Zocalo Limited

Bluebird Care (Westminster)

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This comprehensive inspection took place on 23, 25 and 29 January 2018 and was announced. At the last comprehensive inspection in November 2015 the service was rated as Good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. At the time of the inspection the service was supporting 85 people in the City of London and the London Borough of Westminster, of which 75 were privately funded. Not everyone using Bluebird Care (Westminster) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 provider had involved the whole staff team in driving improvement and had invested in staff and systems which created an open and positive culture throughout the service. Staff were committed, praised the level of support they received and spoke positively about their opportunities to progress within the organisation.

People using the service and their relatives were confident they would be listened to and felt the management team were approachable and felt comfortable getting in touch.

Staff treated people in a way that respected their privacy and dignity and promoted their independence. Two members of staff had been recognised for their outstanding work in supporting people living with dementia.

People and their relatives told us staff were kind and compassionate, knew how to provide the care and support they required whilst also going the extra mile for them. Regular care assistants knew the people they supported and showed concern for people's health and welfare.

The provider was passionate and worked with other agencies with the aim to create a dementia friendly community. People were supported to access events, follow their interests and maintain relationships with friends and family to increase their health and well-being.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Records were accessible to staff and relatives on digital devices so the latest information could be seen. Care was personalised to meet

people's individual needs and preferences and was reviewed if there were any significant changes.

Risks to people were identified during an initial assessment with detailed guidance and control measures in place to enable staff to support people safely.

People using the service and their relatives told us they felt safe using the service and staff had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with.

People who required support with their medicines received them safely and all staff had completed training in the safe administration of medicines, which included observations and competency assessments. Alerts were set up on the software used that informed the office if people's medicines had not been given by a specific time.

People's nutritional needs and preferences were recorded in their care plans and staff were aware of the level of support required. Care assistants told us they notified the office if they had any concerns about people's health and we saw evidence of this in people's care records. We also saw people were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and physiotherapists.

The provider had a robust staff recruitment process and staff underwent the necessary checks to ensure they were suitable to work with people using the service. Continuity levels were assessed to ensure people had regular care workers and consistent levels of care.

Care assistants received a comprehensive induction training programme to support them in meeting people's needs effectively and shadowed more experienced staff before they started to work independently. Staff received regular supervision and told us they felt supported with the supervision they received.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). The provider was aware of what to do and who to contact if they had concerns that people lacked capacity to make certain decisions. We observed that care assistants respected people's decisions and gained their consent before they carried out care tasks.

There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

Aspects of the service were outstandingly responsive.

The provider was passionate and worked with other agencies with the aim to create a dementia friendly community where people who used the service were supported to access events and follow their interests.

Care records were person centred and the provider ensured people were fully involved in discussions about how they wanted care and support to meet their individual needs.

The provider was flexible in how they provided support to people with regular reviews if people's needs changed. Staff and relatives, with permission, had access to up to date information to see what care had been carried out.

Is the service well-led?

Outstanding ☆

Aspects of the service were outstandingly well-led.

People using the service and their relatives had confidence in the management of the service and felt they were approachable if they had to get in touch.

Staff praised the level of the support they received to carry out their responsibilities and were encouraged and given opportunities to progress within the organisation.

The provider had a strong vision for driving improvement and

had invested in staff and systems to ensure there was a positive culture throughout the service with the aim for people to receive outstanding care.

There were comprehensive quality monitoring systems, audits and meetings in place to monitor the quality of the service and identify any concerns. The provider had been proactive since the last inspection and the whole staff team had been involved in working to improve standards of care.

Bluebird Care (Westminster)

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 23, 25 and 29 January 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection.

Inspection site visit activity started on 23 January and ended on 8 February 2018. We visited the office location on 23, 25 and 29 January 2018 to see the registered manager and office staff and to review care records and policies and procedures. On the 29 January 2018 we also shadowed two care assistants with visits to two people who used the service to observe the care and support they received. After the site visit was complete we contacted care assistants and health and social care professionals, who were not present at the site visit.

The inspection was carried out by one inspector. It also included two experts by experience who were responsible for contacting people during the inspection to find out about their experiences of using the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. We also contacted a local authority commissioning team to support the planning of the inspection. In addition to this 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 called 69 people who used the service and managed to speak with 25 of them. We also spoke with five relatives and 19 staff members. This included the registered manager, the managing director, the care manager, the private care manager, the trainer, two supervisors, two senior care assistants and 10 care assistants. We looked at 11 people's care plans, seven staff recruitment files, staff training files, staff

supervision records and audits and records related to the management of the service.

Following the inspection we spoke with four health and social care professionals who worked with people using the service for their views and feedback.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving care. Comments included, "I'm worried about having a fall. They give me a sense of reassurance and I feel safe with my carer as she's been with me since I started and very experienced", "When the carer is here with me, I absolutely feel safe" and "When they support me with my hoist, I do feel safe enough with them." Relatives were confident their family members were well looked after. One relative told us, "We've been introduced to them so we know who they are and I feel my [family member] is safe with them, especially when they are out and about. It is nice to know that somebody is with them." We saw correspondence from another relative that showed the provider had been able to support their family member when another care provider had let them down. A comment said, 'It was a great relief to know that somebody was with him/her. It is so reassuring to have you and your team provide support.'

