iCAPS Enterprises Limited

Bluebird Care (Mendip)

Inspection report

Unit 1
Wallbridge Mills
Frome
Somerset
BA11 5JZ

Tel: 01373463838
Website: www.bluebirdcare.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Good** ●
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

About the service
Bluebird Care (Mendip) is a domiciliary care service providing personal care and support for people living in their own homes in the Mendip area of Somerset. At the time of the inspection they were providing personal care for 65 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
The provider for Bluebird Care (Mendip) refers to their care staff as 'care professionals', this is because the provider respects their level of expertise and the training they have undertaken. However, for the benefit of this report we will refer to care professionals as care staff.

People were supported by a service that was extremely well led and a management team that was passionate about providing high-quality person-centred care for people living in the community. There was an emphasis on including and empowering people to maintain control over their lives and to lead decisions about their care package. Care plans were outcome focused and looked at what people wanted to achieve.

Bluebird Care (Mendip) went over and above what was expected of a community care provider. They had looked at ways of reducing social isolation for people without it having a financial impact on them. For example, they had arranged trips out, parties, musical entertainment and a book club. Staff had taken part in fundraising events in their own time, to ensure the activities provided were fully funded. This had had a positive impact on some people's lives. Where possible the service ensured people and care staff were matched to support people in continuing with personal interests and hobbies.

The management team worked closely with other organisations to improve the experience of people receiving care and support in their own homes. This had led to the service providing a health and wellbeing check on behalf of medical professionals and a toe nail cutting service following feedback from people.

People told us they felt safe and looked forward to the visits they had from care staff. One person said, "I look forward to them [care staff] coming they are like my family."

People received effective care and support from staff who were exceptionally well trained. The provider and registered manager promoted social care as a career and supported staff to progress in care to become social workers or qualitied nurses.

Staff morale was very high, and this was reflected in the high standard of care provided. Staff were listened to and their opinions were valued. People said that all the staff they met were, "Professional," "Caring" and "Well trained."

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.

There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and care staff felt listened to and said they could speak with a member of the management team at any time. Any complaints made were fully investigated and treated as learning to enable the service to improve.

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

Rating at last inspection
The last rating for this service was Good (published 23 December 2016)

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service 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.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was exceptionally well-led. Details are in our well-Led findings below.	**Outstanding** ☆

Bluebird Care (Mendip)

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 was carried out by one inspector and an expert by experience who made telephone calls to people who received personal care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Bluebird Care (Mendip) is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means 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.

Inspection site visit activity started on 24 June 2019 and finished on 26 June 2019. We visited the office location on 24 June 2019. On 26 June 2019 we visited people in their homes and spoke with care workers.

What we did before the inspection
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.

During the inspection
We visited four people who used the service and spoke with 12 people and three relatives over the phone about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, clinical lead and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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.

Good

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 told us they felt safe. One person said, "Safe as houses, they [care staff] are all very nice and kind." Another person said, "I'd miss them if they weren't coming, It's company."
•The registered manager and care staff understood their responsibilities to safeguard people from abuse and what actions to take to protect people.
•Records showed care staff had received training in how to recognise and report abuse. We saw examples of where they had raised concerns and they had been managed immediately by the registered manager and provider.

Assessing risk, safety monitoring and management
•People's care plans contained detailed risk assessments linked to their needs. These included the actions care staff should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people especially when using equipment.
•The service helped people to stay safe in their homes. For example, they provided guidance for people on staying safe in adverse weather conditions. Either keeping warm in the winter or staying hydrated in hot weather.
•To ensure the environment for people was kept safe, care staff helped people check their fire alarms were working and care plans included guidance on ensuring all equipment used was regularly serviced and safe. The registered manager had a working agreement with Devon and Somerset Fire Service to refer people for a safety assessment and fire alarms.
•Records showed care staff checked people were wearing their personal call alarm before they left.

Staffing and recruitment
•People were supported by enough care staff to meet their needs. People were sent a rota to tell them which member of care staff to expect. People told us care staff were usually on time and often stayed longer than the allotted time.
•Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new care staff were thoroughly checked to make sure they were suitable to work with vulnerable people.
•There were systems in place to protect care staff from harm. Initial assessments identified if there were any risks around the property, location or pets. A lone working policy ensured care staff working late at night called in to say they had arrived home safely.
•Care staff told us they were always given enough time to carry out the care and support required and plenty of time to travel between visits.
•People told us they had a consistent team of care staff who they knew and trusted.

