Bluebird Care Services Limited

Charles House

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?	Good

Summary of findings

Overall summary

The inspection took place on 14 and 15 November 2016 and was announced to ensure the people we needed to speak with were available. Charles House provides a care service to people in their own homes. It is registered to provide personal care to older people, people living with dementia, people with a learning disability or autistic spectrum disorder, people with a sensory impairment or mental health condition, younger adults and people with a physical disability. At the time of our inspection they were providing the regulated activity of personal care to 87 people. The provider's office is located in Petersfield and care is provided to people living in the surrounding areas of Hampshire.

The service had a registered manager. 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. At the time of our inspection the registered manager was no longer actively fulfilling this role. The management of the service was carried out by the provider's senior management team whilst they recruited for a new registered manager.

People told us they felt safe from abuse or harm from their care workers and they were supported safely by care staff. Staff had completed training in safeguarding children and adults from abuse and appropriate actions had been taken when concerns about people's safety had been raised.
Staff we spoke with understood the risks that people experienced and took the appropriate actions to ensure people received safe and appropriate care. The provider had introduced an electronic care planning system PASS which enabled them to monitor risks to people when care was not delivered as planned. People were supported safely.

The provider had experienced some key office administration and management staff changes which had resulted in the day to day management of the service being overseen by the provider's senior management team. This was to support the new office team through an induction into their roles. At the time of our inspection care supervisors and care coordinators were also providing personal care to people to ensure people's care needs were met. There had been some disruption to the service people received however, this was improving as new care staff were recruited and office staff completed their induction. People told us that care staff were usually on time and stayed for the time agreed. Although people did not always experience the consistency of staff they would prefer; people did not report any harm as a result of these changes and had not reported any missed calls. Overall there were sufficient suitably qualified staff available to meet people's needs.

People's medicines were managed safely by appropriately trained staff and the provider monitored the administration of people's medicines through their PASS system. This enabled them to check people had received their prescribed medicines at the time they required them.

People were protected from the employment of unsuitable staff because the provider carried out the

relevant checks to ensure staff were recruited safely.

Staff completed an induction and on-going training in their role to enable them to care for people safely and effectively. Regular supervision was provided to staff so they were supported in their role.

People told us staff supported them to be as independent as they were able to be. People's legal rights were upheld because the provider's staff understood the principles of the Mental Capacity Act 2005 (MCA). People were asked for their consent to their care plan and where appropriate the provider sought confirmation of the legal authority other people held to make decisions on behalf of a person. This is important to ensure people were protected from inappropriate and unlawful decision making.

People we spoke with who were supported with their meals told us they were satisfied with the support they received. Risks to people from poor hydration and nutrition were assessed and guidance provided to staff to ensure people's nutrition needs were met in line with their preferences.

People told us they received care from healthcare professionals as required. The provider's staff supported people with their healthcare needs by providing care to manage risks to their health, such as the prevention of pressure sores.

People told us they received care from kind and compassionate staff who treated them with dignity and respect. Although people did not always receive care from the same staff due to staffing changes, existing staff worked hard to ensure people had as much consistency of staff as possible
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Peoples' care plans included information about their lifestyle choices, interests and personal histories. This supported staff to build positive relationships with people based on their preferences and interests. People spoke highly of the provider's staff and valued their relationships with them.

Records showed that people's care, and support needs were set out in a care plan that described what staff needed to do to make sure personalised care was provided. Care plans were based on an assessment of people's needs and the outcomes people wished to experience as a result of the care they received. At the time of our inspection people's care plans were being transferred to PASS which enabled the provider to ensure tasks were completed as planned.

People and their relatives knew how to make a complaint. The provider had a process in place to investigate and respond to complaints and concerns and we saw complaints made had been managed in line with these procedures.

People's feedback about their contact and communication with the provider was consistently good. Although people acknowledged staffing changes had caused some disruption to the service, people also expressed trust and confidence in the provider to address the situation.

The provider had a quality improvement plan in place and action was being taken to drive improvements to the service. This included the recruitment, retention and continuity of staff. The provider sought feedback from people and staff and used this to inform and make improvements to the service.

Staff spoke positively about working for the provider and were confident about reporting concerns and felt their views were taken into account.

The provider worked with other organisations to ensure current practice was being followed and to promote

an awareness of the needs of the people they supported. This included a campaign to highlight the issue of loneliness in old age as well as community engagement events.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected from the risk of abuse, because staff understood how to identify, report and address safeguarding concerns. Concerns about people's safety were acted on.

