offered a service. This included meeting the person and their family to gain information about particular needs, preferences and expectations. In addition, there were discussions with involved health and social care professionals regarding the person's needs and on-going support and involvement. As part of the assessment process, staff were specifically recruited to work with the person. This encouraged the support to be successful, as there was a match of similar personalities and interests. One person told us about the assessment process they had experienced. They said, "[The registered manager] took a great deal of time to listen to what the difficulties were and to find ways of best being able to look after me with the issues that I've got. I know this is the first time I've needed carers, but I'd be surprised if every other agency out there took the time and effort that [the registered manager] has done, to be able to provide the best care they can for me."

People told us staff had the skills and knowledge to support them effectively. One person told us, "For the needs I have, I've got no problems with their training which appears to be very thorough." A relative said, "You can tell they must've had dementia friendly training because of the way the carers interact with my [family member]. Whilst I've had to help them with specifics relating to [family member], the general things about people with their condition, they knew already before they started coming to us."

Records showed staff had received a range of training related to their role. This included topics deemed mandatory by the provider, such as person centred care, communication and first aid. Following the last inspection, all staff had completed training in positive behaviour management. The registered manager told us training was provided in different formats to incorporate the different learning styles of staff. They said they were in the process of developing links with the local college and accessing mental health and learning disability training. A training manager had been appointed to organise and oversee staff training. They said if staff had completed training in a previous role, they would be assessed to make sure they had retained the information. If it had not been retained, the staff member would be expected to repeat the training. All new staff had a detailed induction before they started working with people on their own. The registered manager told us they "signed off" all induction programmes, so they knew all new had a clear understanding of their role.

Staff told us the training they received was "very good". In addition to mandatory training, they said they received training related to people's individual needs. Staff told us they were very well informed before supporting a person. Staff told us they could request any training they felt they needed. Records showed one member of staff had requested more training in relation to dementia and 'End of life' care. This had been arranged. The registered manager told us it was essential for staff to be well trained. There was a monetary incentive for staff to complete their training.

Records showed staff had received regular one to one meetings with their line manager. This enabled discussions about the needs of the people supported, the staff member's performance and any concerns. The registered manager told us they had recently introduced a monthly topic to be discussed during these sessions. This had included responding to complaints and the safe administration of medicines. Staff told us

these sessions went well. They said they felt supported and could approach any of the management team, at any time, if advice or support was needed. In addition to one to one meetings, staff had an annual appraisal. This enabled a review of each staff member's performance and objective setting for the following year.

People were supported to have enough to eat and drink. One person told us, "They make some food for me and always ask me what I'd like and how I like whatever it is, to be made." Another person said, "I'm alright when it comes to getting a drink, although my carer has been good in this hot weather, trying to encourage me to drink more than I usually would do." A relative told us, "They certainly don't force [family member] to eat anything they're not happy with, although they do try and encourage them to have a balanced diet as much as possible." Staff told us people's support with eating and drinking varied according to the person. They said they helped to write menu plans, shop for ingredients and cook meals. One member of staff told us they believed food was an important part of wellbeing so it was essential for all meals to be well presented.

People were supported to remain healthy and have good access to health care. A relative confirmed this and told us of a time when staff were worried about their family member so called the emergency services. They told us, "I was really grateful for the fact that staff were there and able to deal with it in such a professional but caring manner." Another relative told us, "Either the carer or [the registered manager] will contact me straightaway if they have any concerns about my family member's health at all." A health and social care professional told us, "[The agency] are willing to work closely with the [local team] and to think outside the box when looking at supporting people positively."

Records showed staff worked alongside health and social care professionals, when supporting a person. Support plans, risk assessments and protocols regarding areas such as behaviour management were discussed and agreed with those involved. This enabled a multi-agency approach, although one person's documentation, including an epilepsy management plan, was not signed by those involved. The registered manager told us they would address this without delay. Another person was being supported to lose weight with the help of a dietician.

