

GEMBO Limited

Bluebird Care Camden & Hampstead

Inspection report





The Rear Building
77 Fortess Road
London
NW5 1AG

Tel: 02074490557
Website: www.bluebirdcare.co.uk/camden

Date of inspection visit:
28 August 2019
29 August 2019
04 September 2019

Date of publication:
07 January 2020

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

Bluebird Care Camden and Hampstead is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 63 people. This included people receiving a live-in care service.

The service works predominantly with older people living with age related conditions such as dementia. They also provide care and support to younger people with, for example, physical and sensory impairments, learning disabilities and mental health needs as required.

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

Staff supported people with personal care, access to the local community, shopping and preparing meals. Some people received 24-hour care to enable them to remain safely in their own homes. The care and support provided was personalised to people's individual needs.

Staff had an excellent understanding of the care and support people required and provided this with in ways that were responsive to their needs and preferences. People's care and support had been planned and developed in partnership with them. People were regularly consulted about their views of the service. People and family members confirmed that they were happy with the care and support they received. Staff spoke positively about the people they supported. They described how they ensured that people's dignity and privacy was maintained.

The provider and registered manager were passionate about the importance of ensuring that the service was flexible and responsive to people's needs. People's records showed that they had been supported to remain at home following interventions from the service in liaison with local health and social care professionals. The service had introduced an unobtrusive monitoring system. This had been used to reduce risks in relation to a person leaving their home at night and to reduce falls

There was an open, honest, caring and positive culture across the service and staff demonstrated a high value base. The registered manager and provider were supported by a team of exceptionally motivated and dedicated service managers and team leaders. The provider had invested in a range of staff benefits and rewards and had organised social and wellbeing events for staff. These were designed to increase motivation and staff told us that they appreciated this.

People consistently gave examples of the registered manager and provider and staff team as kind and caring people who maintained contact with them and responded to concerns. People and their family members told us that they would recommend the service to others.

The provider had invested in resources to ensure that added value was provided to meet people's needs. For example, a staff member had been trained to provide health checks to people. This had resulted in

prompt referrals to GPs where concerns had been identified. The introduction of a movement monitoring system had resulted in a reduction in risks to people.

The service worked with people holistically and staff understood the importance of ensuring that people were supported to maintain their interests and independence. People's care plans included information about their preferences and interests along with guidance for staff on engaging with people to meet these. People and, where appropriate, their representatives were involved in decisions made about their care.

Systems, processes and practices were embedded to safeguard people from abuse and risk of harm. Staff understood their responsibilities in protecting people and the provider had taken immediate action to report concerns and suspicions about potential harm or abuse. Good practice guidance had been followed to keep people safe. Up to date risk assessments were in place to support people to take positive risks and remain safe.

Staffing levels were continuously reviewed to ensure there were enough staff to provide flexible and responsive care and support. Staff received regular training and supervision to ensure that they were skilled in providing care and support to people. Staff told us that they were encouraged to take qualifications in health and social care and to progress within the organisation.

Medicines were managed safely to ensure people received them safely and in accordance with their health needs and the prescriber's instructions.

Staff liaised with other health and social care professionals to ensure people's needs were safely and effectively met. The provider was actively engaged with local community-based services to ensure that people had access to additional support and up to date information where required.

The registered manager had ensured that regular monitoring of the quality of people's care and support had taken place. The provider had introduced a new electronic monitoring system which enabled them to identify immediately if staff were late or had failed to complete people's care records. Any failures were immediately addressed with the staff member concerned.

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.

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. (published 23 March 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Bluebird Care Camden & Hampstead

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

This inspection was carried out by a single inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

Before the inspection we reviewed information we held about the service, for example, statutory notifications. A notification is information about events which the provider is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke with the provider and registered manager. We also spoke with other staff members, including the customer care manager, two care co-ordinators including the live in care co-ordinator, the human resources manager and their assistant and five members of the care team. We spoke with seven people supported by the service, three family members and two local health and social care professionals.

