

PCT Diamond Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was carried out on 11 May 2016. Our inspection was unannounced, which meant the provider did not know we were coming.

At our previous inspection on 03 and 04 August 2015 we identified seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to person centred care, consent, safe care and treatment, meeting nutritional and hydration needs, good governance, staffing and recruitment procedures.

PCT Diamond Care Services Limited is a domiciliary care service. The office is located in central Dartford. PCT Diamond Care Services Limited provides care and support for 18 people who are living in the community. People receiving care and support were predominantly older people, some people were living with dementia, had limited mobility, sensory impairments or received care in bed. PCT Diamond Care Services Limited also provided live in care staff to three people. Live in care enables people to stay in their own home, but receive care from staff who live with them. Staff provided assistance to people such as washing and dressing, preparing food and drinks, administering medicines and helping people maintain their health and wellbeing.

PCT Diamond Care Services Limited had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

People's views about the service they received were positive. Relatives felt their family members received safe, effective, compassionate, responsive and well led care.

Medicines were appropriately managed and recorded. Some medicines records were confusing, we made a recommendation about this.

Recruitment practices were safe. Staff received regular support and supervision from the manager. There were suitable numbers of staff on shift to meet people's needs. Staff had been given training in essential areas.

Risks to people had been identified. Systems had been put in place to enable staff to provide care and support to people safely.

People's care plans detailed what staff needed to do for a person. The care plans included information about their life history and were person centred. People were supported to be as independent as possible.

Staff knew and understood how to safeguard people from abuse, they had attended training, and there

were effective procedures in place to keep people safe from abuse and mistreatment.

People's information was treated confidentially. People's paper records were stored securely in locked filing cabinets.

Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) was in place which included steps that staff should take to comply with legal requirements.

People received medical assistance from healthcare professionals when they needed it. Staff knew people well and recognised when people were not acting in their usual manner.

People and relatives told us that staff were kind, caring and communicated well with them.

People and their relatives had been involved with planning their own care. Staff treated people with dignity and respect.

People were given information about how to complain. This included information about who to contact if they were unhappy with the response to their complaint.

People's view and experiences were sought through review meetings, telephone calls and through surveys.

People told us that the service was well run. Staff were positive about the support they received from the registered manager. They felt they could raise concerns and they would be listened to.

Audit systems were in place to ensure that care and support met people's needs.

Communication between staff within the service was good. They were made aware of significant events and any changes in people's health.

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.

Risk assessments were clear and up to date to ensure that staff had clear guidance in order to meet people's needs.

Staff had a good knowledge and understanding on how to keep people safe. Safeguarding policies and procedures were in place. Medicines were appropriately managed.

There were sufficient staff on duty to ensure that people received care and support. Effective recruitment procedures were in place.

Is the service effective?

Good ●

The service was effective.

Staff had received essential training they needed to enable them to carry out their roles. Staff had received supervision and good support from the registered manager.

Staff supported people to prepare and make food which met their assessed needs.

Staff had a good understanding of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good ●

The service was caring.

The staff were kind, friendly and caring.

People and their relatives had been involved in planning their own care.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's care support plans were person centred and reflected their likes, dislikes and wishes.

A complaints policy and procedure was in place, this detailed all of the information people needed to appeal about a response.

People had been asked their views and opinions about the service they received.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service. Records relating to people's care were stored securely.

The registered manager was aware of their responsibilities.

The service had a clear set of values and these were being put into practice by the staff and registered manager.

Good ●

PCT Diamond Care Services Limited

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.

The inspection took place on the 11 May 2016, it was unannounced. The inspection team consisted of two inspectors.

We reviewed previous inspection reports and notifications before the inspection. A notification is information about important events which the service is required to send us by law.

We telephoned four people to obtain feedback about their experiences of the service. We interviewed five staff including the registered manager. We spoke with four relatives.

We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority care managers and commissioners.

