

Serendipity Healthcare Ltd

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Inspection report

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Date of inspection visit:
31 January 2017

Date of publication:
27 March 2017

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Serendipity Healthcare provides personal care for adults in their own homes.

This inspection took place on 31 January 2017. The service is run from an office in Chesterfield and provides care to people in north Derbyshire. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the registered manager was available. In addition we also carried out telephone calls to nine people using the service and four relatives on 16 and 17 February 2017.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always received personalised care in a consistent manner. Care was not always provided at the preferred time or from a regular care worker.

The service was following the guidance in people's risk assessments and care plans which meant the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. Records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place. Staff were knowledgeable about the reporting procedure. The provider's arrangements for staff recruitment and deployment helped to make sure there were sufficient staff who were fit to work at the service to provide people's care.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns. The provider's arrangements for staff training and their operational procedures supported this.

The principles and requirements of the Mental Capacity Act (2005) were being met. When required, best interest decisions and capacity assessments had been completed. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People received appropriate support to manage their meals and nutrition when required. This was done in a way to meet with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. People and their relatives were involved in the planning of their care and support.

Complaints were well managed. The leadership of the service was praised by external professionals and relatives and communication systems were effective. Systems to monitor the quality of the service identified issues for improvement. These were resolved in a timely manner and the provider had obtained feedback about the quality of the service from people, their relatives and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff were deployed effectively to ensure people were assisted in a timely manner. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring. Recruitment procedures ensured suitable staff were employed.

Is the service effective?

Good ●

The service was effective.

The provider had established people's capacity to make decisions and ensured they had given their consent to their care. Staff had received training to provide them with the knowledge to meet people's individual needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Good ●

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who promoted family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive a consistent service at times to suit their needs. The provider responded to changes in people's needs in a timely manner. People had opportunities to contribute their views and were included in discussions about the service. People knew how to make a complaint or suggestion.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager at the service. Systems in place to monitor the quality of the service were effective. There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Staff were clear about their roles and responsibilities.

Serendipity Healthcare Ltd

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 31 January 2017. The inspection team was comprised of one inspector and one specialist advisor in governance. In addition, an expert by experience in the care of older people made telephone calls to people using the service on 16 and 17 February 2017. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

Surveys were sent to people using the service, their relatives, staff and health and social care professionals prior to our inspection visit. We received responses from twenty people who used the service, one from a relative, 34 from staff and seven from health and social care professionals.

We spoke with nine people using the service and four relatives. We looked at five people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with twenty staff, including the registered manager and area organisers. We spoke with two external professionals by telephone following the inspection.

Is the service safe?

Our findings

People we spoke with confirmed they felt safe when care was provided. One person said, "I feel safe knowing they are there," and another said they felt safe because, "I always have two carers." Another person told us, "I certainly trust them, they are trustworthy and safety conscious." Relatives also told us they thought their family member was in safe hands. One said, "The quality of the carers is very good, very supportive and they know what they are doing." Another told us, "I am always here when they come and I can hear what goes on." 100% of survey responses from people and relatives also indicated that people felt safe from harm from their care workers.

Staff understood the procedures to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. Records we saw and information we received prior to the inspection visit confirmed the provider made appropriate referrals, as required. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. One staff member told us, 'I have reported poor care previously; this was acted upon immediately.' Another said, "My concerns had a positive response and were followed up." This helped to ensure any allegations of abuse were reported and people were protected from unsafe care.

People told us they were encouraged to be independent and manage risks safely. One person said, "They supervise me with my trolley; they make sure I stand up ok." Another person told us, "They put the walking frame in front of me and help me stand up." 100% of survey responses indicated that people received care and support that kept them as independent as possible.

Risks to people's health and well-being were well managed and staff understood people's safety needs. They were able to tell us how, for example, they supported people with their medicines, to mobilise and eat and drink. Most people's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs. For example, one person had a risk assessment for the prevention of skin damage to ensure their skin remained healthy. We found there was clear guidance on how to safely support people in the records we looked at, for example, equipment used to support people's mobility needs. This helped to make sure that people received safe care and support.