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

- The service had systems in place to ensure that people were safe from the risk of harm or abuse. Staff had received training in safeguarding adults. They understood their roles and responsibilities in ensuring that any suspicions or concerns were reported immediately. A staff member said, "The training was very helpful. If I have any concerns about someone I would report it straight away."
- We looked at the safeguarding records for the service. These showed that safeguarding concerns had been reported immediately to the local authority safeguarding team. The service had taken appropriate follow-up actions in partnership with the safeguarding team.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local authority and CQC. They told us, "Even when we are not sure we will report any concerns or suspicions we find."

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as mobility, falls, health, eating and drinking, pressure sores and environmental risks. People's risk assessments included risk management plans with guidance for staff on keeping people safe.
- People's risk assessments had been regularly reviewed and updated when there were changes in their needs. People and their family members, where appropriate, had been involved in the assessment of risk.
- People told us they felt safe. One person said, "I am unsteady on my feet and [staff] help me to get around. I feel very confident that they will make sure I don't come to any harm. Another person told us, "I do feel very safe with my [staff]. They manage my difficulties very well."

Staffing and recruitment

- The service ensured that staff were suitable for the work they were carrying out. Checks of criminal records, visas and references had been undertaken before staff started working with people.
- The service's rotas showed that there was enough staff available to support people. Each person received care from regular staff members, and this was confirmed by the people we spoke with. The registered manager showed us how people were also matched with 'back-up' staff. This meant they would be supported by staff members with whom they were familiar should their regular workers be away. One person said, "I miss [staff member] when she is on holiday, but the ones that come in her place are very nice and they already know what I need."
- The services' rotas showed that staff had been provided with time to travel between each care visit. Staff logged in to the providers electronic monitoring system at the beginning and end of each visit. The registered manager told us that if a staff member had not logged in within 15 minutes of the due time a call

would be made to the staff member to ascertain their whereabouts. Where staff had failed to let the office know that they were delayed, a meeting was held with them to discuss and agree performance standards in relation to punctuality and reliability.

- People told us that staff were reliable and rarely late. One person said, "I don't think they have ever been late." Another person told us, "[staff] was a little bit late once, but they let me know in advance so I wasn't worried."

Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had completed people's electronic medicines administration records (MARs). The service monitored people's MARs regularly to ensure that they were accurately completed by staff. The electronic system for recording medicines was new and the provider had identified potential improvements, for example, in relation to coding of medicines. These were being addressed.
- People's care records contained information about the medicines that they were prescribed. Guidance was provided for staff to ensure that they knew how and when they should be given.
- Staff had received training in safe administration of medicines. The service had assessed staff competency and knowledge in the safe administration of medicines.
- People who were supported to take their medicines told us that they received them safely and on time. One person said, "They know what I take and when I need them. They always give me a little glass of water."

Preventing and controlling infection

- The service had a policy and procedure in place to ensure that risk of infection was prevented and controlled. Staff were provided with disposable protective items such as gloves and aprons. Staff and people confirmed that these were used when providing care and support.
- Staff had received training in infection control and food safety.

Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. People's care records showed that other professionals and people's family members had been contacted when accidents or incidents had taken place.
- People's risk assessments and care plans had been updated where there were any concerns arising from an accident or incident. For example, a person's care plan and risk assessment had been updated to provide staff with guidance on supporting a person who had experienced a significant number of falls. These included information about the causes of falls and how to best support the person to remain safe in their home.

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.

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

- People's needs had been assessed before they started to receive care and support from the service. People's assessments included information about their individual health and care needs, personal preferences and religious and cultural requirements.
- People's care plans and risk assessments were person centred and linked to their needs assessments. They included information about people's personal preferences with guidance for staff on how to support people to make day to day choices about their care.
- People and family members said that they had been involved in developing and agreeing their assessments and care plans. Where people had been unable to provide consent, we saw that family members or health and social care professionals had been involved in any decisions about care.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff members in health and social care services.
- All staff were required to attend a three-day classroom-based course at induction and annually thereafter. The training included safeguarding, medicines administration, moving and handling, infection control, communication, dementia awareness and person-centred support.
- Staff received additional training relevant to the specific needs of the people they were supporting. The provider also supported staff members to achieve care qualifications.
- Staff spoke positively about the training they had received. One staff member said, "The training is brilliant. I can ask questions if I don't understand and I learn so much about how to do my job." Another told us, "The training here is much better than anywhere I have worked before."
- Staff also received regular supervision sessions where they could discuss issues in relation to their work and personal development.
- Staff told us that they did not have to wait to ask questions or raise concerns about their work. A staff member told us, "I can speak to [registered manager] or a care co-ordinator at any time. They are always ready to listen."