We looked at nine people's personal records, care plans and medicines charts, risk assessments, staff rotas, staff schedules, four staff recruitment records, meeting minutes, policies and procedures.

We asked the registered manager to send us additional information after the inspection. We asked for staff meeting records, policies and procedures and rota information. This was received in a timely manner.

Is the service safe?

Our findings

At our previous inspection in August 2015 we identified a breach of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to provide care and treatment for people in a safe way. The provider had failed to properly manage medicines. The provider had failed to operate effective recruitment procedures.

At this inspection, we found the registered manager had made significant improvements to the service.

People told us they felt safe. They told us they had regular staff providing consistent support to them in their homes. Comments included, "I'm receiving a brilliant service"; "I have the same person every day"; "The girls always come on time, I have one most of the time but I know the other one that come as well"; "Yes I feel very safe with my carers" and "I do feel safe with my carer, she is gentle and makes sure I am alright while she is here and checks with me that she has done everything and I am ok before she leaves".

Relatives told us their family members received safe and effective care from staff. Comments included, "She's safe, since they have been doing 24 hours we've not had any calls [from family member] in the night"; "She is definitely in safe hands with the people that come" and "I feel safe, if there's something, they tell me".

At the last inspection we found that risks to people's safety had not been properly assessed. At this inspection we found that care support plans contained in depth risk assessments to keep people safe. These covered a variety of topics, including health care needs, environmental risks in people's home, pressure areas and moving and handling risks. Risk assessments detailed safe working practice for staff to follow such as assisting a person at risk of choking with cutting their food up into bite size pieces.

At the last inspection we found that medicines were not managed effectively, staff had not received competency assessments and medicines records were not completed appropriately. At this inspection we found that medicines were appropriately managed to ensure that people received their medicines as prescribed. There were clear medicines procedures in place. The procedures set clear directions for staff about administration of medicines, this included information about over the counter medicines, medicines refusals and self-administration. The procedures covered key areas such as consent and areas that staff are not authorised to support people with. Staff were clear about their responsibilities regarding medicines.

Staff made accurate records of medicines taken on medicines administration charts (MAR) and medicines records. Some MAR charts showed that all the medicines from pharmacy filled compliance aids had been included in one column on the MAR chart, rather than a separate column for each different medicine. Some medicines were given twice a day and some were given once a day this could cause confusion as it was not clear what medicines and times staff were signing for.

We recommend that the registered manager follows published good practice guidance to ensure staff handle medicines safely.

Staff signed MAR charts to say that they had given the medication there were no gaps in the MAR sheet, we also saw that creams were recorded and signed for. Completed medicine records were audited by the registered manager when these were returned to the office at the end of each month. Any issues found were followed up with staff and documented accordingly. This meant that there were good systems in place to ensure people received their medicines safely.

At our last inspection safe recruitment procedures were not being followed. At this inspection we looked at four staff files. All of which contained a full employment history and all gaps were explained except one which the registered manager was following up. All staff files showed that the provider had gained two references before staff were able to start employment. The provider had carried out Disclosure and Barring Service (DBS) checks prior to employment and there was evidence in all files of staff's identity and the right to work in the UK. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Robust recruitment procedures were followed to make sure that only suitable staff were employed.

There were suitable numbers of staff on shift to meet people's needs. The staffing schedule for each person showed that consistent staff were allocated to work with people, this meant people knew who was coming to their home to provide them support. People told us staff arrived on time and there were no issues with lateness. One person said, "They are here every night at 20:30 and 08:30 every morning on the dot".

People were protected from abuse and mistreatment. Staff had access to the providers safeguarding policy dated December 2015 as well as the local authority safeguarding policy, protocol and procedure for Kent and Medway and also Bexley. We noted that the provider's safeguarding policy contained telephone numbers for Kent Social Services that no longer existed, however the correct telephone numbers were found on the linked Kent and Medway safeguarding policy, protocol and procedure. These policies provide guidance to staff and to managers about their responsibilities for reporting abuse. The registered manager understood their responsibilities and knew to report safeguarding concerns to the local authority, concerns had been raised when appropriate. Staff understood the various types of abuse to look out for and knew who to report any concerns to in order to ensure people were protected from harm.

