

Banks & Levett Limited

Bluebird Care (Aylesbury)

Inspection report

39-41 High Street
Aylesbury
Buckinghamshire
HP20 1SH

Tel: 01296399000

Website: www.bluebirdcare.co.uk/aylesbury

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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 (Aylesbury) provides personal care to people who live in their own homes in the community. The service offers personal and social care to people within Aylesbury, Wingrave, Stone, Western Turville, Wendover, Aston Clinton, Waddesdon and surrounding areas. At the time of the inspection, the service supported 45 people and 20 staff were employed.

Bluebird Care (Aylesbury) can support younger and older adults, people living with dementia, people living with learning disabilities and autism and people that may have sensory impairments, physical disabilities or a diagnosed mental health condition.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This means they receive 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 protected from abuse, neglect and discrimination. Risk assessments were appropriately completed for both people's risks and any arising from their home environment. Incidents and accidents were correctly recorded, investigated and acted upon. There was a very robust medicines management system in place. There was an ongoing recruitment drive, but all shifts were filled with regular workers.

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.

Staff were knowledgeable, skilled and experienced. They received a good level of training, support and received regular checks of their competency. There was some training in relevant topics such as dementia. People were supported with enough food and drinks. The service was compliant with the principles of consent. The staff had completed excellent work on the mental capacity assessments and best interest decision making process. People's preferences, likes and dislikes were recorded and respected. Where there was involvement with community healthcare professionals, notes were kept which reflected their involvement.

People and relatives have recorded that staff were kind and caring. We received comments from numerous sources about how caring the service was. All the feedback was positive and demonstrated satisfaction with the support offered and received. People's dignity and privacy was respected. People were encouraged to be as independent as possible.

Care plans were very person-centred. There was good evidence of people's life history and story. The service's staff acted to promote social inclusion and avoid isolation from the community. There was an

appropriate complaints mechanism in place. Investigations were very thorough. The service checked for people's end of life preferences.

There had been a positive change to the workplace culture since the last inspection. Staff were satisfied and happy; survey results showed they were working hard to ensure people receive good support. There was good support from the provider. The registered manager and office-based staff were knowledgeable, experienced and took their responsibilities seriously. There was a satisfactory governance and audit system in place, and a continuous improvement plan was used to capture and mitigate risks and work through improvements. There was good evidence of partnership working. People, relatives, health or social care professionals and staff were involved and had a say in how the service was operated and led.

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 28 April 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Aylesbury)

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

The 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 16 February 2020. We visited the office location on 3 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection

We spoke with four members of staff including the nominated individual, registered manager, training and recruitment manager and care supervisor. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from four people who used the service about their experience of the care provided. We also received comments from eight relatives. Two staff members wrote to us to provide their comments about working at the service and caring for people. The local authority provided written information to support the inspection.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further evidence from the registered manager. The nominated individual sent statutory notifications to us (which were required by various regulations).

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

- The service protected people from abuse, neglect and discrimination.
- One relative stated, "I know that [the person] is satisfied with their care and he likes and feels safe and secure in their care. In my opinion they are a caring and compassionate provider and I have no doubts about their care of my brother."
- Staff were vigilant for vulnerable adults at risk. They also looked for signs that a person may be neglecting themselves. They were trained via multiple methods; during induction, refresher training, staff meetings and via regular communications.
- The registered manager reported allegations of harm or neglect to the local authority. They liaised with the safeguarding team and GP surgery nurse to ensure people's welfare. There was a good connection with the other stakeholders involved in protecting people who used the service.
- The service maintained chronological records for all contact with social services, so that the information could be referred to later if there were further enquiries.
- Staff had knowledge about whistleblowing if they needed to raise concerns. The registered manager confirmed that they took all concerns raised by staff seriously and acted on them to ensure people's safety.

