

R D (Bromsgrove) Limited

Bluebird Care (Bromsgrove & Redditch)

Inspection report

3 Millennium Court
Buntsford Park Road
Bromsgrove
Worcestershire
B60 3DX

Tel: 01527916442

Website: www.bluebirdcare.co.uk

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Bluebird Care (Bromsgrove & Redditch) is a domiciliary care provider supporting people in their own homes. At the time of the inspection they were supporting 77 people, 47 of whom were receiving personal care.

People's experience of using this service:

People using the service benefitted from outstanding care, delivered in a manner which was personal to them and based on their assessed needs. People we spoke with praised both the care workers and the management of the service for their dedication and high quality of care. We spoke with 13 people and relatives, all of who told us they were exceptionally happy with the support they received, rated the service as outstanding, frequently scoring it as ten out of ten, and would highly recommend the provider to other people. One person told us, "It could not be better. Runs excellently in my opinion."

People told us they felt safe when being supported with care and said all the care staff worked in a way that respected their privacy and dignity. They told us they looked on care staff as friends and welcomed them onto their homes. The service had a culture of treating people in the manner staff would like their own relatives cared for. This ethos was infused throughout the service, including care staff, office staff and the provider. Staff told us they felt valued by the organisation and said Bluebird Care (Bromsgrove and Redditch) was very different to other companies they had worked for. One care worker told us, "They care about staff as well as the customers. I think they are outstanding because they are amazing - we are one big family."

People told us staff often went beyond their scheduled duties, supporting them by doing extra work in the home or helping them deal with correspondence or arranging appointments. People also told us the service would take on the responsibility of arranging additional equipment or services. Some staff supported people outside their normal working hours. The provider operated an open-door policy and people and relatives told us they could visit the office base at any time for a chat and a coffee. The service also ran regular coffee mornings to support people with socialisation and allow them to meet with staff informally. Additionally, the service held an annual Christmas party. People told us they enjoyed these events.

Staff told us they were very happy working for the service. They confirmed they could access a range of training and development opportunities and were well supported by senior staff in the organisation. They felt there was an extremely positive culture in the organisation and felt valued.

More information about the service is contained in the full report

Rating at last inspection: At the last inspection the service was rated as good.

Why we inspected: This was a planned inspection based on previous rating. The service remains good but is rated outstanding in care.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with schedule for those services rated as Good.

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 effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

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 (Bromsgrove & Redditch)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a planned inspection in line with the scheduled re-inspection dates for services rated as good.

Inspection team:

The inspection team consisted of one inspector and an expert by experience (ExE), who made telephone calls to people who used the service and relatives of people who used the service. An ExE is a person who has experience of, or has supported someone who has used, a service similar to this one.

Service and service type:

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

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 5 days' notice of the inspection site visit because the service is a domiciliary service and we needed to be sure there would be someone at the office. We also requested the provider to detail a list of people who could be contacted by telephone to gain their views of the service.

Inspection site visit activity started on 12 February 2019 and ended on 14 February 2019. We visited the office

location on 12 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

We did not request a PIR (provider Information return) before the inspection from the provider due to the short notice in arranging the inspection date. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed safeguarding alerts and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with the registered manager, the nominated individual/ owner of the service; two care coordinators and a lead care supervisor. We visited three people in their own homes and spoke to them and their relatives. The ExE spoke on the telephone with five people who used the service and five relatives of people who used the service. We looked at a range of records, both in paper form and those stored electronically. We examined three care records of people who used the service, medicine records, staff recruitment and training records and a range of other policies and quality monitoring documents.

Is the service safe?

Our findings

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

People told us they felt the service they received was safe. Processes were in place to ensure people were protected from avoidable harm and staff understood their responsibilities regarding safeguarding vulnerable adults. The provider had in place policies and procedures to assess and manage risks associated with the delivery of care.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Policies and procedures regarding safeguarding were in place and staff had received training in this area.
- Staff demonstrated a good awareness of safeguarding issues and had a clear understanding of action they should take if they had any concerns.
- The registered manager had made appropriate referrals to the local safeguarding adults team when any concerns had been noted.
- All people we spoke with, and all relatives we contacted, felt the service provided a safe level of care. One person told us, "Oh yes certainly. They support me to dress and make sure I am seated safely on my stair lift when going downstairs. My daughter says they give her peace of mind knowing they are trusted and caring for me in a safe manner and I go along with that."
- A relative told us they felt their relation was safely cared for, "Exceptionally safe. They will call me if ever they find anything wrong, like the other night when they called as they didn't think they looked well. They have diabetes and their level was low and they picked up on it when they went in. Complete peace of mind for me knowing they are checking on their safety."

