

Ilium Ltd

Bluebird Care (Richmond & Twickenham)

Inspection report

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Ratings

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

Summary of findings

Overall summary

Bluebird Care (Richmond and Twickenham) is a domiciliary care agency providing personal care and support to 170 people living in their own homes at the time of the inspection.

155 people using the service were receiving personal care. 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

The agency culture was very open, honest and positive with transparent leadership and management. Its vision and values were clearly defined, understood by staff and followed. Areas of responsibility and accountability were identified, staff understood them and were prepared to accept responsibility on the ground and report any concerns they may have to the management, in a timely way. Service quality was constantly reviewed, and the agency made real changes to continually improve the care and support people received. This was in a way that best suited them. This included continually updating IT systems that enabled the agency to run more smoothly and improve people's experience of it. Thorough audits were carried out, records kept up to date and performance shortfalls identified and acted upon. The agency played a prominent role in the community through well-established working partnerships that promoted people's participation and minimised social isolation. Registration requirements were met.

The service the agency provided was safe for people to use and staff to work in. People were enabled to live safely by the support they received from the agency and its staff, because risks to people were assessed and monitored. Safeguarding concerns and accidents and incidents were reported, investigated and recorded, by the agency. Enough appropriately recruited staff were available to meet people's needs. Medicines were safely administered; by staff who were trained and competent to do so.

People and their relatives said they were not discriminated against and their equality and diversity needs were met. The staff were very well-trained, supervised, and appraised. The induction for new staff included valuable input from people using the service in person. People and their relatives praised the way staff provided care and conducted themselves, which more than met their needs and expectations. People said staff spoke to them clearly, and in a way and at a pace that they understood and explained things to them and their choices and options. Relatives said that regarding people with dementia, staff were very patient and repeated information as many times as was required for them to understand.

Staff encouraged people to discuss their health needs and these were passed on to other community-based health care professionals, if appropriate. The agency had cultivated and developed a professional's network that enabled seamless joined up working between services based on people's needs, wishes and best interests. This included any required transitioning as people's needs changed and interaction within the local community to reduce social isolation.

People were protected, by staff, from nutrition and hydration risks, and were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. People were supported to have maximum choice and control of their lives staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice.

People and their relatives were very complimentary about the way staff provided them with care and support, particularly field staff, with attention to small details making all the difference. People's rights to privacy, dignity and confidentiality were respected by staff. They were encouraged and supported to be independent and do the things, they could, for themselves. This promoted their self-worth and improved their quality of life. The agency provided staff who were very friendly, caring, and compassionate. They were also passionate about the people they provided a service for and the way they provided it.

People received person centred care and had their needs assessed and reviewed. They were supported to follow their routines, interests and hobbies, and reminded of their choices. People were provided with suitable information to make their own decisions and end of life wishes were identified, if appropriate and adhered to. Complaints were recorded and investigated.

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

Rating at last inspection

The last rating for this service was Good (published 22 August 2017).

Why we inspected

This was a planned inspection.

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 exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Bluebird Care (Richmond & Twickenham)

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

Inspection activity began on 25 February 2020 and ended on 30 March 2020. We visited the office location on 26 and 28 February 2020.

What we did before the 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 also checked notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider. We used all this information to plan our inspection.

During the inspection-

We spoke in person with the registered manager and field supervisors. We contacted 18 people and their relatives, 15 staff and two health care professionals, to get their experience and views about the care provided. We looked at the personal care and support plans for twelve people and ten staff files.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training matrix, and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. Relatives also thought the service was safe. One person said, "I feel safe using the service but it did take a little time." A relative told us, "It is so much less of a worry knowing [person using the service] is being well looked after."
- Staff had training which equipped them to identify abuse and the action to take if required. They were aware of how to raise a safeguarding alert and when to do so. There was no current safeguarding activity. The provider had a safeguarding policy and procedure that was available to staff.
- Staff informed people how to keep safe and specific concerns about people were recorded in their care plans.
- Equipment used to support people was regularly serviced and maintained.