Assessing risk, safety monitoring and management

- The service ensured that people were protected from risk by identifying them and mitigating the risks.
- The service received referrals for new care packages via telephone, from commissioners, via social media platforms, hospitals and social workers.
- Where there was a new referral, staff completed an initial risk assessment before any person's package of care was planned and implemented. This included the care requested and covered the person's needs based on their medical condition and social requirements.
- When the referral was received, it was triaged to ensure capacity and eligibility for personal care. Where there were not enough care hours available, people could be placed on a waiting list and priority would be given to people considered at high risk.
- Initial assessments included how to access people's houses (such as using key safes) and any environmental risks in a person's home, such as falls risk, use of manual handling equipment and security.
- Information from the initial assessment was then used to inform the care planning process.
- The service had a business continuity plan for extreme events. There was also an emergency planning list for people to ensure that during an extreme event, people who were most at risk received their care.

Staffing and recruitment

- Sufficient staff were deployed to meet people's personal care needs. Recruitment processes were robust,

which ensured that only 'fit and proper' staff were employed.

- The service's level of staff was flexible. This was based on people's needs, the number of calls and time people needed to receive support and whether manual handling and equipment were used to help with the care.
- People were consulted regarding the amount of care and support they required. The service monitored whether calls needed to be increased or decreased in line with people's conditions.
- The service used a monitoring process to ensure that people's calls were not inadvertently shortened. Call duration 'spot checks' were also completed by the management team to ensure that people received the correct amount of time for their support calls.
- Personnel files contained all the necessary information and checks required by law, before a staff member commenced employment.
- A relative stated, "Communication is always excellent, and they have systems in place to keep me updated through calls, texts, emails and by post. I always know who the carers will be and the time they will call. If the schedule has to change, I am always informed."

Using medicines safely

- People's medicines were safely managed and monitored.
- Staff completed appropriate training in medicines safety. This included induction, policies and procedures, a workbook, scenarios and competency assessments.
- Medicines documentation was correctly completed. Medicines administration records were audited when the charts were returned to the office for filing.

Preventing and controlling infection

- People were protected against the risks of developing infections.
- Staff completed induction training and refresher training in preventing infections.
- Staff practised good handwashing techniques in people's homes. There was a supply of personal protective equipment in the office, which staff could take out to the support calls.
- The service had an infection control 'lead' who was responsible for the service's overall compliance with infection prevention practices and ensuring people were safe from the associated risks.

Learning lessons when things go wrong

- The service had an appropriate method for recording and investigating any accidents or incidents.
- Appropriate document templates were available for completion, when necessary.

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.

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

- People preferences, likes and dislikes were assessed so the service could provide the right support in the right way.
- The service monitored people's care needs for any changes. The care package was then altered to ensure that people's needs were met in the way they liked. For example, one person's file stated, "My mobility has improved, and I am now using a frame to mobilise around my home and only require one carer."
- People's risk assessments contained information specific to their needs. This included any allergies to medicines, food intolerances, night time routine, mobility risks and financial management.
- Risk assessments were regularly updated and reviewed with people and their relatives, to ensure that accurate information was always available to the service and care workers.

Staff support; induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to carry out their roles. This meant people received effective care.
- A person said, "I have been with Bluebird for over three years. The members of staff are awesome, caring and our safety is important to them. I can't fault their leadership style. They also make sure training is up to date."
- Staff completed the Care Certificate when they had not previously worked in adult social care. The Care Certificate is a collection of 15 nationally agreed training modules. Staff also completed an 'in house' induction to provide orientation to local ways of working. Regular refresher training was attended by care workers, to keep their knowledge up to date.
- Training topics included safeguarding, health and safety, basic life support, moving and handling (theory and practical) and infection control. The training was repeated at set intervals.
- Staff took part in regular supervision sessions with their line manager. Staff also completed annual performance appraisals. These ensured staff had the support they needed to provide effective care.
- Some staff had completed, additional qualifications in health and social care.
- Where a person was identified as having a risk, the provider offered and encouraged staff to complete additional training. This included how to effectively care for people with dementia, people with behaviours that challenge and end of life care.

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

- People were effectively supported to take enough nutrition and hydration.
- People's support package was based on their need for assistance with food and drink. The registered

manager explained some people liked to plan a menu, and care workers assisted with this. People were encouraged with their preferences if they wished to have takeaway or home delivery.