People were supported in line with the requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The 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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

People told us staff encouraged them to make decisions. One person told us, "They certainly never force me to do anything I'm not happy with. They usually ask me if I'm ready to start or if I'm ready to eat and I can always say no and wait till later if that's how I feel." A relative confirmed this and said, "They will always ask [family member] if they feel like it, and to be honest the last few weeks they haven't felt like doing anything at all in this hot weather. Staff have respected that, and they've just tried to encourage them to have a bit of a strip wash in the evening when it's gone a bit cooler."

There was guidance within each person's support plan about decision making. This included giving the person a choice of things, explaining options and allowing them time to consider the information. Staff were also reminded staff of the need to consider the best time to discuss a decision with the person. One person confirmed this as they told us, "[The registered manager] is very good at making sure she asks me the right questions for me to understand what she is looking for." A person's support plan stated, "Sometimes I might

choose something you might not agree with. I am happy for you to point out something I may not have considered, but please don't try to talk me out of something I want to do, because you don't agree with me". One relative told us they had legal responsibility, known as Power of Attorney, to make decisions on behalf of their family member. They told us, "When I first approached the agency, they asked for a copy of it, which they keep on record."

Is the service caring?

Our findings

Systems were in place to ensure staff were kind and compassionate. The registered manager told us this was first considered, when interviewing new staff. They said they were in the process of reviewing the interview format to place greater focus on the applicant's values, rather than purely relying on experience, knowledge and skills. The registered manager told us they would only recruit the "right" staff with the appropriate values. They explained they could then develop staff with additional training and support, as required.

The registered manager told us values, including care and compassion were further considered during one to one discussions with staff, staff meetings and 'spot checks' of staff performance. In addition, they said they had recently reviewed the agency's value's statement, with the staff team. They explained they wanted something relevant but easier for everyone to remember.

The provider told us they nurtured staff to ensure they felt supported and good about their role. They said this enabled them to be in a good position to provide the best support possible. One member of staff confirmed this. They told us, "We have to up our game when we're with people and bring our smile". However, one health and social care professional was concerned as they said the provider had struggled to maintain a positive relationship with a person's family. They said the relationship had "all but broken down between them", which was not in the best interest of the person. The registered manager told us they were aware of this situation. They said it had mainly been caused by staff promoting the person's wishes and independence. The registered manager told us they would arrange to visit the family to discuss any concerns and would monitor the situation thereafter.

People and their relatives were complimentary about the staff team. One person told us, "As far as my carers are concerned, nothing is ever too much trouble and that's what I like about them. They never appear to be in a mood, and if things aren't going right at home, they leave that at the front door and just concentrate on me and what help I need for the time they are with me." Another person said, "They never mind helping out with any additional jobs. Just helping me to sort the laundry out into piles, particularly in this weather while I'm struggling just to do the basics, is a great help." One person told us, "staff do everything and then some." A relative told us, "While [family member] waited for the ambulance to arrive, the staff made my [family member] comfortable in the bed and encouraged them to have a few drinks."

People had a small team of staff to support them and their visits were generally of a duration of 12 or 24 hours. Some people had a live in carer. Relatives were positive about this, as they said it enabled their family member to get to know staff and staff to get to know them. One relative told us, "Because the carer gets to see [family member] over a longer period, they can pick up things like when she's feeling under the weather, or has something untoward on their skin, which they need to let us know about." Another relative told us their family member benefitted from a male member of staff. They told us, "Because he is the regular carer, my [family member] has got to know him and has built up a happy relationship with him, which is really pleasing to see."

People told us staff were not rushed and had time to talk to them. One person told us, "We sometimes spend more time chatting than doing anything else and they always call me by my first name, which is what I asked them to do when they first started coming to me." Another person said, "We tend to chat while we are just sitting around, especially at the minute because the weather is so nice and we are spending much of our time in the garden."