There were enough staff to meet people's care and support needs in a safe manner. Most people told us staff were available at the times they needed them. One person said, "There are enough for me." Relatives mostly thought there were enough staff but one said, "Sometimes the carers seem over worked." Another

relative said, "They struggle from time to time." Some people thought more staff would be beneficial. One person said, "They all seem quite busy," and another said, "They are stretched." However, no one told us they had had a missed call.

All the staff we spoke with told us staffing numbers were adequate to meet people's need and that absences were covered within the team. They said they all worked together to ensure that no one missed their care visit. They said they had regular calls and that they had enough time to travel between calls. They also said staffing arrangements were sufficient for them to perform their role and responsibilities. Staff confirmed they received rotas each week identifying their calls. They also told us that there was never an issue if a call took longer than expected and they were allowed extra time to complete the support required. The provider ensured there were sufficient staff available to work flexibly and consistently so people were safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. People were cared for by staff who were suitable for the role.

One person we spoke with received assistance with their medicines. They told us, "The carers do the pain patches, they do it every three days and they always remember." However, another person told us that staff should observe them when they took their medicines. They said, "The ones that come at night and sometimes the ones in the morning don't watch. I turn my back to take the medicines and when I have turned around they have disappeared without me knowing."

Staff were able to explain the procedures for managing medicines and we found these were followed; for example, staff knew what to do if an error was made. All the staff we spoke with told us they would record any error and contact the registered manager and a doctor if they made a mistake when assisting with medicines.

The provider had an electronic system for managing medicines. We looked at electronic medication administration record (MAR) charts and saw these were completed appropriately. However, we found there was a lack of clarity around the administration of medicines that were administered 72 hourly. It was not clear from the electronic recording system whether or not the medicine had been administered. We discussed with the registered manager and provider who agreed to look into this. Following the inspection they told us they had devised a system to clarify this by ensuring this was recorded outside the electronic system.

Staff responsible for people's medicines received appropriate training, which was updated when required. Records we saw confirmed this. Staff told us the training was thorough and they were confident they knew what to do to ensure people's medicines were managed safely. They told us they had all been seen individually if required to ensure they understood the electronic system. One staff member told us, "The system is alright, it's all linked to the visits and it works smoothly." The provider therefore ensured there were procedures in place to manage medicines safely.

Is the service effective?

Our findings

People told us they were satisfied with the care provided and that staff were knowledgeable about their individual needs and cared for them effectively. One person told us, "I have a stoma and they know how to do that." Another said, "They do what I want and ask." A relative said, "They meet [family member's] physical needs and they are good at keeping her cheerful and her mental health stable, they have good people skills." A second relative told us, "If there are problems they seem to know what to do." 90% of survey responses indicated that care staff had the skills and knowledge to provide the care required.

Staff were provided with the information, training and support they needed to perform their roles and responsibilities for people's care. They told us they had undergone a lengthy, detailed induction and that they had training in all essential areas and had worked under supervision until they had been assessed as competent. One staff member said the agency was, "Very quick to summon us to attend training; you can't work if your training is not up to date," and another said, "Very good training and it is regular." One staff member told us, "The dementia training was really useful." All of the staff we spoke with said they were required to attend regular training relevant to people's care needs. Training records we saw showed that staff were up to date with essential health and safety training. Staff told us they could also request additional training according to people's individual needs. For example, we saw training in preventing skin damage and dementia had been provided. An external professional commented in a survey that, "Serendipity Healthcare is committed to providing appropriate training to all their staff and ensure that updated training is carried out within an agreed timescale. All new member of staff undertake the Care Certificate and all mandatory training necessary to be able to perform their duties." The provider ensured staff were competent in their roles.

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the manager ensured that staff maintained the level of skills the provider felt essential to meet people's needs. The provider therefore ensured staff were suitably trained and supported to provide effective care.

People told us they were asked for their consent to the care agreed. One person told us, "On the whole they do and that is good." Another person said staff "Always," asked before providing care. Relatives also confirmed that consent was sought before care was given.

