L H Social Care Limited

LH Social Care Limited - Barnsley

Inspection report

BBIC, Innovation Way
Wilthorpe
Barnsley
South Yorkshire
S75 1JL

Tel: 01226246822
Website: www.lhsocialcare.com

Date of inspection visit:
24 January 2018

Date of publication:
28 March 2018

Ratings

Overall rating for this service

Is the service safe?

Is the service effective?

Is the service caring?

Is the service responsive?

Is the service well-led?

Summary of findings

Overall summary

The inspection of L H Social Care Ltd took place on 24 January 2018. We previously inspected the service on 22, 23 and 24 November 2016 and the service was rated as requires improvement in two of the five key questions and overall, and as good in three of the five key questions. On this visit, we checked to see if improvements had been made.

L H Social Care Limited is a domiciliary care and supported living service. It provides personal care for adults and children living in their own homes throughout Barnsley and the surrounding areas. People who use this service have a wide range of needs including younger and older people who are living with a learning disability, people living with dementia, as well as people with mental health needs and physical disabilities. At the time of our inspection 33 people were receiving support from this provider.

The service had a registered manager in place. 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.

There were risk assessments in place which covered the environment in which people were supported and person specific risk assessments which identified risks and the measures which were put in place to minimise the risks to people.

People who used the service and their relatives told us people were very safe with their care workers. They also said staff knew what they are doing and were kind and respectful. People were happy with the service they received from LH Social Care Limited.

People were supported with medication and told us they were confident their medication was administered and recorded properly. People with prescribed topical creams said these were applied properly and care workers took appropriate hygiene precautions. We found body maps were not always completed within care plans to show where creams needed to be applied.

Staff recruitment was robust and staffing levels were sufficient to meet people's needs. People were supported by small teams of regular care workers.

Records showed staff had access to training and regular supervision. Staff we spoke with told us they felt supported.

People told us they were not routinely informed if care workers would be arriving later than the scheduled care visit time. The service was in the process of implementing a rota management system and we will check the effectiveness of the system at our next inspection.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff had undertaken training on the Mental Capacity Act (2005) and deprivation of Liberty Safeguards. Staff were able to explain how this legislation related to the people they supported, which meant people's rights were being protected.

People told us their care workers are kind and compassionate.

Care workers promoted and respected people's confidentiality, dignity and privacy. Care workers took time to build a good rapport and got to know the people they supported.

People received support with their nutrition and dietary requirements.

People and their relatives were involved in their care planning and in agreeing the support they needed.

People were supported to retain their independence. People told us they were able to make their own decisions and their preferences were taken into consideration.

The service had a complaints policy and process in place. People told us they knew what to do if they had any concerns or complaints about the service.

Feedback regarding the registered manager was positive. People spoke highly about the management of the service.

A system of audits and checks was in place to monitor the safety and quality of the service.

The service worked in partnership with other organisations and local commissioners.

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 not always safe.

People told us care workers would arrive late for care visits and people were not routinely informed of the delay.

People felt safe with the care provided.

Risks to people and been assessed and managed.

Safe recruitment processes were in place.

Is the service effective?

The service was effective.

Consent to care had been sought and gained from people whose care records we reviewed.

Staff were supported with training and supervision to provide effective care.

People were supported with their hydration and nutrition needs.

Is the service caring?

The service was caring.

People told us the staff were kind and caring.

Staff maintained people's privacy and dignity.

People were supported to retain their independence.

Is the service responsive?

The service was responsive.

Care plans were regularly reviewed and when people's needs

changed.

The service had a complaints policy and people knew how to make a complaint if they needed to.

People were supported to maintain relationships with people who mattered to them.

Is the service well-led?

Good

People and staff told us they felt the service was well-led. We received positive feedback about the registered manager.

Quality assurance systems and audits were in place to develop and improve the service.

Regular meetings were held with staff.

Care Quality Commission

LH Social Care Limited - Barnsley

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.

We received information of concern from an external source during our inspection process and used the information received as intelligence which informed our approach to this inspection. However, we were unable to corroborate the concerns raised with us.

