Bluebell Support Services Limited

Bluebell Support Services

Inspection report

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Date of inspection visit:
28 June 2017

Date of publication:
10 August 2017

Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This announced inspection took place on 28 June 2017. Bluebell support services is a service that provides care to people in their own homes. At the time of our inspection, the service was supporting 30 people.

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

Staff were knowledgeable about how to keep people safe and to reduce the risk of them experiencing harm. However, not all risks to people's safety had been assessed and the information in place to guide staff to do this appropriately was not always comprehensive. Appropriate support had not always been provided to people to ensure they received their medicines safely. Improvements are required within these areas.

Systems were in place to protect people from the risk of abuse and any concerns raised had been thoroughly investigated and reported to the relevant authorities.

There were enough staff to provide people with the care they needed. Staff had received sufficient training and supervision to help them deliver effective care. They were polite and asked people for their consent before performing a task. If the person could not provide consent, the staff understood the need to offer people choice.

Where people required assistance with eating and drinking, this was received. The staff understood the importance of encouraging people to eat and drink sufficient amounts to help them maintain good health. The service ensured that staff supported people with their healthcare needs where this was needed.

The staff were kind, caring and compassionate and treated people with dignity and respect. They had taken time to get to know the people they supported so they could ensure they received care that met their individual needs and preferences.

People were given choice and control over their care. They were listened to and empowered to make decisions which were respected. Where concerns had been raised by people, these had been taken seriously and investigated. Improvements had been made to the quality of care in response to these concerns.

Good leadership was in place. The staff understood their roles and responsibilities. They were valued and therefore they were happy in their work. The provider had instilled an open and transparent culture within the service where both staff and people had confidence in them.

The provider had recognised some shortfalls in how they monitored the quality of the service delivered and had put in place some improvements. This was because they were keen to drive improvement within the

service. They were receptive to advice in relation to improvement and actively sought this from sources such as other providers and managers of similar services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Staff knew how to reduce risks to people's safety. However, not all risks to people's safety had been assessed. Information in place for staff in relation to risks lacked guidance on how to support people to mitigate risks to their safety.

Action had not always been taken to ensure people received their medicines appropriately. However, the systems in place to monitor this had recently been improved.

Systems were in place to protect people from the risk of abuse and there were enough staff to provide people with care to meet their needs.

Is the service effective?

Good

The service was effective.

The staff supported people to make choices and sought their consent.

Staff had received sufficient training and supervision which helped them provide people with effective care.

People were supported to maintain their health and with eating and drinking where this was part of their care package.

Is the service caring?

Good

The service was caring.

The staff were kind and caring. The provider matched staff to people so they could develop caring relationships with them.

People were empowered to make decisions about their care. The staff respected people and protected their dignity and privacy.

Is the service responsive?

Good

The service was responsive.

People received care that met their individual needs and preferences.

People's concerns and complaints were listened to and acted upon to facilitate improving the quality of care people received.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the service and the leadership in place was good. Staff morale was good and they enjoyed working for the service.

Effective systems were in place to assess, monitor and improve the quality and safety of the care people received. However, records in relation to this monitoring had not always been kept to ensure the required actions to drive improvement had been made.

Bluebell Support Services

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 checked 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.

This was a comprehensive inspection that took place on 28 June 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in their own homes. We needed to be sure that staff would be available to answer our questions and we would have access to records as part of the inspection.

The inspection team consisted of one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we looked at information we held about the service. This included notifications that the provider had to send to us by law. Prior to the inspection, the provider also completed a 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.

During the inspection we gathered feedback from four people and five relatives about the care provided by Bluebell Support Services. We also spoke with three care support workers, the registered manager and the business development manager who were the providers of the service.

We looked at three people's care records, three staff recruitment and training records and three people's medicine and care records. We also viewed records regarding how the provider assessed and monitored the quality and safety of the care they provided.

Requires Improvement

Is the service safe?