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's care plans showed an appropriate assessment of their mental capacity and a record of any decisions about their care and support, made in their best interests. We saw written feedback from an external professional that praised the agency for, "Taking the correct steps via the correct legal framework,"

in relation to a capacity issue.

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. We checked whether the service was working within the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS). The provider had assessed whether or not anyone was receiving restrictive care that may amount to a deprivation of their liberty. They had not identified anyone who had personal care where this was applicable, and understood when an application to the Court of Protection would need to be made.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. One staff member said, "Don't make decisions for them because it is quicker, listen to them." Another told us, "It may not always be what I think is right, but it is their choice." Training records we saw showed most had undertaken training in the MCA. This meant that people had their legal and human rights upheld and their views and wishes were taken into account to ensure that the least restrictive option was taken in a best interest decision for them.

People told us they were assisted to contact a doctor or nurse if necessary. One person said, "They work in conjunction with the District Nurse; they put a cream on and check the area regularly." Another person said, "They let the district nurse know if I have bad sores." A third person said, "I passed out one year and they called the doctor." A relative told us, "They put on support stockings." However, one person who had specific needs told us staff did not always, "Pick up there is a problem," and sometimes were uncomfortable as a result. We brought this to the attention of the registered manager who agreed to look into the individual's concerns through the agency's review process.

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. For example, one person's confidence and ability to manage personal care continence needs had improved as a result of staff assistance and reassurance. External professionals confirmed their advice was acted on described staff as, "Professional." People's health needs were therefore met.

People using the service who were supported in their food choices had sufficient to eat and drink. One person said, "They look what is in the fridge and freezer and ask me what I want." Another person said, "I am offered a choice," and a third person said, "They do my breakfast, I decide what I am having." A relative told us their family member was left with sufficient drinks and said, "They do leave one [drink] for her."

Staff we spoke with confirmed they tried to ensure that meals were varied. People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a balanced diet.

Is the service caring?

Our findings

We found staff were caring and people were appreciative of staff and their helpfulness and friendly attitudes. One person told us, "The way they talk, their attitude, their manner, they are all quite nice." Another said, "I get on with all of them and treat them as friends, we have a laugh," and a third said, "They are friendly, talk to you, they don't talk to each other, they involve me." A relative told us, "My wife is very happy with them and says they are considerate," and another told us, "We have some lovely carers, no matter what age they are great." 100% of survey responses from people and relatives indicated that staff were caring and kind and treated them with respect and dignity.

People told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "They shut the door whilst I get dressed and washed," and another said, "Full dignity, they always make sure I am covered with a towel." A relative told us, "They close curtains and cover [family member] with towels for extra privacy."

All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give many examples of how they did this – closing curtains, approaching people quietly and covering people appropriately when they received personal care. People's care was provided in a dignified manner.

People were offered choices in their daily routines and that staff encouraged independence. Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like to spend their day. They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. One staff member said they, "Encourage people to undertake their own personal care, choose their clothes and what they would like to eat." When people refused options, such as assistance with personal care that they wished to complete themselves, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "They know how I like things." Another said, "They know the way that I am washed and how I like my food and drink." A relative also told us, "They know how [family member] likes to wash and dry her hair." People therefore received care and support from staff who were kind and that met their individual needs and preferences.

The registered manager emphasised the importance of effective communication. They said regular formal and informal meetings took place to enable staff to discuss issues, relating to people's ongoing support packages. People were involved in making decisions about their individual care, treatment and support. Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. This meant people were supported in a consistent manner by staff who understood their ongoing care needs.

People and their relatives were involved in their care planning. People we spoke with were aware of their care plan and told us they had a copy in their own home. One person told us, "I have a care plan." Staff told

us care plans were in place in every person's home and that they contained up to date relevant information about how to care for people.

People's care plans showed friends, family relationships and contacts that were important to them and how they were involved in people's care. Records we saw showed reviews of people's care involved family and people important to the person.

Is the service responsive?