Assessing risk, safety monitoring and management

- People's risk assessments enabled them to take acceptable risks and enjoy their lives safely. They included relevant aspects of their health, activities and daily living and were regularly reviewed and updated as their needs changed.
- Staff were aware of people's routines, preferences and identified situations where people may be at risk and acted to minimise those risks. One person told us, "I have had a long term carer [care worker] for 11 years and am very happy."
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had personal behavioural plans if required. Records showed that action was taken, in a timely way and the advice of specialist professionals sought when they occurred.

Staffing and recruitment

- The provider's staff recruitment procedure was thorough and records showed that it was followed. There a rolling six week recruitment programme with a dedicated recruitment manager in place. The interview process included scenario-based questions to identify prospective staff skills, experience and knowledge. References were taken up and Disclosure and Barring service (DBS) security checks carried out prior to staff being employed. There was also a probationary period with a review.
- There were enough suitably deployed staff employed, to meet people's needs flexibly. This was demonstrated by what people told us and the staff rotas. One person told us, "They must have a good recruiting system. Lots of girls [care workers] who really care and it's not about the money."

Preventing and controlling infection

- Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands using hand gel and protective equipment such as gloves and aprons.
- The agency provided coronavirus updates for people using the service and staff with ways to avoid catching or spreading it.

Learning lessons when things go wrong

- There were accident and incident records kept and a whistle-blowing procedure that staff said they were happy to use. Any incidents were analysed to look at ways of preventing them being repeated.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The staff induction and mandatory training was of very good quality and enabled staff to support people and meet their needs well. Staff said the quality of the training was very good. They told us the training enabled them to not only perform the tasks required of them, but really make a difference for people. People praised the competence, professionalism and way staff performed their duties. One person said, "Very efficient and well trained, they really know what they are doing." A relative commented, "Excellent carers [care workers] who are well-trained, caring and it is extremely rare that you don't get a good one and they don't last." A member of staff told us, "The training is in-depth and easy to retain."
- New recruits were mentored by and shadowed more experienced staff, as part of their induction and their progress was fed back to the management team. New staff had introductory visits to people prior to providing them with a service. This increased their knowledge of people, their routines, preferences and surroundings. It meant people felt relaxed and comfortable receiving care and support and relatives had trust in the staff providing support for their loved ones. One relative told us, "They are very well-trained, kind, their timing is good, and I receive a rota each week to let me know who is coming and when." Another relative said, "Carers [care workers] are exceptional, very very skilled including dementia, an absolute blessing to us."
- The classroom induction took one week, was comprehensive and based on the Skills for Care 'Common Induction Standards'. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff also received a workbook to complete.
- The training matrix identified when mandatory training required updating. Staff mandatory training included moving and handling, basic life support, safeguarding, medication, health and safety and mental capacity. There was also specialised training focussed specifically on people's individual needs with guidance and plans. These included dementia awareness, dysphagia, diabetes and catheter and stoma care. Dysphagia is where people have difficulty swallowing and stoma is any opening in the body. There were also talks for staff regarding fire safety, by the London Fire Brigade. Staff were trained in de-escalation techniques to appropriately deal with situations where people may display behaviour that others could interpret as challenging.

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

- The agency ran two six week trials; one in a day centre and another in an assisted living complex and collated and analysed the data provided. The participants in the trial fed back that the checks had made them more aware of their general health and wellbeing. They were also able to take the record cards from

their weekly readings to their doctors and were referred for further tests. The analysis identified that some people had underlying health needs that could be treated earlier.

- The agency sign posted people towards and regularly worked with other organisations that may be able to meet their needs, within the community and prevent social isolation. This included the real junk food project, dementia action week, the dementia café, local fairs and facilitated Tai Chi classes for people who use the service and staff at the agency office. The monthly care plan reviews included records of inclusion in the local community and with family and friends to reduce the danger of people's social isolation. This improved people's quality of life and their social inclusion.
- People were supported to maintain their health as staff had good working relationships with external healthcare services and received ongoing healthcare support.
- Staff maintained good working relationships with external health care professionals such as district nurses, speech and language and physio therapists.

