

Brico Ltd

Bluebird Care (Guildford)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care (Guildford and Waverley) is a domiciliary care agency that provides personal care to people in their own homes throughout Guildford, Woking and Waverley local Authority districts. The agency provides care for people living with physical frailty, dementia, mental health needs and people who require rehabilitation following hospital discharge. The service ranges from a quick 'pop in' visit to check on wellbeing to multiple daily visits and can also provide long term live in care staff. At the time of our inspection the agency was supporting over 100 people with personal care in their own homes.

There was a registered manager in post. 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 and associated Regulations about how the service is run. The registered manager was present for the duration of the inspection.

Care workers knew how to keep people safe. They understood their responsibilities under safeguarding procedures. Staff told us they would report anything that looked like abuse to the registered manager who they said would deal with issues immediately. They said they were required to attend safeguarding training every year which was compulsory.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff met with their line manager on a one to one basis to discuss their work. Staff said they felt supported to undertake their roles.

The agency had procedures in place to manage medicines safely and ensured only suitably qualified staff administered medicines to people.

Risks to people had been identified, assessed and well managed. Information was provided to staff on how to care for people in order to reduce any risks.

The registered manager logged any accidents and incidents that occurred and put measures in place for staff to follow to mitigate any further accidents or incidents.

People's consent to care and treatment was considered. Staff understood the Mental Capacity Act (2005) and about people's capacity to make decisions.

People told us staff were kind and caring and respected their privacy and dignity. They said staff were polite and professional at all times.

Staff received a good range of training specific to people's needs. This allowed them to carry out their role in an effective and competent way.

The registered manager undertook quality assurance audits to ensure the care provided was of a standard people should expect. Any areas identified as needing improvement were addressed by the registered manager to drive improvement and provide better services for people.

If an emergency occurred for example adverse weather conditions or an outbreak of staff sickness people's care would not be interrupted as there were procedures in place to manage this.

A complaints procedure was available for any concerns. This was included in the information pack people were given when they engaged the services of the agency. People knew how to make a complaint but said they never used the formal process. They said if they were unsatisfied with anything they would ring the office where a competent administration team would resolve any issues immediately.

We looked at records in the agency's office relating to the care of people and the management of the service. These included care plans, risk assessments, medicine records, staff recruitment and training files and a range of policies and procedures. These were well maintained and regularly monitored by the registered manager to ensure the quality of record keeping was appropriate.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe because staff knew their responsibilities regarding safeguarding and protecting people from abuse.

Medicines were administered and managed safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

Staff recruitment procedures were safe and appropriate checks were carried out to help ensure only suitable staff worked for the agency.

There was a plan in place in case of an emergency.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who understood their needs.

Staff received induction training and regular mandatory training which enabled them to carry out their duties competently. Staff were given the opportunity to discuss aspects of their work with their line manager.

People's rights under the Mental Capacity Act were met. Staff understood about people's rights to make decisions and consent to receiving care.

People were involved in choosing what they ate and were supported by staff and relatives with their meals.

Is the service caring?

Is the service caring?

Good ●

The service was caring.

Staff provided care for people in a kind and caring way.

Staff respected people's choices and provided their care in a way that maintained their dignity.

People and their relatives were encouraged to be involved in their care as much as possible.

Is the service responsive?

Good ●

The service was responsive

People had needs assessments undertaken before they began to use the service to ensure resources were in place to meet their needs.

Staff responded well to people's needs or changing needs and reported any changes to the registered manager.

People and their relatives were knowledgeable about their care plans and involved in any reviews.

A complaints procedure was available for people and relatives with appropriate contact details should they require these.

Is the service well-led?

Good ●

The service was well-led.

The management team worked together to ensure the agency operated well.

Quality assurance checks were completed by the registered manager and office staff to help ensure the care provided was good and to make improvements as required.

Surveys were distributed to gain feedback on the service provided in order to drive improvement.