Using medicines safely
•Some people were assisted with medicines as part of their care package. Where this was needed it was carried out safely.
•All care staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
•Some people required time specific medicines. Where this was identified, care visits were arranged to ensure the medicine was given at the right time to be fully effective.

Preventing and controlling infection
•Care staff were aware of the importance of minimising people's risk of infection when providing care and support. Care staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
•People told us care staff always wore gloves and aprons when required. One person said, "They [care staff] are very good at remembering to put their gloves on, makes me laugh really we never used gloves all the time when we did work around the house, but I guess they need to be extra careful."

Learning lessons when things go wrong
•Accidents, incidents and complaints were analysed to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

Good

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
•Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
•People's needs were assessed before they started to receive care and support. People told us they had been involved in the assessment and their care plans reflected their needs. One person said, "It is my care plan they discuss it with me and we manage it together."
•Care staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped care staff to provide appropriate and person-centred care according to individual needs.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
•People's changing needs were monitored and were responded to promptly. Care staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
•The service had an agreement with a local GP surgery that suitably trained care staff could carry out health and wellbeing checks. These included blood pressure, oxygen saturation checks or urine sampling to check for urinary tract infections (UTI). The results from these tests could be shared with medical professionals immediately through Bluetooth enabled equipment. During our home visits one person told us the care staff had just checked their blood pressure. This meant any changes in a person's health could be monitored and immediate action taken by the GP.
•Where specialist advice was needed, care staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to tissue viability nurses [TVN] when they were identified as at risk of developing pressure damage.
•People's care plans included hospital passports. This meant information about a person, their family/important people, and their specific needs could be clearly communicated if a hospital admission was required.

Staff support: induction, training, skills and experience
•People were supported by care staff who had access to a range of training. The provider had a full training programme which care staff confirmed they attended. The provider considered the different ways care staff could be supported to learn effectively. This meant they were able to attend face to face as well as on line training. One staff member told us the training was "Excellent" and that they felt very well supported with any training request they put in.

•All new care staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. The provider ensured care staff received additional support to complete their care certificate.
•People told us new care staff shadowed experienced staff before joining their team. One person said, "It was all done very professionally. They [the member of staff] came and worked with [name of regular care staff] and learnt all about what I like and how I like things done."

Supporting people to eat and drink enough to maintain a balanced diet
•Some people required support with meal preparation. Care plans were very clear about people's likes and dislikes and the level of support they needed.
•If people wanted to go out for a meal the care package could be adjusted so they had support from a member of staff. During our visits one person told us that when we left they were going to a, "Local pub for fish and chips."
•Records showed care staff prompted people to drink and remain hydrated. Drinks of choice were always left within reach when care staff left.

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. We checked whether the service was working within the principles of the MCA.

•People only received care with their consent. Records showed people had signed consent forms when they began to use the service. People told us care staff always asked what they wanted them to do. One person said, "I am always asked what I want." A relative said, "[The person] is always asked if he would like a bed bath or a shower."
•Care staff received training about the MCA during induction and received annual updates. All care staff spoken with were aware of their responsibility to ensure people were given the time to understand what was being said and make their own decisions.
•The registered manager had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.

Good

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring people are well treated and supported; respecting equality and diversity.
•All the people and relatives we spoke with spoke highly of the caring experience they had with the service. Everybody said the organisation was very caring and care staff went, "Above and beyond." For example, the provider had recorded an incident when a member of staff accompanied a person to the GP. The GP called for an ambulance to take the person to hospital. Due to high demand the person was kept waiting for seven hours. The member of staff stayed with the person until the ambulance crew arrived to take them to hospital.
•Another member of staff stayed with a person over night when they required an ambulance in adverse weather conditions.
•A person the service was providing support for was reported missing. Care staff joined the search party in their own time to assist the police.
•Comments included, "They are very kind and chat all the time.", "They go above and beyond anything I imagined would happen when I accepted I needed care." And, "My carer got out a needle and thread and tacked up my hem." One relative said, "The carers who visit are wonderful, they really care. What is amazing is that is the culture of them all right to the top. They [care staff] often stay longer than they should and make [the person] feel important and valued."
•The provider had received positive feedback from a health care professional. They said, "[Care staffs name] knew the patient very well and showed genuine care towards her throughout."
•Care staff respected people's diversity, they were very open and accepting of people's faiths and lifestyles. There was no evidence that people protected under the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination. One person told us, "They take me for me, who I am. They respect my wishes and way of life."