Our findings

Improvements are required to the management of risks to people's safety. The staff we spoke with were knowledgeable about how to reduce risks for people who they visited regularly. This included risks in relation to choking, falls, developing pressure ulcers, malnutrition and dehydration. One staff member told us how they always ensured a person received a pureed diet and thickened fluids as they knew they were at risk of choking. Another said they made sure a slip mat was placed on the bottom of a bath before they supported a person to take a bath. However, they told us on occasions they visited people they did not know very well. When this occurred, they said one of the methods of communication they relied on about risks was via the risk assessments kept in people's homes. We found that sufficient guidance was not always in place for staff to follow. Also, the registered manager had not always assessed risks where it was appropriate to do so.

For example, the registered manager had noted in one person's care record that the person had a history of falls. They had assessed the person as being at low risk of falling. It was not clear from the records how they registered manager had come to this conclusion. There was no information to guide staff on how to reduce this risk. Another person had fallen in their home in December 2016 whilst the staff were present. This incident had been reported to the registered manager who had investigated into it. However, they had not assessed the person's future risk of falling. Therefore, staff did not have information in place to guide them on how to support the person to reduce the risk of them falling. For another person, a risk assessment had not been put in place in relation to staff supporting them to have a bath. The staff knew what action to take to reduce the risk of the person experiencing harm but this had not been documented.

We spoke with the registered manager about this. They told us they had recently recruited three new senior staff to the team. Part of their role was to review all risks to people's safety to ensure appropriate guidance was in place for staff to follow. They said this was to commence shortly.

Improvements are required to ensure people receive the appropriate support to take their medicines safely. One person's record indicated they consistently refused to take their medicines. The registered manager had assessed this person as requiring full assistance from the staff to take their medicines safely. It had been recorded on the assessment that they regularly refused to take their medicines and would only take them from a relative. This relative was not always present and the registered manager confirmed the person often therefore, did not take their medicine. The registered manager was not clear as to the reason for the person's refusal from the staff. They were unsure whether the person lacked capacity to understand the medicine or whether it was a communication issue. We saw they had spoken to the person's relatives about this who had said they had discussed this with their GP. However, this had not been followed up by the service to ensure that all avenues had been explored to ensure the person received their medicines appropriately. The registered manager agreed to immediately investigate into this.

Risk assessments were in place in relation to people's ability to take their own medicines. These confirmed what assistance they required from the staff. However, we found that staff had often not given one person prescribed eye drops. The registered manager told us this was because the person completed this task

themselves, as they did not like staff to administer them. The registered manager had not re-assessed this risk to make sure the person had all the support they required to do this safely.

Everyone we spoke with told us that where the staff were responsible for giving people their medicines, that these were received when needed. A relative told us, "Medications, yes they apply those, record them and the eye medication is working okay." Another relative said, "The carers give her the medication, but I am around when they do it. They give it correctly."

All of the staff we spoke with told us they gave people their medicines when they needed them. They said they had received appropriate training within this area and that the registered manager had assessed their competency to do this safely. The registered manager confirmed this although they said they had not kept any records to evidence these observations.

We looked at three people's medicine administration records to see if they indicated people had received their medicines correctly. We found some gaps in relation to two people where staff had not signed to say they had given the person their medicine. When the registered manager checked this we were satisfied these people had received their medicines correctly.

Where people had prescribed creams in place that staff administered, a record of when they had been applied had been kept. Information was in place to guide staff on how and where to administer these creams.

The registered manager told us they had recently attended more in-depth medicines training that had been conducted by the local authority. They were also receiving support and guidance from them as the registered manager was keen to improve their current systems for monitoring the administration of medicines. They told us that all staff had been asked to check people's medicine records each day to ensure the person had been given their medicines. Senior staff were also conducting weekly checks on these records and they confirmed to us they were doing this. We saw that some medicine errors had been identified in a timely way following the introduction of this new system and that these had been fully investigated.