Records relating to people's care were accurate, up to date and managed appropriately.

The registered manager submitted notifications as required.□

Bluebird Care (Guildford)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an announced inspection because we required the registered manager to be present to answer questions about the management and operation of the service. The inspection took place on the 27 September 2016. The inspection was carried out by one inspector who had experience in adult social care and an Expert by Experience.

Prior to this inspection we reviewed all the information we held about the service, including information about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had 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.

As part of the inspection we spoke with twelve people who used the service, five relatives, ten care staff, the provider, the registered manager, the care coordinator the recruitment and training manager, and two office based staff and the registered manager.

We looked at a range of records about people's care and how the service was managed. For example, we looked at care plans, medicine administration records, risk assessments, accident and incident records, complaints records and internal audits that had been completed. We also looked at staff recruitment files and the training staff received.

We had not previously inspected this service since it was registered with us in 2014.

Is the service safe?

Our findings

People felt safe with the care and support they received from Bluebird Care. One person said "I can rely on the care staff and they never let me down." Another person said "I feel comfortable with Bluebird and trust them completely." Another person said "I feel safe in their hands."

People were kept safe from the risk of abuse because staff had a good understanding of safeguarding. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the procedures they would follow to report this. One member of staff said they would report anything they felt unhappy about to the provider or the registered manager. Another member of staff said "After 5pm there was a manager on call system in place so there was always someone they could report safeguarding issues to if they occurred." Care staff told us they were aware of the whistleblowing procedure and they would use this to report any general concerns they had about the agency. A member of staff told us they had used this procedure and the registered manager acted immediately. The registered manager understood their responsibilities in relation to safeguarding people from harm. Before the inspection the registered manager sent us information about safeguarding when concerns were identified or raised about people's safety. The information included evidence of action taken to address the concerns and reduce risks to people. The registered manager made safeguarding referrals to the local authority when appropriate.

There were enough staff employed to ensure people had their care when they expected this. People told us the agency was very vigilant at monitoring visits to ensure calls were not missed. They told us their care workers were reliable and prompt. One person told us they had never experienced a missed call. Another person said "They are good timekeepers and will always inform me if they are running late, which is infrequent." A relative told us "They are extremely good at turning up when they say they will."

People received their care from staff safely. Care workers had an app based system (PASS) which was installed to their smart phone. This required care staff to log in and out of each visit they undertook. If a care worker had not logged into a planned visit after fifteen minutes the PASS system generated an automatic message to the office highlighting a potential problem. This in turn prompted the office staff to locate the whereabouts of the staff member and communicate with the client making sure they were kept informed of their expected time of arrival. This meant action could be taken to ensure that the person received the care they needed and the safety of staff.

People were kept safe because the risk of harm had been assessed and managed. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks assessments and for all equipment used, for example hoists standing, frames and slide sheets. When risks had been identified these were supported with guidance for staff to follow to keep people safe such as how many staff were required to move a person safely. Risk assessments were reviewed and updated accordingly. For example when a person's needs increased and they required more visits or two staff to provide safe care. Staff told us they were aware of risks associated

with their work and said they could call the office at any time if they felt a person or the equipment they were using was unsafe. Staff were also protected by the "Lone worker policy" in place. It provided staff with information to support them in vulnerable situations for example using key safes, off street parking late at night and dealing with behaviour that challenged.

People's medicines were managed and given safely. People were happy with the support they received with their medicines. One person said "I take my medicines in the morning while the carer is with me." Another person said "The staff are very patient with me and give me plenty of time to take my tablets."

Medicines were managed in accordance with current regulations and guidance. There were up to date policies and procedures in place to support staff who administered medicines. Staff had undertaken medicine administration training and were assessed as competent by the training coordinator before they were allowed to handle people's medicines. One staff member told us "I had extensive training in medicine awareness and I have to update this every year. I know what to do and why people take the medicines prescribed." Another member of staff said "The agency is very strict when it comes to medicines and will only allow us to administer medicine once we have had all the training."