Risks affecting people were managed safely through a process of assessment and risk management.

Overall there were enough suitably qualified staff to meet people's needs. Safe recruitment processes protected protect people from the employment of unsuitable staff.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective

People were supported by staff who completed training to meet people's individual needs and to carry out their role effectively.

People were supported by staff who promoted people's independence. People were asked for their consent to their care and supported in their decision making in line with the mental Capacity Act 2005 to protect their legal rights.

People's dietary needs and preferences were met. People were supported to maintain their health and access healthcare as required.

Is the service caring?

Good

The service was caring

People were treated with kindness and compassion by caring staff.

People's rights to privacy, dignity and choice were respected by staff.

People valued the positive relationships they had with the provider's staff. Information about people's lifestyle choices and preferences helped to inform staff about people's interests and Important decisions.

Is the service responsive?

Good

The service was responsive

People received care that was based on their needs and preferences. A care plan was in place to describe what staff needed to do to provide person centred care. People told us they were consulted about their care plans and their needs were reviewed on a regular basis.

Processes were in place and followed to ensure complaints were documented, investigated and responded to appropriately.

Is the service well-led?

Good

The service was well led

People and their relatives told us they had confidence and trust in the provider.

The management team demonstrated an open, honest and positive culture and staff told us they felt valued by the provider.

Quality assurance processes were in place to monitor and assess the quality of care people received and to drive improvements.

The provider promoted an awareness of the needs of the people they supported through community engagement events, national campaigns and partnerships.

Charles House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the people we needed to talk to would be available.

The inspection was completed by two adult social care inspectors 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. The expert by experience had experience as a family carer of a person who used domiciliary care services. The expert by experience carried out telephone interviews with people who used the service and their relatives.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law. We used this information to help us decide what areas to focus on during our inspection. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to fifty people of which twenty two were returned, fifty relatives of which five were returned, 72 staff of which 18 were returned and two community professionals none of which were returned.

During the inspection we visited four people who received a service from the provider in their homes. We also spoke with three relatives during home visits and observed interactions between people and staff. In addition we spoke with 12 people by telephone and the relative of one person.
We spoke with six care staff, one care coordinator, one care supervisor, the national care adviser, the director of operations, the training manager, the business development manager, the business manager

and the registered manager.

We reviewed records which included twelve people's care plan, daily records and Medicine Administration records (MAR). Five staff recruitment and supervision records and records relating to the management of the service such as quality assurance audits and staff training records.

The service was last inspected in February 2014 and no concerns were identified.

Good

Is the service safe?

Our findings

All of the people who responded to our questionnaire agreed with the question 'I feel safe from abuse and or harm from my care and support workers. People we spoke with told us they were safely supported by the provider's staff. People's comments included; "I feel very safe; they do what I need them to do." "I feel very safe, they look after me." And "I feel safe, I just like her (staff member), we chat and talk and they have a firm grip when I get out of the shower. I feel confident with her." People told us they had confidence and trust in the staff to manage any emergencies and a person's relative said "If there was a crisis, they'd be here like a shot."

Staff understood their responsibility to protect people from abuse. Staff completed training in safeguarding adults and children from abuse and were aware of how to report any concerns. Information about reporting abuse was available to staff in the office, the staff handbook and on brief prompt cards staff carried with them to refer to should this information be needed. Staff gave us examples of when they had reported concerns and how these issues had been resolved and were confident managers would act on concerns. We discussed the management of some safeguarding concerns with the provider's national care adviser. In the absence of the registered manager the national care adviser was overseeing safeguarding concerns. We saw they had taken the appropriate actions in response to concerns raised. People were protected from the risks of abuse because staff understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing had been identified and assessed. Risk assessments included information about actions to be taken by staff to minimise the possibility of harm occurring to people. For example, the person's home environment was risk assessed for any hazards or health and safety issues that may affect the person or staff providing support. Risks associated with people's mobility and risk of falls, pressure sores, nutrition and hydration were documented and described the actions staff should take to mitigate these risks to people. Staff we spoke with were knowledgeable about people's risks and described the actions they took to promote people's wellbeing. For example a staff member described how they supported a person to maintain good skin integrity and prevent the risk of pressure sores developing.

