

My Home Choice (Essex) Limited

Bluebird Care Colchester & Tendring

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

Summary of findings

Overall summary

About the service: Bluebird Care Colchester & Tendring is a domiciliary care agency. It provided personal care to 103 people aged 65 and over at the time of the inspection.

People's experience of using this service:

- Staff had a good knowledge of how to keep people safe from avoidable harm and raise safeguards where required.
- People were supported to take their medicines in a safe way and staff knew when to administer 'as and when required' medicines to people.
- Staff were recruited safely and appropriate checks were carried out before they started work at the service. Staff were matched to people where possible and people were involved in the choosing of staff in certain instances.
- Where errors occurred, lessons were learned, and action was taken to prevent re-occurrence.
- The registered manager ensured that staff received basic and specialist training based on people's individual needs.
- Staff continued to have a good understanding of key pieces of legislation and when they should be applied.
- Quality assurance processes were in place to ensure the safety of the service and these supported the safe running of the service.
- People received care and support based on their individual assessment, needs and preferences.
- People were supported by staff who understood the need to ensure person centred care and to respect and listen to people.
- People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.
- Systems were in place for people to raise complaints and concerns. Where complaints were raised, action was taken and fed back to people.
- There was a strong emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service.
- People and staff spoke extremely positively about working for the provider. They felt well supported by them and could talk to management at any time, feeling confident any concerns would be acted on promptly.
- The service worked in partnership with other organisations to make sure they were following current practice and providing a high-quality service.

Rating at last inspection: Good (report published on 24 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, 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 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?

Details are in our Well-Led findings below.

Details are in our Well Led findings below.

Outstanding ☆

Bluebird Care Colchester & Tendring

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: One inspector and an assistant inspector conducted the inspection.

Service and service type

Bluebird Care Colchester & Tendring is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults. The service also provides 24-hour care within people's homes. Bluebird Care Colchester & Tendring serves the people within and around Tendring and Colchester. At the time of our inspection the service was supporting 103 people and employed 73 members of staff.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available to meet with us.

Inspection site visit activity started on 22 February 2019 and ended on 28 February 2019. It included telephone calls to people using the service. We visited the office location on 22 February 2019 and 28 February 2019 to see the registered manager and office staff and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with five people using the service, seven relatives and nine staff including the registered manager, provider, care support worker and care staff. We looked at records in relation to people who used the service including four care plans and three medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

After the inspection, the registered manager provided us with further evidence of good practice.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse. The provider had effective safeguarding systems in place. Staff told us they had received appropriate training in safeguarding and described how they had used this to protect people. One staff member told us, "I do know how to raise a safeguard, if I wasn't sure about how to, I would raise it with the t manager but I know what paperwork to complete for the council and CQC". One professional told us, "Bluebird have appropriately raised safeguarding concerns allowing prompt and appropriate intervention by ourselves and the local authority."

Assessing risk, safety monitoring and management

- People and relatives told us they felt safe. One person told us, "I feel safe because staff are aware of my needs and my particular conditions. Staff always pay attention to health and safety and always put the brakes on my wheelchair." One relative told us, "Yes, my relative is safe because staff really look after them well. They are not an easy person to look after and have a lot of low periods but the staff who support them are very good and looks after them the best they can."
- Risks to people were assessed and safely managed. People's needs and abilities had been assessed prior to receiving the service. Risk assessments were in place to guide staff on how to protect people. Risks which affected people's daily lives, such as toileting, bathing, medication, nutrition and mobility were assessed and action to reduce the risk clearly documented. Staff told us they understood and knew the risks and showed good knowledge of the people they were supporting. One staff member told us, "The risk assessments are in-depth - they are person centred and they tell you what you need to know about the person before you go out to see someone."

Staffing and recruitment

- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed. The service had introduced performance and personality testing as part of their recruitment process to assess potential new staff suitability to a caring role. One staff member told us "I had my DBS completed and they took my references before I started." The recruitment manager told us, "Where we do bespoke packages and family give us specific information about what kind of staff they are looking for, we will either do all the recruitment or some families and the person wants to be part of this. The person or family will then call the person to ask them any questions they may have." One person told us, "It took them a long time to find the right carers for me, originally they were sending whoever they had available. We then got recommendations of staff who could be right and we could choose our recommended staff who then shadowed and were then trained to support me."
- Relatives told us there were enough staff to meet people's needs. One relative said, "Yes, there are plenty of staff." Another told us, "We have had a couple of occasions when staff have not been able to come out, but they have called me and let me know. This is only very occasionally and in the bad weather."

