

Kingfisher Business Solutions Limited Bluebird Care (Derbyshire Dales & Amber Valley)

Inspection report

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Date of inspection visit:
14 November 2019

Date of publication:
21 February 2020

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Bluebird Care (Derbyshire Dales & Amber Valley) is a service providing care and support to people in their own homes. At the time of the inspection the service was providing support to 45 people, but only 21 of those were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection relates only to people receiving the regulated activity of personal care.

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

The leadership of the service was very good. People were without exception positive about the service and told us they would have no hesitation in recommending it. The service had a good quality assurance and monitoring systems to ensure people received safe care and treatment. These systems meant the management team were able to identify any shortfalls in the service and act quickly to rectify them.

Staff told us they were very proud to work for the service and felt extremely well supported in their roles. The management team had dedicated a lot of time and resources to staff training and development. Staff said they would recommend the service to family and friends who needed care and as a place to work.

People told us they enjoyed their independence whilst also getting the support they needed to live independently and be part of their local community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Strong recruitment procedures helped to protect people against the risk of being supported by unsuitable staff. Risks to people safety and welfare were identified and managed.

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 Good (published 23 January 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

Details are in our well-led findings below.

Bluebird Care (Derbyshire Dales & Amber Valley)

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection consisted of two inspectors

Service and service type

The service is a community service registered to provide care and support to people in their own homes, who live in the Derbyshire Dales and Amber Valley areas of Derbyshire.

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

Notice of inspection

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

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the nominated individual, one director, the registered manager, customer care manager, one field supervisor and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and relatives told us the service was safe. Comments included, "I know I can relax and go on holiday and have no concerns about [my relatives] safety," and "I know [my relative] is supported well and is in safe hands."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- Managers understood their safeguarding responsibilities. One care worker told us, "The managers encourage people to whistle blow or to speak out if we see anything that's not right."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed. Care records included information about the measures in place to manage risks.
- Staff recognised risks in the persons home and they used equipment correctly to support people to stay safe.
- Staff recorded accidents and incidents. The registered manager then looked to see if any themes and trends were emerging and an action plan was completed to prevent reoccurrence of the incident.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of being supported by unsuitable staff. One person said, "They select carers really carefully here, they are not looking for people with lots of experience, they are looking for people with the right values."
- There were enough staff deployed to make sure people received safe care. People told us care and support was provided by a consistent group of carers. Comments included, "If care staff are going to be late they always ring" and "We are given a rota of the staff who are coming each week."
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- People's medicines were managed safely.
- People were happy with the support they received with their medicines.
- Staff were trained in the safe management of medicines. Competency checks were carried out to make sure they were following the correct procedures.

Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection.
- The service had an infection prevention policy and staff had received relevant training.
- Staff had access to appropriate personal protective equipment (PPE), such as plastic gloves to be used when delivering personal care.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were referred to the service by health and social care professionals and by word of mouth.
- Assessments included information about the support people needed and the expected outcome of the care package. The service then carried out a more detailed assessment with the person or their representative which looked at their individual needs, preferences and goals.
- Staff told us they were continually assessing people's needs and abilities as the aim of the service was to enable people and support them to be as independent as possible.
- One person told us, "The initial assessment was very thorough and sensitive."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- People told us staff were, "Well trained."
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. Staff were encouraged to do additional training and gain qualifications to help them with their career progression.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Where necessary people's dietary intake was monitored. If there were any concerns about people's nutrition or hydration referrals were made to the appropriate professionals.

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

- The service worked with other agencies to ensure people were able to access healthcare services.
- Staff said, if they were concerned about a person's health they would contact the office or speak with health professionals directly to ensure the person received the care they needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- Staff supported people to make choices. Care records provided staff with information about people's needs and preferences and how they should support people to make decisions.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The service had a strong visible person-centred culture that ensured that staff were highly motivated and dedicated. Staff showed exceptional commitment to developing positive relationships with people and were committed to ensure equality was upheld.
- People told us, they were in control of making decisions about their care.
- The care and support staff provided had resulted in people having a happier, healthier and more productive relationship with those close to them. For example, one person the service supported had a complicated mental health condition. The person was not happy with the service they were receiving from another provider. This caused the person a great deal of distress and anxiety. Bluebird Care made a few simple changes to be sensitive to their needs when they started supporting the person. The person has a regular team of staff and a weekly rota, so the person knows who and when they are coming and the person is able to call the office to change the times of their calls to meet their needs. The person is now much more in control of their care and support.

Treating the person and their home with dignity and respect has had a big impact on the person's mental health and wellbeing. It has given the person back their autonomy which has been life-changing. This individual has grown in confidence to ring the office to rearrange calls and has even requested to use their meeting room for a multi-disciplinary meeting which has demonstrated an improvement in their self-esteem.