The provider had introduced an electronic care planning system, PASS. This included a function for staff to record when they had completed the agreed support and care tasks in people's care plans. An alert was raised if a task remained uncompleted and this system enabled the provider to check any risks to people when care was not delivered as planned. We saw the care supervisor acted on information received through this system to investigate and address issues raised. For example; when a person's topical creams had not been applied the care supervisor investigated and took the appropriate action to address this to ensure the person received safe and appropriate care.

At the time of our inspection the provider had experienced some key administrative and management staff changes. The registered manager was no longer actively in that post. There had been changes to the office team including the care supervisors and coordinators and there were some care staff vacancies. Members of the provider's senior management team were supporting the day to day running of the service until new

office and management staff had been fully inducted into their role. Office based staff were also trained as care workers and at times providing personal care to people in order to ensure people's planned care was delivered. These arrangements had caused some disruption to the service people received because people did not always have the consistency of staff they would prefer. Some people told us the communication about who was coming and when was not always received in a timely way. However the majority of people we spoke with were satisfied that the provider was doing all they could to ensure care was delivered whilst they increased the number of care staff and addressed the induction needs of the office staff. People did not report they had experienced any harm as a result of the arrangements in place and some people told us they had enjoyed the 'variety' of staff. Overall there were sufficient suitably qualified staff to meet people's needs.

People who were supported by staff with their medicines told us this was well managed. Staff completed training in the administration of medication. Staff competency was also checked on an annual basis to ensure staff continued to support people with their medication safely. The PASS system enabled staff to enter people's medication as it was administered on to this system. This information was overseen by the care supervisor at the office who was alerted if any medication had been missed. This helped to reduce the risk of medication errors and ensure people's medicines were managed consistently and safely.

People's care plans included information about their medicines and the kind of support they required. This included an assessment of any risks and control measures to minimise risks to people from their medication. Information available included the name of the medicine, the form, for example; liquid or tablet and instructions for safe administration and storage. This meant guidance was available to staff to enable them to support people appropriately and safely with their medicines.

Procedures were in place to check that people were protected from the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identify checks and character references were obtained and candidates completed an application form with a full employment history and attended an interview to assess their suitability for the role.

Good

Is the service effective?

Our findings

People told us that carers were well prepared for their roles. A relative told us "Staff are well trained. They know what they're doing and they get on nicely with it." Another relative told us "They (staff) assist (person) and help them stay as independent as possible."

New staff completed the Care Certificate. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Induction of new staff included classroom based and e-learning training courses to prepare staff for their role. In addition staff worked alongside more experienced staff to learn about people's needs prior to working alone. Care supervisors checked the competency of new staff throughout their induction period and provided supervision on a weekly basis to support staff whilst they completed their induction. People were supported by staff who completed an induction and training to enable them to care for people effectively.

Staff completed an on-going programme of training in topics such as; the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Food safety, infection control, health and safety, dementia friends and safeguarding adults and children. The provider had identified where staff training required updating and we saw they were in the process of ensuring all staff had completed the required training within timescales. This was to ensure all staff remained adequately trained to meet people's needs.

The provider's training manager told us "We make sure staff are given training to meet customer need and would not take a customer on if we could not source training to meet that need". Records showed staff completed training in areas such as; end of life care, falls prevention, diabetes awareness and food allergy and nutrition awareness. Training in catheter and stoma care was provided by supervisory staff on an individual basis to ensure the person's needs were understood and met. A staff member told us. "I was observed doing my first catheter care and It's OK to ask for more help if you need it." The provider planned to introduce training led by district nurses to support and develop staff knowledge and skills when meeting people's healthcare related needs.

Staff were able to undertake further professional development training in health and social care to achieve professional qualifications. Staff and records confirmed these opportunities were completed by staff. When staff decided not to pursue other qualifications the provider enabled staff to develop and use their experience and expertise in aspects of care. For example, a staff member completed the dementia friend's course and presented their experience of supporting people living with dementia to new staff on induction to support their understanding of dementia.

Staff confirmed they received regular supervision this included face to face meetings and observed practice supervisions. An annual appraisal was carried out to identify staff learning and development needs and to assess their performance in their role. The provider was in the process of ensuring all staff supervision and appraisals were up to date in line with their timescales for completion.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The provider had a clear policy and procedures in place to inform and guide staff on the legal requirements of the MCA and how to ensure people were supported in line with these requirements.