Individual incidents and accidents were fully recorded by staff. The registered manager had looked at the records and investigated each incident to see if they could be avoided in the future. Action had been taken when issues arose. For example, staff had reported that one person's specialist bed had broken. The registered manager and staff contacted relevant persons to arrange for a suitable replacement and liaised frequently to ensure that everyone involved with the person's care knew what was happening.

Staff continued to access and use personal protective equipment when delivering care, such as gloves, aprons and antibacterial hand gels. Staff told us this was supplied to them from the office. We saw a stock of these in the office.

Procedures were in place that dealt with emergencies that could reasonably be expected to arise. These included guidance for staff so that the emergency services could respond to people's needs appropriately if required. The registered manager had a care planning system that was securely saved off site and this could be accessed away from the office so that people's care could continue if the office was not accessible.

Is the service effective?

Our findings

At our previous inspection in August 2015 we identified a breach of Regulation 14, Regulation 11 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to monitor people's food and fluid intake when they had been assessed at risk of malnutrition. The provider had failed to ensure care of people was in accordance with the Mental Capacity Act (2005). Staff had not received adequate supervision, support and training to carry out their roles.

At this inspection, we found the registered manager had made significant improvements to the service.

People told us they received effective care and support. Comments included, "Definitely meet my needs"; "I'm very happy with them and I don't want to change" and "I am very pleased with the girls [staff] I have they have become my adopted daughters".

Relatives told us their family members received effective care and support to meet their nutritional and healthcare needs. Comments included, "Staff contact the GP and let us know what is happening"; "She's fed really well" and "PCT have been very very good for my mum".

At the last inspection we found that people's nutritional needs were not well met. At this inspection we found that improvements had been made to care support plans which clearly detailed people's nutrition and hydration needs. Appropriate guidance had been gained from health care professionals in relation to textures of food and staff were following this. For example, people who required their drinks to be thickened to enable them to swallow the liquid safely were receiving support to ensure their drinks were thickened. They had been assessed by the Speech and Language Team (SaLT). All of the staff we spoke with that worked with this person knew about the guidance and explained how they safely supported this person with their eating and drinking. Daily records showed that meals and drinks were listed as being given. The daily records also recorded when people had declined meals.

At the last inspection we found that staff had little understanding of the Mental Capacity Act 2005 and how this impacted on people. At this inspection, records in relation to people's capacity were clear and followed the general principle of the act, which was to assume capacity. There were procedures in place and guidance was clear in relation to Mental Capacity Act 2005 (MCA) that included steps that staff should take to comply with legal requirements. Guidance was included in the policy about how, when and by whom people's mental capacity should be assessed. Mental Capacity Act 2005 (MCA) training had been attended by all of the staff. Staff evidenced that they had a good understanding of the MCA. Staff told us that they talked with people about their care to ensure that they knew what they were doing and to seek consent. One staff member explained that they offered choices to people and if they were unable to make a choice or were confused or disorientated they would go back at different times to try again. One staff member described how they made different drinks so that the person they worked with could smell them to decide which one they liked. This meant that consent was sought in line with legislation and guidance.

At the last inspection we found that staff had not received adequate supervision, support and training. At

this inspection staff told us they received good support. One staff member said that the provider was a "Great employer to me, when I call my line manager [registered manager] she listens, she takes advice. If something is not right, she does things by the book". Another staff member told us, "She [registered manager] is always there to help me; she has contacted nurses to help".

