

Sevacare (UK) Limited

Synergy Homecare - Kirklees

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

We inspected Synergy Homecare – Kirklees on 23 May 2018 and the inspection was unannounced. This meant the service did not know we were coming.

We previously inspected the service on 14, 20 and 21 March 2017 and the service was rated as 'Requires Improvement' in four of the five key questions and overall, and as 'Good' in the key question of caring. We identified breaches of the regulations relating to need for consent and good governance. As a result, we served the registered provider with two warning notices.

Following the last inspection, we met with the provider to discuss improvements required. They provided an action plan to show what they would do and by when to improve all the key questions to at least good. On this visit, we checked to see if improvements had been made.

Synergy Homecare – Kirklees is a domiciliary care agency that operates in the Kirklees area. The agency provides a range of support for individuals in their own home which includes personal care, social care and domestic assistance. At the time of our inspection 56 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.

People told us they felt safe with the staff that supported them. Staff had undertaken safeguarding training which was kept up to date. Staff understood their role and responsibilities to keep people safe from harm.

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

There were sufficient staff to meet people's needs. There was a high level of consistency in the staff who attended each person. People told us they knew the staff who were supporting them.

Staff recruitment pre-employment checks had been carried out. Internal audits had not identified gaps in candidates' employment history had not always been explored.

People were supported with medication and medicine administration records were audited monthly. However, some minor issues were not always picked up by the registered provider's heads office audit process.

We have made a recommendation about effective audit processes.

Staff had undertaken training on the Mental Capacity Act (2005) and deprivation of Liberty Safeguards. Care records evidenced people had consented to care and treatment. Staff told us how they would always ask for verbal consent to care before assisting people.

New staff were supported in their role, which included training and shadowing a more experienced staff member. We saw evidence staff had received regular ongoing training in a variety of subjects. Staff received regular supervision and field based observational spot check assessments of their performance.

Staff knew how to access relevant healthcare professionals if their input was required.

People we spoke with told us staff were kind and caring. Staff treated them with respect and took steps to maintain their dignity and privacy. People's private information was kept confidential.

People had a care plan in place which was person centred and provided sufficient detail to enable staff to provide the care and support required by each individual. Staff made a record of the care they provided at each call.

There was a complaints process in place; however there had been very few complaints received and none during 2018. People told us they knew what to do if they had any concerns or complaints about the service.

People supported told us the service was well led. They told us they were asked for their input and feedback regularly, during verbal contact and more formally in reviews and an annual satisfaction survey.

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

The service worked in partnership with other organisations and healthcare professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff had been trained and demonstrated an understanding of their role and responsibilities in safeguarding the vulnerable people they supported.

There were detailed risk assessments in place which ensured the care and environment was safe for both people who used the service and staff.

All necessary employment checks had been completed to ensure staff were suitable to work with vulnerable people in their own homes, except potential gaps in employment had not always been explored.

Is the service effective?

Good ●

The service was effective.

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

Staff had undertaken training on the Mental Capacity Act 2005.

Staff were well trained and all training was up to date. Staff received regular spot checks, supervisions and appraisals to ensure they were well supported.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring and spoke positively about the staff who provided care.

People's personal preferences were respected.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place which were reflective of their care and support needs.

Care plans were reviewed annually and whenever there was a change to a person's needs. Care plans were continuously evolving and were up to date with current information.

There was a system to record, investigate and respond to complaints.

Is the service well-led?

Good ●

The service was well-led.

The office team were visible and the registered manager operated an 'open door' policy. Staff reported the office team were always available to them to offer support and advice.

There were clear processes in place to monitor the quality and safety of the service. The registered providers audit process had not identified our findings in relation to gaps in employment and medicine administration records.

People who used the service and their relatives were asked their views about the care they received.

Synergy Homecare - Kirklees

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.

A comprehensive inspection took place on 23 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an adult social care assistant inspector.

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 adults team, infection control, the fire and police services, environmental health, the clinical commissioning group, and Healthwatch Kirklees 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, four care workers and three other members of staff. We also spoke over the telephone with five people who used the service and one of their relatives.

We looked at six care plans including risk assessments, five staff records and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe with the care provided by Synergy Homecare – Kirklees. One person told us, "I feel safe as houses." Another person said, "New staff introduce themselves." A third person said, "The carers are very nice to me."

The service had a safeguarding policy in place and staff had received safeguarding of adults and abuse training which was kept up to date. Staff we spoke with could describe signs of abuse and knew to report concerns to the registered manager to keep people safe. We asked one staff member what safeguarding meant and they told us, "It's about protecting them (referring to people who used the service) from any kind of abuse." They further told us, "My first step would be to raise it to my line manager." Another staff member told us, "I keep [Name] safe by noticing behaviour and observing. I talk to [Name]." Records evidenced safeguarding concerns were actioned and completed appropriately. This demonstrated there were the right systems in place to protect people who used the service from the risks associated with abuse.

