

Belrose Limited

Bluebird Care (Winchester, Eastleigh & Romsey)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 20 and 24 October 2017 and was announced. The provider was given 24 hours' because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Bluebird Care (Winchester, Eastleigh and Romsey) provide personal care and support to people in their own homes. At the time of this inspection, they were providing a service to 112 people with a variety of care needs, including people living with physical frailty or memory loss. Some people were receiving live-in care services from the provider. The service was managed from an office based between Winchester and Eastleigh.

There was a registered manager in place. 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 received some outstanding feedback about the provider. Without exception, people, their relatives and healthcare professionals told us they were extremely happy with the care and support provided by Bluebird Care (Winchester, Eastleigh and Romsey).

People were placed at the heart of the service at Bluebird Care (Winchester, Eastleigh and Romsey). The management of the service were dedicated in creating, nurturing and championing a culture within the service that was professional, compassionate and innovative. The registered manager and managing director were prominent role models. They took a leading role in demonstrating the values and standards they expected staff to embody by focussing on continuous improvement leading to positive outcomes for people.

The service had a proven track record of innovation to find creative solutions to meet people's needs. They had worked in partnership with healthcare providers to design and implement a programme that helped reduce avoidable hospital admissions. This was characteristic of a highly responsive service that was adept at quickly adapting to meet people's changing needs.

The service used technology to enrich the quality of care it provided. The service had an electronic monitoring system which staff accessed using their work mobile phones. The system also enabled the service to monitor in real time the support people were receiving in relation to personal care, food and drink or medicines. This system was monitored by office staff to ensure that any issues could be addressed quickly and required changes to people's care plans could quickly be updated, ensuring staff had access to up to date records. The service also used technology to aid communication with people and provide resources to staff which supplemented their skill and knowledge, supporting them in their role.

The service was dedicated in providing a learning and development programme that nurtured staff's knowledge, skill and professional development. Training was wide ranging and comprehensive and blended together learning from people's real life experiences of receiving care, interactive or practical sessions and reflections on working practice. The service had a career development programme open to all staff and numerous staff had accessed this programme to take on different roles within the service.

The service had a strong sense of social responsibility and played an active role in the community. The management of the service championed a culture which encouraged staff to participate in local events or initiatives which raised awareness or helped to create resources for people using the service.

Staff were caring, compassionate and creative in overcoming obstacles and finding opportunities to go 'the extra mile' in order to promote people's independence and wellbeing. People told us they valued their relationships with staff and they were treated with dignity and respect. The service provided outstanding end of life care. Staff were dedicated, skilled and empathic in their role. The service understood the crucial role of working in partnership with people, families and other professionals in helping people remain comfortable and dignified during their last days.

The service used feedback as an opportunity to learn and improve. People were consulted about how their care was delivered and given opportunities to feed back about how they felt the service was doing. The registered manager used feedback people had given in order to implement positive changes. Where people had concerns or complaints, these were investigated thoroughly to ensure that the service acted upon feedback and made changes where required.

There were quality assurance systems in place to monitor the quality and safety of the service and to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service had systems and processes in place to ensure that people were safeguarded from abuse. Staff took a pro-active approach in taking responsibility to ensure people were safe from harm.

Risks relating to people were safely managed. Measures to reduce risk were put in place and staff were confident about putting guidance into practice. The service had systems and technology in place which further promoted people's safety through enrichment of staff's knowledge and by providing 'real time' monitoring of care.

Medicines were managed safely. The service had systems in place to help ensure people received their medicines as prescribed

There were suitable numbers of skilled and qualified staff available to meet people's needs. The service's recruitment processes helped ensure suitable staff were employed.

Outstanding 

Is the service effective?

The service was outstandingly effective.

The service provided an outstanding training, learning and development programme which enriched the overall skill, knowledge and effectiveness of the staff team.

The service had forged effective working partnerships with healthcare providers.

People received support with their dietary needs in line with their choice and health requirements.

Staff followed legislation designed to protect people's rights to ensure legal consent to care was given.

Outstanding 

Is the service caring?

Outstanding 

The service was caring

Staff were dedicated in their role, being creative and resourceful in going 'the extra mile' to help enable people to maintain their independence and promote their wellbeing.

The service provided outstanding end of life care. Staff were compassionate, highly skilled and dedicated. The service worked in partnership with people, their families and other professionals to help ensure people were comfortable and treated with dignity during their last days.

The service worked in partnership with people, valuing their feedback and working together to overcome obstacles to provide high quality care.

Is the service responsive?

The service was responsive.

The service worked innovatively in partnership with local healthcare professionals to help people receive care services in their own homes and help prevent avoidable hospital admissions.

People and told us they received person-centred care from staff that understood and supported their needs and empowered them to maintain their independence.

The service provided a highly flexible service which adapted quickly to changes in people's needs. The service had systems in place which monitored the quality of care in real time and enabled changes to be made immediately.

The service actively sought feedback from people and responded to complaints in order to monitor the quality of the service and make improvements

Outstanding 

Is the service well-led?

The service had outstanding leadership and was extremely well led.

The management of the service embodied a professional and

Outstanding 

caring ethos and inspired staff to embed these values into their working practice.

The service held a strong sense of social responsibility and championed initiatives in the local community which raised awareness and created resources for people using the service.

The registered manager was committed to making continuous improvements to the service and had clear management system in place to ensure the quality and safety of the service was maintained and built upon

Bluebird Care (Winchester, Eastleigh & Romsey)

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 20 and 24 October 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Two inspectors and an expert by experience carried out the inspection. The Expert by experience carried out telephone calls to ask people what they thought of the service provided by Bluebird Care (Winchester, Eastleigh and Romsey). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a 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 reviewed the completed PIR before the inspection. We checked other information we held about the service and the service provider including notifications about important events, which the provider is required to tell us about by law. We also sent out questionnaires to people, their relatives, staff and community professionals seeking their views on the service people received. A total of 30 people or their families, 17 staff and 12 community professionals responded to our questionnaire.

During the inspection, we spoke with 17 people or their relatives by telephone and visited three people in their homes. We spoke with the registered manager, the managing director, the operations director, the live in care manager, the training manager and seven staff members. Following the inspection, we spoke to three healthcare professionals. We looked at care records for seven people. We also reviewed records about the management of the service, including staff training and recruitment records.

