

Generation 3 Limited

Bluebird Care (Fareham)

Inspection report

Unit 1
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bluebird Care Fareham is a domiciliary care agency providing personal to people in their own homes. At the time of inspection there were 50 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were appropriate policies and systems in place to protect people from abuse. Staff were confident any concerns they raised to the registered manager would be dealt with appropriately. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them. The provider had some processes in place to learn from incidents and accidents. However, this learning was not always clearly evidenced.

All staff received training in infection control and staff confirmed they were supplied with enough gloves and aprons to carry out their work safely. There were safe medicines administration systems in place and people received their medicines as prescribed. People, relatives and staff confirmed that staff attended calls and were reliable.

There were robust and comprehensive assessments process in place to ensure people's needs could be met. People's nutritional needs were managed well. People and their relatives had confidence in the ability of staff and felt they were well trained

People and their relatives were positive about the care and support received. There was a strong emphasis on continuity of care and people and their relatives told us how much they valued this. The service had carefully considered people's human rights and support to maintain their individuality and independence. People and their relatives told us their views were listened to and they were involved in their plan of care.

People had regular staff who they knew well and provided support in line with their preferences. The service ensured information was available in different formats. People and their relatives told us they were confident that any concerns would be dealt with and any changes needed would be made but had no complaints.

People and their relatives had confidence in the service and the care provided. There was a clear and supportive staffing structure and lines of responsibility and accountability. Governance was fully embedded

within the running of the service and the registered manager understood the importance of continuous development. People and their relatives told us they felt able to approach the registered manager or anyone from the office at any time. Staff told us they felt supported and valued by the registered manager and that they were encouraged to develop their skills and knowledge.

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

Rating at last inspection

This service was registered with us on 07/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bluebird Care (Fareham)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included eight people's care records and medicines records. We looked

at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with seven members of staff including the registered manager, head of operations, care co-ordinators, finance manager, carer and marketing manager.

After the inspection

We spoke to two people and six relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate policies and systems in place to protect people from abuse. The registered manager understood their responsibilities to safeguard people from abuse.
- Staff understood their responsibilities to safeguard people from abuse and knew how to raise concerns to ensure people's rights were protected. One staff member told us, "My process would be to seek advice from management, make sure it is documented and depending on what it is I'd go to adult services, to [head of operations' name] and speak to family members."
- Staff were confident any concerns they raised to the registered manager would be dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and planned for. Staff demonstrated they had a good knowledge of people and how to mitigate potential risks to them.
- The registered manager told us how they supported people to arrange maintenance checks on equipment as required to improve their safety.
- Environmental risks, including fire safety risks, were assessed, monitored and reviewed regularly.
- Business continuity plans were in place to ensure that the delivery of care was prioritised to those most at need during crisis situations such as bad weather.

Staffing and recruitment

- People, relatives and staff confirmed that staff attended calls and were reliable. People commented, "They do 99% of the time turn up when I expect them" and "They are very reliable". Relatives told us, "We don't ever need to worry about them not turning up" and "We are reassured that we know someone is going to be there unless told otherwise."
- Sufficient staff were employed to meet people's needs. Staff confirmed that they had enough time with each person to undertake care safely. One told us, "Carers are good at telling us if they feel people need more time; the ratio we have seems to work."
- Staff files contained the information required to aid safe recruitment decisions and protect people from the employment of unsuitable staff.

Using medicines safely

- There were safe medicines administration systems in place and people received their medicines as prescribed.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.

Documentation supported this good practice.

Preventing and controlling infection

- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for staff to use.
- All staff received training in infection control and staff confirmed they were supplied with enough gloves and aprons to carry out their work safely. One staff member told us, "Loads; we have a cabinet downstairs to the left with enough gloves and aprons. We've even given customers backups in their homes. When new staff start, they get a 'goody bag' three boxes of gloves to fit them, aprons and uniform."