People were encouraged to make decisions and be involved in the development and review of their support plan. One person told us "I certainly have a care plan because it's in the folder where the carers write their records every time they visit. Occasionally [the registered manager] will come out and we will look at it to see if there are any changes that need making due to how my health is from one visit to the next. I do feel fully involved in the planning of my care." Another person told us "My care plan is certainly here and I know what's in it. There is just some minor tweaking to the care plan which would be useful to do, so I will chase the office to put a date in as soon as they can come to see me."

People told us their privacy and dignity was promoted. One person told us, "They will never start to undress me until the door is shut so that if anyone else is walking around, there's nothing for them to see. They are very careful with everything in my home. Nothing has been broken either. They really do a brilliant job, and I really can't fault them." Another person told us they had struggled with some of their personal care but staff had approached them to see if they needed any help. They told us, "It was such a relief. I was really grateful." The person told us they did not think they were ready to overcome the difficulty, but with staff support, they had done so. This had promoted their dignity.

Relatives confirmed their family member's rights were promoted. One relative told us, "[Staff] will only close or open the curtains when they need to and they always make sure when [family member's] having a wash that the door is shut because they know I go over quite often. I've never caught them out with [family member] in a compromising situation, which I'm particularly grateful for." Another relative told us, "They [staff] don't wear uniforms because of the nature of the care they are providing." They told us this promoted their family member's dignity, as they were not labelled as needing support.

Information about people's rights and aspects which were important to them were detailed within their support plan. For example, one plan reminded staff of the need to keep the person's kitchen clean and tidy, as they did not want their visitors to walk through untidy areas to reach them. Another support plan stated the person liked to be coordinated with their dress and have their hair styled.

Staff were positive about their role. They were clear about promoting people's rights and said they enjoyed enabling people to be as independent as possible. One member of staff told us they enjoyed seeing the person's confidence grow and any negative behaviours lessen, as a result. Staff told us they had completed training in topics such as person centred care and dignity and respect.

Is the service responsive?

Our findings

People's records were generally well written although there was some subjective terminology. For example, one daily record stated, "Gets very confused", whilst another said, "[Person] has been aggressive". Another daily record showed a person was self-harming but again, there was no further detail to show what this meant. This information did not ensure clarity or enable effective evaluation. Within another record, staff had written, "Bath given with no challenging behaviour." This implied such behaviour was a regular occurrence but it was not detailed within the person's support plan. The registered manager told us they would discuss these shortfalls with the staff team and arrange a training session to explore good record keeping further.

The feedback we received about people's support from health and social care professionals, was variable. One health and social care professional had concerns around how a person's support was provided. This was because staff's shift patterns were not reflective of the intensity of working with the person. They said staff "burn out" was a concern and the person had had three new members of staff supporting them, in the last nine months. This gave inconsistency, despite the person benefitting from a stable staffing environment. The health and social care professional told us the provider was reluctant to change the staff shift patterns any further than they had done already. The registered manager told us shift patterns had become a funding issue, which was being looked at. They said in the meantime, they had arranged for another member of staff to work with the person for 48 hours a week. This gave staff the opportunity to have "time off" from working with the person.

Another health and social care professional told us staff did not always follow the strict guidelines in place, when supporting a person in the community. They said the person was not always supported appropriately, which could reinforce negative behaviours. This in turn, could reduce the person's ability to access the community. The registered manager acknowledged this but said the psychologist had recently given staff new techniques to use when supporting the person. These had not been agreed within the multi-disciplinary support plan, which increased the risk of inconsistency. The registered manager told us they would address this with the multi-disciplinary team.

Other feedback about people's support was more positive. One health and social care professional told us staff supported a person to access the community well. This included accessing clubs, local sporting facilities and a volunteer job. Another health and social care professional said, "They are willing to work closely with the team and to think outside the box when looking at supporting people positively." A further comment stated, "They have done some excellent work with us on [the person] and have supported them well, when a lot of other providers have not been able to." Another health and social care professional told us, "Overall, I feel that Blue Sky have been very good with this [person]. Support staff always turn up on time and have created a good relationship with them. Blue Sky have kept the same staff supporting the [person] when possible which has been very important due their mental health decline. Every time I have visited, staff have been able to discuss [the person's] needs, routine and development at length."