Our findings

People did not always receive care that was at a time of their choosing. One person told us, "I had set times, which fitted in perfectly with life, but without telling us they suddenly changed the time to 10 minutes later, which has then affected my social commitments. Now things are rushed, I have told them but they haven't done anything about it." Another person said, "I have a rota but sometimes they change it and I'm not always informed."

Most people said staff attended at, and for the duration of, their agreed call times. One person said staff were, "More or less," on time and another said, "Generally yes but sometimes there are problems, they ring if they are going to be really late." However, another person told us staff were, "Always late," and a relative said staff were, "Not always," on time. One relative told us timing had improved after they complained. They said, "They do now[arrive on time], sometimes they haven't come at all which was another thing I complained about because with my wife's dementia even if they were only 10 minutes late she would get anxious." The registered manager told us following the inspection visit that since November 2016, the provider had implemented a call monitoring system which alerts them to calls that had not been completed within 30 minutes of the allocated call completion time.

People told us they received another staff member if their regular carer was absent. However, several people told us this caused a problem. One person said, "I get problems then, they usually try and get somebody else but then they change the time." Another person told us, "They send somebody else, but when they send replacements they don't know what they are doing. It was a complete mess. I am meant to get a rota but rarely do." A relative told us, "It becomes more variable, we don't always know who is coming and it can become an issue." We discussed the timing of people's calls and the consistency of staff with the registered manager. They told us they tried to provide as much continuity as possible from within a wider team and that rotas were sent to people. They agreed they would take into account people's comments and look at ways to improve the timing of calls and ensure everyone was receiving a rota.

Staff were responsive to people's needs. One person said, "The carers make sure everything is ok." Another person told us, "They encourage me to do what I can; I do like to try myself. If I am struggling too much they intervene." A third person said, "I wash myself as far as I can; they help with what I can't wash." Relatives also confirmed staff responded well to people and encourage them to be independent. One relative said, "[Family member] has dementia so is going downhill, but we keep encouraging her to do things like use a knife and fork."

External health professionals confirmed in the surveys we received that the service responded well. They told us they had received positive feedback from people using the service who said they were, "Very happy," with the service provided. One commented, "The agency were very good with a person who they had taken on at short notice. In the time they worked with him they managed to establish a productive relationship. Also attended all reviews."

People's individual care and support needs had been assessed before they began to use the service. Each

person had an individual support plan, based on their identified needs and developed to reflect their personal choices and preferences. Support plans provided an individualised picture profile of the person. Choices and preferences were reflected throughout support plans, which enabled staff to provide support in a way the individual needed and preferred. Staff confirmed they had chance to read care records and were able to keep up to date with people's needs and preferences.

Plans were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes to the individual's condition or circumstances. One person told us they had a review, "About six months ago," and another said they had a review, "Last year." A relative told us there had been a recent review of their family member's care plan and said, "We are involved, at the review we have a talk." Staff also confirmed that reviews of care took place. One staff member told us, "Care is reviewed annually, but we can request a review if something is not right," and another said, "Care is reviewed if we request it."

The care plans also provided sufficient guidance for staff about how to provide support in the way the individual preferred. Staff told us that any changes to these guidelines were discussed at team meetings or with their line manager to help ensure people were supported in a structured and consistent way.

The registered manager told us they listened to people and staff through the reviews of care and staff meetings. People, their relatives and staff said that the team leaders and managers were accessible and approachable. They said they were listened to and their voices were being heard. One person told us there was, "Someone you can speak to and they can tell someone if something isn't right."

External professionals commented positively about the agency in surveys we received. One commented, "I have always found managers willing to participate in care packages and reviews and always willing to change plans." Another said, "Any problems that do arise are dealt with professionally and quickly but they are rare."

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said, "I would ring the office." Another person told us, "I complained about something; it was sorted fine." A relative said, "I would speak to the team leader; the last complaint was that my mum was getting a late call, we told them and they sorted it quickly." However, one person said when they had made a complaint, "They didn't sort it out to my satisfaction. 78% of survey responses from people said they knew how to make a complaint and 100% of relatives' responses said that the agency responded well to any complaints or concerns raised.