Supporting people to express their views and be involved in making decisions about their care.
•There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed. One person told us how much they were involved. They said they received a draft copy of the care plan then went through it and made any changes they thought were needed. They told us, "I have full control over everything, my life is my own they [the service] support me to do what I want."
•Regular reviews of people's care plans were carried out. Records showed people, or their relative/important person were involved, and changes were made following comments. One relative said, "We have all been involved from the start. They [the service] take time to listen and then tell us what is available and the resources we could use to make life easier. It is being listened to that is so important. I always thought care would mean people taking over, but it isn't it has been a team effort and we have been part of the team."

•The service kept a record of compliments received and shared them with care staff if they were personally mentioned. Compliments included, "I would like to say how very happy I am with the wonderful care I have. They [care staff] are excellent." And, Bluebird Care are [the person's] best friends." And, "Without [member of staff's name], [person's name] wouldn't have the wonderful care that she gets."

Respecting and promoting people's privacy, dignity and independence
•Care staff told us about how they ensured people felt their dignity and privacy was respected. They were very clear about supporting people in a manner that would make them feel at ease. One member of staff said, "It is so important that people feel included and at ease. There would be nothing worse than going in and just providing care. It has to be dignified and people must feel comfortable."
•People told us they were able to choose the gender of staff who supported them. One person told us how they did not like a male staff member to support with intimate personal care. They said, "I didn't want male carers for showering. Now the male carer only comes to help me with my stockings and I like that."
•The providers, registered manager and care staff were passionate about the high-quality care they provided. They valued people as individuals and included them in all aspects of their care. Some care staff had completed fundraising events, so the service could organise events for people to attend without additional financial cost to them.
•Care staff spoke warmly and respectfully about the people they supported. It was evident they really cared about the impact they had on people's lives.
• All care staff were careful not to make any comments about people of a personal or confidential nature in front of others. One person said, "They never talk about other people they go to. That is good because I know they will not say things about me. You always feel you are the only person they care about." Care staff understood the need to respect people's confidentiality and to develop trusting relationships.

Outstanding ☆

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

●All the care staff at Bluebird Care (Mendip) were passionate about providing a high standard of person-centred care which promoted people's independence and included them in the planning and delivery of care. Care plans were based on outcomes that people had identified. For example, one person's diabetes care plan looked at the desired outcome which was a normal blood sugar level that was individual to them rather than what was written in a text book. This meant staff were able to recognise signs and symptoms for high or low blood sugar levels which were specific to that person and reduced the need for a community nurse to visit and monitor their blood sugar levels.

•People received care and support that was about them and not systems in place. Care staff asked people daily how they wanted the care and support provided even though they had care plans with information and guidance, as they were aware people could change their minds. People told us they were involved, and their opinions were valued. One person said, "They [care staff] are human, down to earth and very nice." Another person said, "They [care staff] will care about you being you. You can't ask for more."

•People told us care staff did more than was identified in their care plans and were flexible to meet any changes either in their care or the time they visited. One person said, "They [staff] always ask if there is anything else they can do before they go." Another person told us about a time when they had asked if staff could come later in the day, so they could, "Have a lie in." The registered manager told us how they had changed visit times when a person asked for later morning calls once or twice a week. One member of staff told us how they had agreed to go back to a person later when they had said they were not ready to get up.

•People told us senior care staff visited to discuss their care plans and to ask if they were happy with the way care staff supported them. One person said, "I mentioned once I was not happy with a carer and they changed the team straight away. It wasn't their fault just a personality clash. But they dealt with it immediately."

•One person told us how the team that supported them had been set up, so they could follow their interests. This meant they had a team of younger people with shared interests. The person told us how they could go to pubs and clubs and not feel like they were being looked after by an older person like a parent, they said they were able to go out and have fun with people they considered friends rather than staff. During our home visit the interaction between this person and the member of staff was one of "good friends" rather than a care worker. They also told us how staff never wore a uniform when they went out with them.

•The registered manager told us how they tried to match care staff with people, so they could follow hobbies or interests. For example, one person had a dolls house which they had always wanted to restore. The registered manager arranged for a member of staff with the same interest and expertise to support the person with their project. This meant the person was happy that their prized possession was restored to its

former glory.
•The service responded promptly to people's changing needs, care staff were quick to notice change and suggest ways to support people. For example, one person living with dementia would walk around their supported housing complex looking for milk. Care staff suggested that an earlier visit in the morning might settle the person as they would have had their breakfast and been reassured they had milk. This was put into practice and the person was more settled and did not walk around the complex looking for milk as often.

