

Ampi Limited

Bluebird Care (Gravesham & Dartford)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care (Gravesham & Dartford) is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the agency was providing personal care to 90 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

There was a positive, person centred, open, learning culture in the service led by the providers values and a well-respected and caring registered manager. Staff were highly appreciated and valued; and their achievements were recognised. This had forged a highly motivated staff team and high-quality care for people with positive outcomes. The provider had ensured effective quality assurance systems were in place to monitor and manage the risks and quality of care and to drive forward improvements. Staff recommended working for the provider and people recommended care from the provider.

The provider and registered manager used every possible opportunity to proactively seek, identify and promote improvements in the service for people and staff. Action plans ensured improvements were implemented. People, their loved ones, staff and the local public were effectively engaged in the service and feedback we received was overwhelmingly positive. Staff went beyond their roles to help improve people's quality of life and well-being. Staff worked well with other agencies to ensure people's needs were met. Staff well-being was cared for and the provider had made a strong contribution to the local community.

People and their loved ones we spoke with told us they felt safe and were happy with the care they received. There were enough suitable, well trained and safely recruited staff deployed to ensure people's needs were met. People always received their care visits and were not rushed. If carers were running late due to an unavoidable cause people were informed. Risks were well managed to keep people safe from harm and lessons were learnt from incidents to prevent them reoccurring. When people received support with their medicines this was done safely by competent staff. People were protected from the risk and spread of infection and had been well cared for to stay safe during COVID-19.

People received person centred care which met their needs and respected their choices by staff who knew them well. People were encouraged to maintain their independence and their communication needs were met. People and their loved ones were empowered to raise any concerns or complaints and consistently told us any concerns were dealt with. People were supported to maintain their interests as far as possible and to keep in touch with their loved ones during COVID-19. People received good end of life care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 12 November 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 17 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and receiving and acting on complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Gravesham & Dartford) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Gravesham & Dartford)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 23 June 2021 and ended on 23 July 2021. We visited the office location on 22 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with nine members of staff including the provider, the nominated individual, registered manager, care supervisor, community liaison manager and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training records and incident analysis were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance surveys and staff performance management.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection robust systems were not in place to make sure people received their calls on time. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had robust systems in place to ensure people always received their scheduled visits on time. An electronic system would flag up if a carer had not logged into their call. There had been no missed calls since this electronic system was introduced in 2017. When carers were running late due to unforeseen circumstances such as heavy traffic, they consistently contacted the office who contacted the person to let them know. The registered manager did all they could to prevent late calls, for example checking for local roadworks on a Monday morning to inform staff of potential journey delays and roads to avoid.
- All people and their loved ones we spoke with told us they were happy with their carers being on time, staying for the whole visit and letting them know if there were any changes. A relative commented, "They are usually on time but if they are going to be late, they ring ahead and let us know... They never rush her and always take their time even though they do only have a half hour time slot. If there is a change of carer for any reason, they let us know."
- The provider ensured enough staff were deployed to meet people's needs. They did not use any agency staff and constantly recruited staff to cover staff absences and take on new packages of care. The registered manager monitored local carers hours availability compared to care hours commissioned to identify any gaps. The provider had managed well during any periods of short staffing during COVID-19. If necessary, office staff such as care supervisors and the registered manager would cover a visit.
- Safe recruitment systems were in place and all the required pre-employment checks were completed by the provider to protect people from the recruitment of unsuitable staff. These included references, full employment history and Disclosure and Barring (DBS) background checks for all staff. DBS checks help employers to make safer recruitment decisions.

Preventing and controlling infection

At our last inspection we recommended the provider follows best practice guidance in infection control and that staff follow the providers policy and procedure. The provider had made improvements.