The registered provider had an Equality and Diversity Policy which outlined staff and management duties in ensuring people were treated equally, with respect as individuals and protected from discrimination based on the protected characteristics. This helped to keep people safe and challenge any discriminatory practice.

During this inspection we found evidence of detailed and robust risk assessments in people's care plans. We saw risk assessments had been completed in relation to health conditions, skin integrity, water temperatures, mobilisation and falls, fire safety, equipment, and infection control. The risk assessments were individual to the person being supported and covered all aspects of their assessed needs and environment. We saw risk assessments were in place to support both people and staff. One staff member told us, "Any faults with electrics then you report it." This showed there was a system in place to assess risk which also prompted staff to take action where risk was identified.

Each care plan we looked at contained a home environment risk assessment detailing access, steps and lighting. We saw one assessment had highlighted steps in a dark passageway and staff had been advised to take extra care. 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 potential risks.

People's confidential information was securely stored. We saw confidential information and care plans were kept in locked filing cabinets. This meant people's confidentiality was maintained.

The registered provider had a whistleblowing policy in place. Staff we spoke with understood their responsibilities to raise concerns and felt comfortable to whistle blow on poor practice. One staff member told us, "If I have any problems, I just ring them (referring to the manager) or come in (referring to the office). Another staff member said, "I would raise it with the manager. I could speak to one of the other people in the office." This meant processes were in place to support staff to raise concerns.

One person told us, "I get the same staff Monday to Friday and they alternate on the weekends." Another

person said, "Staff turn up on time." A third person told us, "They ring to say if going to be late."

We spoke with staff and asked their views whether they were enough staff. One staff member said, "My rota is quite fixed. Things have been a lot better." Another staff member told us, "I work most weekends, that's my choice." A third staff member said, "There's enough. They can easily get someone else." A fourth staff member said, "At the moment its pretty good. They do their best to cover everything" and "Very seldom do I get a call to pick up shifts. It's not a regular occurrence."

During this inspection we saw some examples of call times being cut short. We raised this with the registered manager who told us they had already identified this through the monitoring process. They further told us there was a delay from the local authority in changing care plans to reflect short call times were needed. We saw one example of staff arriving outside of the planned time by more than thirty minutes and saw the registered manager had taken appropriate disciplinary action with the member of staff involved. All the evidence we found showed people were receiving continuity of staff who provided care and support to them.

We looked at the recruitment files for five members of staff. We found these contained an application form, interview records, candidate assessment form and two references. We saw Disclosure and Barring Service (DBS) checks had been obtained. DBS checks return information from the Police national database about any cautions, convictions, warnings or reprimands and help employers make safer recruitment decisions to help prevent unsuitable people from working with vulnerable groups. In three of the files we looked at we identified gaps in employment and found no evidence to show these had been followed up at interview. Potential gaps in employment service should be discussed in detail to enable a full understanding of previous work history. We brought this to the attention of the registered manager who told us recruitment was carried out by head office but acknowledged the omission within the recruitment files. They further assured us this would be addressed with head office.

Medicine administration records (MARs) were used to record the administration of medicines. We inspected a sample of MARs that had been returned to the office and saw these had been completed appropriately. We looked at a care plan and saw the person did not need medication support but the care plan included a list of their medication. We raised this with the registered manager who told us they would amend straight away.

Some people were prescribed PRN, or 'as required' medicines, such as paracetamol. In one care plan we looked at we found PRN protocols were in place to help ensure these medicines were appropriately administered.

Personal protection equipment was available to protect people from the risks of infection. Staff we spoke with told us they wore gloves and aprons when providing personal care. This meant people would be protected from the risks associated with infection.

The management team learned lessons when things went wrong. We saw each accident and incident were recorded in detail and analysed. The registered manager said learning was shared with staff members to prevent any further issues.

Is the service effective?

Our findings

At the last inspection we found the registered provider was not meeting the regulations regarding need for consent because the service had not completed mental capacity assessments (MCAs) for people who were unable to consent to care.

At this inspection we found a number of improvements had been made.

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

We found evidence in care plans we looked at that people had consented to care and our discussions with staff and management showed up they understood the requirements of the MCA. In three care plans we found it was not recorded whether the person had consented for their details to be shared with the local authority.

In one care plan we saw the person had a Lasting Power of Attorney (LPA) in place. A LPA is a legal document that lets the person appoint one or more people to help them make decisions or to make decisions on their behalf. There are two types of LPA, health and welfare, and property and financial affairs. We saw the LPA was reviewed and the document reference number was appropriately recorded within the care plan. However, it was not immediately clear which type of LPA a person had. We brought these areas to the attention of the registered manager who assured us they would immediately address.

We asked the registered manager how they ensured peoples care and support was delivered in line with current legislation, standards and evidence based guidance. They told us they regularly looked at a variety of websites, including the National Institute for Clinical Excellence (NICE), the Social Care Institute for Excellent (SCIE) and the Care Quality Commission (CQC). We asked them if they had used evidence-based guidance to achieve effective outcomes for people, they said the service used, 'An introduction' document. This document is completed for anyone who received personal care and was an easy and practical way of recording their preferences, 'likes and dislikes', 'what is important to me' and religion. We saw examples of this in all the care plans we looked at.