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

- People were supported by staff to eat and drink where this was needed. Information about people's nutritional needs and preferences was recorded in their care plans and risk assessments. This included information about cultural and personal dietary preferences and the support people required to eat.
- Staff had recorded information about the foods and fluids taken by people in their electronic care records.

- Some people had specialist nutritional guidelines in place, for example, from a speech and language therapist or dietitian. Their care plans included guidance for staff on how to follow these.
- Staff had received training in nutrition and hydration. They were knowledgeable about the signs of poor nutrition or hydration. A staff member said, "I work with someone who doesn't always want to eat. I encourage them by offering choices. If I am worried about them, I report it straight away."

Staff working with other agencies to provide consistent, effective, timely care

- People's care plans included information about other healthcare and social care professionals involved with their support. People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Guidance provided by healthcare professionals was included in their care files. People's care records showed that staff had recorded that they had followed such guidance.

Supporting people to live healthier lives, access healthcare services and support

- Information about people's health and wellbeing was included in their care plans and risk assessments. People were registered with GPs and received support from community nursing services and other healthcare professionals where required. Staff members supported people to attend appointments with health professionals where required.
- People's care records showed that staff had immediately contacted GPs or other professionals when they had any concerns about their health or well-being. Changes in people's health needs had led to an immediate review of their care plans and risk assessments.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People's care assessments included information about their capacity to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training on the MCA and were aware of the need to report any changes in people's ability to make choices and decisions. A staff member said, "I work with someone with dementia. She can make choices now but needs a lot of encouragement. If that changed I would speak with my manager straight away."
- People were involved in making decisions about their care and support. They had signed their care plans and risk assessments where they were able to. Family members and other professionals had also been involved in supporting people to make decisions where required.
- No one using the service was subject to a DoLS authorisation. The registered manager told us that this was regularly kept under review.
- Some people had appointed a Lasting Power of Attorney (LPA) for finances and/or care. Information

about people's LPAs were included in their care records. The registered manager told us that the service maintained contact with people's LPAs when they were unable to make some decisions easily for themselves.

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

- People and family members consistently gave very positive feedback. People's comments included, "[Staff] are exceptional. They always have a smile and nothing is ever too much trouble for them," and, "It feels like I am being cared for by a friend. [staff] takes time, always listens and makes sure things are done exactly as I wish." A family member said, "The staff have made such a difference to [relative's] life. He looks forward to them coming because they chat with him about all kinds of interesting things." Another told us, "They are so polite and kind to [relative]. They do all sorts of little things for him, even when they don't have to."
- Staff and management spoke about the importance of "going the extra mile" for people. The service had responded to people's needs by introducing additional services, such as free health checks and virtual reality viewers for people with dementia as described in the Responsive section of this report. Staff had worked proactively with other health and social care professionals to improve people's outcomes. For example, the service had developed more intensive and flexible care arrangements to enable two people to remain living in their own homes which was their wish.
- People told us about the extra things that staff did that were over and above their care agreements. These included taking people out to activities or appointments, visiting people in hospital and staying on to support people when they needed extra help. The provider recognised and rewarded the additional support staff gave to people. The registered manager said, "Motivating our staff to work creatively in supporting people means that they are always seeking solutions, rather than thinking it can't be done."
- The service had identified the interests and hobbies of staff and people at the point of referral or recruitment. Staff were matched with people on the basis of their interests and preferences. For example, a person received support from a staff member with a similar interest in theatre and culture and had been supported to go to the theatre again. Another person had been matched with staff who shared their interest in craft activities, and they both knitted together.
- Staff had received training in equality and diversity. This was regularly discussed at team meetings and during staff supervisions. A person had been matched with a staff member who spoke their first language. Other staff members were learning this language to enable them to support the person effectively. The person had responded positively and, as a result, staff had supported them to be more involved in their care and support. The registered manager said, "Where we identify cultural or language needs, we ensure that staff receive training and support to address these. This means that we can provide the same level of care to everyone."
- The service maintained a calendar of people's birthdays and important events such as religious festivals. The registered manager told us that staff always visited people on these days with a cake, a card and a small