This was our first inspection of the service.

Is the service safe?

Our findings

People, their relatives, health and social care professionals told us Bluebird Care (Winchester, Eastleigh and Romsey) had a proven track record of providing an exceptionally safe and reliable service. One person said, "It is a premium quality service that gives you peace of mind." Another person commented, "Marvellous service. I can't fault them." A third person remarked, "I would only have Bluebird Care (Winchester, Eastleigh and Romsey)." A relative reflected, "Our experience has been that the standards delivered are at an exemplary level." A healthcare professional fed back that, "Bluebird Care (Winchester, Eastleigh and Romsey) in my opinion are second to none and I would be very happy for them to be responsible for the care of my loved ones." A second health professional assessed that, "Bluebird Care (Winchester, Eastleigh and Romsey) is an excellent service which provides care consistently to a very high standard."

Staff had a high level of knowledge in responding appropriately to people's concerns in order to keep them in a safe environment. All 30 people or their relatives who responded to our questionnaire fed back that they strongly agreed that staff helped them to feel safe from abuse and harm. All staff had received training in safeguarding. This helped them identify the actions they needed to take if they had concerns about people. The registered manager also used team meetings to enrich staff's knowledge and confidence in safeguarding procedures. This involved role playing scenarios taken from real life events, where staff could reflect on their practice and apply the learning in their role. Records of incidents demonstrated that the service had reported safeguarding concerns and liaised appropriately with local safeguarding teams when concerns were raised. This helped protect people from harm.

The service understood the risks and concerns people had about letting new people into their own homes to receive care services. The registered manager and their team used a video messaging service to introduce new staff to people. This meant that people were familiar with staff initially visiting to make an assessment of their needs. This enabled people to recognise the staff who were visiting and they could be assured they were staff from Bluebird Care (Winchester, Eastleigh and Romsey)

Staff had exceptional skills in identifying risks and concerns, taking responsibility for ensuring people were safe. In one example, a member of staff visiting a person noticed their stair lift had become faulty and potentially not safe to use. The staff member contacted a mobility service who arranged for a technician to come out on the same day to fix the issue. This ensured the person could continue to safely use the stair lift, which promoted their independence at home. The registered manager told us, "Our staff are trained to check customer's equipment and raise concerns when any equipment is not safe for use." In another example, a member of the office staff visited a person to discuss their care needs. Upon arrival, it became clear they were unwell and paramedics were required. The person felt it was no longer safe for them to stay in their home alone. The member of staff stayed with them for the next 24 hours to reassure them, assist them with their care needs and help ensure their safety. An ongoing package of care was organised by the service during this 24 hours, which started the next day. This helped ensure that the person was able to safely stay in their home. The registered manager told us, "Our staff are always demonstrating that their main priority is the safety of our customers (people)".

Risk to individuals were assessed and monitored. Specific risks associated with people's health and safety were identified in their care documentation. One person had a risk assessment in place around their epilepsy. It included the procedure staff needed to follow in the event the person had a seizure to help ensure the person was safe. A member of staff told us, "There are really clear instructions for us to follow. They tell you what to look out for and what to do if [person] has a seizure." This helped to reduce the risk of harm to the person by ensuring staff were competent and confident in providing appropriate care. Another person had risk assessments for mobilising around their house. The occupational therapist had worked with the person and staff to develop specific moving and handling guidelines. Guidance for staff for the correct procedure for mobilising from each specific area (bed, chair, upstairs etc.) was in place to ensure that the person could be supported safely around the home. Each procedure was documented on an electronic care planning system, which staff could access at work via their work mobile phone. This ensured they always had this specific guidance available to refer to.

There was an 'On Call' service which was available for people and staff to call in emergencies outside of office hours. Senior staff took responsibility for 'on call' duty and the registered manager was available for additional support in the event of an emergency. Staff on call were highly skilled, pro-active and committed in ensuring people were safe. In one example, a member of staff contacted the 'on call' service as a person they were visiting were unable to get out of bed. The staff member called emergency services and the on call member of staff attended to the property to wait for the ambulance to arrive. After being assisted out of bed by paramedics the on call member of staff stayed with the person until they were safe and comfortable.

Robust contingency plans and systems were in place to ensure the service ran smoothly in the event of emergencies such as adverse weather. A contingency plan helped to ensure that people still received a visit. The contingency plan identified people who had the highest care needs and staff and family members who lived in close proximity, who could potentially visit if roads became inaccessible. The service also had a 'heat wave plan'. This plan included guidance for staff to support vulnerable adults before and during a heat wave. The registered manager had discussed this plan with staff in a team meeting over the summer due to predicted upcoming hot weather. This helped to ensure that staff understood how hot weather can affect people and the steps they could take to avoid heat related illness.

The service had recognised the challenges of ensuring safe practice when staff worked out in the community. They had developed a tool which staff could use as reference whilst at work, which contained information and guidance relevant to their role. The 'staff guide' was an application that staff could access through their work mobile phone. The application had comprehensive information around; health and safety guidance for staff, such as accident and incident reporting, infection control tips to promote the prevention and control of infections, guidance for staff in emergency situations, such as when a person was bleeding, practical tips and video clips which demonstrated safe practice when carrying out care duties such as catheter care or moving and handling. It also included information about safeguarding procedures, which staff could refer to if they had concerns about people's welfare. One member of staff said, "Having it (the staff guide) on the phone is fantastic, on the job you can dip into it." Another member of staff commented, "We use the staff guide (whilst working) as it has loads of information on it " The managing director told us, "We never want technology to replace human contact, but this app gives staff access to a wealth of information related to their role, which they can access at any time." This tool promoted safety for people, as it provided an accessible reference guide for staff to use, which promoted safe working practice.

There were sufficient numbers of staff available to keep people safe. One person told us, "The carers are regular; they come at the right time and never rush the job." Another person told us, "I get the same carers, they are always on time." A third person commented, "They always come between 0700 and 0730. It is very consistent." The service used a mapping tool which was linked to their rota management system. This

mapping tool calculated travel times between care calls. It helped the service accurately plan the time between staff's visits so it was reflective of the actual travel time required. This helped to ensure people received their care visits at agreed times.

