

Rampion Limited

Bluebird Care (Lewes)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Bluebird Care Lewes is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection, the service was supporting 70 people with a range of health and social care needs, such as a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Bluebird Care Lewes receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

We found areas of outstanding practice in the effectiveness of the care provided by Bluebird Care Lewes. The use of pioneering technology used in a person centred way ensured that people received outstandingly effective care that met their current and changing needs.

The provider had developed innovative and effective systems that promoted people's health, improved their independence and enabled them to live in their own home for as long as possible.

People were happy with the care they received, felt relaxed with staff and told us they were treated with kindness. They said they felt safe and well supported. One person told us, "Yes, they are lovely, they get me up safely and put me to bed safely. They are careful when getting me from bed to chair".

People's independence was promoted and told us their needs were met. They told us that they had a regular team of care staff who arrived on time and knew them well. A relative told us, "Overall, I am genuinely impressed, to keep [my relative] at home knowing they are wonderful carers is all we could wish for".

Sufficient staff were available to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place.

People felt they were offered choice in the way their care was delivered and that they had no concerns around their dignity and privacy in their own homes being respected. One person told us, "They make sure I have everything I need. They are polite, punctual and do their job well. They are respectful and keep the place tidy".

Staff had received training considered essential by the provider and feedback from people indicated that they knew the best way to care for people in line with their needs and preferences. 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.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

People told us they thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "I don't know what I'd do without them, they are marvellous".

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

Rating at last inspection: Good (report published 8 November 2016).

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

Follow up: We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated 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 exceptionally effective.

Details are in our Effective findings below.

Outstanding ☆

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Lewes)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert at this inspection had experience of caring for older people.

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 adults with physical disabilities.

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:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

What we did:

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 reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection:

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with seven members of staff, including the providers, the registered manager, a care co-ordinator, and care staff. We met with the providers and registered manager in the office, and observed them working in the office, dealing with issues and speaking with people over the telephone. During our inspection we spoke with seven people and four relatives over the telephone.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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

Assessing risk, safety monitoring and management

At the previous inspection we identified an area of practice that needed improvement in relation to the assessment of risk. The provider had made improvements, they had implemented risk assessment documentation that assessed conditions such as the risk of pressure damage, medication and food and fluid intake.

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff. A member of staff told us, "The on call and the office always answer the phone, I'm always phoning them".

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. One person told us, "I definitely feel safe, they make sure I have everything I need".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was

recorded.

- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them electronically via the care management system. This enabled staff to have up to date information on people and their call times. A member of staff told us, "There's enough staff and we usually get a reasonable amount of travel time".
- Feedback from people and staff was they felt the service had enough staff. One person told us, "The carers who see [my relative] are lovely, it's really lovely to see a familiar face. We have the same group of carers, they arrive in good time and stay for the allocated time".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Is the service effective?

Our findings

Effective – this means 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 improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- We found areas of outstanding practice in the effectiveness of the care provided by Bluebird Care Lewes. The use of pioneering technology used in an innovative and person centred way ensured that people received outstandingly effective care that met their current and changing needs.
- The provider used an extremely effective secure electronic care system to plan and deliver care to people. This system was used as an app on mobile devices by staff, people and their relatives. The system was implemented in 2017 and has been developed and embedded to improve both the experience of care for people, and the knowledge and abilities of staff to meet people's changing needs.
- Staff recorded care interventions when they happened in real time, so that care records were 'live' documents. The system did not allow staff to log that a care visit had been completed until all the assessed care tasks had been recorded as completed, including any medicines that were to be administered. Alerts were raised in real time with office staff, should a task not have been shown as completed. This enabled office staff to continually monitor and audit care delivery as it happened to ensure people's needs were met. We observed the system in use which supported this. All care visits we looked at on the system showed they had been met on time and delivered correctly. Staff also communicated with each other using a secure messaging system on their phones. This meant people received highly effective, individualised care, as staff had access to the most up to date information and the provider ensured that all care visits met people's assessed needs.
- Staff could log completed activities and updates, identify risks and trends, and securely share information with managers, health professionals and designated relatives using computers and hand-held devices. They confirmed that using the app enabled them to provide up to date, effective care to the best of their abilities. One member of staff told us, "The app is very easy to use on the smart phones, everything is there for you and tick off each task as it's done, so you never miss anything". Another said, "The app is really good as you know exactly what you need to do on the day. Any changes come up straight away. It shows everything that has happened with their care, like if they're having a good or bad day, so you can go into each visit confident that you can provide the right care". One person added, "I know what needs doing specifically and the do it all".
- Furthermore, with permission, designated family members were able to access the system to see exactly what care was taking place and comment and interact with staff. This led to a truly flexible, inclusive and effective care service, which enabled care calls to be added or removed in line with people's preferences and needs. For example, should a person wish to change their allocated care to add extra time if they were feeling poorly or need extra help, or alternatively reduce their care if they had other plans, this could be organised easily and effectively in real time using the electronic system. A relative told us, "The app is

brilliant, I am able to check at any time how [my relative] is. It's really reassuring to read that she is ok when I'm not around. If [my relative] needs a few extra hours that gets all sorted out [through the app]".