gift. They said, "We do this for everyone, but it's especially important for people who don't have relatives or other visitors to be made a fuss of on special days." We saw photographs of people celebrating birthdays and Christmas with staff. A person said, "[Staff] always remember my birthday and Christmas and give me a little party. I really appreciate these little touches."

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

- People and their family members told us they were always fully involved in making decisions about their care. A person said, "[Staff] talk to me about what they are doing and check what I would like them to do. Someone from the office comes and asks me if I am happy with [staff]." A family member told us, "We are involved in agreeing the care, but most importantly, they ask my [relative]. Even if he doesn't always understand, I appreciate that they ask."
- People were regularly consulted about their views of the care and support they received. People received a weekly call or visit to check if they had any concerns or wanted any changes to their care. The customer care manager said, "[People] don't always tell us if they would like us to do something differently, so we speak with them regularly and make sure we ask the right questions." They told us that, where people had difficulty communicating on the telephone, they always visited them.
- Changes requested by people had been responded to promptly. For example, requests for changes to times of care calls or additional support had resulted in changes to people's care plans. A person had requested additional support to attend appointments and community-based activities. The service had re-arranged their staffing roster to ensure that they were always accompanied by a staff member they knew well. A person said, "They have always been happy to make any changes I have asked them for, even at short notice. Nothing is ever too difficult."
- The provider had responded to feedback from people and family members by developing a system of secure access to their on-line service. This meant that people could review their personal care records and staffing rosters and send and receive messages and information. Where people were unable to access the system, this information was provided to them manually. A family member said, "We can't visit [relative] every day so being able to see the care notes is fantastic. At any time we can now see how staff are caring for them and this reassures us that he is safe and well cared for."
- The provider also produced a regular newsletter for people and family members. A recent edition had included information about care funding and benefits which had been requested by people. The newsletter also provided guidance on keeping well during hot weather and details of local organisations providing activities and support to older and disabled people. People told us they appreciated the information that they received from the service.
- The registered manager stressed the importance of developing excellent communication relationships between people and staff. The service provided staff who were able to communicate with people in their first language where possible. One person had lost the ability to communicate verbally but still had capacity to make decisions. Staff had given them time to communicate through written words and gestures. This had resulted in the person being more actively involved in their care and support. A family member said, "They have gone out of their way to make sure [relative] understands and is understood. I feel absolutely confident that he is always involved in the care he receives."

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with dignity and respect. A person said, "When I want my privacy [staff] respect this. They listen to me and treat me with the utmost politeness." A family member said, "[Relative] can scream and shout sometimes but staff take this in their stride. They know he has difficulties and they respect this. When he is in good form, it's lovely to see how well he gets on with the staff."
- The service provided dignity in care training for all staff and this was a regular topic at team meetings. Some staff had taken on the roles of dignity champions. A Dignity Champion is someone who believes

passionately that being treated with dignity is a basic human right, Information about the 10 point Dignity in Care Challenge (a set of principles on providing care with dignity) was displayed on the office wall.