- The provider maintained a rota and ensured there were enough staff available to cover care calls based on peoples assessed needs. One staff member told us, "I think we have enough staff to cover calls. If I said that two carers were needed instead of just one, the office would put this into place."

Using medicines safely

- Medicines systems were organised and people were receiving their medicines when they should.
- Where errors were found, they were investigated and action was taken where needed. The carer support worker told us, "If staff make an error, I will do a competency with them and I will watch them administer to find out what the problem is and I will ask for them to be re-trained if needed." The registered manager told us, "I look at any medication errors that come up as an alert and decide any actions and next steps that are needed. I will take further advise if needed from a doctor or pharmacist."
- Staff told us that they had received training and received spot checks on their practice and had their competency assessed to ensure that they could administer medicines safely. One staff member told us, "I had medication training when I started and it was very informative. After we did the training, we shadowed someone and then they did our competency assessment afterwards."
- Staff told us they understood when people needed medication 'as and when required'. One member of staff told us, "Our care planning system will tell us when as and when medication maybe required." Another staff member said, "I would ask the person how they are feeling and if they needed. If a person was nonverbal, would use arms, hands, cards to find this information out."

Preventing and controlling infection

- People and relatives told us staff understood and followed infection control procedures. One person told us, "They always wear an apron and I see them change the gloves." A relative told us, "They wear aprons and gloves and even when they take them off and realise they have forgotten to do something, they will always put another set on."
- Staff received training in infection control and knew how to prevent the spread of healthcare related infections. Staff had access to Personal Protective Equipment (PPE). One member of staff told us, "I ensure I wear gloves and aprons, ensuring I am washing my hands between tasks and visits and change gloves between calls. PPE is always available and has never run out since I have been with the company."

Learning lessons when things go wrong

- Lessons were learnt in the service when issues happened. The registered manager told us, "We had a safeguard where staff left a pot of medicines out for someone but didn't watch them to take them we received an upset phone call from the relative about the incident and we accepted that this should never have happened. We made sure that we brought that member of staff in to discuss their responsibilities and re-educate them. We also found that we needed to update our induction to reflect staff's responsibilities with medicines."
- Where there had been errors made with medicines, measures were put in place to reduce any re-occurrence. For example, an error had been picked up with a person's transdermal patches not being given in a timely manner. The error was caused by a system issue and staff recording error. Following the incident, all patches were colour coded so staff knew they were time sensitive and needed to take action. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.

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'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's needs were comprehensive, expected outcomes were identified, and care and support regularly reviewed. Care plans showed care tasks were linked to expected outcomes. Staff told us they were aware of people's expected outcomes.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
- People's preferences, likes and dislikes were recorded. Information included meal choices, personal hygiene routines and other documentation related to the person's home environment. One person told us, "The service very much involves me in my care planning. They went through everything with me including my wishes and preferences."

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. People and relatives told us they felt staff were trained and knew what they were doing. One person told us, "The staff are always competent and know exactly what they are doing. I had a new carer recently and she was brilliant. The office will always match staff with me so we can work together and I won't feel embarrassed." A relative told us, "Staff are competent. They react in the correct way if things go wrong. They will always speak to me if there is a problem with my [person's] care."
- Training was completed face to face and covered topics including medication administration, moving and positioning and food hygiene. Bespoke training was also in place for staff where they supported people with specific needs. This included oral suction, oxygen saturation and therapy and managing gastrostomy. Staff told us they felt they had the right training needed to support people. One staff member told us, "We do a lot of bespoke training on specific packages so that we know what we are doing. We do the generic training such as dementia and are always being offered other training. If something comes up and I need the training in it I can always get it." A professional fed back to us, "Staff have always been trained to a high standard with clinical skills training delivered quickly at times when patients clinical needs have changed."
- The Care Certificate had been or was being completed by staff without prior care experience or qualifications. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. One new staff member told us, "As I am new to care, I have been told I will be supplied with the link to do the care certificate to complete and I have 12 weeks to complete it."
- Staff told us they had completed a comprehensive induction. A new member of staff on their induction told us, "The induction is very robust and the trainer is very supportive. They won't send us out unless we are confident in what we are doing and won't be rushed into the role." Another member of staff told us, "When I started I had an induction and it was very good and very in-depth. I have done care before but this is the best induction I've had as it goes into so much depth, made you feel relaxed and I learnt things."