Assessing risk, safety monitoring and management

- Risks associated with the delivery of care were assessed and monitored on a regular basis. Actions for staff to follow that mitigated risk had been detailed within care plans. Risks associated with health, such as infections or skin integrity, were consistently monitored and reviewed.
- Risk assessments regarding the home environment had been undertaken as part of the initial assessment process.
- Plans were in place to deal with unforeseen circumstances, such as poor weather conditions, and ensure people continued to receive care and support.

Staffing and recruitment

- People and relatives said there were enough staff to support them. They told us they received care from a consistent group of care staff. One relative told us, "We normally get the same ones coming but two or three are more regular than others, so yes. There is a group of five or six that come, so we know them all, and any new ones are well introduced and always come with the other two."
- Staff we spoke with told us there were enough staff to deliver good quality care. They said they did not feel

rushed to deliver care to people and could raise with the office if they felt additional time was required. One staff member told us, "If extra time needed then this is actioned."

- People and relatives told us that where two staff were required to support them then two care workers always attended. We were told staff always arrived on time for appointments and stayed the full allocated time period. One person told us, "Yes, I need a double up call as I am bed bound. Always get two without fail."
- The provider had in place detailed and appropriate recruitment practices including the checking of references and carrying out Disclosure and Barring Service checks (DBS).

Using medicines safely

- Medicines were managed effectively and safely using an electronic recording system. The electronic process alerted supervisors based in the main office to any missed or late medicines, which were quickly followed up with care staff.
- Staff had received training on the safe handling of medicines and had their competency checked through observations during care delivery.
- People we spoke with told us they were well supported with their medicines. One person told us, "Yes they do all our meds for us both. We take them ourselves but when they come they sort them all out and get us a drink to take with them."

Preventing and controlling infection

- Staff had received training regarding preventing infections and understood the need for good practice with regard to hygiene during the delivery of care.
- People we spoke with told us staff always wore gloves and would change them after completing certain tasks. One person told us, "They always wear gloves and always wash their hands after they have finished."

Learning lessons when things go wrong

- The registered manager and provider told us they had learnt lessons from the service's last inspection, in that they had maintained a record of additional evidence to demonstrate the level of care they were delivering. We were presented with a folder of text messages and emails thanking staff and the service for the high quality of care received.
- The registered manager also spoke about how care staff were now actively involved in care reviews, as they had day to day knowledge. This had led to improved quality in care and the care review process.
- The provider told us staff responded better to 'face to face' training and the registered manager spoke about engaging with staff on a more individual level, rather than through large team meeting, when staff were often reluctant to speak.

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.

People received high levels of care from staff who had good knowledge and had received a range of training and support, to help maintain the quality of their work. People's needs and choices were supported and their health and wellbeing monitored and maintained.

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.

- Assessments of people needs were detailed and comprehensive. Outcomes were identified and care delivered in line with these. People's personal preferences and choices were incorporated into care plans and care delivery. One person told the care they received, "I have both (male and female) come but insist on only ladies to wash me which they always see to."
- Staff told us they were able to apply what they had learned to the delivery of care and stated that if they needed additional support, guidance or training this was readily made available.
- The registered manager and care supervisor demonstrated how the electronic care system monitored the delivery of care and helped identify where changes may need to be made.

Staff support: induction, training, skills and experience.

- Staff told us they had access to a range of training and updating and could request additional training if they felt this was required.
- The service maintained an overview of staff training and could identify when mandatory training was due for renewal and arrange for staff to receive refresher training.
- Staff told us they had an excellent induction and plenty of time to shadow more experienced workers prior to working individually.
- Staff were subject to a probationary period and review. Where necessary probationary periods were extended to support staff learning.
- Staff had received specialist training for such areas as percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is a tube that goes directly into a person's stomach where they cannot eat normally or can only take a limited amount of food orally.
- People told us they felt staff had the correct skills to support them. One person told us, "They are all very good, well trained and skilled in my opinion. They go out of their way for us both".
- Records showed, and staff told us they received regular supervision and appraisals.

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

- People told us staff supported them to maintain a healthy diet and clear instructions on how best to support people were contained within care plans.
- Where people had specialist dietary needs then explicit information was maintained within their care plans. One person told us, "I need full help with eating as I can't do that myself due to my trembling and if I

try it will go all over the floor. At the moment I am trying to put weight on so they ensure I am fed and will give it to my mouth and make sure I have eaten it safely and regularly."

- Where staff identified any concerns over people's eating and drinking there was evidence in care files this had been alerted to people's general practitioner or other health professional.

Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs.