- Food and drink preparation, how it was served and people's likes and dislikes were recorded. These were detailed and specific. For example, "Every morning I like to have a milky coffee, but throughout the day I just use boiling water. I don't mind tea, but I enjoy coffee more and I don't like any fizzy drinks."
- Staff received training in food hygiene, so they could ensure people were not placed at unnecessary risk of harm and ensure food was prepared and handled in the right way.

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

- The service worked with external health and social care professionals to ensure people's care was effective and evidence-based.
- There was evidence of ensuring people were supported to have a healthy lifestyle. For example, there was evidence that staff called a GP or paramedics when people needed acute care. They also informed relatives of any changes in people's conditions.
- When needed, care workers sought advice from the location office, who would assess any changes in a person's condition and organise the necessary support. Information about people's changing health needs was communicated to all care workers so they could provide the correct support to the people.
- The registered manager had attended a local health and social care forum where various aspects of adult social care.

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.

- All staff were trained in the MCA so that they understood the underlying principles for ensuring consent. Consent was obtained verbally and in writing (as needed). Mental capacity assessments were completed to assess some people's ability to provide valid consent. Where a person could not provide consent for a decision themselves, then best-interest decision making occurred to find the least restrictive option.
- The service recorded when people had an enduring power of attorney for their finances. They also kept information on file for anyone who had a lasting power of attorney for health and welfare matters.
- The service liaised with relatives (and others) where a person could not always communicate their decisions or choices. Relatives and appropriate others took part in the decision-making, which demonstrated an inclusive culture at the service.
- The care supervisor had completed very well written mental capacity assessments, which followed all the best practice principles for ensuring valid consent.

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 relatives described the service as caring.
- One person stated, "Whenever I contact the office, my request is dealt with expeditiously. Office staff and carers are always courteous and pleasant." Another wrote, "...carers are extremely good...in fact excellent... they were the best in town, and I have frequently had this proved to be true..."
- The service regularly received complimentary feedback from thank you cards, e-mails, telephone calls. Comments included, "[Thank you] for all your efforts to get to [the person] during the cold and snow, and making sure she was keeping warm", "Praise must go to my special carer...she is a very special lady and cared for me in a kind, caring, friendly and very professional manner. She has a lot of qualities when caring for people like me" and "All the carers are really good with [the person] but [a specific care worker] is 'brilliant'...and really engages with [the person] the whole time, which is really important."
- The service ensured that people's cultural and linguistic background was recorded and respected. For example, one family preferred specific care workers who supported a person. The service respected this choice and ensured that appropriate staff were deployed to meet people's needs.
- The service provided tokens of appreciation to people for cultural, faith and social occasions. For example, Christmas presents were provided in 2019. People's preferences were considered, and hampers were created which were tailored to each person. The hampers included jam, toiletries, other food and trinkets unique to the person. Birthday cards were also sent to people.

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

- The service regularly liaised with people and relatives to ensure that people received the best possible care.
- A person told us, "[I] have used the service for four years. [I] find them helpful. Staff are excellent. Good information is provided from [the] office regarding [my] schedule and being kept aware of plans and changes."
- The registered manager described their engagement with a relative about a person's clothing. They had noted the clothes required replacement. They organised to meet the relative at the shops and suggest appropriate clothing be purchased for the person.
- The service reviewed care within seven days of starting a new package of care, to ensure any modifications were made if needed. Further reviews were conducted one month later and every six months thereafter. The service asked people whether they wanted their relatives involved. This ensured that people's and others' views were actively considered when a package of care was reviewed and updated.
- People were also encouraged to ring the office and request any changes to their support when they

wanted to. For example, a person called the office during the inspection and requested their support change from three days per week to five days per week. The person had stated they were "struggling" to manage without additional care. The registered manager stated they could achieve this within a few days.

Respecting and promoting people's privacy, dignity and independence

- People were routinely provided with a dignified service which promoted their independence.
- The registered manager assessed that a person's independence was impeded by the layout of their lounge area and where their bed was located. The service organised for a national equipment service to dismantle the bed and place it in a more suitable location. The person could then look out at a garden when they were in bed, instead of the wall.
- Staff ensured people's curtains and doors were closed when they provided personal care. This ensured people's dignity, especially if family members were also present in the house.