- Staff had developed exceptionally strong relationships with people and staff demonstrated a real empathy for the people they cared for. People valued their relationship with the staff team. People talked about the fact staff made people feel 'special' and they described relationships with staff as 'genuine' and 'first class.' One relative told us, "Forget Britain's got talent. The care staff have been a class act in cheering [my relative] up and keeping us on our toes."
- People and their family provided exceptional feedback about the way they were treated. One family member told us, "My [relative] is the most precious thing in my life and I have entrusted the service to take care of [my relative]. I have never had any doubt they have done this in the most outstanding way possible."
- Compatibility between people and staff was closely monitored and new staff were matched with people based on people's interests and how they got on.
- The service recognised how important people's history's and identities were to people's health and wellbeing. The service had discovered that one person suffering with depression had a passion for opera singing and loved to sing. Another person supported loved playing the piano. At an organised event, these people who know each other, joined in with the music and singing and encouraged the service to consider

organising a regular singing and music group, where one would lead the singing, the other play piano. The service is now in the process of finding an accessible venue with a view to regular singing session where people can celebrate their talents and passions. One staff member told us, "I don't think you can underestimate the power of music, the comfort that it gives has a massive impact on our clients personal and emotional health and wellbeing.

- The service supported the local community's Pride event, making a very clear statement of their support. Pride events celebrate lesbian, gay, bisexual, transgender, and queer (LGBTQ) social and self-acceptance, achievements, legal rights, and pride. The provider told us, "We are planning to source Pride pin badges to wear, particularly when carrying out care assessments, so that individuals feel confident that we respect and uphold strong diversity and equality ethics. The impact we expect is that individuals who may be LGBTQ may feel able to talk more freely about their preferences and care requirements."
- The service routinely asks customers at care assessment if they wished to observe any religious preferences and how they could support these needs. The provider told us, "We have amended a care workers dress code to enable them to wear a head scarf to meet their cultural and religious needs. We are flexible with a care workers rota to enable them to attend religious services and festivals of varying religions. We have been flexible with regular scheduled calls enabling customers to attend places of worship on a regular basis.
- Staff were passionate about the values of compassion, respect and kindness. It was clear staff applied these values in their day to day work with the people they supported and their relatives.
- Staff went the extra mile for people, for example working flexibly so people could do the activities they wanted to do at the times that suited them.
- The service was excellent at ensuring those with complex needs and communication difficulties were kept fully involved and engaged, demonstrating an excellent approach to equality. For example, when the overnight support team from another service failed to arrive, to support a person with complex needs. The care worker stayed on for four hours until a replacement carer arrived. The registered manager joined the care worker and they liaised with the family, who were away, and the overnight service until someone arrived. This provided safety and reassurance to the customer who needs 24 support and to their family.
- Staff developed strong caring relationships with people. One relative commented, "The service is excellent. Their approach is faultless. [My relative] looks forward to the visits" and "I would absolutely recommend the service, they have enhanced [my relatives] life as well as my life. I am able to go to work and not worry anymore."

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

- The service was passionate about ensuring people were empowered to express their views. Staff actively supported the involvement of advocates for those unable to do this for themselves.
- The service promoted a culture of inclusion and involvement. People were supported to express their views and make decisions about their care and support. Comments included, "The care plan is individualised and respects dignity at all times; it develops according to [my relatives] changing needs" and "We have regular reviews of [my relatives] care plans and we are all actively involved."
- People were supported by staff who recognised the importance of the involvement of family and friends. One person told us, "They are absolutely outstanding. Care and attention are first rate. They are caring and respectful of my father's needs and take the time to listen and interact with him. They are very supportive of my mother who is my father's main carer. They have regular carers and have built up a good rapport with them. This also means that my father is more likely to recognise them with his dementia, Routine is so important in my father's condition. The carers come in at the same time every day and are always on time. I cannot praise them enough I cannot find the words to thank their wonderful carers."
- People's, relatives and staff views were obtained through individual quality assurance forms and surveys. The results of a surveys completed showed exceptionally high levels of satisfaction with the service.

- One staff member told us that following feedback from staff surveys the provider had issued all care staff with a range of summer and winter uniforms. They also told us that following feedback from a recent survey the provider was in the process of getting winter coats for all care staff."