The seven staff files that we looked at were consistent and showed that the provider had robust recruitment procedures in place to help safeguard people. All Disclosure and Barring Service (DBS) records for staff were in place and the provider reviewed them every two years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. We saw evidence of photographic proof of identity, proof of address and a minimum of two suitable references had been received before people could start work. References had also been verified by the registered manager to confirm previous employment dates, with all employment gaps discussed and recorded during the interview. Applicants went through an initial screening process before being invited for an interview which explored their English comprehension, motivation and previous experience. Interview assessment records were in place which showed that the provider had assessed the suitability of staff they employed.

The registered manager told us that they were always actively recruiting and we saw new starters involved in induction training throughout our visit. At the time of our inspection the provider had 65 active care assistants employed in the service. Once care assistants availability had been entered into their system, they were able to generate capacity reports so they knew how many staff would be available at specific times of the day, which was used when the provider met with people to carry out an initial assessment. The managing director said it was a useful tool as they would turn down requests if they knew they did not have the availability. He added, "It's important that we don't promise what we can't deliver."

The majority of people who used the service and their relatives told us the continuity of care was good, along with time keeping. One person said, "I must say they are very punctual." Another person said, "They come three times a day to help me and they are a very good agency. They arrive on time and listen to instructions." We did receive comments from three people about some minor issues with timekeeping. We spoke to the provider who was aware of this and saw correspondence that it related to a contractual issue with a local authority, with meetings scheduled to discuss the issue. We did see that the systems in place would alert the office if tasks in people's care plans had not been completed by a certain time and saw that office staff had followed this up. One care assistant said, "If we don't record that a task has been done, the office receive an alert and we then get a call to confirm if we are present and that it has been done." Care assistants told us that they called the office if they were running late and we saw this was regularly discussed

during meetings and supervisions.

Care assistants told us their rotas were scheduled to allow time to get to calls and we saw that travel time had been included. One care assistant said, "My clients are all within walking distance and I have plenty of time." The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. Care assistants told us they were happy with the support provided and that calls would be answered. We saw correspondence from a relative which said, 'Your team has saved the day. I called your out of hours number and they were wonderful. They arranged a visit for my [family member] tomorrow which has given us great comfort.' One care assistant said, "They are always available to advise us and give us the support we need."

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Staff had received training in medicines and had a competency assessment before being able to support people with their medicines. They also had regular medicines observations during their 12 week probation period. One care assistant said, "The training gave me a lot of confidence. With people's medicines, we need to be thorough, on point and focussed all of the time."

Each person had a medicines risk assessment in place, even if they were not supported with their medicines. The provider assessed people to identify their capacity to manage their medicines independently. People had electronic care plans in place which recorded who was responsible for people's medicines, including how they received them, where they were stored in their home and the level of support they received. Information about people's medicines was recorded on their electronic care plan as a task and needed to be completed by the care assistant which confirmed when they had been taken. Alerts were set up if the task had not been completed by a specific time and were monitored by the office staff, who would be alerted if medicines had not been given. Relatives could also access this information if they had permission and one relative said, "They prompt the medicines but there is an automatic system which alerts me if my [family member] hasn't taken them." This meant that the risk of people missing their medicines was significantly reduced.

One person had medicines that needed to be taken at a specific time in the day. We saw how the alert had been set up and the care plan highlighted the importance of this. Care assistants spoke positively about the software used and a care assistant demonstrated this to us during our observations on the third day of the inspection. One person said, "They do all my medicines for me and they put it on their smartphones so they know we've taken it." A supervisor told us that the alerts made sure they were aware if somebody had not received their medicines and had access to 'real time' information, so they could follow up any alerts immediately. We also saw how records could be updated immediately if people's medicines changed. We saw a hospital discharge team had sent through a new medicines profile for a person and we saw how this information was uploaded onto the system, with the care assistant having immediate access to this before the person was discharged from hospital.

There were procedures in place to identify and manage risks associated with people's care. Before people started using the service an initial assessment was carried out by the private care manager with detailed information about medical and health conditions which identified any potential risks associated with providing their care and support. Some of the risk factors that were assessed related to people's mobility, finances, medicines, support required with moving and handling and personal care. They also looked at the person's internal and external home environment, including details of key safe numbers, fire safety and ensuring homes were kept secure.

Risk assessments contained detailed information about any health conditions the person had and the level

of support that was required. They included practical guidance for care workers about how to manage risks to people, along with information about health care professionals involved in people's care and what support they provided. For example, two people had reduced mobility and were at risk of developing pressure sores. There was detailed guidance in place for care assistants about what creams to use, how they needed to be transferred safely and what to do if they had any concerns about the person's skin. For one person, with their permission, we observed the moving and handling procedures on the third day of the inspection and saw that both care assistants knew how they wanted to be supported, followed the guidance and completed it in a safe way. We spoke with the person who told us they were happy with how they had been supported. For another person with reduced mobility, there was detailed information about the use of mobility aids with guidance about how to use their wheelchair safely when accessing the community. Care assistants we spoke with were knowledgeable about individual risks to people's health and well-being and how these were to be managed. People's assessments were reviewed within the first month of service and we saw they could be updated immediately on the system if there was a change in people's needs, which care assistants would be able to see straight away through the care plan software.