- People we spoke with told us staff worked alongside other health professionals such as GP's and district nurses. There was evidence health staff had been contacted regarding appropriate action or changes in care delivery.

- Detailed instructions from specialist health care staff were incorporated into care plans.

- One person told us the service had taken responsibility for contacting the local occupational therapy department about additional equipment requirements.

- People told us care visits could be rearranged or adapted to meet their needs, such as for hospital or other appointments.

- One person, who had a visual impairment, told us staff always ensured items were replaced in exactly the same place so they could locate them.

Supporting people to live healthier lives, access healthcare services and support.

- Records showed staff alerted the main office or contacted health professionals if they were concerned and people health and wellbeing.

- During the inspection we witnessed the care coordinator speaking to a relative to advise them staff were concerned about their relation and the action they had taken.

- One person told us, "Bluebird make all my appointments, as required, and also take me to hospital and doctors and anything that I need to attend."

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

- Where appropriate people had signed consent forms to indicate they were happy for care to be provided or delivered.

- No one currently using the service had any restriction placed on them by the Court of Protection (CoP). The CoP is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so.

- Where relatives held Lasting Power of Attorney (LPA) a copy of this was maintained within the care file for reference. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves.

- Where necessary the service had undertaken best interests reviews and decisions to ensure people received appropriate care.

- People were encouraged to make decisions and told us staff always sought permission before delivering care. One person told us, "They always ask me if I am ok and what I want doing before they proceed with anything they do."

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

The service had continued to improve and develop and was delivering care that was of exceptionally high quality, compassionate, dignified and highly respectful. People and relatives told us they felt the care provided was of an excellent quality and often went beyond what was expected. Actions by the service and individual care staff enhanced and improved people's daily lives.

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; equality and diversity.

- People and relatives told us the care they received was of the highest quality and was exceptionally and consistently caring, kind, compassionate and delivered in a manner that made them feel valued as people. Comments from people included, "They are wonderful. Absolutely delighted with all of them" and "The carers are all wonderful, friendly, helpful and professional."
- Relatives we spoke with were equally fulsome and effusive about the high standard of care. Relatives' comments included, "They all care and are very kind and considerate; all first class"; "They are all absolutely excellent, kind and considerate. I feel complete peace of mind with them looking after them"; "I cannot speak highly enough about them" and "They are very caring will do anything for (person). I feel so good with having them."
- All the people we spoke with told us they would recommend the service to others and would rate the service as excellent. People told us of the service, "I would rate as 10 out of 10"; "It is 10 out of 10. Excellent" and "99.9 out of 100! Nothing's perfect, although perhaps maybe it is with them."
- People spoke about how staff would go the extra mile to support them. One person told us how staff read letters to them and helped them make appointments. They also told us how staff would do extra work such as cleaning up, despite this not being part of the care delivery. One person with visual impairment said staff would always ensure the kettle was filled prior to them leaving, so all they had to do was switch it on. A person told us, "I am really extremely happy. I've had two or three different sets of carers (care companies) in my life. They (Bluebird care) are most certainly the best team."
- One relative told us how staff had supported them at a particular time. They told us, "When it was Christmas I was having a bad time and I just happened to mention to a carer that I couldn't even get out to get any mince pies. The next day when they came they not only bought me some but refused to accept any payment for them. How kind and thoughtful and I phoned the office to tell them."
- The registered manager told us how some staff had supported one person by visiting their home on their days off to redecorate their house. They had also spent non-working time tidying the garden and continued to do this. One person told us, "They are more like family to me than carers."
- The registered manager also told us staff had visited one person whilst they were in hospital because they did not have any close relatives to support them.
- The registered manager, and people we spoke with talked about the regular coffee mornings the service

held. The registered manager and provider told us this was both to get to know people but also to support people getting out of their homes and socialising. People were invited, and transported, to the service's main office where they could enjoy coffee and cake. The service also held a Christmas party for all people and their relatives. One person told us, "They invited us to a tea party; just before Christmas. We've been to two of them. It was really nice, plus you get to know the ones behind the mechanics (in the office)." The registered manager told us that where people could not physically attend these events staff took time to take the coffee morning to them, by taking out cake to people's homes and spending time with them.

- Staff we spoke with told us they were determined to deliver high quality care. One care worker told us, "It is hard not to get close to people. They deserve really good care and respect for what they have lived through." Another care worker told us, "The activity they most want is to sit and have a cuppa and a chat. If you can sit with them that is the most important thing. I try and spend time with them, not just doing what we need to do."

- Staff had received training in relation to equality and diversity and were aware of issues related to this subject and how this may affect their work. The service had recently received a 'disability confident commitment' award (2019) which recognised the provider for supporting and promoting disability in the workplace and the wider community.