- Staff told us that the dignity in care training had enhanced their care practice. They spoke about the importance of promoting positive self-esteem and reducing social isolation. We saw examples of how people benefited from this approach, such as the celebration of special events and increased involvement in social and community-based activities.
- The registered manager and staff were passionate about the importance of supporting people to maintain their independence. People were encouraged to identify the things they would like to do for themselves. The provider had used this information to plan people's care and support.
- Staff had supported people to regain skills and recommence participation in valued activities. For example, some people had been enabled to do more at home, such as simple meal preparation and self-care tasks such as washing and dressing. Staff had supported a person with advanced dementia to maintain an active social life by arranging outings and liaising with their family and friends to organise social visits. A family member told us, "[Relative] goes out more now. They are able to do some of the things they enjoy and have company."
- Some people had been enabled to fully regain independence in aspects of their lives. For example, a person required their nutrition to be provided through a PEG (Percutaneous endoscopic gastrostomy). A PEG provides nutrition through a tube and is used where people are unable to swallow solid foods safely. Staff had worked in partnership with a local speech and language therapist and dietitian to support the person's recovery. The person gradually moved on to pureed and soft foods until they were now able to eat a regular diet which they choose for themselves.

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 Good. At this inspection this key question has now improved to Outstanding. 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 and their family members consistently told that they were enabled to have choice and control over how their care and support was provided. A person said, "They ask me what I want and they have always listened to me so far." Another person told us, "A manager visits me regularly to check that I am happy with the help I get from [staff]. When I asked for a change in times they sorted it out quickly." A family member said, "They have always involved [relative] throughout."
- The service had responded quickly to meeting changes in people's needs. For example, a person living with dementia had been found by police on an increasing number of occasions lost outside their home at night. Staff liaised with the person's representative and suggested using a Canary to monitor their movements when they were at home alone. A Canary is a device that monitors movement, temperature and lighting in a room over a period of two weeks. The Canary reports showed that the person was very active at night when there was a risk of them leaving their home and appeared to have very little sleep. The person subsequently received support from a waking night worker who engaged them in positive activities. This resulted in an improvement in their sleep patterns. The service has used Canaries with five other people, with the agreement of family and other stakeholders to understand what is happening when family members or staff are not around. The reports generated from short term use of Canaries has enabled the service, family members and professionals to plan people's care and support at the times that were most appropriate for them.
- The service had worked proactively to support people to remain in their own homes. For example, an elderly person living with dementia had been at serious risk of self-neglect in relation to eating and drinking. The service raised their concerns with health and social care professionals and family members. A strategy was agreed to increase their care visits. This meant that the person was able to remain at home. As a result, person's weight had increased and they were eating and drinking regularly.
- The service had recently started to offer free health and wellbeing checks to people. These are 30-minute visits where people's 'vital signs', such as blood pressure, temperature, lung capacity and alertness were checked, and people were asked about their general wellbeing. The customer care manager had received training to deliver this service. People had responded positively and there was further interest in taking this offer up. We saw evidence that, where the checks had identified issues such as raised blood pressure, people's GPs had been immediately notified. The provider planned to train more staff to deliver the service so that it was readily available to people on request.
- People had personalised care plans which described their personal histories, needs, preferences and interests. The care plans were reviewed and updated regularly and included detailed information for staff members on how they should support people to ensure that their needs and preferences were met. We saw

that staff supporting people were immediately provided with information about any changes in people's needs.

- People's care assessments and care plans were rated using a red/amber/green (RAG) rating which considered their care needs and the resources required to deliver their care. Special attention was given to people whose plans were rated red with more frequent reviews of care and regular liaison with health and social care professionals. The regular reviews of people's needs undertaken by the provider had resulted in positive changes for people. For example, a person's RAG rating had reduced from red to amber following a recent change in their care plan.