All of the staff we spoke with had a good understanding of safeguarding and were able to explain what kinds of abuse people could be at risk of, potential signs of abuse and what they would do if they thought somebody was at risk. Safeguarding training was completed when they first started and it was refreshed on an annual basis. Care assistants were confident that any concerns they raised would be dealt with by the management team. One care assistant gave us a detailed overview of the procedures they would follow if they had any concerns. They added, "I'm confident in them because I've seen how quickly they act to any concerns that have been brought up." The care manager was the safeguarding champion and was passionate about the importance of the role and communicating this to the whole staff team. We saw safeguarding scenarios had been discussed at the most recent care assistant meeting and the importance of recording and reporting any incidents. A senior care assistant said, "We are constantly reminded all the time to report any issue, I understand how important it is." We saw that safeguarding issues had been recorded and fully investigated, with the appropriate disciplinary action taken against staff if necessary.

There were procedures in place for the reporting of any accidents and incidents. We saw that when these incidents occurred, they were recorded in a log with a description of what had happened and what action had been taken. We saw that the provider shared this information with staff to ensure that lessons had been learnt from the experience. For one safeguarding incident that we had been notified about, we saw the issue had been discussed at a meeting and staff were reminded about their responsibilities of their actions and the importance of following procedures. For another incident, we saw the provider had taken action and carried out spot checks and supervisions to ensure the risk of repeat events were minimised. The registered manager also reviewed incidents and errors through their quality improvement plan and discussed them as a learning opportunity.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. All care plans recorded the importance of following guidelines and highlighted the risk of cross infection. Supervisors made sure care assistants were wearing the appropriate personal protective equipment and recorded this during spot checks. We observed good infection control practice during our observations and one care assistant made sure we wore protective shoe covers before entering one person's home. There were also reminders in the office about food hygiene and information about flu and norovirus to help stop spreading the infection in people's home this winter.

Good

Is the service effective?

Our findings

People told us their care assistants understood their needs and health conditions and had the right skills to support them. Comments included, "Staff are very knowledgeable and know how to support me. I very highly recommend them", "They are well trained and follow instructions well" and "My regular care worker knows me very well and I'm very confident of their skills." Relatives spoke positively about the staff and one said, "They are all well trained and very helpful."
Another relative said, "The staff are wonderful and amazing. I have 100% confidence in them when they support my [family member]." A third relative told us that their care assistant had called them that morning to give them an update as they had found that their family member's health had deteriorated. They added, "They are very well trained and motivated and manage my [family member's] dementia very well, even when it can be difficult."

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The registered manager had worked closely with health and social care professionals and had an accredited trainer in place to ensure best practice was followed in relation to moving and handling techniques and basic life support. For example, the trainer was an advanced first aider with St John's Ambulance and made sure all staff completed basic life support training before starting work. One care assistant said, "I found this training really useful as it is good to keep it up because we don't always need to use it and might forget, so it was good to get a refresher."

Staff had to complete a pre-employment induction programme before they started work with the service. This was a five day programme which gave an overview of the organisation, their values, the career journey, an introduction to the care plan software system and a range of policies and procedures. It also covered the 15 standards of the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Topics included safeguarding, infection control, fluid and hydration, mental health awareness, health and safety and food hygiene. Care certificate workbooks needed to be completed and were signed off by the trainer. One care assistant said, "It was really helpful, including any additional help that we needed completing the workbook. I was well supported." Another care assistant told us how the trainer had provided extra support and had made training documents more accessible for them. They added, "The extra support was great. She took more time and went out of her way to help me."

Mandatory training also included medicines awareness and administration and moving and handling, which involved practical examples and a competency assessment. Staff had access to online training programmes and also received training which was specific to people's individual needs. We saw that staff had completed training in a range of areas, including diabetes awareness, stoma bag care, epilepsy and percutaneous endoscopic gastrostomy (PEG) management. This is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. The trainer and supervisors had completed train the trainer courses in key areas such as moving and handling so were able to provide further support for the staff team. The registered manager showed us their training matrix which identified when training had been completed and it was

refreshed annually. Care assistants we spoke with throughout the inspection spoke positively about the content of training and that it had helped them carry out their responsibilities. Comments included, "The trainer is amazing. The training is great and helped a lot" and "The training is informative and she makes it as fun as possible for us. We also get leaflets about further resources available to us."

Once the induction training programme had been completed, shadowing opportunities were arranged and records showed care assistants were observed and signed off as competent to work by a supervisor. One care assistant said, "I had a number of shadowing visits and actually requested more as I was quite nervous at first. However I have been supported all the way and now new carers come and observe me, which has helped my confidence." The probation period lasted 12 weeks and we saw care assistants had weekly observations and supervisions until it had been completed. We saw examples where probation had been extended if the management team felt further support was required. Supervision records showed that care workers were given the opportunity to discuss a number of areas about their job, which included recent work issues, rotas, working life, on call support, training and areas for improvement. One care assistant said, "It is a good opportunity to question anything that I don't understand or need support with." Another care assistant said, "If we have problems or issues, they listen to us. But you can speak with them anytime." There was also an end of year review system in place where the provider took the time to discuss what had gone well, what could be improved and possible career development opportunities.