Learning lessons when things go wrong

- A system was in place to record and monitor incidents and this was overseen by the registered manager and head of operations to ensure the appropriate actions had been taken to support people safely.
- The service had some processes in place to learn from incidents and accidents. The registered manager and staff could describe learning from incidents to reduce risks of reoccurrence. However, this learning was not always clearly recorded on the incident forms.
- For example, a staff member told us about how they had identified through incidents that a person likely had an infection that would require medical treatment. However, this learning had not been clearly recorded on the incident form to evidence it had been taken into consideration when the incident had been reviewed. We raised this with the registered manager who implemented measures to address this going forwards.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had a robust and comprehensive assessment process in place to ensure people's needs could be met. The assessments were all undertaken face to face, in detail, and expected outcomes were identified, discussed and agreed with the person and family members. One relative told us, "They met with [relative's name], me, brother and sister so we could talk to them. They listened to us."
- There was a strong focus on finding out as much as possible about the person, their family, history, preferences and interests so that when the carers visited, they had conversation points beyond common courtesies.
- There was an emphasis on consistency and the same staff member would complete the assessment with a person and create their care planning documentation. The same staff member would attend the first visit for that person to introduce the carers and would be the one to follow up with the person for their regular reviews of their care.
- The service ensured staff had access to best practice guidance to support good outcomes for people and to ensure that care was being delivered in line with best practice standards.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the ability of staff and felt they were well trained. Comments included, "I think they are pretty good" and "They know how to deal with [relative's name's] Alzheimer's."
- Staff new to care completed a robust induction process which included the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to. All new staff received an induction and a range of training to help ensure they had the necessary knowledge and skills to do their jobs.
- Additional training, relevant to people's needs such as caring for people living with dementia and diabetes were conducted.
- Staff had regular supervision which included competency assessments, observations and spot checks. These enabled the management team to monitor and support them in their role and to identify training opportunities. Staff were positive about the supervision provided.
- In addition to formal supervisions, the management team regularly provided staff with informal supervision opportunities and care staff were actively encouraged to visit the office.
- Staff told us they felt well supported and had access to the management team when they needed them. One staff member said, "[Head of operations' name] will catch up with me every time he is in, definitely once a week we have a proper supervision and [registered manager's name] is brilliant; I do on-call frequently and if I get stuck I only have to ring [registered manager's name] and she guides me."

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

- People and their relatives told us they were happy with the arrangements in place to support with meals. One relative told us how staff knew their relative's preferences and how they liked their food cooked.
- People's nutritional needs were managed well. Care plans confirmed people's dietary needs has been assessed and support and guidance recorded for the individual person, such as how they liked their drinks.
- The service's electronic system had alerts set up for people at risk of dehydration. This would alert senior staff if a person's hydration needs had not been met allowing them to follow this up and initiate early intervention to prevent dehydration.
- Staff confirmed they had received training in food safety and were aware of safe food handling practices.

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

- People were supported to see health care professionals according to their needs. Where people needs had changed, we saw how the service had proactively worked with the local commissioners to review their packages of support to ensure their needs continued to be met.
- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed staff worked closely with, and liaised with, healthcare professionals to ensure people received the appropriate level of care as their needs changed.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Care plans showed that mental capacity assessments were carried out to ascertain whether the person had capacity to make decisions related to their care.
- The computerised care plans required that consent was sought for all care support and we saw evidence of this recorded. This documented how consent was gained taking into consideration people's preferred methods of communication.
- Staff were knowledgeable about the MCA and were able to describe the principles of the Act and how they used this in their work. One staff member told us, "We must always assume that somebody does have capacity and that their needs are met. If they don't have capacity, then need best interests' decision and making sure it is person centred to them and what is best for them."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were positive about the care and support received. People told us, "Some staff are brilliant" and "I find that I am quite satisfied". Relatives told us, "[Person's name] is happy to see them, they are incredible", "They go in and cheer her up" and "[Person's name] likes them."
- There was a strong emphasis on continuity of care and people and their relatives told us how much they valued this from the provider. One staff member told us, "We have had some customers who have had their calls increased as their needs have changed and to ensure continuity, we asked the carers if they would be willing to work the extra and they did."
- Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for. One staff member told us, "Our care assistants really treat our customers as their own family or friends; they are solely there for them in that time. It is just about them and ensuring they are safe and comfortable, not rushing off to the next call. Really loved and cared for."
- The service had carefully considered people's human rights and support to maintain their individuality. Records included information of protected characteristics as defined under the Equality Act 2010, such as people's religion, disability, cultural background and sexual orientation. The registered manager told us, "We've changed call times on specific days for people so that they can go to their church or later for one lady who went to her local church's coffee morning."
- People and their relatives told us how flexible the provider was in meeting their needs and preferences. One relative told us, "Oh yes, completely flexible." Staff gave us examples of when they had supported people with additional support, such as purchasing essential food items when people had run out.
- One staff member told us how they had supported a person to resolve an issue they were having with their medicine's delivery; the delivery person did not provide sufficient time for the person to answer their door and so they kept 'missing' their delivery. The staff member explained to the pharmacy what the problem was and ensured that more time was provided to the person when their medicines were being delivered.
- People and their relatives were positive about the impact the care had had on their lives. Comments included, "We all feel much more relaxed knowing they are there helping [person's name]", "With them supporting [person's name] we can continue to work full-time and know she is safe, it is a relief" and "They are very good at supporting [person's name] and meeting their needs, they understand [person's name] and their condition."
- One relative told us how they were able to go away on holiday and know that the person was safe and supported. They told us how having full confidence in the carers to be able to support the person in their absence enabled them to relax and not worry whilst they were away.