All of the people and their relatives or friends who responded to our questionnaire agreed with the question 'the support and care I receive helps me (my relative or friend) to be as independent as I can be. People we spoke with told us that staff sought their consent for care. Staff were aware of the principles of the MCA and the rights of people to make decisions about their care and treatment. Staff told us about how they encouraged people to do things for themselves and the need to consult other people when the person lacked the capacity to make their own decisions. For example; we saw the care supervisor was arranging a review for a person who lacked the capacity to make a decision about their care when a concern had been raised.

People's care plans included their signed consent to their plan of care. Where people had nominated representatives with legal authority such as a Lasting Power of Attorney the provider had requested evidence of this to ensure people's legal rights were respected and upheld.

People we spoke with who were supported with their meals told us they were satisfied with the support they received. A person said "They prepare the meal and bring it on a tray. They make sure there are bottles of water in my room and I have a kettle in the bedroom too. They get my milk and cereal ready for the morning. I'm very happy with this." Other people told us they had "fresh" food prepared or ready meals of their choice that were heated and served by staff.

People's nutrition and hydration needs were documented in their care plan. This included their likes, dislikes and any risks associated with food such as allergies. People told us their food preferences were met. A person said "They (staff) cook whatever I want to eat".

People told us they received care from healthcare professionals as needed. People's care plans included their specific healthcare needs and the support they required from the provider's staff to maintain or improve their health and wellbeing. For example; where people were treated by a healthcare professional for a specific health condition, care staff provided support to promote wellbeing or prevent people's health deteriorating. This included; support to prevent pressure sores developing and catheter care. People told us they received the support they required with their healthcare needs and a person said "They change my leg bag (catheter), cream my legs and they do this properly and are kind with it.' Another person said "They are very gentle; I feel they look after me well.'

Good

Is the service caring?

Our findings

All of the people and their relatives or friends who responded to our questionnaire agreed with the questions 'my care and support workers always treat me (or my relative) with dignity and respect' and 'my support workers are caring and kind'. All the people we spoke with told us care staff were respectful and kind. People's comments included; "They are very friendly and helpful. They are very willing to help" and they treat me with kindness and take care to change me nicely and carefully. They respect me"; and "The carers are very good. They are very pleasant, and are good with my privacy."

Some people said they did not always know who was coming to provide their care and they were not always introduced to the care staff that were providing their care. This was important to some people because regular care staff knew and understood people's needs well and provided a consistency of care they valued. For example a person said "The carers are wonderful, the service is quite good. I would like a regular carer this needs to be improved. They get to know you and you have a relationship with them, so it's nice to have someone that you know".

Due to the staffing changes it had not always been possible to provide consistent care staff and some calls were met by staff at short notice. However, we saw the provider was acting to address this situation and this was improving with the recruitment and induction of new care staff. Existing staff were prepared to support people as far as they were able to ensure they received consistent care and the care coordinator told us "Some staff will do weekends even though it their day off they will do extra shifts and a lot of staff will go the extra mile especially if people are their regulars."

Staff we spoke with demonstrated how they provided care that was respectful and promoted people's privacy and dignity. For example; by providing care in privacy and in the way the person preferred. A staff member said "I always pull blinds, close doors and cover people as they are vulnerable." People confirmed they received dignified and respectful care.

People's care plans included information about what was important to them and what staff needed to know and do to respect their lifestyle choices. This included people's religious and cultural preferences and their social activities and hobbies. This information supported staff to know about people's personal histories, significant events and people in their lives in order to build relationships. For example; a person had stated they enjoyed having a coffee and chat with their carer about recent events in the news or in their life. Information was included in their care plan about their family and interests to enable staff to discuss these with them. People told us this was important to them and they valued the relationships they had built with care staff. For example a person said "I cannot speak too highly about the (Charles House) Bluebird team. All the helpers, without exception, are delightful, dedicated staff and are a pleasure to know". Another person said "They are very good; they are wonderful, truly wonderful. They treat me with kindness and look after me and are lovely." A staff member said "I will try and help out if I can. I like to get to know the person have a chat and remember what they say i.e. grandchildren. I always ask if there is anything else that needs to be done"

The provider was running a campaign to highlight the issue of loneliness in old age called 'Every second counts'. A video had been produced to show the importance of a carer calling to see an older person who lived alone. This had been used to raise staff and public awareness about this issue. The majority of people we spoke with and who responded to our questionnaire told us that care staff arrived on time and stayed for the agreed length of time. People's comments included; "They are on time and stay as long as it takes. They do everything as is supposed to be, nothing is left undone" and "Yes they are excellent, very prompt which is an asset. They arrive on time, very regular in their time; they always stay for the full time." This was important so that people received a reliable service and they knew when care staff would visit.