Respecting and promoting people's privacy, dignity and independence

- Promoting and maintaining independence for people using the service was at the centre of everything the service did. The provider was passionate about supporting people to be as independent as possible and enabling them to remain in their own home even when their care needs increased. The provider told us, "We are referred to as a care service but consider it more as support. We promote independence rather than taking over." An example of this was when one person told us, "I have arthritis, but the staff are so patient, I am so very slow at getting up but they [care workers] don't interfere they just let me get on with it." This was echoed by the person's family member who said, "The care has contributed immensely to my relative's ability to remain living independently in her warden controlled flat. Their dementia is progressing but with this support, they are managing very well and more importantly is in good spirits."
- The provider told us, "Our promotion of live-in care has given our customers, and other members of the community, the choice to remain in their own home when they feel that their support needs have increased. This provides them with both choice and greater autonomy."
- The provider told us, "Our policy is that if people express a preference about carers not wearing a uniform whilst supporting them in the community with companionship or shopping then care staff do not have to wear a uniform to uphold people's dignity."
- People were treated with dignity, compassion and respect and were at the centre of everything the service did. Care was based on what was important and meaningful to people using the service. Comments included, "The carers genuinely care about [my relatives] their state of mind" and "Their stories and humour have kept [my relatives] morale up and I am certain this has slowed the rate of deterioration meaning that my relative and I have been able to create more memories."
- Without exception people said their privacy and dignity were respected. Comments included, "The carers provide the highest quality of care that allows [my relative] to retain dignity and pride, but they go way beyond this."
- A recent review by a family member said, "Bluebird care provide cover for my relative who had advanced dementia, mainly affecting his ability to communicate or understand language. During The most recent visit my relative had become ill before my return. I found the carer coping efficiently and sympathetically with the situation. My relative then spoke one of their rare and comprehensible sentences...She's wonderful."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were empowered to have choice and control and were encouraged to do as much as possible for themselves.
- People were involved in drawing up a tailor-made care plan, based on an assessment of need. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. All staff took pride in their work and our conversations with them showed they worked as a team to create a better quality of life for people.

People, relatives and professionals commented: "Bluebird Care are one of the best care agencies, I have ever dealt with, their staff are second to none"; "The service is excellent. Their approach is faultless."; "I am treated as an individual by all the carers, they are exceptional" and "I'm very fond of Bluebird. I never wanted carers, but they've been such a help. It has worked out wonderfully. If I need help I ring Bluebird. All the girls are lovely I cannot fault any of them, they are so kind."

- The care plans were respectful and had a clear understanding of people's individual strengths, goals and hopes for the future, as well as their needs and difficulties. The care plans fully reflected people's choices and worked towards them achieving goals. This put them at the centre of their care and support.
- People's histories were also considered which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.
- Staff were extremely knowledgeable about what was important to the people, their goals and aspirations and were committed to ensuring they were received exceptional support.
- There was a continual review and assessment of people's needs.
- Care was taken to include very detailed information for staff to follow to meet people's preferences. For example, care plan documented what was important to the person and how they would like to be supported.

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, and difficulties were considered as part of the assessment and care planning process.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, verbally, through hand gestures or using specific communication aids.
- Staff told us where people had specific communication needs, they used a range of aids to support this. For example, the service had a portable hearing loop which they used when completing assessments for people who were hard of hearing. A portable hearing induction loop system will help anyone with hearing aids pick up sound and greatly improve their quality of listening by reducing or cutting out background noise. Other examples of communication aids used included signs and symbols, pictures, alphabet boards, qwerty key board and task lists.
- People were given accessible information. For example, information was available in easy read and larger formats for people with visual impairments.

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 maintain relationships to avoid social isolation
- Staff understood how feeling socially isolated could have an effect on people's wellbeing. The provider explained how they shared information with people and their relatives about local services and activities. These included singing for the brain, dementia friendly films and dance sessions run by occupational therapists. The service was involved in a group called Dementia-friendly Community, an organisation which is part of a national network to promote dementia friendly communities. At this meeting, the service representative learns about events, schemes, activities and services and passes this information on to people who use the service and their families by sending out posters or emails about events. A diary of these events is also kept for people to access when they call into the office.
- The service has introduced coffee mornings to raise money for charity. Staff bake cakes and ask local businesses to donate raffle prizes. People, their families, professionals and staff are all invited and picked up if unable to get to the event. Some people had mobility issues which prevented them from attending the event. Staff promoted inclusion through home visits.
- The provider told us, "Social inclusion is so important to us, enabling people to meet others receiving care and build new relationships helps people's sense of purpose and well-being." Feedback from people was very positive about the coffee mornings. Staff told us, they also organised craft workshops at the office which enabled people to drop in and chat which helped to build confidence and help people feel included.
- The provider was passionate about providing a visible service in the community and wanted to provide an open door for all. They told us, "We wanted to be available in the community, so we opted for a shop frontage. It gives us presence and people can make enquiries about care without obligation or ask about a job in a more relaxed way" and "We enjoy being part of the wider community."