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

- People and their relatives told us their views were listened to and they were involved in their plan of care. Comments included, "I get what I ask for", "We are quite happy, we can change anything we need to, and they respond" and "We can all talk to them, they listen."
- Staff encouraged people to express their views and opinions and supported people to make choices and decisions. They were involved in planning how their care was given. One staff member told us, "In their care plan we make sure they have choice. Things like with their key safes we can give instructions like; 'please lock the door behind me after every visit, please pull my curtains' etc."
- The service had a very robust review process in place for people. People received a mixture of telephone and face-to-face reviews defined by a clear schedule. When first starting with the service people received a weekly review which was followed up with a monthly review and then a comprehensive review at three months with a follow up review at six months.
- Records viewed evidenced how consistent these reviews had been for people. A staff member told us, "I'll see how it is going and adjust anything I need to, I'll speak to the family as well. Make sure still happy with their care plan, happy with the carers and if anything, they are doing that needs to be added or not doing."
- A positive feature of the staff induction process was that the people using the service were asked to complete feedback on the performance of new staff. This showed that the provider considered the opinions of the people using the service by including them [people] in the recruitment process.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that they were treated with dignity and staff were always respectful. Staff were sensitive and respectful when talking about the people they supported. People's care records were kept securely, and their confidentiality respected. The provider had security measures in place to enable them to remotely lock and wipe any handheld sets if a need arose.
- There was a strong emphasis on supporting people to promote their independence. Relatives told us, "They get [person's name] to do things for herself. They give her reassurance and confidence" and "They know how to support [person's name] and what they can do for themselves." One staff member told us, "We are outcome focussed. Working on independence not creating dependence."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us they had regular staff who they knew well and provided support in line with their preferences. One relative told us, "They are very good at supporting her and her needs, they understand her and listen to her." A staff member told us, "It's making sure it is solely about that person, that it is just for them. All for them; what their preferences are. Maybe they like their fried egg turned over".
- People were involved in the review of their care, which meant people's needs were discussed and changes implemented when required. One staff member told us, "When care planning, I always stress to them that we are to enable them to carry on with their lives freely and supporting them to live their life."
- People were able to view their own care plan in their homes and relatives, with the person's consent, had an access code to view the care plan remotely.
- Care plans contained comprehensive details of people's preferences and staff had guidance to follow to ensure people were supported in line with their wishes. Records were consistent, and staff provided support that had been agreed during the assessment process. People and their relatives confirmed this when we spoke to them.
- The service understood the importance of social activities to people's wellbeing and had plans to develop community resources to help people live as full a life as possible. For example, the registered manager and head of operations spoke with passion and enthusiasm about a new project they were developing about connecting people in a meaningful way with their community. For example, the registered manager told us, "One of the groups we want to set up is a group on technology and get someone in from the local college and teach them how to use video call and promote ways for people to keep in touch."

Meeting people's communication needs

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

- Staff had guidance to follow to enable them to communicate with people effectively and explained how they promoted individual people's way of communicating. One person used paper to communicate and had been supported to source a communication aid to make this easier for them. A staff member said, "One carer went and brought him a whiteboard he could carry on him and he was so emotional about it - it meant so much to him."
- The service ensured information was available in different formats. For example, for one person staff produced their weekly rota in a different print size.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to raise any concerns with the registered manager and were encouraged to provide feedback and discuss any issues. They were confident that any concerns would be dealt with and any changes needed would be made but had no complaints. Comments included, "I have a good relationship with the agency and am happy to talk to them", "We are all happy with the service we are getting", "With Bluebird we have no negatives at all" and "I can't grumble, they are pretty good. I wouldn't change them."
- There was a system in place to ensure complaints were investigated and responded to in line with the provider's policy. We saw this happened in practice.

End of life care and support

- Where appropriate, conversations took place with people about their preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives had confidence in the service and the care provided. Comments included, "They try their best and are pretty good on the whole", "We haven't needed to look elsewhere", "I'm really happy with them" and "It's so nice having them there, I can ask them anything."
- The management team were open and transparent. People and their relatives told us they felt able to approach the registered manager or anyone from the office at any time. People told us how they received regular visits and phone calls from the office staff to check if any changes were needed and if they were happy with their care. They confirmed that they felt listened to. One person told us, "They ring me and check in." A relative said, "They keep in touch and we know we can ring them if we ever need to."
- The registered manager understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were continually looking at ways to improve the service.
- Staff felt supported by the registered manager. Staff told us the registered manager encouraged them to develop their skills and knowledge to assist them to support people effectively. The registered manager told us, "I really want to focus more on the different opportunities for the care staff so that there are even more opportunities available to them for progression in something that is right for them."
- Staff told us they felt valued in their role and were very positive about the management team. Comments included, "[Registered manager's name] is wonderful and really helpful", "[registered manager's name] is amazing, she's proud of all of her staff and she shows that as well, which is really good" and "I've never had a more approachable boss than [registered manager's name], she is the most generous, kind, super human being. She has a lot of respect for all of her staff."
- The ethos of the service was to provide person centred care to people in a caring, dignified and respectful way. Staff understood these values and followed them in practice. This was confirmed by the positive feedback we received from people and relatives.