We looked at three staff member's recruitment records to see if the required checks had taken place. All staff had been subject to a check of their identification. A disclosure and barring service (DBS) check had been requested for all staff. This checks to see if the potential staff member is barred from working within this type of service and if they have any criminal convictions. The registered manager showed us that where the DBS identified a potential issue in relation to a staff member's character, they assessed this risk before making a decision whether to employ them. However, although they told us they had completed a risk assessment for one staff member, they had not recorded this. The registered manager told us this was an error and immediately agreed to document their rationale in relation to employing the staff member.

The registered manager told us that it was their policy to obtain two references about the potential staff member's character before they employed them. For two of the three staff we looked at, we saw this had been the case. However, one staff member only had one reference from their last employer. Another staff member did not have a full documented employment history which the registered manager told us was required. The staff member responsible for recruitment told us they had obtained a character reference and a full employment history for these two staff members but had not documented these. The registered manager said these should have been completed and agreed to immediately put them in place.

All of the people and relatives we spoke with told us there were enough staff to meet their needs safely. One

person said the staff had missed a care visit on one occasion but said this was due to a communication mix up. They told us, "They haven't missed any calls, apart from once when we got the bookings mixed up." Another person said, "They aren't short staffed. The staff always come." A relative told us, "There are no staffing problems." All but one person said the staff always stayed for the correct amount of time although they said this was not a significant concern for them. Everyone said they did not feel rushed by the staff.

The staff we spoke with told us they felt there were enough of them to provide people with the care they required. They said they were able to spend the required time with people and were rarely late for visits. The registered manager told us that on occasions, staff had not turned up for a visit. They had investigated into each of these and found issues in relation to communication with the staff. They had therefore introduced a new system where they spoke daily to each staff member about their visits to make sure they were correctly covered.

The registered manager told us that recruitment of staff had been a challenge but that a number of new staff had recently joined the service. They said they were therefore now fully staffed and able to cover the visits to people. Contingency plans were in place to cover short notice staff absence such as sickness. In these circumstances, existing staff or staff working in the office covered care visits.

The registered manager told they had recognised they needed a more robust system to monitor staff attendance to call visits. They said they were finding it more difficult to monitor staff attendance through their existing systems due to the growth of the service. Therefore, they were in the process of purchasing a new electronic system which would help them monitor this area. This would help them identify issues such as missed or late calls in a more timely manner so they could take immediate action.

Systems were in place to protect people from the risk of abuse. Everyone we spoke with told us they felt safe when they or their relative was being provided with care by the staff working for the service. They also told us they knew who to contact if they had any concerns. One person told us, "Yes, I do feel safe. If I didn't feel safe, I'd talk to the owners." Another person said, "Oh yes, definitely (feels safe). If I didn't I speak to their higher people. They are vigilant (about person's care needs)." When asked about their family member's safety a relative told us, "Yes, she says she feels safe. There is never an aspect of safety that comes into question."

The staff we spoke with demonstrated they understood what types of abuse people could experience and how to report any concerns if they had any. All of the staff said they would report any concerns to the registered manager or provider. Two of the three staff knew which authority they could report a concern to outside of the provider if they felt they needed to take this action. One staff member was not sure but said they knew the information was in the provider's safeguarding policy which they had access to. We saw this was the case. Records showed that staff had reported any concerns to the registered manager who had passed these onto the relevant authority for investigation if appropriate.

Good

Is the service effective?

Our findings

Everyone we spoke with told us the staff always asked for their consent before completing a task. One person told us, "If they think they're not doing it right they check, but the routine is alright." Another person said, "They ask but they don't need my consent as they already know what to do and what I like." A relative told us, "They do all of that. Ask her how she is, what she wants doing, and if there's anything else like the washing up."

The staff told us that some people using the service sometimes lacked capacity to make their own decisions in relation to their care. The staff therefore had to work within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The staff we spoke with showed variable knowledge in relation to the MCA. However, they were clear about asking people for their consent and offering them choice. Some staff gave us examples of how they did this such as showing the person different clothes or meals to help them make a choice.

The initial assessment of people's care needs had touched on the support people required to make decisions about their care. However, the guidance for staff was broad and not specific. In one person's record it stated 'lacks capacity to make decisions' but no other information about how staff could support the person with this was recorded. We also found for one person, that where there was doubt about their capacity to understand the importance of them taking their medicines, no assessment of this had taken place. Therefore there was a risk that the staff were not acting in the person's best interests.