Some people required support with their nutrition and hydration, including meal preparation and support during mealtimes. There was detailed information in people's care records about the levels of support required, with food preferences highlighted, specific instructions on how meals should be served and what measures were in place if there were changes in routines. For example, one person had meals delivered four times a week and there was separate information in place for what was needed for the other days. Information was also included for any specific dietary, medical or cultural needs, including if people were on a special diet. One person said, "They are mostly well trained when they do my meals. I am on a special diet and there are only certain things that I can have. I have to be helped with this and they take their time and don't rush me." Details of tasks were recorded onto the electronic care planning system which prompted staff to provide the appropriate level of support. If the tasks were not signed off an alert was sent to the office or on call. The office staff would then contact the care worker to check the person's wellbeing. During our observations, one care assistant explained to us how they recorded one person's foods and fluids as it was important to know if there were any changes in their eating or drinking habits so they would know when to call the GP.

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.

The management team had a good knowledge of their responsibilities under the legislation and we saw that staff had access to MCA and Deprivation of Liberty Safeguards (DoLS) training. Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded. The registered manager was aware of the need for documentation to be in place if representatives were signing on behalf of people to ensure consent to care had been sought. We saw they had a copy of the lasting power of attorney (LPA) for two people and they were aware that a search could be made with the Office of the Public Guardian (OPG) registers to see if someone has another person acting on their behalf. The managing director told us this was done as an extra measure to make sure people's relatives or representatives had the correct powers when they were making important decisions for people.

Staff understood the importance of asking for consent and it was reiterated throughout people's care records. One care assistant said, "We always ask for consent and get permission before we do anything, no matter what we are doing. If they refuse, I'll try again later but if not, will inform my manager and record it on the system." We observed two care assistants asking for permission throughout their visit on the third day of the inspection, including verbal prompts to make sure the person understood what they were going to do.

We saw records and correspondence that showed people were supported to maintain their health and have access to healthcare services if their needs changed. For one person, we saw that concerns had been raised by their care assistants about safe moving and handling procedures. The provider had worked closely with the person, the care team and the occupational therapist to make sure an assessment was carried out and specialist equipment put in place, with updated guidelines for care assistants to follow. For another person, care assistants highlighted that they did not have enough time to complete the visit in the allocated time due to a change in their needs. A referral was made to the local authority to inform them of the concerns and request a review to increase the amount of support. One person told us that they were also regularly supported to attend hospital or GP appointments. They told us that they had an upcoming appointment early in the morning and had been reassured that somebody would be able to support them. They added, "They are very flexible and stay with me during my appointments, they are lovely like that."

We looked at a number of detailed records of correspondence to a range of health and social care professionals to highlight how they were able to work together to ensure effective care and support. Each person's care plan had details of other health and social care professionals who were involved in their care, including GPs, pharmacists and occupational therapists. One person was supported regularly by a district nurse and it included what their responsibilities were. For another person, the provider had worked closely with a person's physiotherapist and their recommendations were in place, including guidelines for care assistants on how to help the person with their daily exercises. We also saw that staff teams worked together across the organisation and saw that a care coordinator group had been arranged across all of the provider's London branches. It included discussion groups and shared best practice ideas for ensuring effective communication with care assistants when dealing with scheduling. There were nominated 'champions' in key areas of learning such as dementia, dignity, health and safety, wellbeing and safeguarding. The champion's role was to accumulate knowledge and distribute to the staff team via newsletters and staff notice boards, including being able to deal with any specific queries. We also saw that the provider had worked with a local authority to make sure they were able to access the care notes from their software so health care professionals could see what care and support had been carried out or if any concerns had been recorded.

Outstanding ☆

Is the service caring?

Our findings

All the people we spoke with were positive about the support they received and that the staff were kind, compassionate and caring towards them. Comments included, "They're absolutely wonderful and very friendly. I can't imagine life without them", "My wonderful girl in the morning sorts me out for the day, even fetches me a bit of shopping, that's really a lifeline", "My regular lady is fantastic, she is so good to me" and "They treat me well and are very caring." A comment in a recent review for one person said, '[Care assistant] is the best carer that I have ever had. The carers are brilliant, very helpful indeed.' Relatives were also positive about the caring nature of the staff. One relative said, "We can't fault them. They are so kind and willing to help." Another relative told us that they found the staff to always be pleasant, kind and caring when looking after their family member. One health and social care professional felt the care assistants they had worked with had been very compassionate when dealing with sensitive issues and had worked extremely well to understand people and develop a positive relationship.