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

- The service was well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability. Staff were competent, experienced and passionate about their individual responsibilities. One staff member told us, "Overall everybody has such a passion towards their own individual roles. We want to make sure jobs are done to their own perfection. It is about having that relationship with the customers."

- Staff told us they would recommend working for the service. They commented, "I love my job. The customers we have are just all amazing", "We do have a really good team ethic and I really value that" and "The carers genuinely care about the customers; they will literally drop everything for a customer or for another carer. The customers care is their priority and it shows through their actions."
- Governance was fully embedded within the running of the service. The provider had effective systems of structured internal audits and checks. These systems assisted staff to provide people with high-quality personalised care which met their needs and preferences. For example, there was a very robust care planning audit tracker in use at the time of the inspection. This meant that care plans were updated consistently with all relevant changes as well as ensuring support needs continued to be fully met. One staff member told us, "I also monitor timing of the calls in each audit; if I notice that a call is over each day then I will speak to the family or commissioner."
- The provider and staff team were able to communicate any information or changes promptly to each other, even when remotely working. This enabled changes to care plans to be updated promptly.
- The management team followed current and relevant legislation along with best practice guidelines. They understood legal obligations, including conditions of CQC registration and those of other organisations.
- Both the registered manager and head of operations spoke about the importance of valuing staff and strived to be inclusive and supportive. The registered manager told us about how they had made their training inclusive; they supported staff to access training in different languages which meant they could embed their learning and understanding more fully.
- Various recognition and wellbeing initiatives had been implemented. Such as, personal appreciation letters sent to staff members home addresses and celebration events for staff and their relatives. For example, one staff member had recently celebrated their five-year anniversary with the provider with a voucher for afternoon tea for them and a loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Quality assurance questionnaires were undertaken to gain feedback from people about the service. These were analysed by the management team. This feedback was viewed by the provider as essential for continued improvement. The registered manager told us, "We have a new stakeholder one that will be going out to relatives. It'd be nice for families to be part of the improvement group as well."
- Regular staff meetings were held, and staff were invited to add areas of interest to the agenda. The information shared with staff through these meetings was meaningful, relevant and constructive. Staff were encouraged to share feedback and suggestions. One staff member told us, "It's good for carers to be able to discuss and raise anything and share if they have suggestions on how we can improve."
- The provider worked collaboratively with health care professionals, community organisations and charities. The registered manager told us, "We've just worked with community team; a voluntary organisation who put on a lunch and we brought a lot of the presents for the men who were attending."
- People's care plans were protected electronically and had location specific access. This meant that they could only be accessed at approved locations that the person had consented to. All people had a barcode in their homes which they could give to people to scan to have access to their care records for 30 minutes. This meant that healthcare professionals could access relevant information about the person promoting the best outcomes for people.
- The registered manager was passionate about involving people. For example, when staff were awarded 'carer of the month', they would be presented with their award and flowers by one of the people they supported.
- Bluebird Care Fareham had signed up to the Dementia Friends initiative. A dementia friend is somebody who learns about dementia so that they can help their community.

Continuous learning and improving care

- The registered manager understood the importance of continuous development and had been exploring innovative approaches to training; they were organising for people they supported to come in and speak with staff in workshops about their specific support needs. For example, they had one person scheduled to deliver a talk on how they were living with dementia.
- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or omissions raised or found on audits to help them further improve care. They had developed an on-going business development plan that was effectively used to lead improvements and developments of the service.
- The provider was in the process of strengthening their links with their local community. They had created a new 'So Alive' initiative to promote people's health, wellbeing and social engagement. They were involving people they supported in developing community clubs and services. One staff member told us, "It is about anything they are interested in really and then we'd extend it out to the whole community and encourage friendships and social interactions."
- The registered manager had developed their electronic systems further so that any changes or updates made to a person's care planning would be made instantaneously and automatically updated on all systems accessing the information at that time. Previously users would have had to have logged out and back in to see the changes. This meant that at all times people, their relatives and staff were accessing the most current version of the information.