

Sanctuary Home Care Limited

Sanctuary Home Care Ltd - Ketley

Inspection report

Rose Manor
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Tel: 01952259302

Date of inspection visit:
22 March 2017

Date of publication:
19 July 2017

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?	Good ●

Summary of findings

Overall summary

Sanctuary Home Care Limited provides personal care services to people who live at Rose Manor Extra Care housing service (Sheltered housing scheme). Rose Manor is a purpose built complex where people live in individual flats with shared facilities which include a gym, a hair salon, a lounge and dining area and a kitchen that provided meals for people who wish to purchase them. At the time of our inspection twenty nine people were receiving personal care services from the staff team who worked there.

The inspection of this service took place on 22 March 2017 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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 were supported by staff who knew how to keep them safe and free from harm. Staff knew how to recognise and report any concerns, problems or signs of potential abuse. The registered manager and staff team worked effectively with outside agencies to keep people safe.

People lived independently with varying levels of support from the staff team. Staffing levels were determined based upon assessments of need and flexible support was also available if these needs changed. There were sufficient staff to meet people's care needs. Staff were able to provide safe support because risks were identified and plans were in place to manage them where possible. Assessments were reviewed and care plans amended as people's needs changed.

People who required support to take their medicines were protected by safe systems for administering, storing and recording medicines. Training was in place to enable staff to safely support people when required.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received good training opportunities and training was developed to meet people's individual needs and conditions. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

Staff understood their roles and responsibilities and worked effectively as a team to ensure people's needs were met. People's rights were protected under the Mental Capacity Act 2005 and people were supported to make choices in relation to the care and support they received. Staff respected people's decisions and they also supported people to ensure decisions made were in the person's best interests.

Staff worked with healthcare professionals to promote people's good health. They monitored people when

needed to identify that they were eating a diet that was suitable to meet their individual dietary needs.

People were supported by staff who were caring and kind. People were listened to and consulted making them feel involved and in control of their care and support. People told us they were supported to remain as independent as possible and staff respected people's privacy and dignity.

People received a responsive service. They told us that staff knew their needs and preferences and responded positively to support them when these needs changed. Staff told us that they had the flexibility to accommodate people's changing plans and routines.

People had access to a range of onsite facilities and activities providing opportunities to pursue leisure and social interests.

People knew how to raise concerns if they had any and felt that any issues would be acted on by the registered manager. The provider had an effective procedure in place to manage complaints and the registered manager responded sensitively and appropriately to any concerns raised.

People told us that they were regularly asked if they were happy with the service provided. They had opportunities to be involved and consulted in the running of the service and felt that their views and ideas were listened to and acted upon. Systems and processes were regularly audited and outcomes were acted upon to improve the quality of the service. The registered manager worked with outside agencies to develop the service and this positively benefited the people who used the service.

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.

People were safe because staff knew how to protect them from the risk of potential abuse.

There were sufficient staff employed to meet people's needs safely and were available to offer additional support if and when needed.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support.

People were supported to access health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way. People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's independence was promoted.

Is the service responsive?

Good ●

The service was very responsive.

People's individual needs were assessed and met in ways that they preferred.

Staff were responsive to meet people's changing needs and did so promptly and efficiently.

People were confident their concerns and complaints would be listened to, taken seriously and acted on.

Is the service well-led?

Good ●

The service was well-led.

People were confident that the service was well run.

People's views were sought in relation to the quality of the service provided. Staff felt their views were listened to and acted upon.

There were procedures in place to monitor and review the quality of the service.

The registered manager worked effectively with outside agencies to improve and develop the service.

Sanctuary Home Care Ltd - Ketley

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 was 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 22 March 2017 and was announced. We gave the agency 24 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the service. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

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 service.

As part of the inspection we spoke with eight people who used the service and one person's relative. We spoke with the registered manager and seven staff who worked in various roles. We also spoke with a visiting professional.

We looked at extracts from three people's care and support plans. We reviewed three staff files. We also looked at a range of quality audits and action plans. These showed us how the provider monitored the quality of the service provided.

Is the service safe?

Our findings

People who received a service from Sanctuary Home Care Services felt safe because of the flexible support arrangements that they had access to. One person told us, "There is security in the flat and the carers are only downstairs." Another person said, "I feel very safe here. It's very reassuring to know they [the staff team] are always around." People who received personal care felt safe because they believed staff were competent to support them.