The service used an electronic monitoring system to help ensure that people received their care at the agreed times. Staff used an application on their mobile phones provided by the service to record when they arrived and left their care visits. An alert system was in place, which notified office or on call staff if a staff member did not use the application to record their arrival or departure from a visit. This enabled the service to monitor the whereabouts and safety of their staff whilst working in the community. The application also contained information about the staff's scheduled care visits. The information was updated in real time, which meant staff always had their most current working rota available. This system helped ensure that people received their care visits as planned and significantly reduced the risk that any care calls were late or missed.

The registered manager regularly monitored staffing levels. They had divided the service into five smaller geographical areas, each with its own specific staff team to help ensure that there were enough staff for each locality. The registered manager then analysed the hours staff worked, staff recruitment and retention levels and the consistency of staff that people received. This helped the registered manager make safe decisions about whether they had the capacity to take on new people's care packages or whether they needed to recruit additional staff.

The service's recruitment processes ensured they employed staff of suitable character and experience. Recruitment files included: an application form with employment history, references, right to work in the UK documentation and evidence of a Disclosure and Barring Service (DBS) check. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with people who are vulnerable as a result of their circumstances. The registered manager had also analysed the key attributes, behaviours and attitudes of the service's most effective staff and what made them successful in their roles. They had used this information to make a profile of an ideal staff member, which they used during the recruitment process to identify suitable staff by implementing a competency based interview based on key skills required in each specific job role.

There were safe medicine administration systems in place and people received their medicines when required. The provider had assessed people to identify their capacity to manage their medicines independently. Where they required support, the provider had agreed with people the appropriate level of support needed to manage their medicines safely. Once agreed, details of people's medicines including, name, dosage, time of administration and person's preferred administration routines were recorded onto the service's electronic care planning system, accessible to staff via their work mobile phone. This helped to ensure that all staff had comprehensive details about people's medicines needs upon every visit.

The electronic monitoring system also enabled the service to efficiently update people's Medicine administration records (MAR) if they had been prescribed short term or new medicines. Staff accessed the Medicine administration records (MAR) using an application on their work mobile phone. The office staff were able to update any medicines records without delay to ensure that staff were prompted to administer and record that they gave the correct medicines.

The service's electronic monitoring system enabled the service to ensure people received their medicines at the correct time. Staff used an application on their work mobile phones to record they had administered or prompted people's medicines. An alert system monitored by office staff ensured that staff were contacted immediately if they did not record they had administered medicines as planned. This helped significantly

reduce the risk that people did not receive their medicines. Some people required their medicines at specific times of the day. The service was able to 'lock' these visit times using their electronic rota management system. By locking these times, this alerted office staff to the visits time critical nature in the event they attempted to edit the scheduled time. This helped to ensure that visits to administer people's time critical medicines were scheduled at the correct time and people received their medicines as prescribed.

Is the service effective?

Our findings

People, their relatives and health professionals told us that Bluebird Care (Winchester, Eastleigh and Romsey) provided an outstandingly effective service. One person said, "You couldn't fault them; they (staff) are very competent and are trained to an excellent standard." Another person reflected, "High quality service in personal care. Absolutely lovely girls and a good calibre of office staff. They are all polite and professional." A third person commented, "I can't praise them enough. They look after me very well." A fourth person added, "They (staff) are continually updating their training. They do their job with a professional outlook and confidence". A health professional fed back that, "The level of care and attention to detail has been superb. The feedback I have received from patients and their relatives has been very positive." A second healthcare professional observed that, "The staff from the manager through to the carers are amazing."

The service demonstrated a passionate, innovative and unwavering commitment to providing high quality training and development opportunities for staff. Training and development was characterised by being comprehensive, creative, practical and attuned to the needs of the people using the service. The service had developed and implemented, 'A framework for supporting our people'. The framework's purpose was, 'To support, guide and mentor people to enable them to provide the highest standard of care and support and develop them as part of their career journey'. The framework set out induction, ongoing training and support programmes for all roles in the organisation. In addition to this, the service had a programme called 'continuing professional development'. This was a programme where staff earned 'points' for carrying out learning activities associated with their role. These activities included; refresher training, specialist training, study for qualifications in health and social care, undertaking qualifications in dementia or end of life care, completing online training or structured reading relating to their role and presenting learning to other staff. Staff were required to accumulate a minimum set number of 'points' within a year. This system enabled staff to effectively structure their learning, enriching and refreshing key skills in their role and promoting their professional development.

New staff received a five-day classroom based training programme, which was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. The training programme had a strong emphasis on group work, practical studies of real life scenarios, reflection of learning and introduction to the service, its processes, systems and support structures. One member of staff told us, "It's been amazing, really in depth. It is of a similar standard to training I'm having as a student nurse." A second member of staff said, "The training given is out of this world. It helps to develop us to offer a high standard level of care." A third member of staff commented, "I was surprised at how thorough the training was; this gave me confidence in my own and my colleague's abilities." The training programme provided staff with a comprehensive introduction into their roles and the organisation, helping them to develop the skills to provide effective care to people.

The provider had arranged for specialist training specific to people's needs. The registered manager said, "If a person requires specialist support, we will source the training to meet their needs." The service sourced external organisations that provided accredited training in specialist areas of care such as; epilepsy, stoma

care, use of ventilators and in percutaneous endoscopic gastrostomy (PEG). A PEG provides a means of feeding through a tube directly into a person's stomach, which replaces oral intake. These external training providers were able to provide specialist knowledge and experience to increase staff knowledge and skills in these areas. One person had epilepsy and experienced seizures. The service had identified during the person's initial assessment that staff would require epilepsy training in order to effectively care for the person. The training was arranged and delivered before care commenced. One member of staff told us, "It was a high priority that training was given so that we would know what to do in the event of a seizure. We receive training prior to a care package being put in place." A second member of staff said, "I was not allowed to go out [to provide care for person] until I had that training." The service had also worked with a person's physiotherapist to deliver bespoke training in moving and handling for staff. This training was held at the person's home, with the person participating in the training. This gave staff access to specialist skills and knowledge, combined with the hands on experience of putting this learning into practice.