People's care plans included information about their communication needs and the support they required to make decisions. Staff completed training in communication and the awareness of mental health, dementia and learning disability to support them to understand people's communication needs. Induction training included an experiential session on visual impairment where staff wore glasses to experience the different types of visual impairment people experienced. This supported staff to understand the needs of people with a visual impairment such as the importance of touch to promote effective communication.

Good

Is the service responsive?

Our findings

Most people told us they were involved in making decisions about their care and treatment and had a care plan in place which described their needs. People's comments included; 'Yes I have a care plan, my son is involved in this too, he is abroad part of the time in the year but the office have his number and he gets involved". "Yes I have a care plan; they do update it once a year. I have a copy of it, I am involved in it". Some people were not sure if they had a care plan but confirmed staff had been to discuss their needs with them. Records showed care plans were in place for people. Care plans were developed from needs assessments carried out with people and their representatives where relevant prior to care being delivered.

At the time of our inspection the provider was in the process of transferring people's care plans to their electronic PASS system. The provider had identified some aspects of people's care plans that required improvement to ensure all the required information was available, person centred and up to date. The transfer to the electronic system was being used to review and update plans to ensure they were detailed, current and fully completed. The care plans we reviewed contained information about people's preferences and individual needs. However, we could see this had been improved by the new care plan format being introduced. The new system also enabled people's care to be monitored as it was delivered to ensure tasks were completed in line with the outcomes people had identified for their care and support. Records showed that people's care, and support needs were set out in a written plan that described what staff needed to do to make sure personalised care was provided.

All of people's relatives and friends who responded to our questionnaire agreed they were consulted as part of the process of making decisions relating to the person's care and support. Records showed that people's representative had been involved in reviews of people's care and people's care plans detailed their consent for who information could be shared with. The provider aimed to review all care plans every six months. Records showed that this had not always been achieved over the past year due to staffing changes. However, the provider had identified this area required improvement and was scheduling people's reviews to take place over the coming months. When people's needs had changed staff confirmed they were informed by office staff to ensure they provided appropriate care and support. We saw a record made of information given to staff to inform of changes.

People spoke positively about the quality of care they received and confirmed staff provided care to meet their needs and preferences. People's comments included staff are "Friendly and understanding" and "Didn't make a fuss" about giving care. Another person said "They come every morning to give me my shower." The person added that "the girls are very nice" and described care as "excellent." People received person centred care.

People and relatives were encouraged to give their views and raise any concerns or complaints. The provider's complaints policy provided information for people and their relatives about how a complaint could be made, the timescales for any response and how to complain to the Care Quality Commission and the Local Government Ombudsman (LGO). The LGO is the final stage for complaints about social care providers.

People told us if they had concerns they could call the office and they were listened to. A person said "I can call the office if I'm not happy, I have their number, the office is good, and they are easy to talk to". Another person said "Yes of course, if I'm not happy about something then I can call them, or I can tell the carer and she will be able to tell the office". All of the people who responded to our questionnaire said they knew how to make a complaint and their concerns and complaints were responded to by staff and the provider. One person we spoke to had made a complaint and said "The office did support me and believed me, they dealt with it straightaway". We looked at the records of complaints and saw these were investigated and responded to in line with the provider policy and procedures.

Good

Is the service well-led?

Our findings

Although a registered manager was in place at the time of our inspection they were no longer active in this role. The provider had made interim management arrangements whilst they recruited a new registered manager. Day to day management support was currently provided by the provider's trainer. The provider's senior management team were also taking active management roles to support the new office team through their induction period. Office staff told us "Management staff are supportive and proactive once they knew we were short staffed they acted on it straight away" and "Its fabulous the attitude of the team the way things are handled I am not used to being valued and appreciated I am able to apply myself and am free to get on with it."