Staff told us they had received lots of training and regular supervision. Training records evidenced that staff had received training in a number of areas such as, mental capacity, medication, infection control, dementia awareness, equality and diversity and nutrition and diet. The registered manager had checked staff competency in relation to medicines, moving and handling, personal care and communication. Staff were supported to develop and gain qualifications at work. One staff member told us they already had a level two qualification in health and social care but were currently working on their level three qualification with support from the registered manager. Staff had met with the registered manager for regular supervision. One staff member told us, "I have supervisions, the last one was in the last two weeks".

Staff had all received handbooks which provided them with information about their roles, responsibilities and the organisation.

People's care records evidence that people received medical assistance from healthcare professionals when they needed it. Staff contacted the office to inform the management team when any changes in people's health had been noted. Records evidenced that the service had responded to people's changing needs as they had contacted the GP, district nurses, Occupational Therapists (OT's), dietician, Speech and Language therapy and mental health nurses when necessary. Staff gave examples of the action they would take if they were concerned about a person's health such as if someone was not acting in their usual manner or that they were showing signs that the person had experienced a stroke. People and relatives gave us examples of when staff had responded to changes in their family member's health needs. A relative explained how the registered manager had supported them to arrange for continence aids to help support their family member to be more comfortable. This meant that people's health needs were met by staff.

Is the service caring?

Our findings

At our previous inspection in August 2015 we made a recommendation that the registered manager researched published guidance about person centred care planning.

At this inspection, we found the registered manager had made significant improvements to the service.

People told us that staff were friendly, caring and treated them with dignity and respect. Comments included, " They respect privacy and dignity"; "They speak to me nicely" ; "They are polite, they are very thoughtful, thinking about you all the time, they are brilliant they really are"; "My carer [name] is so caring and does everything I need her to do. I would love to have her longer each visit, but I know she has others to see"; "I feel I am cared for in a dignified way, and I am certainly treated with respect" and "They do treat me with respect, I would tell them if they didn't".

Relatives were happy with the care and support provided by staff. Comments included, "Very kind and caring"; "Mum is always washed in the bathroom"; "Two girls [staff] they are wonderful with mum, they sit with her, she looks nice"; "We have three carers. It works well, I trust them" and "Staff do treat her with dignity and respect, staff are all very kind and caring, we are very pleased, she is looked after so well. They come twice a day, they come on time and we are happy with all they do".

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us they gave people prompts and praise to ensure people were in control and encouraged people to make decisions.

Staff maintained people's privacy and dignity. Staff explained that they would close doors and curtains when providing personal care to people. Staff explained how they chatted to people whilst providing care which made people feel valued. All of the staff explained that they covered people with towels whilst they were assisting them with their personal care to protect their privacy and dignity. One person described how staff covered them with a towel when supporting them with their personal care. They added, "She's very good at that".

Staff knew the people they supported well. The rota's evidenced that people had consistent staff providing their support. For example, people had a core group of staff that visited them in their homes to provide their care and support.

Relatives shared that they valued the extra things that staff did to make their lives easier. For example, staff that provided 24 hour care for people, ensured that the home was clean and tidy and assisted relatives by making shopping lists and notifying them when things were not working correctly such as the washing machine.

The service had a guide which had been put together to provide information for people who used the service. The registered manager told us that this was given to each person when their care package started.

The information guide included contact details for the service, details of the types of care and support offered, the complaints procedure and forms for staff to use whilst providing care such as daily record sheets. The 'service user guide' set out the aims and objectives of the service. People and their relatives knew what to expect from their care package.

People's care plans clearly listed the care and support tasks that they needed. Daily records evidenced that care had been provided in accordance with the care plan. For example, one person's care plan showed they needed four care visits a day to have support with their personal care, taking medicines, eating and drinking. The daily records evidenced that the person received four care visits each day as detailed in the care plan. The records noted what the person had eaten that staff had time to chat.

Staff were aware of the need to respect choices and involve people in making decisions where possible. A staff member told us, they chatted to people to find out what they wanted. Staff members told us how they encouraged people to independently wash areas of their body and they only stepped in to provide care when the person needed help. For example, to wash the person's back.