We reviewed complaints that the service had received. We looked at seven formal written complaints had been received in the previous twelve months that required an investigation. These had been responded to appropriately in a timely manner with a written response. This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

Is the service well-led?

Our findings

There was a registered manager at the service. There was also a staff team in place to support the manager. This consisted of team leaders for different areas. The registered manager understood their managerial and legal responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission. People's personal care records were stored securely and were well maintained. The provider was therefore ensuring that the service operated efficiently.

We received mixed feedback from people and their relatives about the running of the service. The majority of people we spoke with confirmed the service was well managed. One person said, "Everything goes according to plan," and another said, "They are always on time; always someone in the office. If I have a hospital appointment I can change the time." A relative told us, "We always have a good service and if there are problems it is sorted quickly." However, some people thought communication could be improved. For example, one person said, "They don't pass messages on, they don't send a rota, you cancel calls and they still send the person." Another said, "The area manager is very stretched," and commented that messages did not always get passed on.

People and their relatives felt that the registered manager were approachable and open to listening to their suggestions or concerns. One person told us, "It seems to run alright to me." Relatives confirmed they knew how to contact the office. One said, "There is an on call phone." 90% of survey responses confirmed that people who used the service knew how to contact the agency and 100% of responses from relatives said they knew how to contact them.

Survey responses we received from external professionals were positive. One commented, "We would like to say that we have been extremely happy with our communications and all our dealings with Serendipity so far. We have received no negative feedback at all from any beneficiary or their relative. We find them professional, thorough and knowledgeable." Another said, "I personally find Serendipity happy to liaise with me and manage any concerns or problems in a very professional way." We also saw written feedback provided to the agency from an external organisation. It praised the agency stating that, "Staff go above and beyond what is required," and that they provided, "An excellent standard of care." This feedback demonstrated the provider was giving a good quality service.

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This demonstrated the open and inclusive culture within the service.

People who used the service and their relatives confirmed they had been asked to complete satisfaction surveys. One person said, "There has been a questionnaire once," and a relative told us, "We are always being asked if we are happy." We saw feedback on questionnaires at the office. This was mostly positive, for example, one person had commented, "Care package working well."

The provider information return told us the service had received fifteen written compliments in the last twelve months. These were mostly praising staff for the care received, including end of life care, and the, "Level of care and kindness shown by staff." Feedback received demonstrated the provider was providing a good quality service and was taking people's needs and wishes into account to develop the service.

The registered manager told us of improvements that had occurred in the service. For example, they had recently implemented a mobile application recording system that gave accurate and up to date information from visits direct to the office. He told us this made the service more efficient as they could deal with any issues straight away without having to wait for paperwork to be received at the office.

All staff spoke positively about working at the service and praised the management and leadership. One told us, "I feel supported," and another said, "Team work is good." They confirmed they felt valued and told us they were encouraged to take up training opportunities and give their opinions on the service.

Staff understood their roles and responsibilities and the provider's aims and values for people's care, which they promoted. They understood how to raise concerns or communicate any changes in people's needs. For example, they knew how to report accidents, incidents and safeguarding concerns. One staff member said of the management team, "They ask questions, assess and investigate." Another said, "Concerns are acknowledged and formally responded to." They told us they were provided with relevant policy and procedural guidance to support their role and responsibilities.

The registered manager told us they were trying to develop more links with the community, such as involvement with a charity supporting people with end of life care. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and social services. They also told us teamwork within the staff group was important and that they valued the staff working at the service, for example, by ensuring feedback was given at to relevant individuals. The PIR also told us the provider operated a reward scheme for staff who received consistently good feedback. This meant the provider was proactive in maintaining good standards of care practice.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. We saw regular audits of different aspects of the service, such as incident and accident records and medication errors, had taken place in the last twelve months. There was collation of overall information, for example in relation to incidents. However, the monitoring of trends and themes was not fully developed. We discussed this with the registered manager. They told us this had already been identified by the provider as an area for improvement. The provider had systems in place to ensure the service operated safely.