We found the management team to be open, transparent and honest about the service and the challenges they had faced. The team had acted to identify the priorities and improvements required in the service and actions were in progress or planned. For example, a recruitment campaign for new care staff was underway and meetings had been held or planned with existing staff to inform them of the actions taken to address staffing levels. The provider's trainer showed us the presentation for the care staff meeting and said "I am going to show the team how many hours and how many carers and the recruitment and they can see what the picture is and what we are doing it's an opportunity to raise their concerns and issues and have transparency".

People, their relatives and staff we spoke with were aware of the changes in management arrangements and office staff. Feedback we received confirmed this had been an unsettled period. However, whilst people acknowledged the service was not running as smoothly as previously due to key staff changes, the feedback about the management and leadership was positive. A person's relative said "It's a very good service overall, there have been a few problems in the last few weeks with new staff in the office so it is understandable that this will take time to settle". A person told us that they thought the service was "well organised" and that the provider "always keeps you informed".

The provider demonstrated they valued staff retention by celebrating staff that stayed with the company using certificates and gifts. A staff member said "Yes I feel valued and recognised I was recently given a voucher for £20 to say thank you." All of the staff who responded to our questionnaire agreed they felt confident to raise concerns with managers, were asked for their views and these were taken into account and they were given the information they needed. Staff we spoke with were positive about working for Charles House, whilst acknowledging they were going through a challenging period due to key staff changes.

The provider told us they were introducing their new vision and values at the forthcoming staff meeting. Their brand statement was 'By your side' and this was underpinned by a set of values that included 'more than care' including their commitment to respecting and placing customers at the heart of everything they do; trust, expertise and 'always here for our customers'; supporting people to live the life they wanted. Their value statement included how staff should demonstrate the values. A staff member told us they understood the provider's aim was to "Provide bespoke care and treat everyone as individuals". People told us that staff

treated them with dignity and respect and provided care in line with their preferences and wishes.

An annual customer and staff quality survey had last been carried out in November 2015. The provider planned to send out this year's questionnaire in December 2016. The survey was used to seek feedback from people, their representatives and staff about the quality of the service and identify improvements. For example we saw the staff survey for 2015 had been analysed to produce an action plan for improvements. Some improvements had been made as a result of staff feedback including; monthly team meetings and communicating to all care staff the importance of informing care coordinators of changes to prompt a care plan review.

Most of the people and their representatives we spoke with or who responded to our questionnaire said their views had been sought by the service. The provider had identified customer feedback as an area for improvement and planned to increase the frequency of their customer reviews and to reconvene a 'quality action group' which would include people who used the service to identify areas for improvement. People were asked for their views on the service during scheduled reviews which were carried out at six monthly intervals we reviewed some records of reviews which showed people's feedback had been sought. In one example although no improvements to the service had been identified, more information had been added to the persons care plan about what was important to them as a result of the review.

A quality improvement plan was in place for the service. Improvement actions were based on the outcomes of quality audits and monitoring information and benchmarked against best practice standards. Actions for improvements were allocated to the relevant person and included a timescale for completion. We reviewed the information in the action plan and saw actions were in progress and kept under review. Some actions had been completed such as a full staff file audit which had been carried out in response to shortfalls identified in a sample of staff files audited in August 2016. Action had been taken to address the shortfalls found.

Due to the absence of a registered manager the provider's national care adviser and regional quality team were supporting the auditing and quality improvement systems in the service. The plan included the actions taken to improve the recruitment, retention and continuity of care staff available to people so they received a reliable and consistent service. An effective system was in place to monitor and assess the quality of the service delivered to drive improvements.

The provider had links and worked in partnership with other organisations to make sure they were aware of best practice and changes in care and support. These included Dignity in Care and The United Kingdom Homecare Association Ltd (UKHCA) which is the professional association of home care providers from the independent, voluntary, not-for-profit and statutory sectors. This organisation promotes high standards of care and provides representation with national and regional policy-makers and regulators. This meant the service was proactive in keeping up to date with good practice guidance and influencing policy development in relation to meeting people's needs through care in their own homes.

The service had dementia champions who had a specific interest in disseminating information relating to supporting people living with dementia to staff and the local community. Some staff who were dementia champions had held training events in the community with the aim of making the local community 'dementia friendly'. Other community activities included; running a 'carers hub' to provide a place for unpaid carers to have some have time out and socialise as well as learn new skills. The branch also supported local fundraising events such as holding a coffee morning in aid of a cancer care charity, which their customers attended. The provider contributed to and engaged with their local community to promote an awareness of the needs of the people they supported.