Staff providing live in 24 hour support to people in their homes described how they enabled the person and their relatives to have private time with each other without intrusion. They respected that they were working in people's homes.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the registered manager's office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password. The provider had a backup server and IT support to ensure that files could be accessed and recovered in the event of IT failure.

Is the service responsive?

Our findings

At our previous inspection in August 2015 we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to update and review care plans in relation to peoples changing needs.

At this inspection, we found the registered manager had made significant improvements to the service.

People told us that the service they received was responsive to their needs. Comments included, "They are flexible, I can change the time"; "It was the best decision I ever made to change to PCT, I can change my times and can ask for help with different things"; "Not had anything to worry about, no complaints"; "I know how to complain if need to, I would tell [registered manager], she often pops in to see if I am ok" and "I was involved in doing the care plan, I had more visits to start with but I have changed that, but if I am not well this can be increased".

Relatives felt the service was responsive and they knew who to contact if they had any concerns or complaints. Comments included, "I feel she is very well looked after, I would be able to say if there was a problem"; "I can phone [registered manager] can talk about issues"; "We had a meeting and we wrote down what we wanted, so we were involved in care planning" and "If problems we would talk to [registered manager] there's not been any".

At the last inspection we found that care support plans had not been updated or reviewed when people's needs changed. At this inspection we found that care plans and assessments were reviewed and updated regularly. Every person's care support plans and risk assessments had been updated since we last inspected the service.

Staff told us that when they started to provide support to people there was always a care support plan and risk assessments in place and they had all the information they needed to provide care and support. One person told us, "The information about me is in my home in the book". Care support plans detailed people's care needs, their wishes and choices.

People's care support plans that we viewed detailed their life history and important information about them. Such as previous occupations, places they had lived and important people in their lives. The care support plans provided clear detail to staff about what they had to do for a person. This helped staff engage people in discussion that was important to them and enabled staff to develop a good rapport with the person as well as a good understanding of their life. Staff members who provided care and support for people who were cared for in bed explained how they engaged people in meaningful activities to keep them stimulated. For example, two staff members said they chat, sing, watch television, discuss current affairs, listen to the radio and that people had regular visits from their relatives.

The provider had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected

timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). One person told us, "If I was not happy I would contact the manager straight away, I feel sure she would sort out whatever was wrong, but I have not had to complain".

There had been no complaints since our last inspection. The registered manager explained that all previous complaints had been resolved. They explained that they made regular contact with people and their relatives to check how people were and through this process they had not received any negative feedback about the service. The registered manager had not received any formal compliments about the service. One relative told us, "The manager checks with me every now and again that I'm happy with the service they are providing for mum, which I am and yes I do remember seeing a questionnaire, again am very happy with the service and would recommend them to others".

People were encouraged to provide feedback about the service. People and their relatives told us they had received surveys. We looked at some completed surveys. These had been completed within the last two months. The feedback showed that most people felt that the service was excellent or good. The surveys linked to the fundamental standards, they checked people received safe, effective, caring, responsive, well led care. Comments from the surveys included, 'A little bit more reliable, at this time everything seems to be going very well'; 'Their help much appreciated and not much can be improved really everything is working well'; 'Everything working well'; 'All good'; 'We have built up a good bond with each other, without her [staff member] my life would be very difficult' and 'I couldn't ask for nicer people caring to me'. Two surveys stated, 'We have never had to complain'.

Is the service well-led?

Our findings

At our previous inspection in August 2015 we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to monitor, assess and improve the service and had failed to act on feedback from people receiving care and support.

At this inspection, we found the registered manager had made significant improvements to the service.

People gave us positive feedback about the service and they all felt that it was well led. Comments Included, "I cannot fault the service and the care I get"; "When [staff member] is not around the manager makes sure I still have someone who can support me" and "It's well managed".

Relatives told us the service was well led. Comments included, "I have every confidence in the manager and the staff they are doing a really good job"; "I would recommend the agency to anyone" and "Definitely well run, we tried another company but didn't like it and so we came back to Diamond".