- The technology was used to enhance the delivery of effective care and support and promote people's independence and keep them in their home. People and relatives told us that knowing where their care worker was and that all their assessed needs would be delivered, gave them great reassurance and comfort to remain at home. A relative told us, "I really like the app. My [relative] is 91 years old and very frail, however we are determined to keep him at home, so the four care visits each day are a god send. He's deteriorated rather a lot lately, so we've been tweaking his care plan constantly. They [staff] have been very supportive with excellent communication and any changes I feel we've need to make have been implemented by all of the carers".
- We saw an example, whereby one person was being treated for pressure damage. The software of the app had been adapted, so that staff and community professionals had access to a Waterlow assessment, guidance on procedures to follow and what to look for. This enabled staff, the person, their family and professionals to share information to care for this individual appropriately at home, rather than in hospital. To be able to monitor in real time, change people's care, share urgent and routine information about people's specific conditions with health professionals and allow family and advocates to check and comment on people's care remotely, enhanced people's experience of care and ensured their changing needs were met.
- People's needs were assessed before their care visits started. These assessments were completed by a small number of senior staff. The initial assessment was very comprehensive and included details of the person's health and care requirements, as well as family and social history and information about the things they liked to do. This in-depth, thorough and person centred assessment was a way for the service to check that they were able to care for the person and to determine specific additional training needs for staff.
- These in-depth assessments then fed into the electronic system which highlighted to office staff potential 'matches' of people and staff. For example, around age, gender, languages spoken and interests. We saw that one person had been matched with a member of staff as they had expressed an interest in learning the language that the care worker spoke. The member of staff is now teaching this person their language.

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

- The service had a truly holistic approach to assessing, planning and delivering care to ensure that people remained healthy and independent.
- The service encouraged the use of innovative and pioneering approaches to care and support. For example, the provider had implemented a system of weekly health and wellbeing checks for people. Staff were issued with a portable kit that checked people observations and vital signs. The kit monitored people's oxygen intake, blood pressure, urine and temperature. This information was then sent via electronic tablet in real time to senior staff where it was analysed and sent on to healthcare professionals, such as GP's and community nurses.
- We saw an example where the system had picked up that a person was unwell, and information sent to the GP had prompted an urgent home visit. This visit had enabled this person to receive medical care in their home and had prevented them being admitted to hospital.
- The electronic app had a facility, whereby permission was gained from people or their advocates through regular reviews of care, to allow healthcare professionals to have 30 minutes remote access to people's care plans and real time daily notes. This enable professionals to determine if they needed to visit the person, or input into the person's care remotely. By developing this system and technology, the provider had freed up time for community nurses, prevented hospital admissions for people, and ensured that people with complex or continuing health needs had timely and effective access to healthcare services and support.
- The electronic system enabled staff to record in real time what people had eaten and drank. The system then broke this information down in to specific food groups, such as fruit and vegetables, carbohydrates, proteins and dairy. This information was monitored by office staff and had been particularly useful for

planning care for people with specific conditions, such as diabetes and kidney failure. One person had a specific condition, and the system had been set to alert office staff if their food and fluid intake did not meet their assessed requirements during the day. In real time each day, this enabled staff to alert care workers, the relevant professionals and also contact the person to discuss and determine any reasons for their changing eating habits, and to offer further support.

- Technology was also used to support people to receive timely care and support. The real time monitoring system allowed office staff to track where care workers were and be alerted to any visits that were running late. The service had a social media presence where people could interact online and get information.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. One person told us, "They [staff] helped me with a recent hospital visit".
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.
- People were supported to access and attend routine health care appointments such as visits to the GP.

Staff skills, knowledge and experience

- Staff received training and were knowledgeable in what was required when looking after people. People told us they thought that staff were well trained. One person told us, "Well they do what I need. They have training, as the manager told me they're all trained". The provider added, "We've really gone to town on training. If staff aren't up to date, then they don't work".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised.
- Systems of staff development including one to one supervision meetings and annual appraisals were in place.
- Staff had a good understanding of equality and diversity, which was reinforced through training. The provider had also been in contact with a local Lesbian, Gay, Bisexual, Transgender and Questioning charity to provide training and further information for staff.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. One person told us, "I choose my meals and drinks, and today for example, I have to have a soft diet and they are giving me soup". Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

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

- The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.

- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

Is the service caring?

Our findings

Caring – this means 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff provided people with choice and control in the way their care was delivered.
- People were empowered to make their own decisions. A relative told us, "They always value [my relative's] needs and ask his opinion".
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "We go into people's homes, it's up to them what they want us to do, it's their choice".

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care staff informed us that they always prompted people to carry out personal care tasks for themselves, such as brushing their teeth and hair. One person told us, "They ask me what I need doing and leave me to do my own meals". A member of staff added, "I always encourage people to do things for themselves. It may take a little more time, but we want them to remain independent".
- People's privacy and dignity was protected. Staff were aware of the need to preserve people's dignity when providing care to people in their own home. They told us how they always ensured that people knew they were entering their home by announcing themselves or knocking first. A relative told us, "They are very pleasant, very caring and patient with [my relative], they don't rush him".
- Staff we spoke with also told us they took care to cover people when providing personal care. They said they closed doors and drew curtains to ensure people's privacy was respected. One person told us, "They have to cream my back for me and they keep me covered up on my front, so not to get cold".
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences. A member of staff told us, "We talk to people, we read their care plans and we find out what they like and how they want things done. Even how much milk they want in their tea".
- People were attended to in a timely manner and were supported with kindness and compassion. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "They are lovely, I cannot speak highly enough of them, all of them. They are gentle, caring and respectful, they are genuine people".

- Staff also recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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 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 told us that the service responded well to their care needs and that it was flexible to meet their preferences. A relative told us, "They are always willing to add in extra calls if I am away, and happy to cancel without charge when I need to cancel them".
- Staff told us that there was always enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service and how the service was flexible to people's needs.
- We spoke with the registered manager about how they ensured that people got their care visits when it suited them. They told us how the office staff communicated effectively to ensure that staff received their allocated rotas and were able to access the information they needed to ensure they knew what care was required for people.
- A member of staff told us how they planned calls so that care workers were located near where their care calls were required, to cut down on travel time and ensure that staff were available to respond to people's needs. They told us, "We get enough travel time, so we can get to the calls when we are expected".
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example which room they liked to eat in, and their preferences around clothes and personal grooming. One person told us, "My husband went through the care plan with the manager at the start".
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person-centred care.
- People received care from a consistent and regular staff team. One person told us, "I have a main set of carers".

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

- The provider had held a Christmas party for people using the service and was looking to plan further events. Also, where it was funded, or part of a person's care plan, staff supported people to enjoy activities and socialise. For example, care staff took people shopping and to local cafes and restaurants.
- People who received live-in care spent time socialising with care staff. One person told us, "They sit and play games with me and we have a chat". Another person said, "I don't have anyone to talk to, so they're lovely company, it's a life saver. I've been down a lot recently and they pick me back up again".

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, information leaflets about the service had been translated into braille. Staff ensured that where required people's communication needs were assessed and met.

End of life care and support

- Nobody receiving a service was receiving end of life care. However, we were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. One person told us, "I've not needed to complain, but I would talk to the manager".
- The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

Is the service well-led?

Our findings

Well-Led – this means 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- 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.
- We received positive feedback in relation to how the service was run. One person told us, "It's very well run, I am always praising them".
- People and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. A member of staff told us, "The managers are great, we support the people we visit and they support us, they always listen".
- The provider, registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality, care. One person told us, "We are very grateful to Bluebird Care, enabling [my relative] to live to 100 in her own home. She is content with her carers, she has known them a long time and has a good relationship with them, she trusts her carers 100%".

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures.
- Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles.

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

- People and staff were actively involved in developing the service. There were systems and processes followed to consult with people, relatives, staff and healthcare professionals.
- Staff meetings and satisfaction surveys were carried out, providing management with a mechanism for monitoring satisfaction with the service provided.
- The provider told us how they encouraged staff to engage with the service and continually improve. They said, "We provide good care, I'm really proud of the carers and the office staff, they do a great job".

Working in partnership with others

- The service liaised with organisations within the local community. For example, the Local Authority and Clinical Commissioning Group to share information and learning around local issues and best practice in care delivery. The service had also liaised with a local hospice, several local charitable organisations and engaged with local school children to broaden their knowledge of the care sector. The provider told us, "We are a good local organisation, we market ourselves locally. We employ local people and we are here to serve the local community".

Continuous learning and improving care

- The service had a strong emphasis on team work and communication sharing and staff commented that they all worked together and approached concerns as a team. One member of staff told us, "We always support each other and the office is always available for us".
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

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

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.