- Best practice and government guidance were followed to prevent and control infection. People or their loved ones told us that staff consistently wore personal protective equipment (PPE) when visiting their home. The registered office was well stocked with PPE and staff regularly collected supplies. During COVID-19 office staff delivered supplies to staff as needed. There was good communication between the provider and staff to regularly update, inform and remind staff about PPE processes. The care supervisors completed spot checks to ensure staff compliance with wearing PPE.
- Staff completed COVID-19 testing three times a week. Risk assessments and contingency plans were in place with regards to COVID-19. All staff we spoke with told us they felt safe during COVID-19 and had received training. The provider had managed well and there had not been any cases of people they supported contracting the virus in the community.
- Temperature checks were completed on office staff twice a day to ensure that all office staff were not showing any symptoms of COVID-19. The office was 'fogged' every week using a formula that disinfects and helps kill all viruses and logs were kept of this.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from the risk of abuse and avoidable harm. The registered manager was aware of local safeguarding policies and procedures and had notified the Care Quality Commission (CQC) of any concerns.
- One person told us, "They (carers) make me feel safe just by the way they all are." All relatives we spoke with told us they knew their loved ones felt safe with the carers. Comments included, "Yes, she definitely feels safe with them...I sense an empathy between mum and the Bluebird carers, they lift her spirits up."; and, "I know she feels safe with them. One of the reasons is because she has the same ladies and they know her now; she is starting to build up a trust with them."
- Staff received training on safeguarding people and could tell us the types of abuse, what to look out for and how they would report abuse. Staff knew the procedures for whistle blowing. Staff said they would report any concerns they had to their care supervisor, registered manager and CQC if they needed to. The registered manager had responded to any concerns raised by thoroughly investigating any incidents and taking the appropriate actions.

Assessing risk, safety monitoring and management

- Risks to people were well managed. People had detailed risk assessments completed for all their identified needs. These included simplified tasks broken down into prompts to provide the guidance staff needed to care for people safely and in line with their needs. For example, clear instructions how to care for someone at risk of choking when supporting them to eat their meals.
- One person was at increased risk of infection from their use of a catheter. Their care plan included all the information staff needed to know. For example, how to clean the catheter each visit, to check urine output and encourage the person to drink plenty. Another person had a history of epilepsy and although they had not experienced any seizures for years, their care plan informed staff what to look out for, what their seizures may look like and what action to take.
- An external environment and equipment risk assessment was completed for all people's homes to ensure theirs and staff's safety. These included for example, completing visible checks of electrical cables, knowing where the gas and electrical stop points are, and escape routes in the event of a fire.

Using medicines safely

- People were supported, where required, to take their medicines safely as prescribed. The provider used an electronic system so staff could confirm they had administered people's medicines on their medicines administration records (MARs) in real time. This was monitored by office staff and therefore reduced the risk of medicines being missed.

- People's MARs were consistently completed with codes used as required. For example, to show medication was not given as a relative had already administered it. Monthly medicines audits were completed by care supervisors who checked the reasons for any medicines not given. These showed medicines had been well managed.
- People's medicine records included all the guidance required for staff to ensure medicines were administered safely. For example, details of any allergies they might have, and details of when to give 'as required' medicines such as paracetamol.
- Staff received training and regular competency checks to ensure they gave people their medicines safely. Office staff completed spot checks on staff's competence with medicines and records were kept of these. This ensured that staff had the necessary skills to safely administer people's medicines.

Learning lessons when things go wrong

- Lessons were learnt from any adverse event, no matter how minor. For example, when a carer had slipped over in the dark, carers were reminded to purchase and carry a torch or use their phone when its dark. The provider had a comprehensive system in place to log, review actions and analyse any incident, accident or concern. Lessons learnt were shared with staff via emails and team meetings. This ensured incidents were understood and prevented from reoccurring.
- Appropriate action was taken in response to lessons learnt, for example one person complained as a carer had lost their patience and shouted at them. The provider took appropriate action to support the person and raise a safeguarding concern. Upon investigating the registered manager identified this was due to the carers well-being deteriorating; the demands of their role; and the high level of needs of the person they were caring for. New systems were put in place to prevent this reoccurring. This included carers would only work a week at a time when providing live in care; carers wellbeing was added to supervision agendas; and a meeting was held with office staff for guidance how to read between the lines when asking questions regarding well-being in carers supervisions.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection robust systems were not in place for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The provider had a comprehensive system in place to identify, log, review actions and analyse any concerns or complaints. Complaints were reviewed by managers monthly for learning outcomes and reviewed for trends every three months. Lessons learnt were shared with staff via emails and team meetings. This ensured concerns and complaints were understood and prevented from reoccurring.
- People were informed of the complaints process regularly in care reviews and questionnaires. People and their relatives told us they knew how to complain and who to if required. All people and relatives we spoke with told us they had not needed to complain but would feel comfortable in doing so. One relative said, "We have no complaints whatsoever and are very happy with them. We can always talk to management if we need to and they are really helpful to us."
- Relatives told us when they had raised any concerns they were immediately dealt with and resolved. For example one relative told us, "There was an issue with them getting a lot of different carers and I emailed Bluebird about it and it was sorted really quickly and responsively."; Another relative said, "We did have to address an issue about him being able to stay up later as he was going to bed too early and that was dealt with straight away and very efficiently."
- The registered manager made and logged informal phone calls to people, families and carers just for a chat and to show they were interested in what they had to say. The registered manager told us they found they often had compliments or concerns raised by doing this.