This inspection took place on 24 January 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be able to support us with our inspection. The service provides personal care to people living in their own houses and flats in the community.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience on this occasion had experience in caring for older people, people who have a learning disability and people who use regulated services.

Prior to the inspection we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, infection control, the fire and police services, environmental health, the clinical commissioning group, and Healthwatch Barnsley to assist us in planning the inspection. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met with the registered manager, and five other members of staff, including the office manager and four care workers. We also spoke over the telephone with 11 people who used the service and four of their relatives.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the care their received from L H Social Care Limited. One person said, "I feel very safe with all the carers." Another person told us, "They (referring to the registered manager) came out to look at everything to make sure I'd got the right things (equipment) and they were very concerned that I am safe." A relative of a person who used the service told us, "[Name] is very safe with the carer. I have absolutely no worries at all about safety."

Staff told us they felt safe working for the registered provider. A staff member told us, "The biggest priority we have is to keep people safe. If I saw anything out of the ordinary, I'd not settle until I had told the office."

The registered provider had safeguarding and whistleblowing policies in place and staff had received safeguarding and whistleblowing training. Staff we spoke with could describe signs of abuse and told us they would have no hesitation reporting concerns to the registered manager to keep people safe. A staff member told us, "If I was seeing anything wrong I would report it." We found processes were in place to record safeguarding concerns appropriately. Records showed incidents of abuse had been recorded, managed and reported correctly. This meant measures were in place to ensure people were safeguarded from abuse and staff knew how to keep people safe.

We inspected the registered provider's policies and procedures and saw measures were in place to protect people from discrimination based on their protected characteristics.

At our last inspection, we found a specific risk was included in a person's care plan but not collated into a risk assessment. At this inspection, we checked to see if improvements had been made.

We saw specific risk assessments relating to people in all the care plans we looked at. For example, risks relating to infection control, medication, and moving and handling. We saw the care plan for one person contained a recently dated moving and handling plan, a copy of which was also kept with the daily care records for ease of staff reference. This meant the person was protected from the risks associated with moving and handling.

We saw environment risk assessments identifying workplace hazards for care workers. This showed the risks relating to staff providing care in people's homes had been incorporated in the overall care plan and staff were made aware of these risks.

People were supported with equipment to move safely. A person told us, "I have two carers because they need to use the hoist to lift me for my shower but they are very careful and make sure I'm safe before they move me." One care plan showed a person required the support of a hoist. We saw a risk assessment and a detailed manual handling assessment to guide staff in how to support the person to move safely. This demonstrated measures were in place to ensure risks to people were assessed and managed.

We reviewed the recruitment files for three members of staff. We found application forms had been

completed, references taken and Disclosure and Barring Service (DBS) checks obtained. DBS helps employers make safer recruitment decisions. This showed staff recruitment procedures were robust.

Rotas showed the consistency of staff providing support to people. One person told us, "I have three regular carers who all know my needs." A relative told us, "I can't fault the regular carer. [Name] is marvellous. My relative struggles to tell me things but I know they are happy because they always smile about [Name]." A staff member told us, "We see the same people on our 'run' each day" and, "We get to know people and their ways." We asked the registered manager how she ensured people received consistent care workers. She told us each staff member had their own team with a two week pattern of working and staff teams were built around packages of care. This meant people received their support from care workers they were familiar with and who knew their individual needs.

We asked people about the timing of their care visits. One person told us, "They are sometimes a bit late but never so much that I am worried, as long as they come, I don't really mind." Another person told us, "Carers were regularly late a few months ago and I spoke to the manager." They added, "The manager came to talk to me at home and carers are now always on time." A third person told us, "Carers are always five to ten minutes late. Once they were nearly an hour late. I raised this with the manager and it has got a lot better now."

We asked the registered manager what actions were being taken to address concerns regarding late and missed care visits. She told us a rota management system implemented in 2017 to help manage care worker rotas had not delivered the expected benefits. A decision had been made to replace the system with an alternative call monitoring system where care plans and rotas could be accessed via smart phones.