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.
● The registered manager and care staff were aware of people's communication needs. Care plans could be provided in large print or on tape. Information provided to people showed that the service could also access care plans written in their preferred language if needed. One person's first language was not English. The registered manager had arranged for them to receive a Christmas card written in their language. A relative said this had made them feel respected and they settled well.
•One person was unable to read, they had found it difficult to understand feedback from health care professionals. The registered manager had obtained consent from them for a member of staff they trusted to accompany them to health appointments and act as a mediator with healthcare professionals and to read the letters and information provided to them. This enabled them to be more involved in agreeing their care pathway.

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
•As a community care provider Bluebird Care (Mendip) is not responsible for providing and arranging activities for people. However, they had developed an activity programme for people to join in if they wished at no extra cost to them. This meant they aimed to reduce social isolation for people who would normally only see their care staff for personal care.
•The service hired a vehicle and took some people to the seaside for a day out. One person said they hadn't been out for a long time due to their complex needs and had enjoyed the outing.
•Some care staff had suggested starting a book club, so people could get together with the support of care staff and discuss the latest book they were reading and swap books. This resulted in one person meeting an old friend they had lost touch with due to being house bound. They have rekindled their friendship and were being supported to meet their old friend regularly.
•During Dementia Awareness week the service had arranged a music therapy day. Care staff supported people to attend and play musical instruments and sing. The registered manager said they were looking at ways of introducing music therapy into people's homes on a one to one basis for people living with a dementia.
•Bluebird Care (Mendip) care staff, supported people to attend a day centre. It had been noticed that people did not want to go as they did not know anyone. So, the care staff who supported them in their home would take them and introduce them, stay with them during the visit and help them relax.

Improving care quality in response to complaints or concerns
•The service had received few complaints as most people were very complimentary about the care and support provided. However, the providers and the registered manager were committed to making sure the service was accountable and they listened to everybody's views.
•Any concern or complaint received was fully investigated and any trends or patterns identified. Any shortfall

identified was used as a learning process for all care staff to ensure people's views and opinions underpinned any change or improvement needed.

End of life care and support

●Nobody was receiving end of life care at the time of the inspection; however, the service had supported people toward the end of their life. The registered manager told us they had sourced training for senior care staff which was being shared with care staff. They told us they were looking at ways of introducing the Gold Standard Framework GSF, into community care and becoming accredited. The GSF is a comprehensive quality assurance system which enables care providers, to provide quality care to people nearing the end of their lives.

People's end of life wishes was discussed at initial assessment or soon after a care package started. People were able to state their preferences for end of life care, this respected people's protected characteristics, culture and spiritual needs.

Outstanding ☆

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 outstanding. At this inspection this key question has remained the same. 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

●The provider and registered manager continued to work hard and be committed to providing a high-quality service which was open, inclusive and empowering. People were supported and encouraged to maintain control over their care. People were empowered to voice their opinions and be heard. People were at the heart of the running, planning and development of the service. For example, people were asked what else the service could provide. Most people said that the area lacked a reliable toenail cutting service. To meet this, need the provider arranged for a team of care staff to be trained in footcare and toenail cutting. The new service was rolled out to the whole community. This meant people could receive the service in their own homes reducing the chiropody waiting list for medical centres. The registered manager told us how they were planning to involve people in staff job interviews and had invited family members to join staff at staff meetings to talk about the impact of being an unpaid carer.

•The management team continued to be passionate about Social Care and providing a service that was up to date with latest trends and adopted innovative ideas to support people to remain independent in the community. For example, they continued to have an agreement with an assistive technology company who provided systems for people living in their own homes. This system could alert care staff in the office if a person either fell or needed help. For example, Bluebird Care Mendip was the main emergency contact for one person without any family. The electronic systems in place meant they could be alerted to falls or the need for assistance. The outcome for this person had been positive as it reduced the need to call an ambulance or admit them to hospital as the service responded to assess the situation before calling emergency services.

•Care staff told us they felt included and empowered by the management team. One care professional said, "We have regular meetings and discuss things. But unlike other places I have worked your opinion is valued and they try any suggestion, it's brilliant I love working here." The service ran an "innovation award," when staff were encouraged to share ideas and make suggestions.

•There continued to be a strong emphasis on finding ways to improve and have a positive impact on people's lives. For example, the service worked with local organisations and charities to investigate the causes of social isolation in older people. They looked at how, they as a service provider could help people overcome social isolation and become more involved in their wider community. This resulted in them introducing social activities such as outings, music therapy, craft sessions and a book club without additional cost to people. Staff also supported local day centres and memory cafes where their customers went, so they knew staff they had built a relationship with.