People were protected from harm because staff knew how to keep them safe. Staff knew what to do if they had a concern about a person's safety. All of the staff we spoke with were confident they could recognise signs of possible abuse. They shared examples of how they had passed information to senior staff when they had identified concerns. Senior staff, including the registered manager, demonstrated that they knew the procedure for reporting concerns to outside agencies, including the police. They shared examples of how they had worked with such agencies to investigate concerns and ensure the on-going protection of the person they supported. A representative from an external agency told us, "They work with us effectively re safeguarding. They [the staff and managers] are not fearful to follow through if it's best for the client. They have systems in place to keep people safe." The registered manager reported a 'good relationship' with the local authority safeguarding team and we saw that they reported issues appropriately.

People told us that they had been involved in identifying and assessing hazards and risks. One person told us, "Yes I am fully involved." One person told us how staff had assessed a particular situation, identified the risks and put measures in place to protect the person from harm. They were very happy with the subsequent support plan. Another person said, "I am involved but I'm not aware of any risks." Staff promoted health and safety and safe working practices. Staff had received training to recognise hazards and they told us how they reviewed people's home environment to ensure it remained safe. We saw that risks were assessed and managed wherever possible to keep people safe. One staff member told us, "If we notice anything [a risk] it gets dealt with straight away." Another staff member said, "We check the environment before moving people. We follow risk assessments and care plans. Any worries regarding a person's care we tell the team leaders and they act upon it." We saw risk assessments in place to support a safe environment, moving and handling practices and falls.

People were supported by staff who had sufficient time to carry out tasks required of them safely. People told us that staff had time to spend with them and staff said they always had time to 'have a chat' during their visits. People told us that staff arrived on time and were consistent meaning that people got to know who was supporting them. One person told us that this familiarity made them feel safe because staff knew how they liked to be supported.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. We looked at the recruitment files of three staff who worked for the agency. We saw that required information was available to demonstrate a safe recruitment process. For example, staff had provided written references and had checks made with the Disclosure and

Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported. We spoke with one staff member who confirmed they had been through this process. They understood the reasons they could not start work until all checks had been carried out. For the future, people who used the service were to be part of the recruitment process making them more involved in decisions about who supported them.

People were protected against the risks associated with medicines because the provider had arrangements in place to manage them safely. People required varying levels of support to take their medicines and staff were aware of people's individual requirements. One person told us that they did not receive any support with their medicines. Some people had family members to help them. One person said, "I am supervised to take it and I always receive it on time." Where staff were required to administer medicines we saw risk assessment were in place to ensure it was done safely and spot checks were made on staff to ensure they were giving medicines in the right dose and at the correct time. Where there were gaps in records senior staff double checked the reasons for this using a system that accurately identified why it had happened.

People told us that their medicines were stored securely in their homes. We saw that people had given their written consent that staff could support them with their medicines. We also saw very detailed protocols outlining how and under what circumstances medicines could be given. Staff told us that they received training before they administered medicines and this gave them confidence to do it safely. They said senior staff regularly checked on their competence and they found this reassuring.

Is the service effective?

Our findings

People who used the service told us they received effective support. They considered that this was because staff were knowledgeable about how to provide effective care and knew and understood their individual needs. One person said, "They are skilled, their attitude is good and they know everything." Another person said, "They are efficient and thorough in what they do." People shared examples with us of how staff knew their needs and preferences and as a result were able to provide the support they needed to remain in their own homes.

Staff could provide effective support because they felt well trained. One staff member said, "Everything is good [in relation to training]." They told us that they received good training opportunities in areas that were relevant to the support they provided. For example, staff told us they had recently received training in relation to diabetes as there was an increasing number of people with the condition. One staff member told us, "The training has raised our awareness and given us some ideas of how to support people." People who used the service had also been invited to attend this training. One staff member told us how they had received training in CPR (Cardiopulmonary resuscitation) and this had been invaluable during a recent incident.

The registered manager reviewed the needs of the people they supported and identified training needs. For example, they had arranged training in relation to understanding mental health. Some people who spoke with us said that staff recognised their mental health needs and were able to support them effectively.

Staff told us they had received a good induction which gave them the skills and knowledge that they needed. One staff member told us it had given them, "Good information," about their role. Staff had also signed up to the Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. It is a set of standards that health and social care workers are expected to adhere to in their daily working life.

Staff felt well supported. All of the staff we spoke with said they received, "Good support." Staff felt that effective communication was the key to providing good care and feeling supported. One staff member told us, "We learn the little things that make a difference. We spot the little details and share them with our colleagues." Staff were very knowledgeable about people's individual needs and preferences. They told us how they handed over information at the start and end of each shift to ensure all staff knew what they needed to do to ensure consistent and effective care. For example, they shared if a person had been unwell or missed their call because they were out. Staff completed communication books to ensure essential information was formally shared.