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.

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

- People's care was person-centred and based on their aims and objectives for living in the community.
- Support plans we reviewed showed that staff recorded relevant information about people's lives. Visit notes (daily records of care) were detailed and showed reporting of all aspects of care, including people's emotional and social needs.
- The service ensured that people's health and safety was at the heart of their support package. For example, one person's behaviour was observed as unusual, and the care worker reported this to the office. The registered manager went to the person's house and completed a welfare check. They realised the person's blood glucose level was too high. An ambulance was called, and the person was transported to hospital for acute care. Medical professionals complimented the attentiveness of staff when they noticed the person's behaviour was different to usual.
- One person who was very anxious about anyone (for example delivery drivers) visiting their house had additional support provided to them by the service. This included having their incontinence products delivered to the location office. Staff who were trusted by the person then delivered the products during the package of care calls.
- A person with a learning disability was encouraged to visit the service's office. They came in to engage with staff, talk about their care and go out into the town centre with the care workers. The person's preference was for care workers not to be identifiable, so the staff replaced their uniforms with casual clothing. This was clearly articulated in the person's care plan.
- Staff were required to complete a 'pen portrait' form. This asked the staff member about their likes, hobbies and life story. The service used this to match staff with people who had common interests.
- A relative stated, "Given the challenges of caring for my uncle, Bluebird care have been very professional showing good communication and understanding, leaving me confident that my uncle is receiving a good standard of care."

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 service identified people's communication abilities and preferences at the point of commencing a care package.
- Communication methods were also recorded in support plans, so staff knew how to effectively communicate with each person.

- Some people were not able to fully express themselves verbally; staff could anticipate people's needs and use other methods of communication, such as non-verbal cues or signs.
- People's communication aids, such as hearing aids, spectacles and computer-based technology were used so that people could receive information in a way they could understand it.
- Alternative steps were taken to assist people with communication issues. For example, a person who was blind had care workers read their schedule out to them each day and had the schedule e-mailed to their relative. This helped them to know when care workers would attend, and which staff would support them.

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

- One person received ad hoc care when their family members were away. The service took the information from the family of the calls that were required. In addition to the personal care support, the care workers took the person out into the community so that they could access services and social events as they normally did.
- Staff went out of their way to visit people when they were lonely or at risk of social isolation. An example, office staff had cooked some Christmas suppers, visited people outside of the standard care package, and spent time with them whilst they ate and chatted.
- One person who liked to draw and paint had sketch pads provided to him by the service. This enabled the person to create art and send it to the service's office, which was displayed for staff to view.
- One care worker had noted a person re-reading the same books in their house. They had noted the person did not have a large volume of books to read and clearly enjoyed reading. The care worker organised to buy some new books for the person, so there was new material to read. The person had expressed their gratitude for the staff member identifying and acting on this.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. This included an underlying policy, which guided the management team about how to handle, process and respond to complaints.
- A relative told us, "The staff and management at Bluebird have been very friendly, attentive and caring. Any time there is a query, they have been quick to respond and to offer suggestions. I have no complaints whatsoever and my parents are really appreciative of the care that is given."
- People received information in an easy to read format about how to raise a complaint.
- There were appropriate records of how complaints were investigated and responded to. The registered manager explained that they reviewed each complaint and examined the facts, to try and prevent similar circumstances from occurring. In the small number of complaints received, there were no themes or trends.
- A complaint record showed how thoroughly concerns were taken by the service. The record stated, "I did not want [the person] to feel I had disregarded her concerns...I asked for her preference on how she would like me to handle the situation." The registered manager and two care workers met with the person to discuss the matter, and an outcome letter was sent to explain what took place during the investigation and the outcome. This ensured a satisfactory resolution for the person's concerns.