The registered manager told us they had recognised that improvements needed to be made to the guidance available to staff about people's ability to make decisions about their care. They showed us some paperwork they were planning to introduce. This listed a number of common decisions that people were asked to make and detailed what sort of support staff may need to give. This was planned to be implemented imminently.

Everyone we spoke with told us they felt the staff were well trained. One person told us, "The manager had told them about my condition so if I say 'today I'm not good', they would understand." A relative said, "Oh yes, we've got good staff." Another relative told us, "[Family member] feels that staff know what they're doing. They're trained enough."

All of the staff we spoke with said they had received training in a number of different subjects including basic life support, moving and handling, medicines management and infection control. They told us the training had been delivered using various methods such as DVDs or classroom based. The staff said they felt the training was good and that their skills were current and up to date. However, they added they wanted more training on dementia. This was because they were supporting a number of people living with this condition.

The registered manager told us they had recognised this and were currently seeking further training in this area for the staff. The staff said the provider was responsive to them when they requested further training. One staff member said they had raised with the registered manager they wanted to learn more about end of life care and this was being arranged for them.

We spoke with one member of staff who was new to the service. They told us their induction training had been good. They said they had been given plenty of time to gain confidence during their training and had shadowed more experienced staff which had helped them to learn. They said they had sat down with the registered manager to discuss their performance before they had been allowed to visit people on their own.

The registered manager told us the induction training took place over four days when a new staff member started working at the service. This training touched on each of the standards of the Care Certificate. This is a recognised qualification in the health and social care sector. After each standard had been briefly covered, a group discussion took place to help to assess staff's learning. The staff we spoke with confirmed this took place.

All of the staff told us they received adequate guidance and supervision from the registered manager or senior staff. Records showed that staff had received regular supervision. However, there was no recorded evidence that the registered manager had assessed new staff as being competent before they worked on their own. No certificates were in place to show that staff had completed their training. The registered manager told us they had recently purchased a new e-learning package which would assist with this.

The people we spoke with received minimal support from staff with their eating and drinking. However, everyone told us the assistance they received in this area was done to their satisfaction. One person told us, "Meals, if my (relative)'s in, he usually does that. Most of the staff can do it if he's out and they do prepare things if I ask." A relative said, "At one call they prepare food and check to see if she's eating properly." Another relative told us, "Meals they don't cook, as she is on a pureed diet but before the carer goes she'll put the oven on to heat the food."

The staff were able to demonstrate that they had a good understanding of the importance of ensuring that people received enough food and drink to meet their individual needs. One staff member told us how they always left a choice of food with one person if they had refused to eat a meal whilst they were present. Another said they were very conscious to ensure people drank enough to stay hydrated. Records regarding people's food and drink likes and dislikes, contained variable information for staff. Some guidance was very specific about how people liked their food prepared but this could be improved. One staff member told us how this would have been helpful to them recently when they visited a person they did not see often. They told us they had made them a cup of tea that was too strong for the person how had not drank it. The staff member felt that if there had been more information in the person's care record about their preference in relation to a hot drink, this could have been avoided. The registered manager told us the senior staff were in the process of reviewing and updating the information within people's care records to ensure consistency.

People were supported with their healthcare if this was required. All of the people and relatives we spoke with arranged either their own or their families members healthcare. However, they all told us they were confident the staff would do this if there was a need. Relatives also said they were kept informed if their family member was unwell so they could arrange this. One relative told us, "If she needs the doctor's, I'm contacted on my phone by the carers or my other relative is." Another relative said, "When it comes to the doctor or other healthcare people, I ring up. But if I wasn't here, even though it's not written in black and white, they've been asked to ring the doctor which they have done."

When we spoke with staff about this subject, they gave us a good account of other healthcare professionals they would report concerns to if they were worried about the person's health. This included alerting the person's GP, a district nurse or an occupational therapist with the person or relative's permission. Records showed that the registered manager had contacted various healthcare professionals when needed.

