

Westborough Projects Ltd

Bluebird Care (Teignbridge)

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

Bluebird Care (Teignbridge) provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Newton Abbot, Teignmouth, Dawlish, Ashburton and the surrounding areas.

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.

We visited the office on 30 November 2016. We carried out home visits on 5 December 2016. We carried out phone calls to people and their relatives on 6 December 2016. At the time of this announced inspection 83 people were receiving personal care from the service. The service met all of our regulations at the previous inspection in December 2013.

Since our last inspection, the provider had introduced a new electronic system. Prior to our inspection, we received a concern from a relative about the new system and not being able to access the care plan. We looked at the system during this inspection. People and relatives we spoke with did not raise any concerns and told us it had not made any difference to them. Relatives told us they were able to access up-to-date information using an app on their phone. People had a paper copy of their care plan in their home. We saw where other healthcare professionals needed access to records for monitoring purposes; these were kept on paper records in the person's home. Staff told us they felt more empowered as they could read people's care plans on their phones before they visited them and information was updated promptly. The provider had identified an issue that meant if staff turned off their internet connection, the information did not update on the system straight away. They told us they planned to get all staff a phone so the internet was on all the time.

People were happy with the staff who visited them. Comments included "Excellent" and "They're always so kind". Staff spoke about the people they cared for with compassion and concern. Staff told us they enjoyed getting to know people and enjoyed chatting with them. Staff commented "Best part is making people smile, like to make them laugh" and "I absolutely love my job". People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth. Staff checked if they could do anything else for people before leaving.

People told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel totally safe" and "I have no worries". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to people. People told us staff knew how to meet their needs. People said "They're absolutely

spot on, I don't have to worry" and "They just know what to do and do it well". Staff told us they were happy with their training. Comments included "The training is very good. I know what I can and can't do"; "I completely understand everything"; and "We've had lots of training in dementia which was helpful". Staff told us they felt well supported and had regular opportunities to discuss their work.

Care plans were developed with each person. They described the support the person needed to manage their day to day health. People told us they were involved in their care and able to make choices about how they wanted things to be done. One person told us "I've had lots of input about how I like my care. That helped quite a lot". Staff knew people's preferences and offered choices. They responded to people's requests and met their needs appropriately. The service was responsive to people's needs. For example, one person started to receive care after having a stroke. Staff worked alongside a physiotherapist and supported them with exercises. This person's visits had reduced from every day to once a week when staff now supported them to go to the gym. The provider was delivering some live-in packages of care. They had recently taken on a new package. There had been some issues that had not been expected. Staff and healthcare professionals were working with the person and family to try and find solutions. The provider told us they would review the live-in policies and procedures to ensure they were appropriate.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People were provided with visit record so they knew which staff would be visiting them. Staff told us they tried to ring people with any changes, and the majority of people confirmed this happened.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, epilepsy, medication, and skin care. Risk assessments relating to each person's home environment had been completed. Staff identified when people were not safe and raised concerns.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed an electronic record to confirm people had been given their medicines. If a medicine had not been given, this was alerted on the computer system in the office immediately after the visits. We saw evidence that when medicines had been refused, action had been taken promptly and the person's GP had been informed.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and through questionnaires. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included "If I was dissatisfied I would say" and "They couldn't do anything better". Where complaints had been received they had been managed in line with the company policy. One person told us when there had been an issue in the past it had been dealt with promptly.

People told us the management were approachable and they were happy with the service. Comments included "They're extremely good"; "very supportive" and "very approachable". The provider told us the most important thing to them was to provide the best possible service for people. Staff told us there was open culture, and they felt supported and valued by the management team. Comments included "This is the most fantastic place I've ever worked"; "(Provider name) is amazing, I could not ask for better" and "(Provider name) and (manager name) are second to none"; "They're always at the end of the phone and never stop checking their emails".

The registered manager was keen to develop and improve the service. They kept up-to-date with best practice and met up with other care providers to share good practice. Records were clear, well organised

and up-to-date. An audit system was in place to monitor the quality of the service. Unannounced checks to observe staff's competency were carried out on a regular basis.

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 risks to their health and wellbeing because staff took action when issues were identified.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good ●

The service was effective.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the mental capacity act and understood the need for consent.