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

- Some people being supported by the service had 24-hour care that included support with participation in social activities. Other people received support in maintaining hobbies and social interests. For example, people were supported to attend day services and church services, go for walks and to social activities such as pubs and clubs.
- The registered manager told us that the service proactively sought to develop people's interests and social activities, particularly where they were living with dementia. The provider was actively involved in local organisations supporting older people and people living with dementia and the service had supported people to participate in local dementia -friendly activities where they wished to do so.
- The provider had recently invested in virtual reality viewers. Virtual reality viewers have been found to improve the sensory and memory experiences of some people living with dementia and staff were currently piloting these with people using the service. The registered manager told us that people were responding well to being reminded of the experience of, for example, visiting the seaside. She advised that the pilot would shortly be rolled out to other people and the range of virtual reality experiences would be developed to encompass their individual interests and histories.
- People's care plans included information about their preferred activities, hobbies and interests. The care records that we viewed showed that staff had engaged people in activities and discussions in relation to these.
- The registered manager told us that people needed to feel special, particularly where they live alone. We saw pictures of staff members celebrating people's birthdays and religious festivals with them. The service provided people with celebratory cakes and gifts on such occasions.
- People told us that the service had always responded flexibly to make provide support to attend activities outside the home. One person said, "When I ask them someone to go with me I usually get [staff member]. It's really good to have her company." A staff member said, "It's really good that I get to do things with [person] that aren't always about care. It makes the relationship better and we always have lots to talk about."

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.

- Some information, such as the complaints procedure was provided in easy to read formats. The registered manager told us that the service was not currently providing records such as care plans at present as people did not require this. However, they showed us picture assisted easy read care information that had been developed for a person in the past. They said that the service would always endeavour to develop information in formats and languages that met people's communication needs and preferences.
- People's care plans included information about their communication needs. Staff were provided with

guidance on ensuring that these were met. The registered manager told us that, where possible, people were matched with staff who could communicate with them in their preferred language.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was provided to people and family members when they started using the service. People and family members told us they would contact the registered manager if they had a complaint. A person said, "I will tell the manager if I have a complaint, but I haven't had any so far." Another person told us, "They go above and beyond. If there's a problem they make sure it's sorted out quickly."
- The registered manager told us that customer care was at the heart of the service. Some people may not feel comfortable calling if they have a problem, so office-based staff visited or called weekly to check on their wellbeing. The records of these visits and calls showed that actions that the service had acted swiftly to address any concerns. For example, a change in care staff had been made for a person who had requested this.
- The supervisors and registered manager visited people at home on a regular basis. The customer care manager engaged with people at the point of referral to the service and visited them regularly thereafter to ensure that they were satisfied with their support. They told us, "I do the assessments and I'm the first person they meet when they come to us. It's important that I visit and build the relationship. It's the best part of the job." People told us they appreciated the contact they received. A family member said, "[Staff] are lovely but it's good to know that the agency cares about my [relative] too."
- The service had a system for monitoring of complaints. The complaints log showed that complaints had been addressed promptly and to people's satisfaction.

End of life care and support

- No-one was receiving end of life care and support when we inspected the service. The registered manager told us staff had worked with professionals such as palliative care and district nurses to support people who were nearing the end of life in the past.
- A health professional we spoke with told us that the service had been proactive and responsive in supporting people's needs when they were nearing the end of life. They said, "The staff work very hard to make sure that people are as happy and comfortable as they can be."
- Some people's care plans included information about their end of life preferences. The registered manager said that sometimes people or their relatives were unwilling to provide information about this. They told us that they would continue to encourage people to discuss their end of life wishes.
- Staff members had received end of life care training. They were provided with support following the death of any person they were working with. They were invited to meetings to discuss their feelings and were able to speak with an 'on call' manager by telephone at any time.
- Staff were supported to attend people's funerals where appropriate. The provider had introduced a 'remembrance tree' at the office and staff could add their own messages and memories to this. They told us that this was designed so that people who had passed away were never forgotten. A staff member told us, "Even though we have training it is hard to care for someone who is dying. [Management team] are always there to talk about this before and after someone has died. They know the person too and it really helps."