Good

Is the service caring?

Our findings

Staff had developed caring relationships with the people they supported. Everyone spoke positively about the staff and told us they valued seeing them. One person told us, "The carers I have I'm happy with." Another person said, "They are lovely. They are all so nice. They help anyway they can. I know that they're there if I need it and they're very helpful without being nosy." A relative said, "They're always caring. They spend time talking to her when they are here."

People told us they knew the staff well. The relatives we spoke with confirmed this. One person told us, "I've got to know them. I recognise most of them. I usually have one carer and they manage alright with a routine most of them know." Another person said, "I would really miss them if they didn't come. We know them all now. If I wasn't well or if I was worried about anything they would help, and it's a pleasure to have them in my home." A relative told us, "They are regular staff and they know her habits. I've met them all. They are nice people and I have a good communication with them."

Where people saw different staff, they said this was not an issue for them as all the staff were polite, kind and caring. The registered manager told us they understood it was important for people to have continuity of care from a few staff and that therefore, they tried to facilitate this when they planned the staff visits.

It was evident from our conversations with staff that they knew the people they supported well. They were able to tell us about the person, their likes and dislikes and personalities. Information in relation to people's past history was gathered where people wanted to give this. Staff told us this helped them to get to know the person and reminisce with them. Staff were also aware when people had any diverse or cultural needs and were respectful of this. They said they were given time to get to know the person and their relative so they could adapt the care to how they wished to receive it. The registered manager told us that when a person started using the service, they took time to match an appropriate staff member to the person. This was a staff member they felt would help the person be comfortable and reach their individual goals.

The service supported people to express their views and to be actively involved in making decisions about their care. All of the people we spoke with told us they felt listened too and in control of their care. Relatives said they were consulted when necessary in relation to their family member's needs. One person told us, "Yes I've got control and if there's anything I wanted to change, they're all okay with that." Another person said, "I've got control and choice. If I can do something, I do it or I ask for help."

Before people started to use the service they were involved in an initial assessment of their requirements and needs. They had been asked what care and support they required and what their personal goals were so they could make a choice. People had been involved in regular reviews of their care. The registered manager told us they personally visited each person to ensure they were informed about their care. Information was given to people when they started using the service to facilitate them making decisions about their care. This could be provided in different formats such as large print or in pictorial format when required.

Everyone said the staff treated them or their family member with dignity and respect and that their independence was encouraged. A relative told us, "All of them are respectful. The manager gives them a very strict code of conduct. They have been taught well." When asked about whether staff respected their family member's privacy and dignity the relative said, "Privacy and dignity, oh yes, she gets all of that and they don't take over things that she does, just do the bits that she needs." Another relative said, "I do feel they're encouraging and nice to her." A further relative said, "Privacy and dignity is protected, no problem there."

Records and feedback from staff supported that the service involved other healthcare professionals to assist people with their mobility to help them remain independent. The staff demonstrated that treating people with dignity and respect was very important to them. They said they protected people's privacy by for example, ensuring doors or curtains were closed when providing people with personal care.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us the care and support that was provided met their individual needs and preferences or that of their family members. Some people also said the staff were very flexible so they could meet these needs. One person told us, "They stay one hour every morning but lately I've had extra hours in the afternoon which they sorted for me." They went on to tell us how they were having assistance with their breakfast but that the registered manager would change the time the carers visited to suit them if needed." Another person said, "I think everything is alright with how they do my support." A relative told us, "They do what she needs." Another relative said, "They turn up in the morning. They are very flexible as she gets up late and they come for half an hour to help. They help her correctly and I see what she asks them to do and it is often over and above what's on the plan!" Another relative told us how important it was to their family member to only have female staff support them. They said this was respected at all times.