People had medicine profiles which included the medicines taken and the side effects, any known allergies, the name of the chemist and telephone number and their GP and contact details. All these details were included in the medicine plan held on the carer's app on their smart phone. Care staff ticked the administration record once they had given people their medicine. This was coordinated centrally which enabled the care coordinator to have an overview if medicine was not given. This then generated an alert to the carer to follow up any errors or establish reasons why medicine may have been omitted. The provider told us this procedure monitored medicine audits on a daily basis to minimise risks to people taking medicine rather than having monthly audits when risks would be greater. Medicines given on an as needed basis (PRN) and homely remedies (medicines which can be bought over the counter without a prescription) were managed in a safe and effective way and staff understood why they gave this medicine.

The recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work for the agency. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the registered manager to look for patterns or triggers that may suggest a person's support needs had changed. Action taken and measures put in place to help prevent reoccurrence had been recorded. For example a person's mobility had decreased and the registered manager arranged a review of care so that measures could be put in place to keep that person safe. Following the review additional support of two staff and a standing aid was provided to keep the person safe.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff sickness and adverse weather conditions. People told us that information was provided when they first started to receive a service from the agency that included emergency contact details. One person and one relative told us they were aware of this information but never had to use it.

Is the service effective?

Our findings

People were supported by care staff that had sufficient knowledge and skills to enable them to care for people. One person told us "The staff are excellent and know what they are doing." Another person said "They really know how to look after me and know their job." A relative told us "I have every confidence in the staff and they always seem to know what they are doing."

Staff were provided with comprehensive training that prepared them with the skills and knowledge needed to meet the specific needs of the people they cared for. The training plan was detailed and outlined the training staff had received, the training planned and the due dates. A member of staff told us "We are always doing some kind of training. I must say the agency is very focused on training their staff." Another member of staff said "Some training is face to face and some training is e-learning. We can never forget as the training person always sends reminders when we are due to update."

All new care workers completed an induction programme at the start of employment. This included a three day pre employment induction to provide them with the opportunity to understand their role. Staff then shadowed more experienced staff to get to know more about the people they cared for and safe working practice. One staff member said "I was not allowed to go out on my own until I was assessed as competent to do so." A relative said "Sometimes care staff will have a trainee with them but they ask us first to make sure we agree." There were photographs of staff in the training room receiving awards for various stages of training they had completed. The provider and the registered manager told us they invested in high quality training to ensure effective care. One person said "They all seem well trained and competent." Another person said my carer is very knowledgeable and confident."

Staff had received training in areas that included moving and handling, first aid, dignity and respect, malnutrition, food hygiene, dementia care, infection control, and medicine administration. In addition some staff either had completed a National Vocational Qualification in health and social care or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge. The service developed easy read prompt cards covering principal areas of their training including mental capacity, deprivation of liberty, safeguarding, medicine, and moving and handling. They were encouraged to carry these with them to act as a prompt the they continued work in an effective way.

Staff were able to meet with the registered manager or their line manager on a one to one basis, for supervision and appraisal. Records showed all staff were up to date with both of these. Supervision gives a manager the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the agency was working within the principles of the MCA. Staff received Mental Capacity Act training and were able to explain what consent to care meant in practice. A member of staff told us "I would never undertake something a person was not in agreement with." Sometimes a person may not want to have personal care so I would prepare their breakfast and see how they were feeling after that. It's all about choice and consent." Another care staff said "I would never do anything a person had not agreed to." Mental capacity assessments had been carried out for individual people when appropriate.