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

- People received person centred care which met their needs. Needs assessments were completed in detail with people, involved their families and used to inform care plans. People's care plans were clear about what they could do for themselves to promote their independence. Relatives we spoke with confirmed they were involved with planning their loved one's care and were kept informed. One relative told us how they were emailed weekly reports as they lived far away.

- People's likes and dislikes were well known, and people's choices had been respected. One person told us, "They always encourage me to do as much as I can for myself, they know what I like." One relative told us, "Their care plan is reviewed regularly with me. We especially asked for female carers for them and that is what they get." Another relative said, "When you ring the office, they know immediately who you are, and when you consider how many people they deal with I think that is really good. They know exactly what her personality is like. The fact she has the same carers means that they notice any changes with her. I don't know what we would have done without them, particularly throughout all the Covid times."
- The provider worked hard to provide consistent care to people. Visits to people were allocated using an electronic system where the person had a schedule and regular carers assigned. This meant the system booked people to see the same carer on the same day every week and staff knew people well. Staff we spoke with were highly knowledgeable about people's needs and preferences, for example how they liked their bed made or their cup of tea made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were known. One person had no verbal communication. Care plans included how they communicated well to get their needs known through facial expressions. We spoke to one carer about this person who clearly knew them well and described how the person blinked to let them know how they wanted to lay in bed. They had a small consistent staff team of carers who knew their needs well and provided person centred care.
- The registered manager told us they provided written communication in large print when required and would ensure communications were provided in Braille or other languages if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep in touch with their loved ones, particularly when they had not been able to visit due to COVID-19. For example, by phone and video calling. This helped relatives to be reassured that their loved one was alright. The registered manager described this as bringing "extreme joy to their customers whilst helping with their wellbeing and mental health".
- Carers encouraged people as much as possible to engage in their favourite pastimes within the community although this had been limited due to COVID-19. Carers encouraged people to keep active at home, for example by taking them jigsaw puzzles to do or encouraging people to do their hobbies such as embroidery and knitting. Office staff had started to plan some activities to enable people the opportunity to get together in the community, such as an afternoon tea, now that COVID-19 restrictions have been lifted.
- The provider and staff wanted to bring some excitement and joy to people, many of whom have endured a challenging time this past year with COVID-19. Therefore, they organised a summer raffle competition where one person won a luxury hamper.

End of life care and support

- People's wishes for their end of life care were discussed during the assessment process when the person consented to this. Where people had expressed their wishes these details were recorded in their care plans. For example, one person wanted it recorded in their plan to feed their cats as they were important to them.
- Staff knew when people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place. These had been checked and a copy kept on file.
- Staff had received training on end of life care and could tell us how they worked with people's families and

other agencies, such as hospice staff to ensure people's needs were met. Care supervisors would visit people on end of life care and support their family and the carers. Staff had access to bereavement counselling if they needed it through private healthcare funded by the provider.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found some improvements were needed with the monitoring of late calls. At this inspection we found there were robust and effective governance systems in place to ensure high quality and safe care. The registered manager had done all they possibly could to ensure carers visited people on time. Please see the key question 'Is it safe' in this report for full details of the actions they had taken. Care records were comprehensive, accurate and up to date.
- Managers and staff had access to various networks and information from other agencies to keep up to date with the latest information and ensure the service was up to date. Any changes to policies, procedures and protocols were communicated to the staff via email, text messaging apps, meetings, supervisions, induction training and training updates.
- Oversight of quality and risks was evidenced in monthly managers meetings. The provider had clear key performance indicators to measure the quality of the service provided. For example, they measured the continuity of care over time by the number of different carers people received. This enabled them to identify those people who had less continuity and make changes with this if the person wanted to. By measuring this they could identify improvements and show continuity of care had improved over time.
- The provider and registered manager ensured staff had all the training, supervision and support to thrive in their roles and provide high quality care to people. Distant learning courses were available to all care workers, they could choose the areas where they would like to gain extra knowledge, for example in dementia, end of life care or diabetes. Additional training was also given to senior staff to develop their management and leadership skills. Staff told us they received good supervision regularly along with other regular communications.
- The registered manager clearly understood their role and responsibilities and had met their regulatory requirements. Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths which they had done. The providers ratings were clearly displayed in the office and on the providers website in line with legal requirements.