At the last inspection we saw that the provider had taken a lead role in championing and supporting people living with dementia who used the service, which also impacted on the quality of life for people living with dementia in the wider local community. We followed this up and saw that the provider still played an active part in the community and since the last inspection two care assistants had won national awards. Care assistants had won the Margaret Butterworth award in both 2016 and 2017, which is a nationally recognised award of excellence in dementia care. We saw the nomination form from the provider and a relative, for the care assistant who won the 2017 award. It highlighted the overwhelming help and support that the care assistant had given to a particular person to ensure they lived as full a life as possible. One of the statements said, '[Care assistant] is genuinely interested in who our parents were before they lived with dementia. She had an excellent understanding of them as individuals, their dynamic as a couple and us as a family. She ensures our parents standards are not lost or diminished.' We spoke with the 2017 award winner who told us how they felt after they heard they had won. They said, "I felt really appreciated, in my work and also from the family. Looking after [the person] was a big responsibility but I loved it. The support I have been given, especially the training in dementia care has been great and helped in how I care for people."

We saw that the provider did their best to ensure people had regular care assistants which allowed them to develop caring relationships and understand how they liked to be treated, with continuity reports reviewed at weekly team meetings to make sure this was being monitored. The provider's scheduling system allowed care assistants to be allocated to people and if concerns were raised, they would be able to make sure they were not allocated to them again to avoid causing any distress. We saw that care assistant profiles were created during the recruitment process to help with the matching process and the private care manager explained how preferences for care assistants were fully discussed during the initial assessment. One person said, "I've built up a wonderful rapport with my regular carer and know them very well. We have an interest in each other and she is so lovely." A comment from a recent review on 18 January 2018 from one person said, 'I do have a regular carer and I get on very well with her.'

Care assistants knew the people they were working with and were able to talk about their personal histories and how they liked to be supported, including important parts of people's routines. One care assistant said,

"We take the time to get to know them and find out about them so we are always able to talk with them when we are supporting them." We saw records in one person's spot check where a supervisor had highlighted that the person was feeling emotional and that the care assistant stayed with the person until they were feeling better and reassured them throughout the visit. We also saw a comment from a recent questionnaire where one person said they had been unwell and their care assistant had gone to get their newspaper for them, which was not part of the usual routine. A health and social care professional involved in local community events told us that the provider had been extremely helpful in supporting their community projects. They said that there had been occasions when care assistants had helped people when they became distressed and had been effective in calming people in a compassionate manner. They added that they would not have been able to manage without the support.

We saw the provider had implemented a scheme to formalise visits to people when they were admitted to hospital. We saw correspondence for one person and their relatives that a care assistant had been arranged to stay with them in hospital as they felt more reassured that their regular care assistant would be with them. The provider had also been proactive in documenting their 'extra mile' achievements and we saw correspondence that one person was supported into settling into a residential home as relatives felt reassured the care assistant would be able to help with the transition and also provide any information relevant to the home on how the person liked to be supported. We saw this had been successful and a relative had written to the provider to thank them for the extra support. A comment from the compliment said, 'I'd like to express my own personal thanks for the care you have provided. We only have praise for the care they have received.'

People told us that staff respected their privacy and dignity and always tried to encourage their independence. People's care plans included detailed information about how they wanted to be supported with their personal care, including how much privacy they wanted when at home or out in the community. One person said, "I've used them for a long time and they have always respected that." One person had specific instructions in place for the level of support they needed when they were being supported in the community. It was important for the care assistant to be aware of this and to give them enough privacy when they were with their friends and family. The guidelines included situations when this would be necessary and how they would communicate with each other, especially when the person needed some support. Another person's care plan highlighted the importance of encouraging their independence and giving them the opportunity to do as much as they could on their own, but also highlighted what areas they needed support with.

Staff we spoke with were aware of the importance of this and explained that care records were always detailed so that they knew the levels of support people needed. One care assistant explained to us how they supported a person who was living with dementia with their personal care. They were able to tell us the challenges they faced and how they managed to work with the person and encouraged them to do it in a way which ensured their dignity was respected and their needs met in the most reassuring way. They said, "Usually they don't like it but we always give him/her time, reassure them throughout and encourage them to be involved. It takes time but it was a great feeling for me when they let me help them." We heard and observed care assistants talking to one person during personal care and when they were supporting them with transfers. Care assistants spoke in a caring and compassionate tone, involved them in conversation during the tasks and explained what they were doing and reassured them throughout the process.

We saw records that showed people using the service and their relatives were involved in making decisions about their care and support. The private care manager told us that they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. For example, the private care manager had

emailed a person after the assessment to confirm what arrangements had been discussed, care assistants were being matched and that an introduction would be set up. For another person, we saw that they had been fully involved in planning how they wanted their personal care to be carried out, with detailed instructions on how they should be supported. We saw comments that showed the person had been happy with how they had been listened to when discussing their needs and their wishes had been respected.

During the inspection we did not review any records of people who needed access to advocacy services. Advocates are trained professionals who support, enable and empower people to speak up. The managing director and registered manager were aware of their responsibilities if they felt people needed the support of an advocate and contact details for local advocacy services were available in the customer handbook.

The managing director told us that since the last inspection they had set up a retainer scheme so people using the service and their relatives had the option to have their preferred care assistant when they returned from hospital. He added, "For some people, it will give them the reassurance that they will see the carer they want the most when they come home and this scheme gives us the opportunity to guarantee that for people."

Outstanding ☆

Is the service responsive?