The registered manager worked closely with the staff to ensure the service ran smoothly. We observed the registered manager making calls to district nursing teams when staff had rang in to log concerns about people's health. Staff told us that the registered manager often helped them in this way and they had good support. One staff member said, "In the last year it's drastically improved, they've put lots in order". Another staff member told us, "I have plenty of training and support. I can ask [registered manager] if I am not sure about anything". People and relatives also told us that the registered manager was supportive and helped them. One relative told us the registered manager "Fights our corner and chases" when they needed equipment and additional help.

Staff told us they had regular staff meetings in the office, records of the meetings were posted to staff so those that couldn't attend were included. One staff member said, "We have a meeting I can go to sometimes when we all get together, as she then tells us about any changes and what is happening with regard to the agency". Another staff member told us, "[Registered manager] is easy to speak with and we have meetings every month sometimes may be two months". All staff told us that communication was very good. This meant that all staff were kept up to date about the service.

The registered manager encouraged a culture of openness and transparency. Their values included an open door policy [anyone who wanted to bring something up with them just had to walk through the door and ask], management being supportive of staff and people, respecting each other and open communication. Staff demonstrated these values by being complimentary about the management team. Staff told us that an honest culture existed and they were free to make suggestions.

Audit systems were in place to monitor the quality of care and support. Spot checks were undertaken to check that staff were providing care and support as they should be. One staff member told us, "She [registered manager] has watched me work to make sure I'm doing everything I should correctly". The registered manager audited all care records when they were returned to the office. The audit reports

evidenced that the registered manager consistently picked up issues and highlighted where records had been made. One audit showed that the registered manager had spoken with a person's relatives to investigate why staff had not written a record of the support provided to their family member. The investigation found that relatives had moved the daily records book, staff were unable to find it. Another audit showed that the registered manager had identified there were gaps in recording. The registered manager investigated this and found that staff were having difficulty writing the record of support provided because the daily records book was in the person's living room which was in use by other members of the family. Staff hadn't wanted to disturb them and wanted to respect their private space. The outcome of the audit showed that an agreement had been made to move the person's daily record book to the kitchen.

There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in reporting incidents and events internally and to outside agencies. Policies and procedures had been reviewed and updated to ensure they were fit for purpose. This meant staff had up to date and accurate support and guidance.

Staff whereabouts was monitored. The provider had a care call monitoring system in place which meant that staff had to log in and log out by making a phone call at the start and finish of each person's support. The office manager checked the call records daily and monitored this. The call records were used to support the invoicing process for the local authority to evidence when people had more or less hours than commissioned.

The registered manager had instructed an external company to provide the service with help to improve after our previous inspections. The external company had helped the registered manager to identify areas of improvement, make changes and update the policies, procedures and records. The support they received from the organisation was ongoing, which meant there were suitable arrangements in place to monitor the quality of the service being provided. The registered manager told us that they felt confident in providing a good service because they had the help they needed. They told us their aim was to keep the service relatively small, to ensure the quality of care and support remains high.

The mission statement for the service shows that the main purpose of the company is to provide specialist and generic domiciliary care services to people. The mission statement detailed, 'To ensure that our service users are fully satisfied with the service we provide at all times in order to achieve this aim we rely on the commitment and effectiveness of our employees it is therefore vital that you enjoy your work and that we work together as a team to achieve our goals'. The staff we spoke with told us that the team work well together. One staff member said, "All the staff seem very nice and we get on well". People receiving care were positive about their care and support and complimentary about the staff and registered manager.

We spoke with staff about their roles and responsibilities. They were able to describe these well and were clear about their responsibilities to the people and to the management team. The staffing and management structure ensured that staff knew who they were accountable to.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.

The registered manager had displayed the rating of the last inspection in a prominent area in the office and on their website so that people, visitors and relatives could view the rating given by CQC following the previous inspection.