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. Where a person lacks mental capacity to take particular decisions, any made of their behalf must be in their best interests and be as least restrictive to the person as possible. People can only be deprived of their liberty 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. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding.

People who spoke with us said they were able to make their own decisions and these were supported even if they were not considered to be appropriate choices (or in line with medical advice). For example, one person did not follow their diet plan. A staff member told us, "We promote healthy eating but ultimately it is people's choice." When people needed support with decision making staff worked with outside agencies and family members to ensure decisions were made in people's best interests. We saw that one such meeting had taken place to discuss information sharing. The agreement to share the information had been made during the meeting which included the person them self. The outcome was clearly documented. One staff member told us, "Some people are supported with dementia type conditions however they are all able to make decisions and choices in relation to the care and support they receive." Staff recognised that some people's ability to make decisions fluctuated and they considered this. For example, one staff member told us "One person can't make decisions straight after a nap so we wait a while."

The people we spoke with required only minimal support in relation to eating and maintaining a healthy and nutritious diet. People told us staff came and helped them prepare meals they had chosen. People's nutritional and hydration needs were documented when necessary and staff told us that any special dietary requirements would be recorded to ensure they only offered people appropriate choices.

People who used the service had access to an onsite restaurant. They said that the quality of the food was good. We observed one staff member support a person in their flat at lunch time. The staff member later told us they had been aware the person had been unwell and so had 'tempted' them to eat by offering their favourite foods." One person told us that staff kept a record of what they had eaten so they could monitor their health. One person had a diet and fluid chart. Staff confirmed they completed this. Staff told us the reason for this was because the person's routine had changed and staff were being vigilant to ensure their health was not deteriorating.

People were supported to have their health needs met if required. People told us that staff helped them to make health appointments and supported them to attend if necessary. One person told us, "They would help me if I was unwell."

Staff told us how they worked with visiting healthcare professionals to ensure people who used the service received the support they needed to remain in good health. For example, one staff member said they completed records for one health professional so they could see how the person was doing in between visits. In discussions, staff demonstrated they were aware of people's medical conditions and what they had to do to ensure the person remained in good health. People's health conditions were documented in their care plans and staff were knowledgeable about how to support people to manage those conditions. We saw that risk assessments were updated when people were discharged from hospital. This meant that staff could continue to support people to remain in good health and assist them with their recovery.

Staff told us how they shared information with nurses and occupational therapists so they could ensure people had access to equipment that could assist them. For example, one staff member identified that a person would be able to stand independently if their seat was raised slightly. They shared this information and adaptations were made. The person remained independent. Another person was able to move things from one room to another because they had been assessed to use a trolley. This had reduced their risk of falls and enabled them to remain independent.

Is the service caring?

Our findings

People were supported by staff who were kind and caring. Everyone we spoke with spoke positively about the staff team. One person told us, "They are so kind and caring." Another person said, "They are caring and good at looking after you." One person said staff were caring because "They are always there for you." Another person said, "They [the staff] seem to genuinely like their job. It shows." A relative described staff as being, "Lovely and friendly." We saw staff interacted with people kindly and compassionately. For example, one person had recently returned from hospital. The staff greeted them by asking how they were and saying, "We missed you."

People told us that staff made them feel at ease. Some people told us how staff used humour to do this. One person told us, "They are always on time and joking, very helpful." People told us that staff went out of their way to help them. One person told us, "Nothing is too much trouble. They [the staff] will do anything for you." One person described the staff as, "Marvellous".

People also spoke highly of the office staff. One person said, "I know them all in the office, they are kind and caring." A visiting professional said that staff were very caring. They commented, "Staff never walk on past, they always say hello."

People received individualised care and support to enable them to remain as independent as possible. Everyone we spoke with valued their independence. One person told us, "I do what I can by myself and then they will help me." One person told us, "Staff will pop in and help. They do over and above and it keeps me independent." The registered manager had developed some pictorial / easy to read guides to assist people to use facilities independently. For example, we saw a guide for using the assisted bath. A visiting professional told us that staff had a caring approach and promoted people's independence. They told us, "They support people rather than do things for them." The registered manager told us the key to success was getting the right staff on board. They said, "Staff get to know people and people's independence is maintained."

People told us staff always listened to them, and included them in decisions about their care. We saw a staff member listening to a person before actioning their request. They actively took the person's wishes into consideration. The person later told us, "If I have a problem they will try and solve it for me." One person felt involved in how they had been supported and this made them feel listened to. They told us, "I like to know what is happening with me." Another person said, "Yes they listen to what I ask."