- Staff felt supported and received supervision including appraisals. One staff member told us, "I have had a few supervisions with the branch manager. If I have any problems I can discuss it and they give me feedback where I need it."

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

- Some people required support with their meals. One person told us how staff supported them, "Staff cook me breakfast and an evening meal to help me eat properly. When they leave they leave me a drink."
- The provider used a technology system known as 'PASS' to prompt staff to provide drinks and record quantities for monitoring purposes. This real-time provision of care records helped identify any person at risk.
- Relatives told us their relatives were supported with food when needed. One relative told us, "I recently spent some time in hospital and the staff had to support my [person] with food which they don't normally do. My [person] didn't complain and didn't lose any weight so she obviously enjoyed it." The provider supported people to have access to fresh fruit and vegetables to support healthy living

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

- People told us they received consistent care from staff and felt safe because of this. Procedures and systems were in place to check care staff arrived at calls. These systems also ensured cover could be provided if for any reason staff were unable to attend a visit. Records showed a list of vulnerable people was kept where visits must take place. A member of staff told us how they used this information to ensure visits were always made. They said, "I have a list of people that need time specific visits. If the person is flashing on our monitoring system as not having had a call, I would call the carer at once to see where they were and why they had not logged in. If they could not cover it, I would find another carer to do it or I would do it myself. We would ring the person up to let them know, if we can't speak to them then we would speak to next of kin."
- Staff shared information between themselves regarding people where changes or concerns were identified. The care co-ordinator told us, "Myself and the lead co-ordinator will meet up to discuss any changes in people and if anyone has gone into hospital to keep up to date with what is happening."
- Hospital passports were in place and used when attending appointments. These provide hospital staff with important key information about the person.

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

- Staff understood when to request a healthcare professionals support for someone. One staff member told us, "We have one person we support who has swallowing issues. I spoke to our nurse about my concerns after visiting and by the time I returned to the office a SALT referral had been made." A relative told us, "There was one occasion a year ago when my wife was really poorly when the carer was here and they told me they were ill and called an ambulance. Staff stayed with them right up until the ambulance arrived, they were very good."

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

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Related assessments and decisions had been properly taken.
- Staff continued to have a good understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with enough information to enable this in a format which met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible One member of staff told us, "Mental Capacity means if someone has capacity to make own decisions. We can see if someone is getting worse to see if they are still able to make

the decision for themselves." Another member of staff told us, "Mental capacity means a person's capacity to say no if they want to. We must assume they have capacity unless deemed otherwise. We always assume they can make decisions for themselves."

- People and relatives told us staff always asked for consent when supporting people. One person told us, "Staff always ask me before they go to do something and don't just assume it's okay to do it." One relative told us, "Staff always ask before they do anything with my relative even though they may have been coming regularly, they will still ask what they want and if it's ok to do something."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service continued to involve people and treated people with true compassion, gentle kindness, dignity and respect. People receive a good level of care. People were positive about staff's caring attitude. One person told us, "Staff are very respectful and caring. It has helped me immensely having Bluebird Care. If they come around and see I'm a bit down they get in contact with the office and make sure there are people to see how I am." A relative told us, "At Christmas one of the staff went out of their way to take [person] a card and a present. It struck me at the time that someone had gone that bit extra that wouldn't be normal."
- People had detailed personal profiles recorded giving a life history to staff. A person told us, "They ask me and we chat about my life as I've lived a very interesting life. Not all are good listeners but most are." A relative told us, "We filled out a life history when they first came in to see us and staff talk to them about it and look at photos with them on a regular basis."