The service had also hosted community events where people, their family and friends could find out more

about what was available to them to help them remain independent in their own homes.

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

● The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

● The provider and registered manager continued to have a clear vision for the service which was to provide a person-centred service which helped people to stay independent in their own homes. Their vision and values were communicated to care staff through staff meetings and formal one to one supervision. Care staff were aware of the providers vision and values and told us the management team were, "Passionate about getting it right," and "I love it here, the energy they [management] put into making people's lives have meaning is amazing."

•The service continued to be well organised and the office staff had a very good knowledge of the people who used the service and the times and care professional they preferred. This enabled them to plan the service around people's wishes. One person told us, "I love it when I talk to the girls in the office, they make you feel better straight away, and they are always so nice and friendly, always ready to listen."

•The service had incentive schemes to help with staff retention. These included making sure any compliments received were always passed on to care staff and implementing an 'employee of the month' scheme to reward care staff who performed well. They also ran wellbeing initiatives to support staff physical and mental health. All the staff spoken with told us about high staff morale and how they enjoyed working for the service. One member of staff said, "I love my job and would not see myself leaving. This is the most I have ever been appreciated and listened to. We work as a team and a very good team at that." Another member of staff said, "I like the fact we are appreciated and they [provider] make sure they let us know. We have the care awards and that is a really good evening out."

•The service had robust quality assurance processes in place which included regular audits. All care staff received spot checks of their work and records were kept and discussed in individual supervisions. Where additional training was identified as a need this was put in place. A quality assurance process was also carried out by an independent assessor, action plans were put into place if any shortfalls were identified.

•The management team continued to look for ways to improve the service offered to people. They met weekly to make sure they were all aware of any issues that had arisen during the week. This included any late or missed calls and any incidents which had been reported. This enabled them to identify shortfalls in the service promptly and act to address them immediately. For example, audits highlighted that staff might not be checking people had their emergency alarms on when they left. The registered manager introduced a signing sheet into the care records with a prompt for staff to ensure emergency alarms were in place and accessible before they ended the visit.

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

•The provider and registered manager continued to be passionate about promoting social care as a career. They continued to work in partnership with Somerset Skills and Learning to offer care staff the opportunity to study for health and social care vocational qualifications. The provider explained that their staff were called, "Care professionals," to promote a pride in their work. One member of staff said, "It makes you feel you have achieved something special. They [provider] really make you feel one of the team and someone who has a valid opinion."

•The service was also active in the local community promoting social inclusion for people who used their

service and others. For example; the registered provider was a founding member of a local dementia alliance group which aimed to encourage communities to provide dementia friendly services to people. This meant they had a wider impact on people in the community living with dementia.
•The registered manager continued to write a monthly article in a local paper to promote good health for people as well as promoting a social care career. Articles had included; nutrition, extreme weather such as preventing dehydration in extreme heat, falls prevention and career development. One person said, "I look forward to [the registered manager's] articles in the paper. It's someone I know, and they are really good, makes you think twice."
•Staff morale continued to be extremely good which created a well-motivated care team. All staff spoke highly of the management team.
•There were annual satisfaction surveys for people using and working for the service. Results of these surveys were analysed and changes in practice were made where needed, one person told us, "I fill in a survey because I know anything I say will be listened to, but I only ever have good things to say." One member of staff said, "We have a staff survey to complete, but we have so many opportunities to speak to [provider and registered manager], so they are always aware of anything we need to say before they get the survey results."

Continuous learning and improving care and, working in partnership with others
●The provider and registered manager continued to promote a high standard of learning for all their staff including the management team. They kept their knowledge and skills up to date by research, training and taking part in local initiatives. They continued to be part of the Somerset Homecare Providers forum which was a forum to share good practice and tackle difficulties in the industry such as staff recruitment and retention. Through the forum the agency continued to work with other care providers to raise the profile of care work.
•The registered manager was also a member of a manager's network which enabled registered managers to share ideas and knowledge to make sure people were receiving a service in line with current good practice guidelines.
•The management team worked closely with a local GP surgery. They were included in multi-disciplinary meetings to discuss people's ongoing care needs and ensure they received a holistic approach to their care package and changing health needs were identified early. The GP had said it was a valuable asset as the agency staff knew people better as they saw them more regularly. With people's consent their care plans were shared with their GP this meant the GP had a good understanding of the care package in place and the needs of the person.