People told us they received their care at a time of day that suited their needs and that the staff were rarely late visiting them. All but one person said the staff in the office would let them know if their visit would be later. One person told us, "They're not really late. Usually they're never later than quarter of an hour and they always phone and let us know if they are." A relative said, "It's very rare that they're late, or like now they've rung to say they are delayed." However, one person told us how they had had to call the office at 12pm when they had not received a visit at 10am. They said they were happy to call but would prefer the office to alert them of any issues. We spoke with the registered manager about this during the visit to the provider's office. They said they had recently received feedback in relation to this issue. They told us they were putting systems in place to ensure people were informed if staff were running late or if their staff member had changed at the last minute.

The staff we spoke with said they were able to meet people's needs and preferences. They gave us some good examples of how they had adapted their support based on people's individual needs. It was clear that the staff we spoke with knew people's needs and preferences very well. One staff member told us how they had identified a person needed to have a certain piece of equipment in the room with them. This piece of equipment was required to be cleaned regularly. When it was taken away, the person became upset. The staff had therefore obtained a duplicate piece of equipment and made sure this replaced the unclean piece. The staff went on to explain how they ensured it was placed in exactly the same area of the room to help the person remain calm.

Another staff member told us how they had been specifically matched with a person due to their past employment. This replicated the job the person they supported had previously had. They told us this helped them to regularly reminisce with the person. The registered manager told us how they had employed a staff member of a specific faith. This was so this staff member could support a person with their cultural needs.

The staff told us they regularly had group discussions where they sat down as a staff team and discussed people's needs and preferences. They said this helped them to understand how people preferred to receive their care and what techniques they could use to facilitate people's choice. They all said they found these discussions very useful. Staff told us that information in relation to people's changing needs was always

communicated to them so they could provide people with the care they required. They said the provider was responsive to people's changing needs. One staff member told us how the registered manager had increased the number of staff assisting one person after they had had an accident.

Care records demonstrated that an initial assessment of people's needs had taken place. This covered various areas including goals people wanted to achieve, their communication and healthcare needs. Some preferences had been captured such as the way the person preferred to be addressed and on occasions, their preferred times of care visits. There was very clear and particular guidance in some care records that told staff the exact care a person required. However, this had not been consistently applied. For example, information in relation to people's ability to make decisions for themselves was not always documented. How people liked to have their food or drinks prepared was also not always in place. One person whose care we looked at was diabetic. There was limited information in their care record about how staff could support the person with this condition. It did not detail the type of diabetes the person had, what symptoms staff needed to be aware of if the person was unwell and what staff would need to do about this.

The registered manager told us the care records we looked at in the office replicated those that were in people's homes. Whilst some care records were easy to read, others were hand written and difficult to read. We spoke with the registered manager about our findings in relation to people's care records. They told us they were in the process of reviewing this information to ensure they contained all relevant detail. They also said they were in the process of typing up all of the records as they had identified that some information was difficult to read.

Everyone we spoke with told us they knew how to make a complaint and felt confident to do this if they needed to. They also said they felt listened to and that when they had raised a concern, that it had been dealt with quickly and to their satisfaction. One person told us, "If I had one (a complaint) I'd tell them if I wasn't able to sort it out with the carer. Any dissatisfaction I've told them about they have put things right." A relative said, "They've responded to any concerns and have been helpful and resolved things." Another relative told us, "If I had concerns or anything, I will certainly contact them."

Information in the form of a service user guide, was provided to people when they started using the service that gave them guidance on how to make a complaint or raise a concern if they wanted to do this. However, the local government ombudsman's (LGO) details had not been included within this paperwork. The LGO is the body that a person can escalate their complaint to if they feel the provider had not dealt with it to their satisfaction. The registered manager agreed to immediately update the service user guide with this information.