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

- People had their physical, mental and social needs comprehensively assessed, and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included NICE and other expert professional bodies, to achieve effective outcomes. The agency provided easy to understand written information for people and their families.
- The registered manager explained that before a new person received a service commissioned by a local authority or clinical commissioning group, the commissioning body would be expected to provide assessment information and further information was also requested from any previous agencies. The agency, person and relatives carried out a separate needs assessment. The speed of the assessment was carried out at a pace that suited the person, their needs and this meant they felt comfortable with the process and the assessment information was more accurate and focussed.

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

- Staff supported people to eat and drink enough and maintain a balanced diet. They were assisted to eat, if required and staff monitored food and fluid intake.
- People's care plans included health, nutrition and diet information with health care action plans. These included nutritional assessments that were regularly updated and there were fluid charts, as required to make sure people had drunk enough. If staff had concerns, they were passed on to the management team for consideration, who alerted appropriate health care professionals.
- If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure people were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager attended a seminar regarding the MCA run by a firm of local solicitors to improve their understanding and staff we spoke with understood their responsibilities regarding the MCA.
- People signed a consent form to keep relevant information about them and consent to share where appropriate with healthcare services. The agency shared this information appropriately, as required, with GPs and local authority teams.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 told us they found staff very supportive, caring and they enjoyed and were relaxed in the company of the staff. Staff carried out their tasks the way people wanted. One person said, "Really excellent carers, it's not easy, a difficult job but they do it well and I can see they get a lot of satisfaction out of it to." Another person told us, "A very hard job, they [care workers] can be proud of themselves." A relative said, "Lovely, lovely staff, so caring."
- People felt respected and relatives said staff treated people with kindness, dignity and respect.
- People said staff were committed to the care they provided and people they provided it for. One relative said, "We are overwhelmingly impressed with the quality and work of the individual carers who support my mother."
- Staff received equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. People said staff treated them as adults, did not speak down to them and they were treated respectfully, and as equals.

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

- People's care plans recorded that they and their relatives were involved in the decision-making process about the care and support they would receive. A relative said, "Always fully involved."
- People and their relatives received regular questionnaires to determine if they were receiving the care and support, they needed.
- The agency sign posted people to advocates if they required support or representation.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed that staff knowledge of people meant they were able to understand what words and gestures meant if people had difficulty communicating. This meant they could support people appropriately, without compromising their dignity, for example if they needed the toilet and visitors were present. They were also fully aware that they must respect people's homes and act accordingly.
- The agency had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook. Staff were required to sign that they had read and understood the code of conduct and confidentiality policy.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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.

- The AIS was being followed by the organisation, and staff with easy to understand information available to people.
- The agency made sure people's communication needs were met by liaising with relatives and staff familiarising themselves with specific communication needs and what particular gestures, sounds and words might denote. This was included in care plans and there were communication boards for people who required them.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives made decisions about their care and how staff provided it. They said staff made sure people understood what they were saying, the choices they had and that they understood people's responses. One person told us, "Always keep you up to date and if there is a change of carer [care worker]." A relative said, "Staff always patient with [person using the service]. They let her know what needs to be done and re-assure her."
- The agency carried out a needs assessment with people and their relatives to determine what their needs were and how they would like them met. This included what they would like to gain from the services provided and desired outcomes. From this assessment a person-centred care and support plan was agreed with people and their relatives as appropriate. After receiving two weeks of service, people were contacted to establish if the support provided was working and their needs were being met.
- People said staff met their needs and wishes, in a timely fashion and in a way that they were comfortable with and enjoyed.
- People's care plans and staff daily notes recorded the tasks they required support with and if they had been carried out. They also highlighted areas where staff could encourage people to be independent. The care plans were reviewed monthly and highlighted any concerns.
- People's care and support needs were reviewed a minimum of annually with them and their relatives. Their care plans were updated to meet their changing needs with new objectives set. People were supported to take ownership of their care plans and contributed to them as much or as little as they wished. Staff were available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "They do everything I need, wonderful. Never had a problem accommodating changing my hours." A relative said,

"Very satisfied, a professional team that let you know what's happening and send you information including leaflets."

Improving care quality in response to complaints or concerns

- People said they had received a copy of the complaints procedure. Relatives said they were aware of the complaints procedure and how to use it.
- There was a robust system for logging, recording, analysing and investigating complaints, that was followed.