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 Outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- The registered manager was knowledgeable about what was happening in the service and demonstrated a good knowledge of people's needs and the support they required. They were supported by a provider who was actively engaged with people, staff and stakeholders of the service. The senior office-based staff team spent time in the community with people and engaged with staff on a regular basis. The registered manager told us that good communication within the staff team was important. They said, "We cover for each other and therefore we need to know what is happening with all our staff and customers." This approach was confirmed by the office-based staff we spoke with. A care-coordinator said, "We work as a team. We share information and expertise. I could cover for anyone else here, including doing care if necessary."
- People using the service consistently praised the management of the service. Comments included, "Every time I call them they are so lovely. They always sort things out and make sure I know they are there for me. The managers are as good as the staff." A family member said, "They are very supportive. We can be a pain sometimes, but they are really calm and get any problems sorted out immediately. I would recommend them to anyone." Another family member said, "We have tried other agencies, but this is the best. They keep in touch with us so we always know what's going on with [relative]. I can go online and check what [staff] have done and who is caring for him."
- Staff members consistently praised the management of the service. Comments included, "There is someone available to talk to at any time if I have a problem. Whoever I speak with is always helpful and supportive," and, "This is the best place I have ever worked. [registered manager] and [office staff] can't do enough to support us. I can't imagine working anywhere else now."
- The provider demonstrated a strong commitment to ensuring that people received holistic support that promoted independence and social inclusion. They understood that a motivated staff team was key to ensuring that people received the best possible care and support. The provider provided additional support to staff by making a financial contribution towards staff travel costs. Other benefits included enrolment in an employee assistance scheme which enabled staff to receive confidential advice on personal and work issues and provided financial support for some healthcare costs.
- Staff received awards for long service, such as vouchers. Where staff members had taken on additional responsibilities or had gone 'above and beyond' in the care and support that they were providing, this was also recognised by a card and gift. Staff also received a gift on passing their probation. The registered provider arranged regular staff events such as an office party or away day. Staff we spoke with told us they felt morale amongst staff was high. One staff member said, "I feel [provider] really cares about us. This makes me happy to do my job. Even when it's difficult I know that they appreciate my work."

- The provider had a robust business plan for the next five years and a business continuity plan to ensure there were systems in place in the eventuality of something going wrong such as IT failure or adverse weather.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service's quality assurance processes were designed to ensure that any patterns or trends were immediately identified and addressed. Staff used an online recording system via their smart phone and these records were reviewed daily to identify any gaps in records. Daily, weekly and monthly reports from the system were used to identify concerns and subsequently take action where required. For example, failures in recording had been immediately discussed with staff.
- People had achieved improved care outcomes as a result of actions taken in response to concerns addressed through the provider's quality monitoring. For example, the service had identified that a person was experiencing an increased number of falls. This led to engagement with their family members and local health and care professionals to develop a strategy for falls reduction. The provider had introduced the Canary monitoring system as described in the responsive section of this report following concerns identified in relation to a person's restlessness at night. This had led to a change in the person's care that had reduced risk and resulted in improved sleeping patterns for the person.
- The registered provider and registered manager always worked closely to ensure that the quality of care remained consistently high. They met on a weekly basis to discuss quality assurance measures, the service's business plan and potential new clients. The registered manager held daily catch up meetings with the office-based team where quality issues and any changes to people's needs were discussed. Regular staff meetings also took place. Issues such as quality assurance, care practice, including safeguarding and staff learning and development were regularly discussed. Staff told us that they valued the regular meetings.
- Staff were encouraged and supported to progress within the organisation and gain further qualifications. This provided support workers, and aspiring managers with a process for career progression with the organisation. A staff member said, "I have been encouraged and supported to take qualifications. [Provider] also encourages staff to take on extra responsibilities to help us develop our skills." Staff members told us that they were able to progress within the organisation if they wished. We noted that the service's staff turnover was low which meant that people received continuity of care.
- Staff were provided with information via regular newsletters and email and text correspondence. A staff member said, "We always get information we need immediately. I can phone a manager at any time if I have a question about it." Recent staff newsletters showed that staff had been reminded about operational issues, quality systems and policies. Information about how to access further information was included in the newsletters. For example, a summary of the Human Rights Act 1998 was included with a link to further information.
- The provider had an active quality improvement based on the CQC key lines of enquiry or inspection. We saw that this was regularly reviewed and updated when improvements had been made.