The service had nominated 'Champions' in key areas of learning such as dementia, dignity, health and safety, wellbeing and fire safety. The champion's role was to access additional training, qualifications and resources to keep abreast of best practice in their chosen field. Using this knowledge, 'champions' acted as a point of contact if staff required any support or advice in their area of interest. The registered manager told us the champion's role was to, "Cascade knowledge and guidance amongst the team and also to our customers for best practice in their champion area." This helped staff share and transfer knowledge of best practice to the wider staff team, thereby enabling them to provide the most effective care to people. The registered manager also had produced and sent out 'factsheets' to people and staff about subjects such as 'prevention of urinary tract infections'. This helped to increase staff's knowledge in key areas of their role and helped to provide people with practical information about health conditions which may affect them.

New staff received an induction programme into their role to assess their competence and build their professional skills. The induction programme followed a 12-week structure. The induction included; three days of working alongside an experienced member of staff, six face to face supervisions, six competency based assessments in areas such as medicines administration and two meetings with the registered manager to review their performance. A supervision is a meeting held by senior staff with staff, where support is offered and their work performance is discussed. At the end of the 12 week probationary, the registered manager met with the staff member to review their probationary period. This helped to ensure that the new staff received comprehensive training, induction and monitoring, so the registered manager could be assured they were competent in their role. Staff received ongoing supervision, observation and appraisal in their role, which focussed on assessing, reviewing and developing their skills within their role.

The service was passionate about giving staff a structured platform for staff to develop their skills and knowledge in their role. They had developed a 'career compass', which identified all the roles in the organisation, the skills and training required and the timescales and experience needed to fulfil the roles. All staff had access to the 'career compass' as part of their supervision and appraisals. The service had a clear record of training and developing the skills of existing staff within the organisation in order to promote them to different roles within the service. The registered manager told us, "Having really clear criteria for each role means we can use this to ensure we are employing the right people for the right roles and giving staff the right opportunity and tools to develop in their role." This helped to ensure that staff were suitably skilled and qualified in their roles.

The service enriched staff's knowledge, empathy and understanding in their role by providing additional training opportunities, which helped staff to learn from people's first-hand experience of living with health conditions. For example, a Hampshire Dementia Ambassador and a person living with Multiple Sclerosis (MS) were invited to give a talk to staff about living well with their conditions and how staff could provide

effectively support people by understanding their condition. The service had also invited a Stroke Awareness charity to give a presentation to staff to raise stroke awareness and share real life experiences. This helped to give staff knowledge and understanding of some of the challenges people who suffer strokes face in their everyday life. The registered manager had invited a representative from the local dementia advice service to give a talk to staff about local resources available to support people living with dementia. Staff were able to take documentation away and distribute them to people, which helped raise awareness of support resources available to them.

The registered manager had also arranged for training for staff around wider aspects of health and social care which were relevant to their role. In one example, local solicitors delivered training to staff around Power of attorney. This training gave staff information about the different types of power of attorney and helped to ensure staff understood about what these legal powers entailed in relation to decisions about people's health and finances. An appointed power of attorney is somebody with legal authority to make decisions on your behalf, if either you are unable to in the future or you no longer wish to make decisions for yourself. The local fire service had also come into the service to provide staff with practical guidance in promoting fire safety in people's homes. This helped staff gain an understanding of fire safety when working in people's homes.

Team meetings included practical sessions which encouraged staff to share new learning and reflect on their practice. In one meeting, staff wore 'impairment glasses'. Wearing these glasses replicated the sensory experience of people living sight impairment. This helped staff understand the experience of living with a visual impairment. In another team meeting, the registered manager asked staff to role play examples of good and bad care. Staff were asked to reflect on these scenarios in relation to how staff could promote people's equality and diversity. The operations director also used team meetings to lead discussions about the challenges within the care sector due to current economic climate and the impact this could potentially have for the sector. This helped to give staff a wider understanding about issues such as funding and commissioning, which was relevant to people using the service.

The service had forged effective working partnerships with healthcare providers. The registered manager had obtained people's permission to write to their GP surgeries to introduce the service as people's care providers. This encouraged links and open communication between the services and established close working relationships between the parties. There were many examples where the service had made referrals to healthcare professionals such as doctors or occupational therapists if staff had concerns about people's safety and welfare. The registered manager shared updates about people's healthcare needs in team meetings and supervisions. This helped ensure that staff understood the latest developments in people's health. In one example, staff alerted the registered manager that a person was struggling to walk up the stairs. The registered manager contacted the occupational therapy team, who conducted a joint visit with staff to agree some guidelines for staff to follow to support the person to safely mobilise around their home. This helped to keep the person and staff safe and demonstrated a pro-active approach to supporting people to access healthcare services when required.

People were supported to have enough to eat and drink. Where people had specific dietary requirements or they needed support around eating and drinking, this was documented in their care plan. Details of the support required were split into tasks and loaded onto the service electronic care planning system. This then promoted staff to provide the appropriate level of support as they were asked to sign off tasks as they completed them. If staff did not sign off for any assigned tasks, an alert would be sent to the office or on call. The office staff would then contact the staff member to check the person's wellbeing. This helped to ensure that any issues around eating and drinking were quickly picked up and people received appropriate support.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to agree to care services. The registered manager ensured that people had read and understood their care plans in order to consent to their care, but where necessary, the service consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008. Staff were knowledgeable about the need to obtain consent before delivering care. One person told us, "The staff will always ask me if I want a shower. They encourage me if I say no, but never force me." A member of staff said, "Their home, their wishes, you have to respect them."

Is the service caring?

Our findings

People valued their relationships with staff, who they felt would often go 'the extra mile' to help ensure their wellbeing. One person said, "Bluebird Care brightens my day, every day. Since I am 90+ and in on my own every day it makes my day seeing the staff and I cannot thank them enough for a wonderful service. Knowing they are coming gives me encouragement to get up and keep going." Another person reflected, "My girls [staff] can't do enough for me. Anything I want, they will take the time to do what's needed. I don't know how we cope without them". A further person remarked, "All the Bluebird staff have been a breath of fresh air and they're all so lovely. I am fairly independent but the help they gave me meant I wanted to carry on having them visit, even if sometimes it's just for their companionship." One person's relative wrote in a testimonial to the service, 'Whenever they [staff] arrive to see our Mother, they are always full of life and bounce, be it the first call of the day or the last call of the day. Having the staff in our house is like a breath of fresh air, they always carry a smile around with them along with a happy uplifting attitude.'