At the time of this inspection the registered manager told us the service relied on people and/or care workers to tell them if care visits were late or missed. They said a new system was in the process of being installed; it would display real time information at the office regarding care visits as the phone technology would register when the care worker arrived and when the call had been completed. They further told us the data would be linked into the office computer system which would highlight if a care worker arrived later than the expected time and this would enable the reason to be investigated and rectified for future calls. We will check the effectiveness of the new system at our next inspection.

Medicine administration records (MARs) were used to record the administration of people's medicines. We inspected a sample of MARs that had been returned to the administration office and saw these had been completed appropriately.

We saw one MAR stated a cream needed to be applied 'to the affected areas as directed' but the body map to indicate where the cream should be applied had not been completed. This meant there were no instructions to direct staff where the cream should be applied. We brought this to the attention of the registered manager who said they would rectify immediately.

Some people received support to take their medicines. We saw information about each person's medicines were recorded in their care plans. One person told us, "They [care workers] sort out my tablets for me. I take them myself but they [care workers] read out what it is and check that the dose is right." Staff told us they received training for the administration of medicines and had their competency assessed; training records we saw confirmed this. This meant people were supported appropriately to receive their medicine.

Personal protective equipment was available to protect people from the risks of infection. One person told us, "The carers use gloves and aprons all the time. They use hand gel before they put gloves on." Staff we

spoke with told us they wore gloves and aprons when providing personal care. This meant people were protected from the risks associated with infection.

Staff we spoke with understood their responsibilities to raise any concerns and told us they would go to the registered manager. The registered manager told us that they encouraged staff to speak with them directly so concerns could be investigated and reviewed. Lessons learnt would be shared back to staff individually and at staff meetings. We looked at records of accidents and incidents and saw these had been reviewed and managed appropriately. This demonstrated an open culture and willingness to learn from mistakes.

Good

Is the service effective?

Our findings

People and their relatives told us staff had the skills and training they need to provide effective care. One person told us, "They do their very best." Another person said, "They do the job well." One relative said, "They are amazing, really good", and a second relative told us, "These are the best care services we have used."

People's care plans contained an agreement for the care package being provided which had been signed by the person or their authorised representative. The registered manager told us all people new to the service were given a copy of the client handbook which outlined what people could expect and other relevant information relating to the registered provider.

We asked the registered manager how she ensured care was delivered in line with current standards, legislation and best practice. They told us the service used guidance for people with communication difficulties or lived with dementia to help achieve effective outcomes. We saw 'A little bit about who I am and my life so far' documents in the care plans we looked at; these provided an easy and practical way of recording people's life history, preferences, their routines and likes and dislikes.

Some people used utilised assistive technology such as falls pendants and electronic aids, for example, facial environmental switches. Facial environmental switches use very small electrical signals from muscle activity to wirelessly trigger electronic assistive technology equipment. In one person's care plan we found they used assistive technology but there was no guidance as to what was controlled or what assistance, if any, staff may need to give. This meant staff may not have an understanding or clear instructions on the use of the technology to support the person effectively. We brought this to the attention of the registered manager who said they would rectify this immediately.

Staff received induction and mandatory training. Staff new to the organisation were required to complete the Care Certificate, undertake mandatory training and to shadow experienced staff on care visits to get to know people who used the service. The Care Certificate is a standardised training programme designed to ensure staff have a good knowledge of all the essential care standards. Records showed staff had completed the Care Certificate. This demonstrated staff received training to help them deliver effective support and care.

We looked at the staff training matrix and saw staff had completed training in accordance with the registered provider's mandatory training requirements. Some staff had completed additional specialist training, for example dementia care, catheter care and tissue viability. We saw copies of training certificates were included in staff files. One staff member told us, "My training is up to date. I get an email when training is required so I can look at the list of the courses and book myself in for dates around my calls." This meant staff received appropriate training to enable them to carry out their roles effectively.

Staff we spoke with told us they received regular supervision and unannounced spot checks. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good

practice for individual staff members. A spot check is a specific observation and review of staff working practices by a manager without warning. We looked at the supervision matrix and saw staff had received supervision and spot checks in line with the registered provider's policy. Staff we spoke with confirmed spot checks were carried out and they received verbal and written feedback on the manager's observations. We found details of spot checks recorded in the staff files we looked at. This demonstrated staff received supervisions and spot checks in line with organisational policy.