People had a detailed support plan, which they were involved in developing. The plan contained

information such as areas of importance, preferred routines, areas to achieve and how the person wished to be supported. For example, one support plan gave staff guidance to enable the person to wash themselves with minimal assistance. Another plan helped staff communicate with the person more effectively.

People told us they received a reliable service. There were no concerns about staff not arriving to support them. One person told us, "On the rare occasion where they have got caught up in traffic, somebody will always phone from the office to let us know roughly how long they're going to be before they get to us." Another person said, "In my experience their time management is very good. I've never had any problems with them not staying the full amount of time." Relatives were equally positive about the reliability of the service. One relative told us, "When it's time for the carer to arrive, we never have an instance where we don't know who's going to be the other side of the door. That's really important for us." Another relative told us, "I have to say, when it's a 'hand over' time, the new staff member will arrive promptly and have a detailed handover before the other carer will go off. They stay with my [family member] for the right amount of time and I certainly never have to chase the carers, as they never leave early." One relative told us they were "totally able to pick" the times for staff to arrive, which suited them and their family member. They said, "The agency has been able to accommodate this without any problems so far."

People and their relatives were given the opportunity to be involved in the recruitment of the staff who would be supporting them. The provider told us this enabled people to take ownership of their support and helped successful relationships. People confirmed this. One person told us, "I usually get to interview most of my new carers. I like the fact that I can be involved with who looks after me as very often it comes down to just whether our personalities suit or not." Another person told us, "I am involved in recruiting my own carers, which I really find useful because it allows me to interview them beforehand to find out whether they really would fit in to my home." Similarly, a relative told us, "We are sent through the profiles of potential carers and then we get the chance to either interview them in person, or over the telephone. We can also try a couple of different carers out for a few days to see who is the better fit for us. The agency never mind if we change our minds, as they just seem concerned that we get the right person for our needs."

People and their relatives told us they were happy with the service they received. They said staff promoted independence well. One person told us, "The carers are good and will allow me the time it takes to still be able to do the small number of jobs I can for myself. They will only take over when they can see that I'm struggling and about to ask them to help me anyway." A relative told us, "[Family member] can't do a lot for themselves these days but there are certain bits and pieces that they still enjoy doing. Because they have live-in care, they get the time and the space to do this, but also they won't let [family member] get frustrated when they can't finish it all."

People and their relatives knew how to make a complaint. One relative told us, "To be fair, I would probably have a conversation with [the registered manager] first, to see if something could be sorted out, rather than it being escalated up to into a formal complaint. Having said that, I'm struggling to even think of anything that we might want to complain about. I'm sure if I did have any issues, they would be dealt with in an open handed manner." Another relative said, "We would probably just talk to [the registered manager] and then only say we wanted to make a formal complaint if she was unable to resolve whatever the issue was. We've never had anything to complain about, but I do know that if we were to feel that the complaint wasn't handled satisfactorily, we can refer it on to the care quality commission for them to consider it on our behalf."

The registered manager told us they had recently given people an updated complaint procedure. They said they promoted an open approach and encouraged people to raise any concern they had. The registered manager told us they and the provider, visited people regularly and always asked if they were happy with

the service they received. They said any concerns would be addressed immediately before they escalated. The registered person told us they would always visit the person again at a later date, to ensure they were satisfied with the outcome and any improvements, which had been made as a result. One relative confirmed this. They told us, "When one of my [family member's] carers was struggling to do the cleaning to the standard that we have come to expect from the other carers, the [registered manager] arranged to just drop in at different times every couple of weeks, just to check up on what she was doing and also to remind her about how things should be done. Yes, it was cleared up really quickly because of the [registered manager's] actions." A health and social care professional confirmed a concern they had raised, had been immediately addressed.

Is the service well-led?