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 good. At this inspection this key question has remained the same. 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

- The service operated with a core set of principles set by the provider, which ensured that people received well-led care. These were clearly set out in the service's statement of purpose and 'service user' guidance.
- A relative wrote, "The team of carers that look after my father are good and efficient people... the gentlemen as well as the ladies. They are kind, lovely to talk to, very understanding and never too busy to talk."
- A local improvement plan was used to set goals, aims and objectives for continuous improvement. This recorded how the service worked towards always ensuring the safety and quality of care.
- The service was open to external scrutiny. Standards were checked at least annually by the Bluebird brand audit team. A set of recommendations were made, which were actioned by the management team and staff. Positive feedback included, "The Bluebird Care customer care and support plans audited were all particularly detailed and comprehensive to the customers individual needs and were...good examples of person-centred care within our Bluebird Care franchise network. All of the care and support plans audited provided those care assistants delivering care, clear guidance on the level of support the customer required to ensure they were safe and well cared for."
- The nominated individual and company director had good oversight of the service. They worked collaboratively with the office staff and management team to ensure 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

- The registered manager was knowledgeable and skilled in their role, which ensured the service was well-led.
- They had completed appropriate training in adult social care leadership and management, which provided them with additional information about how to safely run a care at home service.
- A set of audits and quality checks was completed to measure the quality of care. This included both local and provider-level audits.
- Local checks for safety included those for people's care documentation, staff recruitment files and staff training.
- The registered manager knew about duty of candour and the obligation to be transparent when responding to serious incidents.

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

regulatory requirements

- The management team worked well together to ensure that the service was safe and provided high quality support.
- The service had invested in a dedicated team of staff to support care workers who provided support to people. There was a training and recruitment manager, care coordinator and care supervisors who were responsible for respective areas of the service. They were considered part of the overall management team and were required to ensure people received high quality personal care.
- A staff member commented, "I feel Bluebird Care as a care company are very caring and compassionate. All the care workers go above and beyond for the customers and are well trained and knowledgeable. I feel Bluebird are a great company to work for...I can always speak to senior members of staff if I have a problem and I feel everybody here genuinely cares about the customers." Another stated, "The office staff are brilliant...also very good training and all up to date...I have worked for the company for over five years and this is a great company to work for."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Reasonable adjustments were made for staff who declared matters which were considered protected characteristics under the Equality Act 2010. This ensured that staff were well supported and did not feel isolated, discriminated against and could seek advice and support from colleagues and management when they needed to.
- Staff who had preferences about the type of care they could provide under their equality aspects had these considered and their schedules were adjusted accordingly. People who had a gender preference for their care worker had the correct care worker allocated to them.
- Regular surveys and questionnaires were sent to people, staff and relatives. This helped gather feedback about the safety of care, how effective the operation of the service was, and quality of the support provided.
- One staff member had written, "I love getting to know each client and taking the time on each visit to do the daily tasks the way they like it...[Bluebird] is a great company and I would recommend not just to a friend who is looking for a job, but also to a friend who is in need of a carer." A person commented, "I find all the staff willing and helpful at all times and prepared to do any extra help I may need."
- Regular team meetings were held. Topics discussed included updates about people's care and needs, staff training, practice points like medicines safety and provision of compliance and best practice guidance. E-mails to staff were also used as sometimes they were providing care and could not attend the meetings.

Continuous learning and improving care

- Concerns, complaints and any incidents were used to help staff learn about how to ensure people's risks for harm were reduced.
- There was evidence in team meeting minutes that specific incidents had been discussed, and how staff reflected on them.

Working in partnership with others

- The service was dedicated to raising money for relevant national charities. For example, they conducted several events to collect money for Macmillan Cancer Support. In 2020, staff were invited to vote for the charity that the service would support for the year. This ensured that staff were included in decision making about working with community partners.
- The staff recognised that a person's daughter, who was their live-in carer, was experiencing social isolation. They were invited to the staff party to provide some entertainment and respite to the relative. The relative had developed a strong relationship with the staff and was thankful for the support. The relative wrote, "[The service provides] the whole bundle...caring, funny, just lovely. Importantly, [they] pick up the

whole family, not just the client."

- The service had commenced completion of hospital 'passports'. These are documents which help paramedics, visiting healthcare professionals and hospitals with important information about a person's care, likes and preferences. The service continued to develop the 'passports' to ensure everyone had one in place.