People were supported by staff who treated them with respect. One person told us, "They all treat us with respect." Everyone we spoke with said that staff were also very polite. One person told us, "Staff are extremely polite and respectful." Another person said, "Staff are polite and respect my faith." We saw that this person had cultural needs and we saw staff actively respected and promoted these. Staff told us how they addressed people by their preferred names. They told us that some people preferred different forms of address. All of these preferences were recorded. We heard staff refer to people as they preferred.

People's privacy was respected. We saw and heard staff knocking on people's doors and waiting to be

invited in. One person told us, "Staff always knock on the door." A relative confirmed this. Staff told us that if a person did not answer their door they did not automatically get the master key and enter the property. They contacted the person's next of kin. One staff member also told us how confidentiality was important in relation to respecting a person's privacy. They said that they never wrote anything in a person's house file of a sensitive nature because it could be seen by others.

Is the service responsive?

Our findings

People who used the service received responsive support that met their individual needs. One person told us, "I have excellent support." Another person said, "They support me exactly how I like. They do everything I need them to do." A relative told us, "They [the staff] are very good at responding to changing situations." Staff told us that good working relationships with family members meant they could respond to people's changing needs effectively. For example, one staff member said that they had identified an issue with a person's medicine. They shared it with the family member who quickly got it sorted before it adversely affected the person's health.

People told us that they were involved in their initial assessments of needs and the registered manager told us that everyone received an assessment, even if they did not currently have personal care needs. This was subject to the person's agreement. One person told us, "I am involved in what goes on with me."

People received varying levels of support depending upon their individual needs. Some people told us that staff just popped in or called them to see if they were ok. People valued this service as it meant they could remain independent but have peace of mind that support was available if needed. One person told us, "They are always there for me. If I need them I can press my pendant." They considered that this was a strength of the service provided. One person told us that that staff responded without delay. They told us, "If we press for assistance they come promptly." Staff told about the 'peace of mind checks'. One staff member told us how regular calls to check on people have identified when people were unwell. They told us of a recent call when the person did not respond as usual. They went to their flat and found them unwell. Their check meant the person got medical help in time for them to make a good recovery.

Staff were able to provide individualised support to accommodate people's preferences. One staff member told us, "It's important that we know what is important to people. Information helps us to offer informed choice." Staff also gave examples of how they could be flexible to offer support that suited the individual. For example, one person became confused when staff used the intercom system to check on them, and so they did not respond. Staff called the person's land line and the person responded. This method of checking has proved successful and was tailored to meet the person's individual support needs.

Some people had visits from staff to help them with personal care or to assist with meal preparation. People told us that the level of support varied depending upon how they were feeling. Staff were responsive to accommodate this. For example, one person told us that they had received more support as their needs had increased. Assessments were reviewed when people's needs changed, for example, when they come out of hospital. A visiting professional told us, "Staff do extra visits to see if a person is ok."

The registered manager had implemented a 'missed call system'. This meant that when staff called to provide support and the person was out, or unavailable, they completed a 'missed call slip'. These slips were reviewed by the registered manager and support was varied accordingly. For example, one person always seemed to be out at a particular time of day and they missed their call. After a review, staff changed the time of the call to when they were available.

People said that their care plans reflected their needs and staff told us that these were valuable tools to assist them meet people's needs as they preferred. People told us they had been involved in developing their plans and there was evidence that little details had been recorded so that staff could support people how they preferred. One person was supported at lunch time and they told us, "Yes they know what kind of food I like."

We looked at one person's plan and they told us that it reflected the support they received. We saw that the plan had been reviewed and action identified to ensure the plan was updated. One person told us that they had been involved in the review of their care plan. Following the review, increased support was initiated to include social occasions. The person's relative told us that this change was having a positive impact on the person's quality of life.

Staff told us they were responsive to meeting people's changing needs. One staff member shared the example of providing additional checks to people when they had concerns about them. They told us, "We pop in if someone needs extra fluids for example, just to offer a drink." A relative told us how staff had developed some 'cards' to help their family member remember important events. They told us that these had been helpful.

People were supported to pursue their interests. Some people had one to one support from staff to go out and enjoy social outings. We saw that staff had provided picture books (photographs and post cards etc) of days out so that people could reflect upon them and remember their day. One person was very proud to show us their picture book of a trip to the city. They shared their memories as they looked through the pages with us. Some people enjoyed group activities provided in communal areas. One person told us, "I go to the bingo and sit with the ladies in the lounge to chat." Another person said, "Yes I have interests so I don't get bored." One person told us they would like a wider range of activities. Everyone else was happy with the opportunities on offer. One person told us how they especially liked the regular gym sessions that were provided at the onsite gym. The registered manager told us how they had secured funding for this activity and it was proving very popular. Two people we spoke with did not want to access activities. They told us, "We don't bother with activities, they send info round but we don't bother."