Our findings

At this inspection, there had been changes to the overall management of the service. The chief executive of the company (CEO) had relinquished their role of registered manager and a new registered manager was in post. The new registered manager had previously been a care manager within the service but gained promotion to become the registered manager in December 2017. In addition to these changes, two new trainee care managers, a training manager and an office manager position, had been created and filled. There had also been a change in the office's location. This had given more space, which had enhanced the wellbeing and relationships of staff. The CEO told us the development of the management roles and the registered manager's appointment were part of a clear, strategic plan for the development and sustainability of the service.

The registered manager told us since their appointment, they had developed the culture of the service. This had included developing "ground rules" in the office to enhance relationships and the working environment. They said processes had also been developed and policies and recording formats had been aligned as they were used. This involved improvements to the assessment form, to enable greater detail when assessing a person's suitability for the service.

The registered manager told us a new electronic recording system had been introduced. This meant all records, including people's support plans, staff training records and audits were in the process of being managed electronically. The registered manager told us paper copies of support plans and other documentation would be available to those who wanted them. The registered manager told us, in time, the electronic system would show an overview of topics such as accidents and incidents and would alert them to any staff who required refresher training.

To enhance learning within their role, the registered manager told us they were taking part in an initiative of linking with other managers. They said this had helped build knowledge and confidence, as well as networking with others.

The registered manager told us they "dipped their toes in to everything" to make sure all was working as they wanted it to be. In addition to checking various processes, the registered manager told us there was an ongoing programme of assessing the service people received. This was by "spot checks" of staff, "observed" shifts and "handover audits". Handover audits ensured for example, people had received their medicines as prescribed and any food in the fridge, was within the "use by" dates.

People were encouraged to give their views about the service informally or by the completion of surveys. All responses to surveys were coordinated into a report without the registered manager's input. This enabled anonymity and an objective approach. A report titled "You said, we did" showed people's views and what actions had been taken as a result. All information was available in a format which met people's needs. This included a pictorial format or large print. The registered manager told us they had worked hard on enabling any negativity to be openly received and used constructively.

The registered manager had a clear ethos and vision for the service. They said they had an open approach and were fully committed to delivering the best care to people whilst maintaining and encouraging their independence. The registered manager told us great focus was placed on staff training and development to deliver a safe and responsive service. To focus on this fully, the registered manager told us they had "temporarily slowed down the growth of the service". They said once embedded, they would initially accept less complex care packages then increase the complexity, if everything was working well.

People were complimentary about the registered manager. One person told us, "[Registered manager's name] is the manager. I've always dealt with her and I find her to be very open, approachable, honest and trustworthy." Another person said, "I remember seeing [registered manager] and having her described as one of the managers. I don't think I've had any dealings with anybody else other than her. Not that I'm complaining, because she knows me really well and I never have to explain anything to her or justify why I am calling." However, one health and social care professional told us they believed the CEO was involved in all the decision making within the company. They said, "This may provide consistency of vision for the organisation, but may not give space for other ideas to develop." The registered manager told us they were not aware of this, but would give it consideration. Another health and social care professional told us the CEO was able to provide detailed updates about people when required. They said, "Her responses are always prompt and I have not had to chase her for any information or documents."

People and their relatives told us the agency was well managed. One person said, "It all just seems to get organised very smoothly. This is the main thing from my point of view that is noticeably different from that of other agencies. I honestly don't think there is anything I would suggest they need to improve on." A relative told us, "[Name of registered manager] is very hands-on and knows everything about the care that [family member] needs. She will sometimes cover for sick carers herself, so has a real good understanding which I think can only benefit the service. I don't think there is anything that I need them to improve." Another relative said, "I've been very impressed with the way that the agency is organized. They don't seem to be trying to get too big too quickly which is a common mistake by many of the others out there."

People and their relatives told us they would "definitely" and "absolutely" recommend the service. A person told us, "They are the best agency that we've come across, and we have tried a few over the years." A relative told us, "Like most agencies from time to time, they could do with a few more carers, but the carers that they do have, are very professional, so we would just ask that they keep doing what they're doing."