The registered manager told us that three complaints had been received within the last 12 months. These had been recorded and responded to. Each complaint had an action plan in place which showed what action the registered manager had taken to rectify the issue. The registered manager had also contacted the complainant to make sure they were satisfied with how the complaint had been dealt with. Complaints received from an annual survey had also been logged to help the registered manager identify if any themes or trends in relation to concerns had occurred. They had analysed these complaints but no theme was evident. Records showed the registered manager visited people in their own homes regularly to obtain feedback on their care so they could make improvements as necessary.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they were happy with the care and support the service provided and that the service was managed well. One person said, "Yes, I'm fairly happy. Nothing's gone wrong." They added, "It's a well-managed service coming from the top, I think the owners try and run it well." Another person said, "They do such a job. They're worth their weight in gold." A relative said, "Yes, we are content. Quite happy with them. If anyone asked me about the service, I'd recommend it." Another relative told us, "I don't think we could do any better. I've been pleased. I'd recommend them certainly."

Everyone said they knew the registered manager who they regularly saw. Praise was given to the registered manager regarding her approach when dealing with people and relatives. One person told us, "Every now and then [Registered manager] drops in. I can confide in her." Another person said, "I'm happy with the service yes. It's well-managed by [Registered manager]. She's always very nice to me and seems to go out of her way to be friendly." A relative said, "[Registered manager] listens and considers what I say. We discuss things and we come to a conclusion. We work together."

Everyone said they did not fear any reprisals if they needed to raise a concern. The staff we spoke with agreed with this. They said they had no hesitation to report poor practice if they identified it and were confident they would be listened to and the concern investigated. The people we spoke with, relatives and staff told us they had complete confidence that the registered manager would take action in response to their feedback. This demonstrated the service had an open and transparent culture.

There was good leadership at the service. The registered manager was supported by a business development manager and office staff. Senior care staff had also recently been recruited due to the growth of the business. The registered manager was clear about their roles and responsibilities. They told us they were keen to grow the business that they had started in March 2016. However, they demonstrated a good awareness of making sure they had sufficient staff in place to enable them to continue to provide people with a good level of care.

All of the staff told us the management team were approachable and listened to them. The staff said they were always available if they needed to raise a question or required guidance. They also told us how the registered manager regularly thanked them for the work they did and that they felt valued. Some staff told us how they had been promoted internally which had boosted their confidence and morale. All of the staff said they worked well as a team and that the registered manager provided them with good guidance and had instilled a culture of treating people with respect and as individuals. The staff confirmed that communication was good and that they understood their individual roles and responsibilities. Staff meetings were held where various subjects were discussed such as learning from complaints, policies and procedures and training.

The registered manager told us they kept their knowledge up to date by attending meetings with other providers and also the local authority. They said they shared ideas with managers of other services and also took on board their advice. For example, another manager had recommended particular leadership training

for senior staff. The registered manager had investigated this recommendation and was in the process of enrolling their senior staff onto the course.

The registered manager told us that staff were regularly asked for their ideas on how to improve the quality of care they provided to people. The staff we spoke with confirmed this. Some staff had recently suggested the idea of hoisting a regular 'coffee and cake' afternoons within the local community. This was in response to a number of people using the service saying they wanted to attend a community activity. The registered manager told us that the idea was to have somewhere people, particularly those who were isolated, could go for social company and to make friends. Enquiries were currently being made for a suitable venue but it was hoped this would be implemented soon.

The registered manager was keen to drive improvement within the service and demonstrated they were open to suggestions on how to do this. They had identified that some systems to evaluate the quality and safety of care provided needed improving and had either implemented new systems or were in the process of doing so. For example to ensure people received their medicines and care visits correctly. They told us other systems were in place such as the auditing of people's medicine records to help them identify issues. However, no records of these audits had been made. This would make it difficult for the registered manager to track that the appropriate action had been taken where shortfalls had been identified. Other records relating to the completion of staff training or staff competence had not been made. We spoke with the registered manager about this who agreed to immediately keep the necessary records in relation to the running of the service.

People's views on the care that had been provided to them had been captured earlier in the year in the form of a questionnaire. We saw that in the main, the comments received from people and their relatives' was positive. Some areas had been raised as areas of improvement. This included people being advised of a change of staff and if staff were running late. The registered manager told us they had now asked the office staff to contact people when this situation had occurred and felt this had improved. Again, no action plan had been put in place to monitor these improvements had been made and the registered manager took on board our comments in relation to this.