People were supported to access health care services to ensure their needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service valued the relationships they had with care workers.

People were involved in their care and able to make choices about how they wanted things to be done.

People benefited from staff who were aware of their individual communication skills.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care because care plans described what staff needed to do to support people well.

People benefited from a responsive service because action was taken when staff identified issues.

People were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

Good ●

The service was well-led.

People benefited from an open culture and approachable management team.

An audit system was in place to monitor the quality of the service and make further improvements. People benefited from a provider who used information they received to drive improvements in quality.

Records were clear, up-to-date, and well organised.

Bluebird Care (Teignbridge)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 visit took place over the 30 November, 5 and 6 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people and carried out visits to people in their own homes.

One social care inspector carried out this inspection. On the first day of our visit, 83 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with six people and four relatives on the phone. We met with three people and four relatives during the three home visits we carried out. We spoke with seven care staff, two co-ordinators, the recruitment and training manager, the registered manager and the provider. We looked at five care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. People told us "I feel totally safe" and "I have no worries". Staff had clear instructions on how to get to people's homes and how to access them. Some people had a key safe installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors. People told us staff were careful to ensure their homes were secured on leaving.

Risk assessments relating to each person's home environment had been completed. Staff identified when people were not safe and raised concerns. For example, staff had found one person's home was cold. They were concerned it was getting colder outside. Staff raised concerns with the management who contacted the person's representative. Heaters were put into the person's home and a heating engineer was due to attend to provide a long term solution. The provider had also carried out a lone worker risk assessment as some staff worked on their own. Staff were provided with a torch and first aid kit. There was clear information on where they could park their car safely.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, nutrition, epilepsy, medication, and skin care. Risk assessments contained enough information so that staff knew how to care for people safely. For example, moving and handling risk assessments contained clear and detailed information on the equipment available, how to use it, and where to position it. We observed staff worked together to carry out a safe moving and handling transfer using a hoist during one of our home visits.

Accidents and incidents were monitored and audited. Action was taken when needed to reduce risk. For example, one person had started to choke and staff had to act to save the person's life. Following this incident, staff had contacted the speech and language therapist (SALT) for advice to reduce the risk of this happening again.

People were supported safely with their medicines and they told us they were happy with the support they received. Staff completed an electronic record to confirm people had been given their medicines. If a medicine had not been given, this was alerted on the computer system in the office immediately after the visits. We saw evidence that when people had refused their medicines, action had been taken promptly and the person's GP had been informed. Where medicinal creams had been prescribed, staff had access to clear information on the computer system telling them how and where to apply them. Staff had completed medicines training and were observed administering medicines to check they were competent. Senior staff checked medicines were being administered correctly during checks carried out in people's homes. The computer system could be updated immediately if people's medicines had changed.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), health screening and evidence of their identity had also been obtained. New staff told us references and a DBS

check had been completed before they started to work in the community. This helped reduce the risk of the provider employing unsuitable staff who may be a risk to people.

The service had enough staff to carry out people's visits and keep them safe. The provider employed a growth co-ordinator. We spoke with the co-ordinator who told us when they were asked to take on any new packages of care, they checked the computer system. They would not take on a new package unless they were able to allocate the visits and provide sufficient staff. People received a visit record each week so they knew which staff would be going out to them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

Staff had completed training in safeguarding adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. Staff also knew how to raise concerns outside of the service.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management who had access to a laptop and completed an on call log. The log contained a record of what had happened during the on call period. Senior staff and management met every Monday to discuss what had happened and take any action needed.

The service had arrangements in place to deal with foreseeable emergencies. Each person had a 'hospital passport' within their care plan which was available for healthcare professionals in the event of an emergency admission to hospital. This gave an oversight of their medical history, prescribed medicines, communication, ability to make decisions, and mobility. There was a plan in place so that staff knew what action to take in events such as fire, flood, severe weather conditions, low staffing levels, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised. The provider had two cars that staff could access if their own cars broke down or were in for servicing.

Staff were provided with gloves and aprons and they told us these were freely available from the office. We saw staff collecting these during our visit. Records showed staff were provided with infection control training to ensure they followed good infection control principles. We observed staff wearing gloves and aprons during our home visits.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. People said "They're absolutely spot on, I don't have to worry" and "They just know what to do and do it well".