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

- The provider and registered manager had created a highly positive, person centred, transparent, learning culture in the service. This had resulted in a highly motivated staff team and high-quality care for people with positive outcomes. For example, one person used the service following a hospital admission, was on end of life care, bed bound and needed a high level of live in care and additional care visits four times a day.

With the right care their mobility improved, their confidence grew, and their independence increased to the point they did not need any care. This was a remarkable outcome for this person achieved by the high-quality care they had received.

- Staff knew and promoted the providers vision and described this as 'offering outstanding care, above what's expected' and 'to enable people to stay in their own homes'. Care plans told staff to go above and beyond the care people were commissioned. Staff we spoke with were all engaged with the providers vision and did all they could to give people the best possible care and quality of life. For example, staff surprised one person with a special afternoon tea when they found out they were about to mark their wedding anniversary of their late husband. Staff took fish and chips to people who were unable to get out during COVID-19. Staff had taken one person to the church grounds to feel close to their loved one who had passed away.

- People and staff survey results showed high levels of satisfaction with the service they received. One relative told us, "It's very well managed and we are extremely pleased with the service they are providing. The manager is wonderful, just fantastic, I can't praise them enough." There were many thank you cards from people thanking staff for helping them to regain their independence.

- The provider and registered manager consistently recognised and highlighted staff achievements to ensure they felt valued and maintain their motivation. For example, through their 'CARES' awards. One staff told us, "They give you a lot of praise when you do well, they put your picture in the newsletter for everyone to see. I have been carer of the month and was given a £30 gift token." Another carer told us how they were awarded with carer of the year and received a spa day. The provider and registered manager took every opportunity to ensure staff felt appreciated and valued. The nominated individual told us how this had improved staff retention by 9% in the last year. They gave staff cards and gifts on special occasions. The provider celebrated 'Front Line Workers Day' in July 2021 and showed their appreciation to carers by giving them all a pamper box. Positive feedback and compliments about carers from people were shared with carers. The provider used this opportunity to send letters of appreciation with certificates to recognise carers achievements for the month.

- All staff, people and relatives were overwhelmingly positive about the registered manager and the support they received from all the other senior staff, such as care supervisors. One relative said, "They are wonderful for (their loved one). I feel very happy that I can approach management easily and can talk to them knowing that any issues will be sorted out quickly. One carer told us, "I can't say a bad word against them (registered manager). They are fair, understanding and take the time to see you. If they haven't seen you in a while, they check in with you on the phone, they are so supportive, I've never worked for a company as good as them. My friends have seen how happy I am, and they have joined Bluebird, and they love it too." The registered manager told us how enquiries for new care packages often came from recommendations from their customers.

- Staff told us they felt supported if they made a mistake and were enabled to learn from it. One carer told us, "When I was new, I would get upset if I made a mistake, I called the out of hours phone late one evening upset and they came out to see me. They gave me chocolate and sat with me until I stopped crying." Another staff said, "I recommend working for Bluebird Care, it's the whole atmosphere, the way its run, nothing is too much trouble, you feel appreciated, it's so well organised in the office, you feel at ease."

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

- People and their relatives were empowered and engaged with their care and the service. Newsletters were sent to people and staff every month giving them a roundup of what had happened in the company over the past month. This included carer awards, anniversaries etc. People were asked for their views through bi-annual surveys and in regular care reviews.