Some people were supported with their nutrition and hydration while others managed independently. One person said "I have three calls a day and the care staff prepare all my meals." The carers know exactly what I like and when." Staff had access to people's nutritional plan from their smart phone. These were very detailed and even showed how many spoons of porridge and how many slices of fruit a person liked and what type of tea they drank. One person told us carers were very efficient and "I don't have to tell them anything as they know exactly what I like." Staff were aware of people's likes and dislikes and how they liked their food to be prepared. A member of staff told us "I have someone who likes cooked breakfast and other people have toast. This is all allowed for in the length of my visit so we can give people a choice of food." Another carer said "Each person is different and it is all about choice. I can microwave some meals while others choose to have a lighter option. Either way I have the time to support people in the way they choose." Carers document people's food and fluid intake on their smart phones at each mealtime. This was then coordinated in the office and an overall picture of people's nutrition is produced on a weekly basis. This ensured that specific problems would be identified at an early stage and intervention from other health care professionals like the GP or dietician sought to minimise the nutritional risks to that person. One relative said "They are so efficient in the way they check and keep an eye on things, they are spot on. Mum was not eating properly and they picked up on it immediately and were on the phone to me in no time at all. Brilliant work."

People were supported to access health services as required. Carers told us they would help people to make health care appointments if they needed them. Other people had relatives who did this for them. They also told us they raised any concerns with the office if they noticed a change in a person's needs or if they noticed they were unwell on the day they visited. One carer said "I would report everything and would never leave a person if I thought they were not well." Relatives confirmed that the provider contacted them if they had any concerns about people's health or welfare. They said carers had been quick to notice any deterioration in people's health as they knew what they were doing.

In order to provide support to private carers in the local community the business has provided a series of training programmes free of charge covering areas such as moving and handling, first aid and dementia care.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person said "I can't speak highly enough of them they are excellent." Another person said "The carers are absolutely lovely, they have a very natural way about them and I like that." People told us the care workers who visited them were polite, courteous and treated them kindly and were respectful. They were knowledgeable about people's needs and preferences and supported people in a way they liked. One person said "Staff listen to me and I respect them for that." Another person said "Staff are caring and kind and always very friendly." A third person said "The carers who look after me are exceptional and I would not change a thing. We laugh and talk about everything and anything. It's lovely and it gives me a lift."

Relatives provided positive feedback about the quality of care provided by the agency. They said that care workers were kind and caring in their attitude and understood their family member's needs. One relative said "The carer who looks after Mum is patient and understands her well. They never rush her and always find time to sit and chat once they have finished their chores." Another relative said "I have a good relationship with the care staff and trust them completely. They make Mum happy and that is what's important."

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. They had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

People's dignity and privacy were respected. People told us that staff treated them with respect and provided care in a way that maintained their dignity. One person said "They do treat me with the greatest respect and are certainly very professional at all times." Another person said "Staff make sure my modesty is preserved and make sure they cover me with a towel in the bathroom. They are so caring." A member of staff said "I would never leave the bathroom or bedroom door open when undertaking personal care." A relative said "They look after her well and will adjust the blind at the window so nobody can see in from the outside to protect and respect her dignity."

A care staff told us when they first start to support a new person they will always address them by their surname until the person wishes to be addressed by another name. They said "This is only respectful after all." Another carer said "I always remember I am a visitor in a person's home and act accordingly. I always knock first before I let myself in, just out of respect for that person."

The staff we spoke with were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss people's care and support where they would not be over heard. This was to ensure that people's confidentiality would be retained at all times. One person said "They do respect my confidentiality and I know they won't tell other people about me." Another person said "They don't talk to me about anyone specific that they have dealt with and I am quite sure that the opposite applies."

The registered manager told us that gender specific staff was arranged to undertake people's care when people had requested this. One person said they had male and female carers which did not bother them, but could request gender specific staff if they wished. A relative said "I specifically asked for a female carer for my loved one and there was not a problem with that."

Is the service responsive?