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

- People told us they were fully involved in decisions about the care they received, their preferences and any changes they wished to make in care. Comments from people included, "I have full input into my care plan and is all up to date and a copy here"; "My family see to all that for me. I believe it is kept well in order" and "They just do it and we say if any changes are needed. It is regularly checked in view of our conditions."

- Care records we viewed showed clear and strong evidence people had been actively involved in reviews and had inputted into any changes made. There was additional evidence relatives or health and social care professionals had also been involved in the evaluation process.

- People's care plans indicated in they had any religious or cultural preferences and whether they required active support with these.

- The registered manager told us, and people confirmed there were regular questionnaires sent to people to allow them to comment of the service. The most recent survey had been conducted in January 2019. 30 responses had been received to date. All the responses were enormously positive and complimentary about the service. Written comments were also equally lavish in their praise for the care staff and the work they did. In answer to the question, 'How could the service be made better?' – one person had written simply, "You couldn't."

- Some relatives had raised concerns about the move to electronic care records. There was evidence this issue was being actively addressed to ensure they still had access to all current information. The provider also sent out a resume of the responses, so people were aware of the range of the review and any improvements made in light of this feedback.

Respecting and promoting people's privacy, dignity and independence.

- People told us staff always ensured their utmost privacy and dignity were respected during all aspects of care. They told us staff went out of their way to minimise any embarrassment when delivering personal care. Comments from people included, "They are very good; they draw the curtains and also keep me covered with a towel, so I'm never left with nothing on"; "They are most respectful when washing or bathing me"; "They give me a body wash but I am always kept covered up and they are most respectful."

- People told us staff fully valued them as individuals and supported them to be as independent as possible. One person told us, "We get on fine. They have got used to what I call my little whims and whams." They told us staff encouraged them to do as much as they could for themselves. One person told us, "I can wash my self, well most of myself. They let me get on with it with the bits I can do myself and then do the other bits, mostly my back and my feet."

- Care plans contained information instructing staff to ensure care was delivered with dignity and detailed how people should be encouraged and supported to carry out care tasks for themselves as much as possible.
- Staff understood about the need for confidentiality and ensuring information was kept safe.

Is the service responsive?

Our findings

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

People received care that was personalised and reflected and responded to their needs. Choice was supported throughout the care process. People were aware of how to raise concerns.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and contained evidence of an assessment prior to care commencing. They confirmed staff had visited them to assess their care requirements and the environment.
- The registered manager and lead care supervisor told us they always considered people's care needs over a two-week period to ensure they can meet ongoing needs.
- Care plans were held electronically and could be accessed by care staff using an app on mobile devices. The registered manager told us, and staff confirmed that changes in care could be immediately communicated to staff. Changes to care plans would be updated on the electronic system and staff would be alerted to changes through a text message and email.
- The lead care supervisor demonstrated how the system could update care delivery plans, adding in additional medicines that had recently been prescribed, scheduling additional or longer visits or cancelling visits, if requested. They told us the system could also be used for staff to alert the office in real time to any concerns, or to advise the next carer of any issues or problems they needed to follow up.
- We saw evidence of staff adapting care to people's needs. For example, one care worker had identified a person could not lift a full water jug and so was not drinking. They spent time assessing the best level to fill the jug, that allowed the person to lift it, and then advised other care staff of the situation.
- The registered manager explained that in future the system would be expanded to allow relatives access to care records. In the meantime, several people also had paper records that could be accessed in people's homes. The registered manager said the system could also be developed to allow health services, such as ambulance crews, short term access to information to assist in their review or assessment.
- People told us their interests and social needs were supported. They said staff would take them out shopping or to other events.
- People confirmed staff supported their choices and preferences throughout the delivery of care.

Improving care quality in response to complaints or concerns.

- The provider had in place a complaints policy and information on how to raise a concern was included in the care folder in people's homes. There had been no formal complaints received in the last 24 months.
- People we spoke with all told us they had not made any recent complaints or raised any concerns. They said that when they did have any queries or worries they would contact the office and the matter would be dealt with immediately. One person told us, "I don't have any complaints, everything is perfect. But if I needed to speak to someone I would, let me tell you, but I don't."

End of life care and support.

- The registered manager spoke about how the service supported people with end of life care. She also emphasised the care was as much about looking after the relatives as the individual themselves. She told us a significant number of staff always wished to attend any funerals or services. The provider had a policy of a senior member of staff and as many staff as possible attending services, to say farewell to the individual and support the families.
- The service had a memory corner in the office, which displayed copies of orders of service from people's funerals and was a place staff could remember and reflect on people they had supported.
- We saw copies of numerous messages and cards from families thanking the service for the end of life care they had delivered and for attending the funerals.