In one example, staff were able to support a person to take their first holiday in over 10 years. The person required accommodation which was adapted with specialist equipment to meet their needs. Their staff member researched appropriate accommodation and was able to support the person during this trip. In a testimonial written to the service the person said, "I had such an amazing time and never thought something like this could happen. I didn't think I could get out, let alone go on holiday." In another example, a person had not been able to use their kitchen for a number of years due to large quantities of clutter blocking access to the room. A member of staff worked with the person at the end of each care visit, clearing and cleaning the room enabling it to become accessible and useable.

The provider nurtured, celebrated and championed this caring spirit by organising and facilitating opportunities to promote people's wellbeing and rewarding staff who displayed caring values. We asked people in the questionnaires we sent whether they felt staff were kind and caring. All 20 people who responded strongly agreed that staff embodied these qualities. The provider was a prominent presence within the local community through charity events, with senior management leading by example by actively participating. The service also arranged for events which people who used the service could access. This included coffee mornings and flower arranging sessions held at the service's office. People were also afforded a personal touch when events such as birthdays or anniversary occurred through cards and phone calls. One person told us, "(After being with Bluebird Care for one year) I was invited into the office and they gave me a cake with a candle in it." The service also had internal employee recognition awards for staff who embodied the provider's values or who had gone 'above and beyond.' This helped to ensure that a caring attitude was promoted throughout all levels of the organisation.

People received care and support from staff that know and understand their history, preferences, needs, hopes and goals. People's care records contained a document called, '10 golden rules about me'. This provided staff with information about what was most important for them to be aware about the person. Staff completed the document with people upon starting care services, which helped to shape their care plan to ensure staff were following their wishes and preferences. In one example, a person had stated how it was important for them to continue to manage their own finances, but required support from staff to do

this. The person had arranged for the service to organise a 'petty cash' system, which enabled staff to buy essential items for them when they were unable to do so themselves. The person struggled to get out to the shops on occasion and required staff to run these errands. The service had worked with the person to shape the care provided in order to help the person continue things which were important to them. In another example, a person had identified how important maintaining links with their local community was. They were unable to do this independently due to their mobility. The service arranged for one member of staff to dedicate time to walk with the person into their local village and spend time with friends and neighbours. In a testimonial to the service the person's relative wrote, "[My relative] enjoyed her walks with [staff member] into the village. [Staff member] integrated so easily with all our neighbours. She is a very special person." This demonstrated how staff's knowledge and consideration of people's hopes and aspirations was translated into positive outcomes for people.

Staff were committed to promoting people's independence, being creative and determined to support people in their wish to stay in their own home. There were many examples of staff working with people, whose changing needs meant they required help to stay safe in their own home. A person reflected, "It (staff care visits) allows me to live as normally as possible, it's been a tough year, but Bluebird have helped to enable me to stay in my own home." One testimonial a relative wrote to the service read, 'The staff are amazing, as my relative was adamant he did not need care or want people in the house. He now thoroughly looks forward to the staff coming and allows their help and he raves about how nice they all are.' Another relative wrote to the provider to say, "All your staff have been magnificent in the cheerful and competent way that they have responded to all the challenges my father's needs have presented.' One person had spent some time in residential accommodation, but felt strongly they wanted to come back to their own home. They contacted the service who were able to organise a regular care visits to meet their needs, enabling them to come home. The service was flexible in providing care according to the persons changing needs and was able to provide a 'live in' care service for the person. The person wrote to the provider in a testimonial, 'My quality is much better now. I'm surrounded by everything that is familiar to me and that I hold dear." This demonstrated that the service was determined in its conviction that people should be supported to live as independently as they wished.

The service had a strong, visible person-centred culture focussed on helping people to express their views and choices. One person told us, "I know I can phone the office up and request the staff I want or the times I want." Another person said, "They (office staff) called and visited a number of times to see how things are going." A third person commented, "They do ask you what you think and I believe they listen to what you say." Office staff used a variety of methods in order to stay in contact with people and their relatives. People were assigned a customer care manager, whose role it was to physically visit the person to introduce themselves and make an initial assessment of their needs. The customer care manager then became the person's point of contact through a series of scheduled phone calls and visits after the setup of the care package. The customer care manager also visited the person every six months for a face to face review to get feedback about how the service was performing. People and relatives were also able to send staff messages and leave feedback using the service's electronic care monitoring system. This enabled them to give advice or suggest changes if they were not happy, which the office staff could quickly implement by updating care plans electronically or sending a message to staff. The registered manager also sent out regular newsletters and updates to people, which updated them on actions the service had taken in reaction to feedback from people's views. This helped ensure that people were able to express their views and make choices about their care.

Staff consistently demonstrated values that promoted people's dignity and privacy. All 21 people who responded to our questionnaire agreed that staff treated them with dignity and respect. One person said, "Staff's behaviour is impeccable. They respect my home and they respect me as a person." Another person

remarked, "They always knock before they come in and greet me with a big hello. I was not always comfortable with the idea of carers coming in, but they are courteous and respectful to me." Staff understood the steps needed to ensure people's dignity was respected. One member of staff commented, "I respect the people I look after." Another staff member said, "I try to encourage [person] to remain mobile. I don't want them to lose the ability to walk. I try to put myself in people's shoes to understand their needs." A third member of staff reflected, "We try to care for people how we would like to be cared for." The registered manager used real life scenario's and guest speakers in team meetings to provoke thought and discussion for staff about upholding people's privacy and dignity whilst at work. This helped to ensure that staff took a shared approach to upholding these principles.