Our findings

People's needs were assessed before a package of care was offered to the person to ensure their needs could be met. Assessments identified any needs people had in relation to health, mobility, communication, medicines, personal care, nutrition and hydration. This included the level of support that was required, the amount of carers required to provide the support and the number and frequency of visits. People using the service and their relatives told us they were involved in the assessment. One person said "Two ladies came to the house and asked me many questions to understand what I needed." Another person said "I certainly remember them doing an assessment as they were very thorough which impressed me. Relatives told us they had been involved in assessments. One relative said "They made an appointment to suit me and included me every step of the way. They were most professional and supportive and still are."

People had been involved in their care planning. One person said "They came and did the care plan with me and we agreed what care I needed. They are always reviewing my plan." Another person said "I did not know what a care plan was until they discussed this with me at the beginning of my care. I now know it is how I want my care to be undertaken." When people were unable to contribute to their care plan relatives or advocates had been involved in this process. A relative said "They went to see Mum in hospital twice before they made a commitment to care and then involved me for further details which made it all so personal."

Care plans were well written and informative. Care plans were maintained on an app on carers smart phones. They provided a detailed account of people's likes, dislikes and how they would like their care to be undertaken. They also contained information around medicine management, a nutrition plan with meal arrangements and mobility needs. Care was provided according to people's care plans and their needs. Care staff updated care records before they left for their next visit as this ensured the appropriate care had been carried out during the allocated time and alerted the office to anything unusual. It also meant time management could be monitored and if a carer was running late the next person could be advised of this. Care plans and associated assessments were regularly reviewed with people and updated appropriately when needs changed to ensure that people received the right care and support according to their current needs and capabilities. Relatives and others were also encouraged to be involved in people's care. One relative said "We are always included in Mum's care. They will even change times of reviews to meet our life style as we work and can't always be there."

Care was flexible to meet people's routine and commitments. When a person did not require a visit because they had family staying this was accommodated. When a person required extra visits due to changing needs or additional support with shopping or attending appointments this was also arranged at short notice. One person said they needed someone to take them to an appointment last minute. They said the carer arrived and was calm and professional and had them ready in twenty minutes with no fuss. "Exceptional lot." A relative told us they had to have a live in carer when their family member came out of hospital and this was provided effortlessly. "They were most accommodating and also provided cover for the carer's time off as required. " I don't know what we would do without them."

People do not have to experience loneliness if they do not have a family to visit.

The agency was promoting "Every visit counts" which was a scheme to promote awareness of loneliness in people over the age of 65. They have embarked on voluntary companionship visits to people who would appreciate them. The newsletter showed two staff members with their dogs visiting people in their homes who are pet lovers but due to circumstances are unable to keep a pet now. They have expanded their companionship visits to outings to local attractions and picnics. This meant that people do not have to experience loneliness. .

The provider funded and facilitated social events in local community settings for example The Queen's Birthday Party and Christmas pantomime to help people integrate in their community. This was supported by staff on a voluntary basis. A relative told us their family member looked forward to these outings and meeting other friends.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people and their relatives when they started to use the service. This gave information to people on how to make a complaint and the various steps involved. It also contained the contact details of relevant external agencies such as the local authority and the Care Quality Commission. The complaints log confirmed no formal complaints were received in the last 12 months. A relative told us "I never have any concerns so have never needed to make a complaint, but if I did complain I know they would take the matter seriously. They truly care." Another relative said "I will nip things in the bud so never used the complaints process."

People told us they knew how to raise any complaint about the service. All of the people we spoke with confirmed they had not had any cause to make a formal complaint. One person said "If I had any reason to complain, I would ring the manager who would sort things out for me." Another person said "If I was unhappy about anything I would tell the staff. I never made a complaint." A third person said "I was recently unhappy about a carer. It was not a complaint really but a personality clash. I rang the office and the whole matter was resolved within twenty four hours. They were most efficient."

People told us the provider contacted them regularly to hear their views and ask for feedback about the service. One person told us "If I had something to complain about I would ring the office direct and I have every confidence this would be managed professionally."

Is the service well-led?