The service employed a training manager who ensured staff had the knowledge and skills they needed. Staff told us they were happy with their training. Comments included "The training is very good. I know what I can and can't do"; "I completely understand everything"; and "We've had lots of training in dementia which was helpful".

When staff who were new to care were recruited they were given a care certificate folder to look at before they started their training days. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The folder contained comprehensive information. Training days were carried out over two weeks and included five full days of training, looking at the care certificate folder, and shadowing. When shadowing, new staff worked alongside experienced staff to observe how people had their care delivered. One staff member told us they had been a bit worried about the shadowing and were given more time with staff so they felt confident. When experienced care staff were recruited, the provider asked them for evidence of their current training. Each staff member completed a self assessment of their skills and knowledge and were able to complete the care certificate if they wished to or if they had any gaps in their training. The provider made sure staff were competent in their role by observing their practice. Each new staff member received nine spot checks and three supervisions during their first 12 weeks.

Experienced staff told us they were happy with the training they received. Staff told us they had completed training which was up-to-date in areas such as moving and handling, first aid, infection control, food hygiene, and health and safety. Some senior staff were trained to deliver moving and handling training. One staff member told us they were pleased the trainer had corrected their practice during a training session. Practical sessions were held in tasks regular undertaken by staff and included bed making; shaving; how to make food appetising and nutritious; and how to identify risks when walking inside and outside. We saw that staff training certificates were kept in their individual files. All the staff we spoke with told us they felt well supported. Staff had regular supervisions with the registered manager to discuss their work. Staff commented that the registered manager and senior staff were available to them. Staff told us they could come into the office at any time and speak with someone. Appraisals were carried out to discuss staff's skills and plan their future development. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care. Unannounced spot checks were carried out to observe the staff member's work practice.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had completed training in the MCA. They had a good understanding of the principles of the MCA. Staff knew which people lacked capacity and we saw care plans contained assessments and best interests decisions. Other people had capacity to make decisions relating to their care. Staff told us they would inform the office if there were any changes in a person's ability to make decisions. People told us staff gained consent from people before carrying out personal care and they respected people's choices. Care plans showed people had consented to their care. Where one person was unable to sign their care plan, staff had recorded that verbal consent was given.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. The provider sent people information on how to maintain good health. For example, we saw information on how to avoid falls. They encouraged people to speak with their GP if they did fall. There was information about having medicines reviewed annually and having a sight test. The provider hosted free NHS health checks at the office. We received feedback from an occupational therapist who had recently worked with staff. They told us staff had referred the issue to them promptly and listened to their advice at the visit. We saw feedback from a GP that said one person's skin was improving as a result of the staff's involvement.

Staff supported some people with their meals and drinks. During two home visits, we observed staff support people with their drinks. Staff ensured they used a suitable cup and gave people time to drink at their pace. When assisting one person with their meal, staff followed the guidance in the care plan. They supported the person to eat small amounts of food and checked they had finished before giving some more. Staff were supporting one person to have a balanced diet as they wanted to lose weight. Staff told us they encouraged the person to plan healthy meals. They went shopping with the person and supported them to make healthy choices. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking.

Is the service caring?

Our findings

People were happy with the staff who visited them. Comments included "Excellent" and "They're always so kind". Staff spoke about the people they cared for with compassion and concern. Staff told us they enjoyed getting to know people and enjoyed chatting with them. Staff commented "Best part is making people smile, like to make them laugh" and "I absolutely love my job". Relatives told us "When (name) is in a jokey mood, they go along with it" and "they listen and take time to listen to my husband's stories".

The majority of people told us they had a regular team of staff who they knew well. They said "They just know what to do" and "We get on very well". Two people told us they had a number of different staff and felt this could be improved. We spoke with the provider who showed us they produced a continuity report. This highlighted where the number of staff was not acceptable. The provider asked the co-ordinator to investigate the person's visits to address their concern.

People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff and we saw that staff used people's preferred name. Staff were calm, patient and attentive to people's needs. People told us, and we saw during our visits, that staff asked if there was anything else they could do for people before leaving.