When people are nearing the end of their life they received compassionate and supportive care. Some staff had undertaken training and qualifications in end of life care. They accessed the 'Six Steps Programme'. The Skills for Care 'National end of life qualifications and six steps guidance' describes the six steps programme as, 'The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively.' The service had many examples of how they had worked with people, their families, health professionals and other stakeholders in order to help people fulfil their wishes to spend their last days in their own home. In one example, the service supported a person who wished to stay in their own home during their last days. The person required input from district nurses and other specialist health professionals. The service initially provided care visits, but as the person's need increased, they required the service to provide 'live in care'. Staff worked with health professionals to get training to administer specialist medicines and ensure the person's complex health conditions were managed. The service's computerised monitoring system allowed the different professionals involved in the person's care to send messages and updates to each other. This helped staff respond to the person's quickly changing needs. The service also agreed to continue live in care service a week after the person passed away. This was to help to make arrangements and provide support and comfort to family members. This demonstrated a professional, empathic, organised and flexible approach to providing care.

Is the service responsive?

Our findings

People told us that Bluebird Care (Winchester, Eastleigh and Romsey) provided a highly flexible service, which quickly adapted to their changing needs. One person said, "They set up all the care in a matter of hours, it was quite remarkable really." Another person commented, "Bluebird Care (Winchester, Eastleigh and Romsey) are magnificent, efficient, polite and well organised." A third person reflected, "I would highlight [about the service] the speed of reaction upon initial call and the implementation of care, along with the levels of reliability and professionalism." One healthcare professional told us, "I referred someone [to the service] at 1700, they were seen [by staff] by 1800."

People's care plans clearly identified how they would like to receive their care. Before starting a care package, the customer care manager completed a full assessment. They worked with people and their families to plan their care, to ensure it fully reflected the person's health needs and preferences. The service then stored the care plans on their electronic care planning and monitoring system. This meant that people's care plans were instantly available to staff to review.

Information in people's care plans was presented in an imaginative way, which captured the person's life history. People told us they had been involved in making their care plans and were consulted about any changes on a daily basis. This enabled staff to provide highly responsive, adaptable support to meet the person's needs. One person told us that staff helped them with the personal care tasks they couldn't manage whilst supporting them with the tasks they was able to complete, "I have half an hour twice a day. It did me the world of good. I can do most things for myself". In one another example, a person had identified that they became anxious if care tasks were not completed in a systematic way. Staff worked with the person to identify the order and preference of each care task. They then recorded this information on the service's electronic care planning tool to ensure that staff were instructed to complete the tasks as the person wished. This helped to relieve the person's anxieties around routines and inconsistencies in the care provided.

The service was adept at taking a flexible approach to arranging and providing care in response to changes in people's needs. The service had a consistent record of providing personalised care packages in exceptional timeframes which enabled people to return home from hospital with all the necessary care arrangements in place. One relative said, "I have been impressed by the quick actions taken by Bluebird Care (Winchester, Eastleigh and Romsey) in providing Live-In staff to enable my mother to return to their home in the quickest time possible". One person told us how the service quickly made arrangements to restart their care package before they left hospital, "They bent over backwards to get it all re-started. I don't know how we cope without them." The service's extremely flexible approach to delivering care meant that people's quality of life and wellbeing were promoted.

The service monitored care in 'real time', which enabled them to quickly make changes in response to concerns or issues. The service's electronic care planning and monitoring system enabled the service to monitor and respond quickly to concerns such as missed medicines, changes in behaviour or falls. Staff used their work mobile phones to record care notes and updates during care visits. Office staff monitored

the system to pick up any concerns or changes and they were able to make adjustments to care immediately in response. This helped to ensure that people's care plans contained the most current information and people received the right care at the right time. In one example, office staff were able to quickly identify a potential issue with a person's medicines when using the electronic monitoring system. They were able to contact the person and next member of staff due to ensure that the person was safe and received the correct medicines as prescribed.

The service responded to the diversity in people's care needs by providing bespoke training to their staff so that they felt confident in meeting people's care needs. Face to face training was given during team meetings to help staff develop skills to make adjustments and adaptations in order to meet people's needs. One person, who was living with dementia, struggled to remember sequences of daily tasks. A staff member had made simple prompt cards to support the person through these everyday tasks so they could carry them out independently. The staff member said these were used, "To remind [them] to flush the used toilet tissue down the toilet and keep T-shirts and underwear in particular places so [person] would remember where they were." Another person spoke predominately in another language and could struggle with the English language on occasion. The service were able to employ a member of staff who was fluent in the person's native language. This helped to aid communication between the person and staff. The person fed back that this was, "Amazing", and had felt like, "A little piece of home". This demonstrated that the diverse communication needs of people using the service were understood and met.

The service had made adjustments to support those living with a sensory impairment. The registered manager told us that they had printed rotas in large font for a person who was partially sighted. They told us, "We have also done this for other key documents that she needs such as her customer guide, terms of business and any special events such as the Christmas party." This meant that the person was able to read key information about their care and that they were included in social events. This reflected that people received individualised care dependent on their needs.

The service had worked in partnership with local health professionals to design and implement a service called Bluebird Care JET (Joint Emergency Team) Service. The aim of this service was to help prevent people having avoidable hospital admissions. Working in partnership with 18 GP surgeries and the clinical commissioning group (CCG), the service trained staff to complete urgent assessments so that care packages could be started within four hours. The service had trained staff and senior staff to work as a dedicated team tasked with making assessments and delivering care visits. This ensured that there were sufficient staff members to deliver care packages. Staff had also been given specialised training so they understood the aims and objectives of the programme. One healthcare professional said, "It has long been known that with correct community social care support, thousands of people that are unnecessarily admitted to hospital can be cared for just as well, if not better, in their own homes and Bluebird Care (Winchester, Eastleigh and Romsey) were the perfect partner to deliver this."

Health professionals told us about the impact the JET service had made in helping people stay in their own homes who would have otherwise required hospital treatment. One health professional told us, "85% of cases [referred to JET service] were people who would have otherwise gone into to hospital. We knew it was targeting the right people". Packages of care were put in place for a set period, working towards the aim of improving the person's health or wellbeing. The service monitored people's progress and communicated with health and social services if the person needed longer term care. Several people had gone on to have longer term care packages from the service after the JET service had ended. This demonstrated an integrated approach to delivering care as the service maintained open communication with healthcare professionals, which in turn helped promote peoples' wellbeing. The managing director told us, "The Bluebird Care JET Service has helped to reduce admissions for local hospitals. The service provides instant

care to elderly and vulnerable people in our local area, but also provides the massive benefit of helping to relieve the bed blocking pressure that currently exists."