Our findings

People using the service and their relatives told us they felt their care was personalised, staff listened to them and that they were able to contribute towards their assessment. One person said, "I did the care plan and they come to see me to check on things." Another person said, "There is a care plan in the house and I did it with them. Everything is recorded on their smartphones and they come out from the office to ask me questions." A relative told us that they had just started with the service and had been actively involved in the care and support of their family member. They added, "They came and saw us and my [family member] was clear about what they wanted and everything was written down. They are very accommodating and when there have been last minute changes they have been so willing and helpful to accommodate that it's been marvellous." Three health and social care professionals commented positively on the flexibility of the provider and being able to provide support at short notice. We did receive a comment from one relative about a care plan not being in place. We spoke to the registered manager about this who was aware that it was a new package of care and correspondence had been shared about arranging access for it to be viewed through the software.

Of the 85 people using the service at the time of the inspection, 75 privately funded their own care, with the remainder funded by the local authority as part of a reablement package when people were discharged from hospital. The private care manager told us that when new enquiries or referrals came in they would arrange an appointment to meet people at home or in hospital to discuss their needs. The assessment discussed what the person wanted to achieve, whether it was short or long term and what care and support people wanted. Once this information had been obtained they would start to match the person's interests and needs to care assistants and complete the necessary care plan and risk assessments. They added, "We always start with the person and tailor the care to what they want."

Care records were uploaded onto their system and could be accessed by office staff and care assistants with the most up to date information via a smartphone. Relatives, with permission, could also access their family member's records to view what care and support had been completed. For example, we saw correspondence where a relative confirmed they had seen an improvement in the continuity of care assistants after discussing this with the office, as the records showed which care assistants had supported their family member. Care records contained contact details for the person, their next of kin and health and social care professionals who were involved in their welfare. They provided a detailed summary of medical histories and health conditions for the care assistant, including people's personal histories, what was important to them, their preferences and communication methods. We saw records to show that the service was reviewed after the first month by the private care manager to check that people were happy with the care and support they received. It was then handed over to a supervisor for regular monitoring and reviewed every six months or sooner if people's needs changed. For example, we saw one person's records had been reviewed twice in a six week period due to changes in their support needs.

Care plans had a detailed overview of the care that needed to be carried out during the visit. It identified the areas of support which included people's personal care routines and preferences, social inclusion, medicines, nutrition and hydration, levels of privacy and financial support. Care plans were person centred

and outcome focussed, with the care assistants needing to complete tasks on the system to highlight if it had been completed and the outcome had been achieved. If it was not completed it would generate an alert to the office, who would then follow this up with the care assistant. For example, one person wanted to be supported in the community and to attend college. We saw that there were detailed plans in place to explain the specific support that was needed to ensure their independence was fully maintained. We spoke with this person's relative who told us they had been extremely happy with the support since they had started using the service. Another person had a detailed overview about how important their morning routine was to them, which included details of how they wanted their newspaper as they were interested in current affairs. We observed this on the third day of the inspection and saw the care assistants were aware of how the person liked to be supported and made sure they were happy with everything before they left.

Care assistants spoke positively about the information that was available to them, along with the accessibility of the software used. One care assistant said, "It's very easy to use, it shows when you are at a client's home and you can check what happened at the last visit. We record as we go and have to complete everything before leaving so we don't miss anything." Another care assistant told us one of the benefits of the software was having access to the notes from the previous visit. They said, "I'm able to look at the last visit before coming here so I know if there is anything specific that needs to be done or if anything occurred. It is really helpful."

There was evidence that the provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. These specific needs were discussed during the assessment and if there was anything that staff needed to be aware of when supporting them. One person highlighted that due to their current health condition, they were unable to stand for long periods of time to cook their preferred foods. There was information in place for care assistants to work together with the person for them to provide verbal support and explain recipes so they could continue to have food that met their cultural needs. People and health and social care professionals also told us that the provider was flexible and tried to accommodate people's personal circumstances, sometimes at short notice. For one person, we saw that during a review they had discussed wanting much later visit times for the weekend evenings, which the provider had been able to accommodate.

There was evidence that the provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. Care records highlighted if there were any communication issues and what people's preferred methods of contact were. For one person, it was recorded that communicating through text messages was the best way to arrange support and liaise with their care assistant when they were in the community. Another person highlighted they preferred information verbally and it was important when communicating to face the person directly and speak clearly to make sure they understood. Documents could also be emailed to people if this was their preferred format.

People using the service and their relatives said they knew they could call the office if they had any concerns and would feel comfortable doing so. One person said, "Well the need has never arisen yet if I need to I can always call." Where people and their relatives brought up issues during the inspection, we discussed this with the management team who were proactive and made contact with people to get further details about the information received. We saw the private care manager had been out to visit one person and saw correspondence that they had followed up with them the following day to thank them for their visit and considerable help. They highlighted that there were no concerns and had no complaints. The managing

director also updated us after the inspection on the actions they had taken.

There was an accessible complaints procedure in place and a copy was given to people in their customer guide when they started using the service. The provider's complaints procedure included concerns, where there was the opportunity for them to be resolved locally and faster than going through the more formal process. If people were not happy with their response they could escalate it to be dealt with at a more formal level. If people were still unhappy they were signposted to the local ombudsman. We reviewed the complaints folder which had a log of all complaints and whether they were pending or had been resolved, with evidence of what actions had been taken. At the time of the inspection two complaints were still being dealt with and the registered manager showed us what stage of the investigation they were at.