The registered provider had an annual appraisal policy in place. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. At the time of inspection, we found staff annual appraisals were due to be held. The registered manager told us the previous year's appraisals had all taken place within a short timeframe and all staff now required an annual appraisal. We saw dates had been scheduled for staff appraisals.

Some people who used the service needed support to meet their nutrition and hydration needs. One person told us, "The carer always checks what I'd like to eat. While it's cold they have been making porridge for me with a bit of jam in it. I like that." A relative told us, "[Name] does forget to eat and drink unless someone is with them. The carers are really careful to make sure [Name] does eat. They leave cold drinks between visiting times and note down whether [Name] drinks them or not." One staff member told us, "We give people a choice. We encourage people to eat." We found people's food likes and dislikes were recorded in the care plans we looked at. Another staff member described how they supported someone with specific cultural food choices. They told us, "We adhere to their needs. It's all in the care plan." This demonstrated people were supported in their food choices and personal preferences.

Staff told us the staff team worked well together and there was strong feeling of team work between the office and care staff. One staff member said, "I love my job. There is a good balance of people."

Staff told us they would notify the office if they felt a person's needs had change so the office could contact the community nursing service, GPs or other healthcare professionals. People's care plans noted the person's doctor and other healthcare professionals. In one care plan we found names of the person's preferred family contacts but no contact details. We brought this to the attention of the registered manager at the time of our inspection.

We asked staff what they would do if they thought a person looked unwell. One staff member told us, "Most importantly keep clam. Look at the visuals. Keep the person relaxed and not worry while I ring the doctor or call 999." They also told us they would contact the office and let managers know what had happened. This demonstrated people received support to access help from healthcare professionals if they needed it, and staff knew what action to take when people were unwell.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications to deprive people of their liberty must be made to the Court of Protection by the local authority.

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

Staff training records showed staff received training in MCA and staff we spoke to could describe what the MCA meant. People we spoke with told us staff sought consent before providing care to them. One person told us, "Carers always ask me before they help." A relative told us, "They have a chat with [Name] and explain what they need to do."

We saw people had capacity to consent to care in the care plans we looked at. We asked the registered manager whether any people the service supported lacked capacity to consent to their daily support needs. She told us all people who used the service had capacity to consent to their care and treatment. She further told us if a person's capacity became a concern she would liaise with the relevant healthcare professionals so that an assessment could be completed and the requirements of the MCA would be adhered to.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. Comments included, "The carers really go the extra mile all the time", "I like how respectful they are", and, "I look forward to seeing them." One person said, "My carer needs some kind of award. [Name] is just brilliant. I think [Name] is the very best in the agency."

All the staff we spoke with knew the people they supported well and spoke in a caring, respectful manner. One staff member said, "It is important to make sure people are OK. Not just their physical health, but their mental wellbeing too." Another staff member told us, "It's all like one big family. All the people are part of it and we get to be part of theirs." This demonstrated people were treated with care and staff understood the people they supported.

A relative we spoke with told us, "[Name] had a new carer recently who was really lovely." They then described how the carer had looked through the care plan and sat and talked to the person about how they liked things doing. The relative added, "The carer asked [Name] to tell them if they got anything wrong so it could be put right."

Care plans we looked at were detailed and contained clear information about people's needs. We saw people's preferences were recorded. Staff we spoke with could describe people's likes, dislikes and preferences, and clearly knew people well as individuals. We saw one person had requested to have their hair straightened and make up applied as this was very important to them. This showed people were supported with their individual needs and preferences.

We saw people's care plans recorded their cultural, ethnic and religious beliefs. For example, one care plan stated a person's religion and their previous involvement with a place of worship was an important factor throughout the person's life. This showed people's cultural and religious beliefs were documented when making care and support decisions.

One person told us, "I try doing things myself, like making a cup of tea at bedtime but I struggle if I drop anything on the floor. The carers are really good about picking things up for me and they help me to get my slippers on." A second person told us, "I try to do as much as I can for myself to try and be a bit independent but it is good to know carers are there if I need them." A third person said, "The carers get my dinner ready and they don't do everything. They are very patient and let me prepare as much of my dinner as I can. I like that." This showed people were supported to live as independently as possible.