People who used the service told us how input from Bluebird (Winchester, Eastleigh and Romsey) helped them avoid hospital admission. One person wrote in a testimonial to the service, "I live alone so if I had been admitted to hospital it would have been difficult to have been discharged, so Bluebird keeping me at home was such a relief." A second person wrote, "Staying in my own home I felt was great for my recovery, but I also felt happy that I wasn't a burden on the NHS as the JET Service proved that I didn't really need to go into hospital." A further person reflected, "My biggest fear was how my husband would cope if I ever fell ill as I'm his only carer, but the JET Service took away all my stress by helping both of us and if it wasn't for them, we'd both have ended up in hospital. It would have been no fun in hospital and it was great that they kept us together at home. I firmly believe staying in the comforts of my own home meant that I got better quicker."

An example of this was a care package which had been put in place for a person who was suffering an injury following a fall. This meant that the person was unable to wash themselves or to move about without assistance. The GP surgery referred the person to the service, who quickly responded by making an assessment and organising care to start within four hours. The quick response to the GP referral meant that the person was able to receive care at home instead of being admitted to hospital. One staff member told us, "Sometimes we have finished the assessment and started when we were there, so they had the care started in two hours". This was a great benefit to the person's wellbeing as they received immediate, personalised care. The person told us, "Eleven out of 10. You couldn't fault them; they're obviously all thoroughly trained". As the service had worked proactively with healthcare professionals the person was enabled to have a high quality of life as they were cared for in their own home.

The service listened to feedback, complaints and concerns to make improvements to the service. There was a clear process for responding to complaints. Once complaints had been logged, the service aimed to respond to them within five working days. The registered manager and staff reflected on complaints and used them as learning opportunities as a way to improve care. The service received some complaints from people about not being informed of visit times. To resolve this issue the service implemented a call log system to keep people informed of any changes. Care coordinators were given files so that accurate records could be maintained. These were then reviewed by the registered manager reviewed these records to identify areas for improvement and implemented changes to the service.

The registered manager took opportunities to seek people's view about the complaints process about how effective the service was in handling complaints and concerns. In response to feedback from this survey, the service implemented a new invoicing system, which was easier for people to understand. Actions from complaints were then fed back to people using a monthly newsletter. This helped to ensure that learning from complaints was shared throughout the service.

Is the service well-led?

Our findings

People, their relatives and healthcare professionals told us the Bluebird Care (Winchester, Eastleigh and Romsey) was exceptionally well led. One person told us, "I have experience of many care agencies. I would say this one is the best one, by quite some distance." Another person said, "The staff are always the best barometer of the business and certainly the best advertisement. All were highly motivated and praised the continuous training program and the spirit of Bluebird." A Third person remarked, "Strong and straightforward people in management, very caring and courteous." One relative reflected, "The experience of the care [my relative received] was of an exemplary standard throughout the service." A healthcare professional commented, "I have found the service to be invaluable especially in circumstances where an individual only requires a couple of weeks care to get back on their feet and avoid being admitted into hospital." A second healthcare professional added, "Bluebird Care (Winchester, Eastleigh and Romsey) provide high quality person centred care incorporating best practice within this delivery." A third healthcare professional reflected, "They [the service] have a can-do attitude, they tend to link in with adult services if someone needs it. We've really enjoyed working with them."

The service had strong leadership and a very prominent ethos, visible through all the branches of the organisation. The managing director and registered manager were role models for their staff and embodied leadership characterised by innovation, professionalism and creation of a culture focused on delivering high quality care. The registered manager told us, "It's about providing the highest quality of service. We don't want large quantities that could potentially affect our ability to deliver." The managing director said, "High quality care is not just a vague hope. It is central to the ethos of Bluebird Care (Winchester, Eastleigh and Romsey) and everyone who works within it." The service had produced a set of 'promises' to people and staff. These detailed the standards which the service would ensure it would maintain in relation to care delivery and employment respectively. These standards included, the quick response time by the service to initial enquiry, structure of visits by named senior staff during assessment and set up of care services, introduction by senior staff to care staff, commitment by care services to make links with healthcare professionals involved in people's care (if given permission) and structure of visits and phone calls by senior staff to review people's satisfaction after care had started. People told us that they had received standards in line with these 'promises' and they had regularly been consulted about their feedback. This helped to ensure the service was committed to being person centred where people were at the heart of the service.

There was a clear management structure in place. Customer care managers and care co-ordinators supported the registered manager in their role. Their role was to oversee the day to day running of people's support packages and supervise staff. There were 'community team leads', whose role it was to mentor other staff in their role. There were separate teams that provided 'live in' care and the 'JET' service. Each team had tiers of management with clearly defined roles and responsibilities, which helped to ensure that the service ran efficiently. An operations director oversaw this service and the other provider's services. They had been instrumental in developing the service's ongoing training and development programmes. The managing director also took a prominent role in the day to day running of the service, attending training, staff meetings and participating in events the service was involved in.

Staff were nurtured to represent the provider's vision and values. The service regularly used supervisions, away days, team meetings, social media and newsletters to embed their values by asking staff to discuss and reflect how these could be integrated within everyday working practice. One member of staff told us, "An amazing company to work for and also offers an amazing service to all customers [people]." A second member of staff said, "I have never come across a company that is passionate about customers and their care staff. We are listened to and valued by our manager and office team." A third member of staff reflected, "I have worked for other care company's and this one is by far the best care company out there, their standards are so high."

A positive and sustained culture had been created that was open, inclusive and empowering. A healthcare professional told us that, "Bluebird Care (Winchester, Eastleigh and Romsey) are very flexible, very open and honest." Staff told us they felt comfortable raising issues or concerns with the registered manager and that their concerns would be listened to and acted upon. One member of staff said, "I've always felt respected and listened to when I have had any problem or queries." Another member of staff remarked, "I'm allowed to speak my mind and feel listened to." The registered manager was aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of their registration. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

The service was committed to promoting staff wellbeing. The service provided a range of employee benefits, which included subsidised health insurance, vehicle breakdown cover and mobile phone contracts. Staff also had access to employee recognition schemes which rewarded staff for longevity and quality in their working practice. The managing director believed strongly in fostering a team ethic with staff. They told us, "Our care workers are the lifeblood of our business and we always value and respect them." They had organised a series of team building events, staff parties and team meetings across the all the provider's services. These events were used to reaffirm staff's understanding of the provider's ethos and share updates and learning across the provider's services.