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received. People and relatives told us they were involved in making decisions about the service as well as their daily lives. People and relatives were provided with access to the PASS care planning system where requested. Access was given where consent allowed and communication could be made to the provider. One person told us they had access to the providers electronic care planning. They said, "I have the care planning system on my mobile phone. I am able to see what they have written about me. It allows me to have control over my care and be able to see it and I am very happy that I can do this."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their dignity and independence. One person told us, "The staff are really good at maintaining my independence. They know I want to do some things for myself and they support me so I can do this." A relative told us, "They are always very respectful towards [person]".
- Staff understood how to promote their dignity and independence. The service promoted people to live as independently as possible. Staff gave us examples about how they involved people in certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One staff member told us, "It's about making sure that the task the carer does is done with the person so that the carer is not taking over and that the person can do this for themselves. We are very much about involving the person in their care, gaining consent and talking them through anything we are doing with them."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us,

"I was supporting a new member of staff with a person that they had not met before. The staff member introduced herself and was constantly maintaining the person's dignity as I could hear her tell the person she would cover her with a towel and told her exactly what she was doing and when."

Is the service responsive?

Our findings

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

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 needs had been assessed before they received the service and a detailed care plans had been developed to ensure these needs were met. People and where appropriate, their representatives, were involved in the planning and review of their care.
- People's care plans were detailed and had clear information about specific needs, personal preferences, routines and how staff should best support them
- People's communication needs were identified, recorded and highlighted in support plans. Staff were aware of these and had skills and resources to support people in these ways. Information was available in easy read format to aid people's understanding where required.
- Care plans had been regularly reviewed or updated to reflect people's changing needs. A relative told us, "One of the managers came out right at the beginning when they started supporting my relative and sat with us for a long time to find out what they do and do not like."
- The service was a key part of the local community. A member of staff had been employed to work as a community agent to build local links. This included training four hundred and four staff and members of the public to become Dementia friends.

Improving care quality in response to complaints or concerns

- Systems and procedures were in place for people to raise complaints and concerns. People gave examples of past issues they have raised and told us they were satisfied with the outcome and response to them. One person told us, "I have in the past had to raise a complaint and it's been dealt with quite quickly but this was a while ago and I have not had to raise one since." A relative told us, "I knew who to call when we had a problem and management came out straight away."
- Complaints were logged and taken seriously to improve the service where possible and actions to reduce re-occurrence were in place. People were informed of the outcome of any investigation.
- People and relatives said that they felt able to speak to the registered manager at any time. One person told us, "I have not had to complain or had any issues but I would be comfortable callings up and speaking to the manager." Another person told us, "I go straight to the manager and they sort any problems out straight away."
- Compliments had been received and were logged by the service, thanking them for the support given to people. One said, "I would like to thank you and all your staff for the excellent care you have provided to my relatives over the past 18 months. I have no hesitation in recommending your services to others who may find themselves needing you." Another said, "Thank you for looking after {person} so wonderfully, I could see how much they enjoyed you coming to help them and you helped me with your friendly chats."

End of life care and support

- At the time of inspection, the service wasn't supporting anyone receiving end of life care. The registered

manager told us that the service worked with the local Clinical Commissioning Group to support people whose wish it is to die at home. A professional told us, "The feedback from one person who passed away and his family was that staff went above and beyond that they expected in their support."

- The registered manager told us the service was looking to continue to improve their end of life documentation. The service was looking to enrol in the Gold Standards Framework for end of life care.

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care. The leadership and management at the service had implemented a number of initiatives which supported delivery of excellent care. These are just starting to deliver outstanding care to people the service.

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

- All feedback received about the service was consistently extremely positive. One healthcare professional said, "The registered manager and provider have a wealth of knowledge with complex packages, ranging from end of life to Fast Track referrals from hospital." A staff member said, "The service is very well led because the management is obsessed with the company. They are driven by the simple fact of where it started, i.e. the provider looking for care for their own family." A relative told us, "At Christmas one of the staff went out of their way to take [person] a card and a present. It struck me at the time that someone had gone that bit extra that wouldn't be normal care."
- There was a clear management structure in place and staff passionately promoted high quality, person centred care.it was evident from documentation and systems in place that the people were at the centre of the work the service provided at all times.
- The registered manager and provider had excellent oversight of what was happening in the service, and continually demonstrated an in-depth knowledge of all areas. All staff were extremely complimentary of the management structure in place in the service. One staff member told us, "The management is excellent and very approachable whether it's about work or private issues. The manager will always help for all of her staff and customers. If they thought there was an issue, they would go out and be there for us. They are always want the best!" Another member of staff said, "If I have a problem at work, with family, absolutely anything, I know I can go to the provider, registered and branch manager and they will come up with solutions to the problem."
- A positive culture had been developed and sustained and extremely caring and focused on ensuring people received person-centred care that met their needs in a timely way. Staff and management knew people exceptionally well and put the provider's values into practice when supporting people.
- The inspection rating was displayed on their website and in the office.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The organisation nurtured talent from within the service and in invested in valuable training for staff by experienced people. The management team worked extremely well together in defined roles to best support staff and people. Members of the management had been supported to develop to be able to lead the service

in the absence of the registered manager.