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

- The provider had undertaken an annual satisfaction survey of people and family member's views of the service. The results of the most recent survey showed high levels of satisfaction. Regular weekly monitoring of people's views had also taken place. These also showed high levels of satisfaction. The majority of people we spoke with said that they were likely to recommend the service to others. The family members we spoke with told us that they had already done so.
- The provider was a dementia champion and shared good practice with the care and support team and managers. They were involved with local dementia services and had developed activities that had benefited

people using the service. For example, people had been supported to attend dementia friendly events and activities. Staff members had received training and guidance on supporting people living with dementia. People's care records showed that they had received support to remain independent and participate in activities of their choice. A family member said, "I think they have a great attitude. [Relative] is losing some memory but the staff help them to still do things they appreciate."

- Staff members told us that they were asked for their views and felt that these were listened to and acted on. A staff member said, "We are encouraged to speak up about our work and the people we care for. [Registered manager] will discuss things with us and we are able to say what we think about any changes." Staff consistently said that the support they received had enabled them to improve the care and support they provided to people.

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 provider and registered manager understood their responsibilities in notifying CQC and local authorities about any reportable issues of concern. The records maintained by the service showed that appropriate actions had been taken in relation to these.
- Staff said that they were aware of the importance of immediately reporting any concerns to a manager. A staff member said, "They are always available but if I couldn't get hold of a manager I'd call social services or the police."
- The service's records showed that incidents and accidents were recorded in detail. Immediate debriefing sessions had taken place with staff. These included opportunities for reflective practice where staff were supported to review and develop their learning from incidents.

Continuous learning and improving care

- The registered manager, provider and staff team had acted to improve people's quality of life.
- The service had monitored people's care and support needs and introduced new initiatives to ensure that these were fully addressed. For example, the use of Canary monitors had led to improvements in people's quality of life. The introduction of health monitoring had meant that more timely referrals to GPs and other health professionals had been made.
- Staff received a wide range of training in relation to people's individual care and support needs. They were encouraged to undertake qualifications in health and social care and to develop further skills in supporting people. The staff we spoke with told us they were given opportunities to develop their skills and progress within the service if they so wished. Senior staff we spoke with described how they had developed careers within the service. One staff member said, "The support we get is brilliant and much better than other agencies I've worked for. I think this encourages staff to stay which is good for the people we work with."
- The provider was eager to invest in new initiatives designed to improve people's quality of life. They were currently working to improve the new 'on-line' reporting and recording system to ensure that it worked effectively for people and staff. A virtual reality project was being piloted for people living with dementia. The registered manager told us people were responding positively to this. They said that this would be developed in accordance with the feedback they had received from people. The provider's quality improvement plan showed that the use of virtual reality viewers was in the process of being developed and 'rolled out' to people who had not been involved in the pilot.
- The provider told us that it was important that they stayed up to date with new guidance, research and development in social care. Staff members confirmed that they received information about important changes through team meetings, newsletters and emails. A staff member said, "I'm amazed about the amount of information I get. It's helped me to care for [person] in a good way for them."

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice and provided a quality service to the people they supported. The health and social care professionals we spoke with told us they had a high opinion of the service. One said, "They are really proactive and always there to provide me with the information I need."
- People's care and support records showed that staff had contacted health and social care professionals where there were any concerns. Staff had supported people to attend health appointments and care reviews where appropriate.
- The provider was a proactive member of the local dementia action alliance and had developed many relationships with local dementia services and people living with dementia. This meant that the service was able to access information and training that was disseminated to staff. Staff told us that this information and training had enabled them to better understand the experiences of people living with dementia. People's care records showed that dementia friendly support had been provided. Family members we spoke with told us that their relatives had received care and support that enabled them to remain engaged with activities that were important to them.
- A staff member said, "The information and training we get about dementia is second to none. It has helped me to understand [person's] needs and I know when to say if they are getting more confused." People's care records showed that staff had reported any concerns about their understanding and ability to make decisions immediately. Staff had worked with family members and local health and social care professionals to develop plans to ensure that people living with dementia received the support they needed when there were changes in their condition.