The service demonstrated a strong social responsibility and played a prominent role within the community. By organising and participating in events, programmes and initiatives that raised awareness and charitable funds for relevant causes, the service contributed to improving the wellbeing of people who used the service in practical ways. The managing director played an active role in local dementia steering groups, dementia advice services and a local dementia action group. These bodies provided information, advice and access to support services for people living with dementia to promote a good quality of life. Many staff were involved in associated events and initiatives. There were many examples where the staff were able to use the knowledge of local events and resources to pass on information to people enabling them to access these services. This included advocacy services, community services and social events to help people avoid social isolation.

The provider also sponsored a local award for businesses that had made visible adjustments to help people living with dementia. The managing director told us, "We came up with this award category idea ourselves and pitched it to the event organisers as a way of highlighting the efforts of businesses to become more dementia friendly. We felt it was very worthwhile as a way of highlighting the challenges facing people with dementia on the high street. [The winners] were best able to demonstrate how they adjusted their business to become more dementia friendly." The criteria for winning was for businesses to demonstrate they were dementia friendly, through staff training, adjustments to the businesses environment, involvement in community based dementia projects and involvement in the business of people living with dementia. The awareness raised and changes implemented as part of this award helped to make people's local

environment more accessible for people who used the service.

The service worked in partnership with other local and national organisations to provide support to people who used the service. The service was involved in a local organisation that provided talking newspapers to local residents. The talking newspapers were produced and distributed to people who were unable to access printed newspapers due to visual impairment. The service also worked with a local organisation as part of 'National Carers week' to provide respite services for family members who provided care for their loved ones. This involved the service providing free care services for people, whilst their loved ones accessed organised leisure events.

The service had also organised, promoted and participated in numerous events and initiatives to raise awareness and funds for local charities. These included parties, events and coffee mornings, raising money for causes relevant to people using the service and organising social gatherings for people who use the service. Staff were encouraged to participate and become actively involved in community and charity events. The registered manager had displayed pictures of events and good news stories which the service was involved in. This helped to cement and celebrate the service's commitment to wider work and help to create and sustain meaningful activities and services which people using the service could access.

The service had signed up to nationally accredited schemes which helped to ensure quality and best practice were at the heart of the service. The service had signed up to the 'Buy with Confidence' scheme. Buy With Confidence is a national register of "Trading Standards approved" businesses run independently by the local authority Trading Standards departments. This scheme was an independently run registers which helped people make informed choices about their care arrangements. The service had also signed up The Social Care Commitment. The Department of Health introduced the Social Care Commitment in 2012. The commitment involves employers promising to implement best practice in a number of areas relating to workforce values, attitudes, behaviors, skills and competence. The service had also signed up to regularly receive updates from established bodies within social care such as Skills for Care and Development (SfC&D). SfC&D is the sector skills council for people working in social work and social care for adults and children in the UK. They provide practical tools and support to help adult social care organisations in England recruit, develop and lead their workforce. This helped to ensure the service was following best practice in relation to its policies and procedures.

The service used a range of quality assurance tools to assess and monitor the quality and safety of the service. The provider's Franchise Support Centre completed a yearly audit of the service in relation to how, safe, effective, caring, responsive and well led the service was. The Franchise Support Centre's quality manager completed this audit and provided an overall performance score and action plan for any areas which required improvement. In the service's last survey in January 2017, the service received a score of 98%, with only 10 actions outstanding for the registered manager to complete. At the time of inspection, these actions had been completed. This showed that the service had a system to assess and monitor the quality and safety of the service.

The registered manager also asked staff to assess the quality of the service in relation to how, safe, effective, caring, responsive and well led it was. Using team meetings to discuss each area, the registered manager asked for suggestions and ideas from staff in order to ensure they understood how the service could meet the required standards and how they could improve it further. This helped to ensure that all branches of the service had a shared vision of high quality care.

The registered manager had instilled a firm commitment towards reflective practice from staff to drive improvement in the service. Each member of the office staff had a specific set of targets and indicators

associated with their role, against which they measured themselves. The registered manager monitored and reviewed each individual's progress and set them performance targets accordingly. For example, a coordinator told us how they measured their performance in relation to the consistency of care provided to people. They also showed us how they monitored their own performance in relation to key areas in their role and how this drove them to make continuous improvements. The operations director also held individual monthly meetings with each tier of management across the provider's services. These included meetings for, registered managers, coordinators, customer care managers and community team leads. These meetings provided a platform for each tier of management to assess and review their performance, sharing best practice and lessons learnt from staff's different experiences.

The registered manager used a range of methods to gain feedback from staff about their role, the service and where improvements could be made. The registered manager engaged discussion in staff meetings by asking staff to identify what they want the service to, 'stop, start and continue'. This helped the registered manager gain insight into what the service did well, what wasn't working and ideas to make improvements. The feedback from staff was collated into an action plan and updates about the progress of actions were shared in subsequent team meetings. From recent feedback from staff, coordinators were able to make amendments to staff's working schedules to meet their individuals needs and preferences. This resulted in staff agreeing to set rounds of care calls, which promoted consistency in timing of call and staff for people. This also helped the registered manager gain feedback as well as demonstrating how staff had helped to implement changes to improve the service. This had a positive impact on people using the service as they received improved care and support from consistent staff.

An external company was used to seek out feedback from people using questionnaires asking about whether the service met their care needs. The results were then published on the NHS choices website which contains health information for the public. This reflected that the service gathered and displayed independent feedback about their services which was accessible to the public. The registered manager also sent regular questionnaires to people, asking them about how responsive the service was in meeting their needs and where improvements could be made. The results of the questionnaire were analysed and collated into an action plan, which identified areas for improvement. The service then distributed a summary of the results and action plan to people and staff. The responses to the most recent survey were very positive.