- There is a strong emphasis on continually striving to improve and be innovative. Managers regularly implement innovative systems in order to provide a high-quality service for people. Recent developments included the appointment of a Community Psychiatric Nurse (CPN) to the service. The registered manager told us, "We support people with mental health issues but found staff needed training and support which we did not have in place. So we have employed a psychiatric nurse to complete monthly workshops with staff and help them understand diagnoses of people and to give outstanding care." Other developments included the purchase of new equipment to enable people to get up from the floor if they had fallen. The registered manager told us this idea had come from a member of staff so that people did not have to spend long periods of time on the floor without support.
- There a strong focus on continuous improvement within the service. Management and staff told us how they were trying to improve the service for people and staff. The provider told us, "We are driven by quality and never stop at looking at what we can do better. We have never been content and never want to stand still. Whether its electronic monitoring, every day we look at how we do this and we invest."
- The provider was visible to staff and people and acted as an excellent role model to staff and managers. Systems and processes enabled the provider excellent support to the registered manager and ensured they continued, detailed oversight of the service . Accountability through audits and reports continued to be at a high level.
- Audits were completed on a wide range of areas of service provision including care planning and medicines. Audits were completed by different members of the management team and were fed through to the registered manager. Records showed that an action plan was completed with any areas found and would be re-audited to show compliance. An external auditor from the franchise also undertook audits in partnership with the registered manager and fed back directly to supervisors and the registered manager

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

- People and relatives provided consistently positive feedback and were empowered to voice their opinions through surveys. Results were shared with staff in informative ways and included an action plan of what had happened. The registered manager told us that these results would be shared with people and relatives via a newsletter. This has been introduced to ensure people and relatives got feedback .
 - Staff received supervision of their performance and regular team meetings were organised. Staff told us this provided them with the opportunity to be empowered to voice their opinions. One staff member told us how their suggestion had been considered and acted upon by the management team. They told us, "I raised something today with the provider and manager. I said it would be nice to do a team building exercise so staff get to know each other better. I have already been told that they are going to do it now and work on this and we will have a family get to together for staff."
- The branch manager told us, "We had a person who ended up in hospital even though they did not want to go there. We met with the family and found they didn't have power of attorney to make this decision but we were not aware. I spoke to registered manager about this and how we approach this in the future so that we are aware and can support families and people. This is now being put into place currently to prevent any re-occurrence."
- Where care packages required bespoke staff, people and families were consistently involved in this process.

Working in partnership with others

- The service worked in partnership with the local authority and health care professionals to ensure they followed current practice and provided a high-quality service. This included training in parkinson's and

diabetes management and train the trainer end of life training. The registered manager told us they also worked with another registered manager at a different agency to share best practice. They told us, "I am happy to share best practice and any learning as we are all in this together. Recently, we talked about how the service had linked in with the CCG and having an RGN in service. We also shared ideas around training and joint training to reduce costs." The registered manager told us that they were supported by the provider to take part in any event or training.

- The registered manager told us, "The registered manager told us, "I have spent time mentoring and supporting a new registered manager who is currently managing a new service. He has faced challenges and frequently asks for advice and support particularly regarding processes, and how to engage with his local community.

Recently I referred the manager to our services Quality Manager who has since met with the manager at his business to support them. The manager is due to travel to our service to observe how certain aspects including coordination function."

- The service continued to build, develop and strengthen strong working relationships with healthcare professionals, such as Continuing Health Care team (CHC). We received feedback from a CHC case manager, who told us, "The CHC team has worked closely with this service who support us with care packages through the Continuing Health Care Process. They are an extremely reliant service whom the team works closely with to ensure quality care is delivered."