People told us they had no concerns or worries about the support they received or the way that the service was run. One person said, "Staff are excellent. I have no concerns at all." Another person said, "If I had any worries I would be confident to talk to someone." Everyone said they would be confident to speak with staff or managers. People knew that senior staff were available in the office which was easily accessible. One person told us, if I am worried I see the staff in the office. I don't need encouraging."

Staff knew there was a complaints procedure in place. They told us people would probably confide in them directly if they had a worry or concern. They also said that most issues would be easy to resolve informally and they would facilitate this if they could. Staff also had confidence that the registered manager would listen to them and take prompt action if they shared concerns on behalf of people. We saw the complaints procedure displayed in the reception area of the building which detailed how people could make a complaint. We saw the registered manager had a system in place to record complaints although none had been received recently. We saw that, in the past, when complaints had been received, action had been taken to resolve them to people's satisfaction. The registered manager told us complaints were also 'centrally logged' meaning they were shared openly with senior managers. Senior managers monitored outcomes to ensure investigations took place and were thorough. We saw that audits identified areas where issues had been raised and resolved. We saw that when the registered manager had responded to concerns they always started their response by saying 'sorry'.

We saw a number of written compliments that had been received about the service. The ones we reviewed thanked staff for kindness and support. The registered manager told us written and verbal compliments were always shared with staff as recognition of their good work.

Is the service well-led?

Our findings

People told us that they considered the service provided by Sanctuary Home Care Limited to be very good. One person said, "It's marvellous." Another person said, "It's very well run." A visiting professional said that the staff and the managers "Go over and above" to provide people with a good service.

People felt consulted on how the service was run. Some people told us that they didn't want to be involved but some people told us about opportunities to get involved. For example, one person told us there were regular residents' meetings. The registered manager always attended these and records showed that they were well attended and covered a range of subjects relevant to the running of the service. We met with two people who had copies of the minutes of the most recent meeting. They told us that they did not attend out of choice but receiving the minutes made them still feel involved. Residents had also formed an independent committee that fed back to the registered manager about issues and plans. Senior staff regularly visited people who used the service to check they were satisfied with their care and support. Staff told us there was a culture where people fed back about their performance and they were happy with this as they saw it as a way to continually improve the service. People told us they had completed questionnaires about the running of the service and we saw how responses had been collated and reviewed to identify areas where the service was doing well and areas for improvement.

People who used the service spoke positively about the registered manager and the staff who supported them. One person told us, "I know them, they are all very good." One person was impressed that the registered manager, "Always had time to pop in and see how we are." We heard the registered manager engage with a number of people asking about their health and welfare as well as offering support and suggestions. A visiting professional told us that the registered manager was, "Extremely helpful and very very supportive."

Staff told us the registered manager and senior staff were very supportive. Staff felt listened to and involved. They told us that they attended team meetings, had regular one to one meetings and daily hand over meetings to ensure information was shared effectively to provide continuity of care and support. Staff shared examples where they had made suggestions to the registered manager and they had acted upon them to make life better for the people they supported. For example, one staff member had made a suggestion about changing a call time and another staff member had suggested some adaptations to assist a person with their personal care. Both of these suggestions had been listened to and acted upon to make life better for the person being supported.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to sharing information and had done so appropriately.

The registered manager learnt from their experiences of doing the job and used these experiences to reflect upon practice and continually improve. For example, they had reviewed the incidents of falls. They had collated data and identified what time of day falls occurred and where they were most likely to happen. They used this information to review staffing and individual support needs.

The registered manager told us how they had formed links with the local community and the local authority. A visiting professional confirmed this. Joint working meant that the registered manager could introduce new initiatives to make services better for people. For example, they recently implemented the 'Herbert protocol'. This is a joint venture with other services, the local authority and the police to assist people with memory problems to get back home if they became lost while in the community. We spoke with a relative who told us that their family member had been supported using this protocol and it had been effective. The registered manager also told us they took part in forums and other partnership groups to share knowledge, experience and good practice. For example, they had recently taken part in sharing good practice in relation to dementia care.

The service was regularly audited by the senior staff, the registered manager and senior managers. We saw how scores following audits were improving reflecting the changes implemented by the registered manager to improve the service. For example, recent audits identified staff files and care plans were being checked and updated. On the day of our inspection we saw senior staff carrying out medicine audits. Their findings reflected positively on current arrangements.