People told us care workers were respectful and polite and observed their rights and dignity. One person said, "Yes, carers make sure it is very private. They shut to door and close the curtains." Another person told us, "They keep me as covered as they can and do their best to make me feel comfortable about what they are doing." Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would do this. One care worker told us, "We make sure people are covered up as much as possible." A relative told us, "Carers always make sure that the towels are ready and they always close the door whilst they're doing anything personal. They are really very respectful towards [Name]".

Another relative said, "Carers chat all the time whilst carrying out tasks, this puts [Name] at ease." This meant people's privacy and dignity was respected by care workers.

We saw people's confidential information was securely stored. Care plans were kept in a locked cabinet and staff were aware of the need to maintain confidentiality. One staff member said, "It is important to respect people's privacy and not to discuss their confidential information outside of the work place." Another staff member told us, "I keep everything private. I respect people." This demonstrated people's private information was respected and maintained.

Good

Is the service responsive?

Our findings

We asked people and their relatives if care plans were reviewed regularly. One person said, "They made it very clear that if we find we need more support they can come and review things with us at any time but they automatically do a review once a year." One relative told us, "They made a few recommendations for me to think about and they said that if anything changes in what support is needed they will come and talk to me about it."

Staff we spoke to said people they supported all had a care plan in their home. One staff member said, "The care plan is the first thing we look at. They are always up to date. We ask the person too. If there are any discrepancies, I'd ring the office and [Name] would sort it out for me." Another staff member told us, "The care plans are helpful and they are the first thing you read. People are fluid, they change all the time so their care plan has to too", and then added, "I tell the office when something needs updating and they always see to it."

We looked at the care plans of four people who used the service and saw detailed pre-assessments had been carried out based on people's needs and the support they required. We saw each care plan had been developed with the person requiring the support and, if appropriate, their relative. The registered manager told us they completed the initial assessment of the person when they accepted a new care package and care plans would be reviewed annually or when a person's needs changed. This showed care planning took account of people's changing care needs.

All organisations providing NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. This requires care providers to ask, record, flag and share information about people's communication needs.

The registered manager stated they were not familiar with the AIS, however, we found the principles of the standard were followed within people's care plans. For example, one person's medication plan detailed they required large print labels to be on their medicines. We saw care plans were in place for people who had difficulty communicating due to a sensory impairment or who had problems with verbal communication. For example, a care plan for a person who could not communicate verbally described how they used hand gestures to communicate. Another care plan asked for the person to be written to using 'large print'. This meant people were communicated with in a way which was appropriate to them. The registered manager said she would review AIS guidance and ensure any additional measures required were put in place. We will check that this has been progressed at the next inspection.

People's interests and activities were included in their care plans. We saw staff had access to information and guidance how to support people based on the preferences and likes. For example, one person liked to watch television and in particular, soaps, cartoons and anything to do with motorbikes. Another person asked for staff to ensure the television was switch on before they left. These examples showed people were supported to pursue interests that were important to them.

People were support to maintain relationships with people that matter. A staff member told us, "I support one person to go to the pub. We sit with their family so they can stay in touch with them."

The registered provider had a complaints policy in place. People we spoke with told us there was information about the registered providers complaints policy in their care plan but were keen to stress they had not had to use it. People further told us they would have no hesitation in raising a complaint or concern direct with LH Social Care Limited and knew who to report their concerns to.

One person told us, "If I was worried about anything I would have no problem in ringing them. I think the communication from them is pretty good. I must say though that I've got no complaints at all." Another person said, "There was a time when the calls were a bit hit and miss with the timing. I spoke to the manager and it was sorted out." A third person told us, "I asked two weeks ago for a different carer as I do not get along with one of the current ones but nothing has changed." They then added the registered manager had confirmed new staff were being trained and had told them they would have a different carer shortly.

We looked at how complaints or compliments were logged, investigated, actioned and reviewed. Records showed saw this had been carried out appropriately.