End of life care and support

- Whilst the service did not provide end of life care, people were supported to stay in their own homes for as long as their needs could be met with assistance from community based palliative care services, as required. People had end of life wishes and 'Do not resuscitate' information recorded in their care plans, that staff were made aware of.
- Staff had received six hours dedicated end of life training from a local hospice that enabled them to provide appropriate support.

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's social interests and hobbies were included as part of their care plan and staff encouraged and supported people to pursue them.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements Continuous learning and improving care

- At the last inspection the agency was innovative in contributing to the design of a home care technology platform that made a big improvement to communicating and updating staff whilst they were at work in the community. The system measurably improved the responsiveness to people's needs and communication between the care workers in the field, office support staff and wider health and social care teams.
- At this inspection the agency had updated the system introducing improved care worker allocation through use of 'Computerised runs' that used technology to improve the efficiency and quality of care provided. The care worker allocation 'runs' for people were based on people with similar needs, but at different times of the day, being matched with care worker skill sets, and area proximity. This improved people's care consistency, timekeeping as the distance and time between each visit was more accurately measured and better clarity for care workers, as they knew who they would be working with and when. This meant better care planning quality and monitoring. People and their relatives thought the system had improved the timeliness of visits, the quality of scheduling and visit allocation. One person told us, "I've been with them a very long time. I phone them if I have a problem and they listen and change the carer [care worker] if I'm not happy. Another person said, "A relative said, "The senior managers are very nice and helpful. Funnily enough I've just been on the phone to them with a problem that they have sorted out."
- The agency used a cloud-based spreadsheet system to record all the on-call issues. This was visible to all members of the management team with any assigned actions sent to the responsible person immediately via e-mail. Due to the innovative use and upgrading of the systems previously introduced, this meant the office team were aware, at an early stage of issues that needed to be dealt with, could deal with potential problems very quickly and people's service was less disrupted. This enabled care workers to visit at the agreed times and changes to people's care needs were identified and shared immediately. Data was collated to update and improve services provided.
- Each morning there was a meeting to discuss any issues that had arisen from the previous night's on call and any other information, such as from the packages of care that required 24-hour cover, care workers that may not be able to cover calls and any tasks that were not completed and why.
- There were thorough, IT based governance assessments, plans, policies and reports that included financial procedures, business recovery contingency plan, statement of purpose, and health and safety. This ensured areas of risk and development, were quickly identified and reviewed throughout the agency, at all levels, and risks addressed and development opportunities taken in a timely way.
- The agency had quality assurance systems that were very comprehensive, robust and contained key performance indicators that identified how the service was performing, any areas that required

improvement and areas where the service was accomplishing or exceeding targets. The attention to detail of the system meant any areas that required improvement were then rapidly acted upon, particularly as all aspects of the CQC five key questions and key lines of enquiry (KLOE) were encompassed.

- The registered manager and team were in frequent contact with staff to provide support and this enabled staff to fully provide the service that people needed. There was a very detailed emphasis on staff performance focussed on continuing quality improvement that monitored and reviewed areas such as medicine observation, supervisions, appraisals, direct observations, well-being calls, care note audits and missed visits, needs assessments and annual reassessments that were actioned by senior staff and the registered manager. This was not to the detriment of other areas including health and safety, risk assessments, office and equipment, file and care plan audits and return to work. The information gathered was used to analyse and drive continued performance improvement using the up to date audits that were in place. This formed the basis of the audit action plan. The registered manager and team regularly conducted a series of spot checks, which was partly used to identify that the information collated was accurate and focussed on people and their needs.
- The agency looked for areas to improve and progress the quality of services to people, by working with voluntary and statutory partners, to meet local needs and priorities. Feedback was integrated from organisations such as district nurses and GPs to ensure the support provided was what people needed. This was with their consent. They worked with hospital discharge teams so that vulnerable people who did not have relatives close by would not return to an empty house and food and drink were in place.