Our findings

People were very complimentary about how the agency was managed. One person said "I do think they are well managed and are always open and honest." Another person said "I was given a very impressive information pack and have the office number on my personal phone if I need to contact them." A third person said "They are a very efficient organisation."

The director of Bluebird Care Guildford is an elected member of the National Franchise Committee which holds meetings across the south west to share ideas and best practice to improve the service for people. People and relatives were aware of the management structure and said they were comfortable speaking with them as they were approachable and listened to them. The agency's management structure comprised of the provider, the registered manager and a team of office staff to include customer support managers, care support coordinators, training and recruitment manager and office administrators. There was an open culture and people who used the service, relatives and staff were able to express their views. People spoke highly of the team and said they were attentive and professional. One person said "They ring me regularly to find out how I am getting along." Another person said "I can contact them whenever I want to discuss things." A relative said "We have a very good relationship with them. Communication is excellent and we speak regularly and our opinion counts." The registered manager told us people were provided with an information handbook that included all the contact numbers and details about the service they need. There was also a dedicated staff team employed in the office to take people's calls and provide reassurance when required.

The provider only employed staff with the attitude and approach to support people to reflect the agency's values. Staff we spoke with were mindful of the agency's values which included providing high quality, individualised care that promoted independence, dignity and respect. One member of staff said "I love my job and get good support to undertake it well." Another member of staff said "The manager always makes sure I am supported and there is a good team spirit." The service created its own 'Career Pathways' which provided a framework for personal development for staff. The provider spoke highly of their staff team and told us they invested a lot of time and training in order to achieve the best possible care for people. They told us when they saw potential they rewarded this. For example they supported young staff to pass their driving test to enable them to be more flexible where they worked. They also embarked on the career pathway for staff to further career structure and development within the organisation.

The agency's quality monitoring systems included making spot checks on staff providing people's care. A member of the management team visited people's homes by arrangement to check their care worker was punctual, was dressed appropriately, wore a name badge for identification and maintained the security of the person's homes. They also checked how people's care was undertaken and if this was in line with the person's care plan and the values of the agency. These spot checks were undertaken at various times including evening and weekends to ensure all staff were monitored.

The registered manager undertook daily, weekly and monthly audits of medicine records, care plans, risk

assessments, nutritional plans, health and safety audits and staff duty rotas to monitor the service people received. A summary of these audits were retained at the agency for reference. The records we checked in the agency's office relating to people's care and the management of the service were accurate, up to date and stored appropriately.

Staff meetings were facilitated regularly. The registered manager told us staff were encouraged to attend meetings in order to maintain regular contact with the office and to keep up to date with new information. Staff were satisfied with the level of management input they received. They said they felt confident to ring if they had a concern about any aspect of a person's care and always received the support and reassurance they needed to manage the situation effectively. For example if they required the management team to call a GP or if they needed a member of the management team to visit.

Monthly staff news letters were published which included information regarding the management of the agency, staff training available and other staff news. A service user newsletter was also circulated every three months which people said they enjoyed. Information shared in the newsletter included "Bluebird Care Guildford received the Founders award for Outstanding Achievement in 2016."

The agency obtained the views of people who received a service in the form of surveys and the findings were used to drive improvement. The previous survey was undertaken in October 2015. The survey results indicated that there was an overall satisfaction in the care provided and the staff providing the care. 100% of the people surveyed stated they were treated with dignity and respect, 90% of care staff arrived very near to their specified time, 100% stated they felt safe with the carers and the care they provided, 88% of people said they would know who to contact if they needed to discuss any aspect of their care.

Prior to our inspection the registered manager completed and returned a Provider Information Return (PIR) as required. Evidence gained at the inspection reflected the content of the PIR. This demonstrated the registered manager was open and transparent about what the agency did well and the areas they identified that would benefit from improvement.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. We had received notifications from the registered manager in line with the regulations. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was available to staff so they would know how to respond if they had concerns they could not raise directly with the registered manager.