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.

Leadership, management and oversight of the service was of a high quality. The provider took a personal interest and responsibility for the service and the registered manager strove to improve the service, whilst also delivering excellent care. A range of quality and governance systems were in place. The service philosophy was to deliver the level of care staff would wish for their own families.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider's philosophy was to provide individualised and person-centred care. Care delivery was through dedicated teams of staff who would get to know the people they supported well.
- The service had been nominated in several categories in the regional heats of the national care awards. They had been recognised in four categories and won in two other areas.
- The provider and the registered manager were aware of their responsibilities under the duty of candour, although there had been no incidents which required a formal response.
- The service ensured staff had access to support and training and a number of key staff within the organisation were dementia champions.
- The manager told us staff could access a closed social media group that allowed all staff to ask questions, support one another and share training videos or up to date information on aspects of care.

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

- The provider and the registered manager demonstrated a range of systems for monitoring the effectiveness and the quality of the service.
- The recently developed electronic system monitored a number of aspects including late calls and medicines. The system also required staff to log they had completed all required care tasks. Any omissions or anomalies were quickly followed up by office staff.
- Senior staff within the organisation made regular checks on daily records, medicines administration and carried out a range of other audits and reviews.
- People we spoke with, staff and senior managers confirmed spot checks were also carried out to ensure staff were delivering high quality care. People also told us staff from the service office would regularly contact them to ensure they continued to be happy with the care and the staff.
- One staff member described the support they received from their senior care worker as 'amazing', saying they were always available, very supportive and easy to speak with. A senior member of the management team was always available to be contacted if necessary.
- People and relatives said they were extremely pleased with the quality of the service. Comments included,

"Excellent 10/10"; "Outstanding. And you can quote my name on that" and "I think they are 100%."

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

- People we spoke with rated the management of the service highly and said they felt fully involved in their own care or that of their relatives. Comments from relatives included, "All superb. No complaints they seem to know what they are doing and do it. It runs very well indeed and gives me peace of mind"; "Could not be better. Runs excellently in my opinion" and "Yes, all good. To be honest I have been absolutely happy with the service so it must run well."
- Staff we spoke with felt fully involved in the service and well supported. One member of care staff commented, "They care about the staff as well as the customers. They have turned around my view of care. They do everything they can to support families and customers. I can deliver care how I want to deliver care. I like to do the job properly and take my job seriously."
- A recent staff survey was still receiving responses. Nine staff had responded to date and all were highly positive about the service and the support they received. Some staff had raised concern about travelling time during peak periods. The registered manager demonstrated the service had been proactive in this matter and extra travel time scheduled for these times.
- The registered manager showed us the service rewarded staff through a 'carer of the season' award.
- Staff confirmed regular staff meetings took place and that they could raise any issues or concerns. One care worker told us, "You are able to raise things with the management. (Service coordinator) is really hot at getting things sorted." Another staff member told us, "Any concerns or complaints they take it very seriously."
- The registered manager told us she would often meet with staff for a coffee and a chat away from the office. She felt staff would be more open and this helped support staff better than in team meetings. Staff told us the service supported them with family matters as well as professional issues.
- The service communicated with service users and relatives through a regular newsletter. This not only gave information about the service but also gave tips to people about staying safe, such as how to manage colds and flu.
- The service had an open-door policy. Any people who used the service or relatives could call at the office any time. One relative told us, "They are the first company I have known to have an open-door policy. You can call in, see staff, have a coffee and chat about things. They even had an Xmas party where users could call in and have cakes and things. Very caring throughout and what a nice thing to do. Having had experience of previous care company's this is by far the best."
- The registered manager and the provider told us people and relatives had been invited to a dementia awareness session that had been organised for the staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager told us she had become aware of how isolating being a manager could be, however supportive the provider was. She told us she had recently helped establish a registered managers' forum in the region. Meeting with other local managers helped them share experiences, information and good practice. The forum also invited guest speakers to meetings such as 'Skills for care.'
- The registered manager and provider told us they were always looking to improve and develop. The registered manager told us they are currently working through a range of NICE guidelines to benchmark the service. They had recently completed dementia care and were looking to move to end of life guidance next. The provider told us, "Knowledge is power."
- The service also involved relatives in training session to help increase their understanding.
- The service worked in partnership with a range of other agencies and professionals. Care plans and care delivery were closely linked with to the advice of health professionals. There was evidence in care files of close working and exchanges of information between the service and health professionals.