Staff had completed training in dignity, respect, and person centred care. People told us staff respected their privacy and dignity. They said staff always attended to them kindly and discreetly. We observed staff knew people well and chatted with them with warmth. Staff were aware some people were very private and found it difficult to accept care. We observed staff were careful to close doors when delivering personal care. Staff explained what they were doing throughout the home visits, regularly checked the person was alright and provided reassurance when needed. When supporting one person who was living with dementia, we observed staff put some perfume on them after explaining "a little squirt to make sure you smell nice" and they applied moisturiser after saying "To keep your skin looking beautiful".

People told us they were involved in their care and able to make choices about how they wanted things to be done. One person told us "I've had lots of input about how I like my care. That helped quite a lot. I have a regular team and we're looking for a third staff member". Care plans contained information about people's preferences. For example, one person liked to face the television after lunch and their care plan stated the person would tell staff when they were in the correct position to watch their programmes. The person confirmed this happened and staff often watched the television with them.

Staff found ways to communicate with people in a way they understood. For example, care plans contained detailed information on how people communicated their wishes. During home visits, we observed staff knew people and how to communicate with them. We saw staff supporting people to make choices throughout their visit.

Staff were aware that people could sometimes feel anxious or distressed. During a home visit, we observed one person showed some signs of distress. Staff responded quickly and put some music on. They gently

held the person's hand and reassured them. The person began to sing and looked happier.

The provider made people feel they mattered by celebrating events. One person had celebrated their 100th birthday. The provider told us they felt privileged to be there when the Queen's telegram was delivered. Birthday cards and Christmas cards were sent to people and staff and the provider had placed raffle tickets in the cards to win prizes in two separate draws.

The service had received compliments from people and their relatives thanking them for their care, kindness and compassion. Comments include "Bluebird care are an excellent company and I would recommend them to people" and "Some of your ladies went way above and beyond what was expected of them".

Is the service responsive?

Our findings

People's needs were assessed and care plans were developed with the person. Care plans were detailed and person centred. They included information on what was important to each person, their interests, and their history. There was detailed information about the support the person needed to manage their day to day care and health needs. The provider had introduced a new electronic system. Staff could view each person's care plan on their phone, confirm they had met each care need, and write care notes. The system was secure so that only staff could access this information. Prior to our inspection, we received a concern from a relative about the new system and not being able to access the care plan. People and relatives we spoke with did not raise any concerns and told us it had not made any difference to them. People had a paper copy of their care plan in their home. We saw where other healthcare professionals needed access to monitoring records, these were kept on paper records in the person's home. Relatives told us they were able to access up-to-date information using an app on their phone. Staff told us they felt more empowered as they could read people's care plans on their phones before they visited them. Staff told us it was really useful as they could check what had happened for people since they last visited them. Any changes to people's needs could be updated on the system and staff were able to respond to issues more promptly. The provider had identified an issue that meant if staff turned off their internet connection, the information did not update on the system straight away. They told us they planned to get all staff a phone so the internet was on all the time.

Staff knew people well and were able to tell us how they supported people. During our home visits, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

The service was responsive to people's needs. One person started to receive care after having a stroke. Staff worked alongside a physiotherapist and supported the person with exercises. This person's health had improved and their visits had reduced from every day to once a week when staff now supported them to go to the gym. Another person had exercises to increase their mobility. Staff had supported the person to do these for a short time. They told us, as a result, this person's legs had strengthened already.

The provider was delivering some live-in packages of care where care staff move in to a person's home to provide care and support. They had recently taken on a new package and there had been some issues that had not been expected. Staff and healthcare professionals were working together with the person and family to try and find solutions.

The service was flexible. One person told us they had been able to change times to meet their needs. A relative told us if they had a medical appointment, they only had to ring the office and staff would change the time of the visit. People told us office staff always listened to them. If the phone lines were busy, they could leave a voicemail and staff always rang them back. People told us staff were usually on time and had time to meet their needs in the way they wanted. Staff told us they rang people if they were going to be late, and the majority of people confirmed this happened.