We also reviewed their compliments folder and saw there had been 19 since July 2017, with a mix of people who used the service, their relatives, health and social care professionals and also three from previous members of staff who had left but thanked them for all the help and support they received. One compliment stated, 'Amazed by the care provided. I feel safe and happy with how everything has been managed.' One compliment from a relative said, 'I'll never forget what you did for my [family member]. You knew them very well and were with them for the last time.'

We saw that the provider was extremely passionate about supporting people in the community with the aim to make it inclusive for everybody, including people living with dementia. The provider had been involved in a range of events to support people living with dementia. They had worked closely with local theatres, projects and venues and supported people to attend dementia friendly events. For example, one person had been supported to a sport reminiscent session at Lords cricket ground. Another person had been supported to take part in ballet sessions. A comment from the organiser said, 'How lovely to witness the very special relationship and demonstrating the qualities in going the extra mile.' We spoke with the events coordinator who ran a group called 'Hymns and Pimms', a meeting group for people with dementia and their relatives/carers to come together to sing at a chapel in Westminster. They told us how the provider had always fully supported them and provided them with care assistants to help people access it and provide much needed support. We saw that the provider had also organised a 'Great Bluebird Bake Off' event and raised over £500 for the chapel to continue its work with dementia friendly initiatives. The events coordinator added that they had always been so helpful and always gave them a great amount of support.

Staff told us what an important part of their job it was in supporting people living with dementia and shared the passion of the managing director when it came to providing care and support. One care assistant said, "We have had some very specific training, they take it very seriously. We have also had access to extra training and given links to videos of how we can learn more to help people with dementia." Another care assistant told us how they had attended dementia workshops and had learnt new skills in using sounds and music to communicate with people. One relative said, "My [family member] has dementia and can refuse care and get aggressive. They know how to work with them and are so patient and motivated." We saw that the passion from the managing director was embedded throughout the whole staff team.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since July 2015. She told us that she was in the process of deregistering and becoming the operations manager. The care manager, who had been in post for three weeks, was in the process of submitting their registered manager application. She had previously been registered with the CQC with another provider as a registered manager since September 2016. They were both present each day, including the managing director and assisted with the inspection, along with the office team.

The majority of people using the service and their relatives spoke positively about how the service was managed and the support they received. Comments from people included, "The office is very good when you ring them and are a whole lot better than other agencies I've had", "I can't complain really, overall it is very good" and "I've built up a good relationship and if there have ever been any issues, they've always explained and apologised. I'm so glad to have them." One relative said, "The office is so nice and friendly when you speak to them and we can't fault them at all." We only received comments from two people who felt that the service needed improvement in relation to communication from the office. We were told at the beginning of the inspection that there had been some staff changes recently and they were recruiting for two office positions, with senior care staff stepping up to provide support during this period. This had been communicated with people and staff and we saw correspondence from meeting minutes thanking staff for their support and patience during this time. Health and social care professionals spoke positively about the service and said they had no concerns. One of them felt staff were always friendly and polite and had been impressed with how they had managed a complex care package when previous agencies had difficulties.

All of the care assistants we spoke with told us they felt very well supported in their roles and we received many positive comments about the management of the service and how inclusive the service was. Comments included, "The support I get is ten out of ten. They listen to me and have been very helpful if there have been any problems. Everybody is lovely here", "They motivate us and I feel reassured. They make sure we work in a safe environment and I really enjoy it", "I love working here. The environment, support and teamwork make it a great place to work" and "For me, I've always been able to speak with management and they have made it very comfortable to approach them if we have any concerns." The newly appointed care manager also spoke positively about being listened to from the start and that some of her ideas had already been taken on board. They added, "I feel comfortable approaching them with new ideas."

Staff we spoke with praised the positive culture and felt fully involved in the service, highlighting the opportunities for progression. A mentor programme was in place where senior staff could give advice and guidance, especially if new starters did not feel comfortable asking for help. One care assistant told us that it had been really helpful when they started. Another care assistant, who had been a mentor said, "I was able to give advice and think it made them more relaxed. I was happy to do it." The provider was aware of the importance of giving staff the opportunity to progress in the organisation which helped to retain staff. The managing director told us that care assistants had shadowing opportunities within the office to get a better understanding of how the service was managed and also to highlight why they asked them to complete

certain tasks. They added, "It has also helped going forward as we have been able to recruit internally as staff have an understanding of the office." A senior care assistant, who was supporting the office during the inspection confirmed this and told us that they were enjoying the challenge. A senior care assistant said, "I'm so happy working here. I'm progressing and have been given opportunities. It is great to know they have faith in me." Staff were also encouraged and supported with their personal learning and development and at the time of the inspection 31 out of the 65 care staff had been supported to study for further vocational qualifications.