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

- We sat in on part of the induction training that was provided by a person using the service. They explained what it was like to receive a service and how crucial it was that it was delivered in the right way that not only met their needs but also enabled people to maintain a good quality of life. They emphasised the importance of the role care workers played for them. They said, "You have to remember it's a daily struggle for us, we become impatient and it is not because of you. It's just life is bloody hard and I'm so dependent. Having a good carer makes all the difference. Your work is my life" After the presentation the whole cohort and management team were inspired to get out and start work. The training also highlighted the diverse needs of people and necessity to adapt staff's approach to care appropriately.
- The importance of clear communication was emphasised as part of induction training and revisited frequently during staff meetings, training and supervision. This was particularly highlighted by a person using the service, who participated in the induction training. They explained how important it was that the care worker was facing them when speaking to them. They also explained that they experienced disorientation and how easy it was for care workers to forget and call out from another room which could be frightening and of no use to them. This highlighted to staff the importance of being aware of people's particular communication needs and the positive and negative impact this can have on the quality of service they experienced.
- The agency piloted 'Bluebird Care Assist' a health and wellbeing check that monitored the blood pressure and pulse, temperature, breathing and oxygen saturation, alertness and wellbeing for people who received care. This heightened people's awareness of their health and areas that required monitoring or treatment. One person had a marked change in oxygen levels and blood pressure following a medication change. The GP was informed, reviewed the medication and this resulted in a return to a steady state. Another person with postural hypotension was identified as having a marked increase, week on week, in their blood pressure. The agency referred them to their GP who kept them under close monitoring until their blood pressure returned to normal.
- The agency provided the opportunity for people, their relatives and staff to give their views about the service, via telephone interviews, visits to people, and feedback questionnaires and surveys. The agency

used the feedback information to re-shape the service provided so people's needs could be better met. The agency established if the feedback was to be confidential or non-confidential and respected confidentiality accordingly. One person said, "Delighted, never had a problem at all, never let down and couldn't be happier."

- The agency had a systematic approach to working in partnership with other organisations; providing a seamless experience for people based on good practice and information sharing. It belonged to a number of networks and partnerships where best practice was shared including the 'London learning partnership' that has a participation of 98 agencies. This enabled health problems for people to be identified earlier and addressed.
- The agency built close links with community-based health services, such as district nurses, physiotherapists, occupational therapists, GPs and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere. The agency provided a monthly newsletter for people using the service, their relatives and staff that kept everyone up to date with any developments within the organisation. This included staff joining and leaving the organisation, projects taking place and events within the community and new babies and carer of the month.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- The agency had a culture that was open, honest and positive. People said this was because of the attitude and contribution made by staff who listened to them and met their needs.
- People told us that the vision, values and management were distinctive, exceptional and imaginative with people at the heart of the service. One person said, "I have the same person each week and they are absolutely brilliant." A relative told us, "Very pleased indeed, exceptional. Superb girls [care workers]. I can't fault any of them." The statement of purpose was regularly reviewed, and outlined the services provided by the agency so that people were clear what they could and could not expect of staff. Staff told us they felt well supported by the registered manager and office staff.
- The agency cross referenced people's telephone comments with the questionnaires and surveys returned by them, relatives and staff and feedback from other healthcare professionals involved in people's care. Charting people's improved health and quality of life was also incorporated into the monitoring process, to sustain continued progress. This focussed on the performance and approach of field and office staff and was used to promote continual practice improvement.
- The agency had a philosophy of internal promotion, career progression and many senior staff had initially joined as care support workers. Staff received quarterly supervision that took place in the office and the field, yearly performance reviews and quarterly staff meetings and smaller meetings for staff who were providing a service for people with more complicated and acute needs that might require more than one member of staff.
- Staff were motivated by and proud of the service. There were consistently high levels of engagement with people and staff from all equality groups. Managers developed their skills and those of staff. One staff member told us, "I tell everyone what a great organisation this is to work for." Another staff member said, "I have worked here many years and this is a great team to work for." This promoted a focussed, inclusive teamwork approach by staff that provided the best quality of care for people. A staff member commented "Everyone pulls their weight."
- The organisation's vision and values were clearly set out, understood by staff, and people said they were reflected in staff working practices. They had been explained during induction training and revisited at staff meetings.
- There were clear lines of communication and specific areas of responsibility regarding record keeping. This promoted the agency's inclusive and empowering culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibilities.
- There was a thorough management reporting structure and an open-door policy.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.