Staff were aware that some people may be at risk of social isolation. They told us some people didn't have family and might not see anyone other than their care staff. Staff told us how they enjoyed chatting with people or watching television together. One person liked to talk with staff who shared their interest in football. The provider had recently been in contact with Age UK to discuss ways to combat loneliness.

The provider encouraged people and their relatives to provide feedback. We saw questionnaires had been sent out in August 2016. A prize draw for £50 was available to anyone who completed the questionnaire to try and ensure a good response. We saw that 71 responses were received. Where issues were raised, the registered manager had sent a personalised letter to each person about how they would resolve the situation. People were encouraged to contact the office if there was anything else staff could help with. People were also offered a home visit or phone call from the registered manager to discuss their comments.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. Comments included "If I was dissatisfied I would say" and "They couldn't do anything better". The provider recorded any concerns and complaints they received. Where complaints had been received they had been managed in line with the company's policy. The provider checked the complainant was happy with their response and action. One person told us when there had been an issue in the past it had been dealt with promptly.

Is the service well-led?

Our findings

People and their relatives told us they were happy with the service and the management were approachable. Comments included "They're extremely good"; "very supportive" and "very approachable". The provider told us the most important thing to them was to provide the best possible service for people.

The registered manager had completed the organisation's care manager training course which gave them knowledge on how to manage the service well. They were working towards a level 5 diploma in Leadership and Management. This showed the registered manager was keen to develop their knowledge and improve the service.

Staff knew their roles and responsibilities. Comments from staff included "Everyone gets on well" and "We work well together". The management team included the provider, the registered manager, support supervisors, co-ordinators, and a recruitment and training manager. The registered manager told us they had attended a session on 'team building' at another Bluebird office. Letters and newsletters with information and updates were sent to staff. We saw these thanked staff for their continued support, team work, and good results. Meetings were held regularly to introduce new staff and to provide updates about their work.

Staff told us there was open culture, and they felt supported and valued by the management team. Comments included "This is the most fantastic place I've ever worked"; "(Provider name) is amazing, I could not ask for better" and "(Provider name) and (manager name) are second to none"; "They're always at the end of the phone and never stop checking their emails". Staff told us if they had a gap in their visits they would call into the office for a coffee and chat. This also gave staff the opportunity to discuss any issues. One staff member told us when they had an issue, they spoke with management. They said they listened and amended their workload as a result.

The provider had introduced an incentive scheme for staff. If staff worked their allocated visits for three months, they received a shopping voucher. If they continue this for a further three months, making a total of six months, they then received a shopping voucher of higher value. Each staff member received a Christmas stocking at the December team meeting.

The provider and registered manager were keen to develop and improve the service. They told us they received good support from the organisation's head office. Information and updates were sent to them regularly. They also accessed professional websites and met up with other care providers to share good practice.

The provider used information they received to drive improvements in quality. The provider asked staff for their feedback on the service. Questionnaires were sent out in September 2016. There were 15 responses and a personalised letter had been sent back to each staff member in response to their answers. Where issues were raised, action was taken. For example, some staff said they would like additional training on the electronic system. The training was arranged and completed. The registered manager asked staff to let them

know if things did not improve.

Following the introduction of the new electronic system, some people and relatives were having difficulty accessing records. The provider sent out more detailed information on how to set up the app on a mobile phone.

Records were clear, well organised and up to date. An audit system was in place to monitor the quality of the service people received. Records were checked in the office when they were updated on the electronic system at visits. If any care was missed during a visit, this was sent through as an alert to the office. Staff then decided whether they needed to take any action. This meant staff were able to monitor what was happening for people a lot quicker as information was more accessible. Care plans and staff files were checked to ensure they were complete and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis. The organisation's head office carried out an audit in May 2016. The audit checked the quality of the service against the CQC methodology. The service achieved a result of 96%. This showed the service was maintaining good standards.

The provider had built links with the local community. They wrote pieces in the local paper and had promoted other organisations such as the British Heart Foundation and looking after your heart; the Samaritans, loneliness and encouraging people to find out their neighbours; staying warm in winter; and NHS health checks. They also gave community grants to local voluntary groups. They attended events locally to talk about different topics such as free fire checks carried out by the fire service; equipment which may help people in their homes; scams and the 'no cold callers' scheme.

The registered manager had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.