The provider was aware of their responsibilities and provided a clear vision for staff that they wanted to be innovators and strive to change the nature of domiciliary care, which would be achieved by investing in staff to drive improvement across the organisation and to provide outstanding care. A care assistant referral scheme was in place, along with a range of bonus incentives when staff met targets to help drive the business forward. For example, staff would benefit for meeting targets in areas such as continuity of care, number of spot checks and scheduling visits The provider had also invested in technology to help improve quality standards. Staff had been fully involved in the roll out of new software which was used by all staff and review sessions had been arranged for care assistants to give feedback about how user friendly it was. All care assistants spoke positively about it and how it had improved their working experience. The provider had developed and released a new app called 'Staff Guide', and we saw it had been communicated to all staff along with how it could be accessed. All staff were able to access policies and procedures in a more informal and accessible format. We reviewed it on the second day and saw it covered the values of the provider and guidelines for care assistants with helping people with their care and support. For example, it included information about health and safety and had a link to short training videos, including pressure sore awareness, moving and handling procedures and a two minute video on how to stop somebody from choking. Safeguarding information was also made available to staff via the app. The managing director said, "It doesn't replace any training and it is more accessible for staff to provide important information as a snapshot which is much more condensed."

Other systems that had been implemented included a flexible contact management software tool which gave the provider an overview of interactions with all people using the service, their relatives and health and social care professionals. Broadcasts could also be sent out to all staff and could be tracked to see when they were received and read. It had the function to set up reminders and we saw an example of how staff would receive an alert. The managing director said, "It's proactive and allows me to know what is going on throughout the whole service and what action has been taken." The on-call system had also been updated since the last inspection and an online logging programme was in place which created electronic notes, with the registered manager getting a daily report to review if any action needed to be taken.

The provider had a robust range of internal auditing and monitoring processes in place to assess and monitor the quality of service provided. There were weekly team meetings with the registered manager, care manager and supervisors where a number of aspects about the service were discussed. We saw topics included the on-call report, monitoring of alerts, compliance rates, CQC updates and any issues with people using the service. Care assistant meetings had previously been quarterly but with the appointment of the new care manager they had been scheduled monthly for 2018. We saw important issues were discussed which included communication, punctuality, rotas, availability, updates with the software used and mentoring opportunities. Care assistants received regular spot checks, both announced and unannounced to check on the quality of service being provided. Care assistants we spoke with confirmed this and said it was an opportunity to discuss any concerns and get further advice. One care assistant said, "It is good that they check that we are doing everything in the right way."

The provider had a compliance and quality audit action plan in place which was reviewed monthly and

covered recruitment and training records, supervisions and spot checks, complaints and care assistant visit records. With the systems in place there was daily monitoring of people's medicine administration records (MAR) with alerts set up that would be followed up immediately, along with a sample of weekly checks of electronic MARs. Monthly senior management meetings focussed on compliance, recruitment and the financial sustainability but the provider had also implemented a quality improvement plan after the last inspection, which had resulted in the aim to achieve an outstanding rating. We saw that it was reviewed monthly and broken down into the five key questions reviewed by the CQC to constantly review and improve the business. The 'Outstanding Plan' had involved the whole staff team and meetings arranged to look at other inspection reports to highlight best practice and share across the service. We saw key line of enquiry (KLOE) discussion groups in care assistant meetings and exercises to show how each person had a responsibility to meet this standard. We reviewed a folder that had been set up to demonstrate outstanding practice that had been highlighted in other reports so that the provider could strive to achieve similar standards. The provider also carried out a robust internal quality audit annually based around the five key questions of the CQC inspection methodology. We saw that improvements had been made over the last two reports, which commended the open and honest culture and strength in leadership.

We saw that the provider played an active role in the local community and was extremely committed about supporting people, their families and carers living with dementia and strived to create a dementia friendly community. The managing director was the founder member and former chairperson of the Westminster Dementia Action Alliance, and was now an active member of the group's steering committee. We saw the provider had held dementia awareness sessions, including one at a central London mosque. They had also given presentations about creating a dementia friendly society and encouraged people who used the service and the surrounding community to take part in activities of interest.

We saw that the provider worked in partnership with other agencies to raise awareness and improve understanding for staff that would help them when supporting people using the service. A number of agencies had been invited into the office to give talks and have discussions on relevant matters. Agencies that had been involved included the London Fire Brigade, London Ambulance Service and Dementia Friends. Marie Curie had given a talk about end of life care. We saw that St John Ambulance and the community police were scheduled to visit in the coming months. Staff we spoke with told us that they had found them to be a valuable learning experience. One care assistant told us that the sessions had been very beneficial and had been able to use what they had learnt to provide better support to people. One health and social care professional told us that they felt the provider always had their eyes open and looked for ways to help people.

The provider sought people's views through their annual customer questionnaire and we saw a sample of 19 responses that had been returned as they had been recently sent out, with the majority being positive. The questionnaire had 13 questions which covered areas such as punctuality, communication, respect, complaints and overall level of satisfaction, with options for additional comments and how the service could be improved. The provider also used an external organisation to carry out 'mystery shopper' calls to get feedback about how staff had dealt with initial enquiries of a prospective customer or the recruitment of new staff. We saw that improvements had been made from the recent feedback form in June 2017. Questionnaires were also in place for staff to feedback about their working experience.