The registered manager told us the service did not have a contract to provide services for people whose primary need was end of life care. She said in the event a person had a Do Not Attempt Cardiopulmonary Resuscitation form (DNACPR) in place, the document would be recorded within their care plan. The purpose of a DNACPR decision is to provide guidance on the best action to take (or not take) if a person's heart stops. We saw a photo of a DNACPR form in one care plan we looked at and noted it was very blurred. We brought this to the attention of the registered manager on our inspection and she said she would ensure the DNACPR form would be replaced with a better copy.

Good

Is the service well-led?

Our findings

All of the people and relatives we spoke with told us the service was well-led. Comments from people who used the service included, "I can't think of any improvements they could make. They are very methodical", "I have no complaints. This is a very good service. I don't know what I'd do without them", and, "Out of all the care services we have used, these have been the best." Comments from relatives included, "I feel happy that [Name] is very well looked after and very safe", "The manager knows that they are doing", and, "I would recommend them to someone who needed the same kind of care."

The registered provider for this service is required to have a registered manager as a condition of their registration. There was a registered manager in post on the day of our inspection and therefore this condition of registration was met.

Under the regulations registered providers must submit statutory notifications to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

We found there was an open culture with a desire to improve systems and provide personalised care. The registered manager told us, "I make sure I meet and know everyone that uses our service personally." People who used the service and their relatives we spoke with confirmed they knew the manager.

Staff were positive about the management of the service. One staff member told us, "It is well-led." Another staff member said, "Everyone at the office listens and acts." A third staff member said, "Hats off to them (referring to the managers), they are there for us 24/7."

Staff spoke positively regarding the registered manager and said she was supportive and approachable. One staff member said, "If I was unhappy about anything, I would speak to [Name] (the registered manager). [Name] would take action." All staff told us they felt confident to discuss concerns directly with the registered manager and felt their concerns would be listened to and acted upon.

Audit systems were in place to review and monitor the quality of service provided. We saw medicine administration records and people's daily care logs were audited on a regular basis although we found the month before this inspection had not yet been audited. The registered manager was aware the audits had not been completed and planned to complete them as a priority. She told us audit findings were communicated to staff at the monthly staff meetings; meeting minutes we confirmed this. This meant there was an audit process in place to highlighted areas of improvement and processes in place to share the results.

Staff meetings were held monthly. Staff told us the meetings were useful and confirmed they attended them. A staff member said, "I always try to attend the meetings. I find it useful." We looked at minutes from a meeting and saw summary audit information regarding staff runs was discussed. Staff meetings enable

relevant information to be shared with the staff team and provide an opportunity for staff to share their views about the service and care provided.

People and their relatives were asked to provide feedback on the service twice annually. We saw a survey had been sent to people and their relatives in November 2017. The survey asked a range of questions about the service people received. We found one survey was from a person who was very unhappy with the service and the registered manager told us she had subsequently met with the person to try to address their concerns. Another survey commented, "Cheerful and happy staff." We saw the registered manager reviewed each survey that was returned to the office and acted upon areas of concerns. This helped demonstrate feedback was sought from people and their relatives to improve the quality of the service.

Staff were asked to provide feedback on the organisation twice per year. Surveys asked staff to comment on 'one thing I like about the service' and 'two things I would like to improve' in addition to specific questions. We found concerns raised by staff in the March 2017 survey had been investigated, actioned and were no longer an issue for staff. We saw the November 2017 survey findings and actions taken had been shared with staff.

We saw the registered provider asked for feedback from healthcare professionals in 2017. We found feedback was positive and summary information from the survey was shared back to the healthcare professionals.

The registered manager told us they were keen to continuously learn and improve the service. Members of staff had been designated leads for dementia and were trained as dementia champions. A dementia champion is someone with excellent knowledge and skills in the care of people with dementia. They are an advocate for people with dementia and a source of information and support for co-workers. She further told us she attended good practice events for registered providers. This demonstrated efforts were made by the registered manager to continuously develop and improve the service.

The service worked in partnership with other organisations. The registered manager had made links with a number of other organisations and departments within the local authority and NHS. We saw evidence of advice and guidance sought from the local authority.