- The provider enabled carers to take people out for a treat, for example out for lunch or a visit to a garden

centre. They had received positive feedback from this as it gave both the carer and the person a different environment to enjoy together. The provider also ensured when people were taken into hospital, carers could visit (where possible). They recognised this benefited both the carer for reassurance the person was ok and the person who may be missing the regular contact with their carer.

- Staff were highly engaged with the providers values and proud to work for them. The provider and registered manager had ensured staff felt valued and well supported. They achieved this through regular communication and support, using every opportunity to seek and give feedback to their staff and regularly showing their appreciation. For example, making sure staff got the information if they missed a team meeting and sending weekly personalised emails to staff with reminders and information. This ensured staff were well informed and motivated to provide the best care to people.
- Staff were proactively supported with their well-being to ensure they were fit to provide the best care to people. For example, one carer told us, "I have just come out of hospital with tonsillitis, they (office staff) were on the phone, checking if I needed anything, they are just amazing." Another staff member told us how they felt so well looked after by Bluebird following attending a funeral. Monthly well-being surveys were sent to carers to support and promote their well-being. Staff received private healthcare which provided them with counselling if needed and the registered manager promoted its use. This had been provided to one carer even though they had recently left the company. The registered manager had identified how much they needed it and the provider cared.
- The provider had strong links with their local community which promoted the importance of good quality care. The nominated individual told us they had received compliments from the public on how they actively involved their carers and customers in the community. For example, they had donated grants to local groups and held afternoon teas at the local garden centre and library for the public. For Parkinson's Awareness week in April 2021, the provider partnered up with national charities to raise funds. Bluebird Staff did the '5 for 5 challenge' which is where they run or walk 5km and donate £5 for the cause.
- The provider promoted peoples' and staff equality and diversity. Equality and diversity impact assessments were completed with people during their care assessment. New staff completed an equal opportunity form during their induction and the provider recognised important calendar dates throughout the year. For example, some carers from countries such as Portugal, Poland and Spain would rather work Christmas day and have Christmas Eve off due to having their celebrations on that day. Some carers cultures required them not to care for any people in receipt of care who were male, so the senior staff ensured these staff were only allocated to care for people receiving care who were female.

Continuous learning and improving care

- The provider used every possible opportunity to proactively seek, identify and promote improvements in the service for people and staff. There was a clear improvement plan in place with goals stemming from the company's values. These were aligned to the Care Quality Commissions (CQC) key lines of enquiries with clear identified tasks to complete. For example, to introduce weekend and evening training to provide more flexibility for new staff. The provider had identified many people struggled with access to nail cutting during COVID-19, therefore they trained staff and set up a new nail cutting and foot care service for people.
- Quality assurance systems such as audits and surveys were consistently completed and used to identify and drive improvements. There was a clear auditing process for managers to cover all aspects of the service, office, 'customer' and staff. These identified actions needed and evidenced they were completed. For example, it was identified not all people had a hospital passport in place, therefore these were completed where missing. Audits were used alongside other feedback and events such as complaints, annual care reviews and incidents to ensure continuous improvement.
- Bi-annual surveys were completed by people and staff and asked a variety of questions to get their feedback and identify how to improve the service. The data from these was analysed and action plans were created. Results were compared to the previous quality assurance survey and communicated in newsletters.

Where required people and staff were contacted to resolve any individual concerns. Results were used to develop action plans for improvements. For example, some people said they did not have a customer guide, so office staff contacted people to explain where the information was kept. Where they couldn't find their bluebird folder it was replaced.

- Some carers thought the travel time they had between some calls was not enough. Therefore, care coordinators contacted them to discuss and adjusted these. Co-ordinators also looked into carers working with the same carer for the shift for calls where due to the persons needs two carers attended. In addition, staff were asked to complete a weekly rota review to enable them to give their views with their current rota. These were reviewed by the operations director and used to inform the care coordinators of any issues so they could adjust staff rotas.

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

- The registered manager understood their responsibilities in respect of the duty of candour. They had informed people, their families and where appropriate external agencies of any incidents or accidents. People were given a letter of apology when things went wrong. People and those involved were kept updated throughout any investigations, told of the outcome and any changes made to improve the service.

Working in partnership with others

- The staff team had positive working relationships and worked in partnership with other agencies to ensure people's needs were met and for extra help when required. This included social services, the local safeguarding team, GPs, district nurses, occupational therapists, the mental health team and the local hospice.