Improving care quality in response to complaints or concerns

- The service pro-actively sought people's feedback about the service and this meant people did not often feel the need to complain. There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was through on-going discussions with them by staff on a regular basis and through regular reviews.
- The service had accessible complaints procedure in place.
- People told us they knew how to make a complaint. However, most people said they had never had any reason to complain. Comments included, "When they [person using the service] have raised concerns, they [staff] have sorted it out straightaway" and "Each time we have an additional query, they [staff] are always

quick to react and always find a solution to any problems."

- Complaints were reviewed to look for trends and where appropriate changes were made to drive improvements within the service..
- People were supported to access an advocate when there were concerns about their care.

End of life care and support

- Staff worked collaboratively with other healthcare professionals and took an advanced holistic approach to the planning and assessment of end-of-life care to ensure both physical and mental health needs were considered.
- The approach to care and support for people at the end of their lives was exceptional. The service also extended support and hospitality to people's relatives and friends, providing much needed comfort at a difficult time.
- The provider told us, "Where we have identified that customers are at risk of not having their wishes documented due to either, not having family, being at risk of reduced mental capacity or increasing frailty, we take proactive action to assist them, where agreed, with advanced care planning." An example of this is where a person using the service who had no family was supported to express and record their preferences for their future care. This had a positive outcome for the persons spiritual wellbeing as it allowed them to state their end of life choices and also to state their preference in accordance with her religious beliefs.
- The service had received many compliments about the support they provided. One person said, "All the care provided at the end of [my relatives] life was so caring and sensitively provided and was an invaluable source of help and comfort to me at a very sad time."
- Both the provider and the staff were passionate about providing outstanding person-centred end of life care. One person said, " They [the providers] go the extra mile. when one of our customers was nearing the end of their life, they made sure the whole team worked together around the clock, so the person could remain at home."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People were at the heart of everything the service did. The managements primary focus was to promote independence rather than taking over. This was evidenced in many examples where people's lives had improved significantly.
- The service was driven by a clear vision and person-centred values. Peoples identity, needs, wishes, choices, beliefs and values ensured the person was always at the centre of their care.
- The provider, registered manager and staff were all incredibly passionate about supporting people to live independent and fulfilling lives. They were committed to ensuring people received exceptional personalised care which met their preferences.
- Staff morale was positive and they all told us they loved their jobs. Comments included, "It's a strong team, we feel like family" and "We go the extra mile, we are professional, conscientious and we work as a team." All staff said communication with the management team was very good.
- People were treated with dignity, compassion and respect and were empowered to manage and make decisions about their own care.
- People gave numerous examples of how they were supported to maintain their independence. One person told us, "They support me to be as independent as possible. I decide what care I need."
- The nominated individual was passionate about improving people's quality of life and it was clear staff shared this vision and were proud to work for the service.

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

- Strong working relationships had been developed amongst the providers team who showed a high level of experience and capability to deliver excellent care.
- The service was extremely well organised. There was a clearly defined management and staffing structure in place. Managers and staff were clear about their roles and responsibilities.
- Systems for monitoring and assessing the quality and safety of the service were fully embedded. There was a strong focus on continuous improvement and systems, such as the electronic care planning system, which was being upgraded.

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 service was open and honest with people when dealing with any issues or concerns. They understood

their responsibility to apologise and give people an explanation when things went wrong.

Continuous learning and improving care

- Staff were highly complementary of the nominated individuals and the registered manager's drive to continuously improve the service for everyone involved. One staff member told us, "Bluebird are committed to providing person centred care, they look at the person, what's working and not working and their likes and dislikes."
- Since the last inspection the management team have continued to develop and improve all aspects of the service. Their commitment and passion for this was evident throughout the inspection.
- Staff were supported to reach their true potential. They were encouraged to obtain additional qualifications and suggest training which would benefit the people they supported. The service was creative in how they ensured staff had the necessary information to support them in their roles. For example, staff had access to all the services policies and procedures via an application on their mobile phones.
- Staff were given tools to support them to carry out reflective practice. This ensured they were learning independently, identifying areas to improve themselves and evaluating their own practice to continually evaluate their personal. Staff told us this was a useful tool in helping them reflect on their work and consider what was working and what was not working.

Working in partnership with others

- The service worked in partnership with a wide range of agencies to improve people's experiences. The provider told us, "Our collaboration with our local Member of Parliament means that our customers have opportunities to attend events that are arranged for older people in the community and our provision of transport, including companionship, enables them to attend community events promoting social inclusion, combating loneliness and promoting their well-being. Transport is known to be a barrier in people accessing the community and social inclusion and our collaboration enables this."
- The service also worked in partnership with the Alzheimer's Society and Making Space when supporting our customers. Providing support to both of these organisations in supporting people living with dementia, in an organised session once a month, whilst their family carers had a meeting.
- The service had developed good working relationships between the GP, Social Services, Mental Health Team, OT's and physiotherapists and SALT and District Nurses, pharmacies by keeping regular contact where necessary.