People and a relative told us staff had the skills and knowledge to do their job. One person told us, "[Name] know what I like." A relative said, "All new staff are well trained. They know what they're doing." They further told us, "New staff always shadow and support. They're shown what to do."

Staff received induction and mandatory training. Staff new to the organisation were required to attend an induction programme and to complete the Care Certificate. The Care Certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide effective and

compassionate care. We looked at the staff training matrix which showed staff had completed a range of training sessions. These included, dementia care, food safety, health and safety, infection control, medicine administration, person centre care and safer people handling. We saw staff training was up to date. This ensured people continued to be cared for by staff who had maintained their skills.

The staff we spoke with told us they received regular supervisions and 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 an observation and review of staff working practices by a manager without prior warning. One staff member told us, "I had one (referring to spot checks) about five weeks ago. There's a scoring chart with the spot check appraisal. I was very pleased as I got a good score." Another staff member said, "I just had one (referring to supervision). Discuss things that we think are good or bad, training that you want to go on." This demonstrated staff were supported to fulfil their roles and responsibilities.

The registered provider used electronic hand-held data collection devices to enable staff to record time specific information and details of care provided whilst at the person's home. We saw the system had been recently enhanced to enable staff to directly access people's care plans via the hand-held device which enabled real time information to be viewed. This meant the registered manager could track and monitor the care the service was providing and any changes to a person's care was immediately available to staff members.

Some people who used the service needed support from staff in relation to their nutrition and hydration needs. One person told us the staff member would always ask what they wanted to eat. Another person said the staff member made them cups of tea. A third person told us, "I like to help with cooking." This showed people were supported in their food choices and personal preference.

The registered manager told us they would refer a person to another service if they felt the person's needs had changed and other organisations needed to be involved. They described an instance where they had involved social services regarding a serious allegation made by a person. They further told us they encouraged staff to raise any concerns and worries direct with the office staff to enable action to be taken where appropriate. This demonstrated effective working with other organisations.

Each of the care plans we looked at recorded details of the person's doctor. The registered manager told us they would have no hesitation in contacting a person's doctor if the person was unwell and unable to do so themselves. A staff member told us, "We have a duty of care. If we see slight changes, we phone the office. Tell them, so they can tell the necessary professionals and family." This helped demonstrate people would receive support to access help from healthcare professionals if required.

Is the service caring?

Our findings

People who used the service spoke positively about the staff and their caring attitude. One person told us, "All the carers listen to me and what I want." Another person said, "Very, very pleased with the way [Name of care staff] does their work." A relative told us, "Carers haven't rushed [Name] while they've been unwell."

People had a positive relationship with staff. One person said, "[Name of care staff] knows what I like." Another person told us, "If I'm struggle with my breathing, they stop and help, make me a cup of tea."

All the staff spoke to us about the people they supported in a caring, respectful manner and it was clear from conversations they knew people well. This included the registered manager and office staff. Staff could tell us how they supported people, including their personal likes and preferences.

We saw in the care plans we reviewed there was information about people's religious needs and the arrangements which were in place to ensure they were able to maintain any faith they had.

The care co-ordinator told us people were asked if they had a preference regarding the gender of the staff who provided their care as part of the initial assessment. We saw this was recorded in the care plans we looked at. One person we spoke with confirmed they had been asked and chosen their preferred gender of staff. This showed peoples personal preferences were respected.

People told us staff members were respectful and polite and observed their rights and dignity. One person told us, "Carers always ask whether I want my hair washing or my back washing." Another person told us, "They always ask before." Staff we spoke with understood the importance of maintaining people's privacy and dignity and gave examples of how they would do this. One staff member told us, "I will gain permission from the client." A relative said, "They (referring to the staff member) respect [Name]" and "They chat all the time while doing care. [Name] likes that." This meant people's privacy and dignity was respected by staff members.

People told us staff encouraged their independence, one person commented, "[Name] (referring to the staff member) has shown me how to make the bed, I like doing this now."

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, "I respect the people we support" and "It's important to keep their information private." This demonstrated people's private information was respected and maintained.

Is the service responsive?

Our findings

We asked people who used the service and a relative whether staff provided support to enable them to do the things that they wanted. One person told us, "I can get up when I want". A relative said, "Carers respect my [relation] and their choices."

The registered manager told us a detailed assessment of service needs and requirements were carried out before a service was offered. We looked at the care plans for six people who used the service and saw service agreements were in place. We saw person centred care plans had been developed along with the person requiring the support and if appropriate their relatives or advocate.

People's religious beliefs were recorded as part of their assessment of needs. We saw the service had received a compliment from an ethnic minority welfare group thanking and praising the service for supporting their members' cultural and religious beliefs.

People's interests and activities were included in their care plans. Care plans contained detailed information about people's needs, preferences, choices, likes and dislikes, life history, hobbies and social activities. Aims and outcomes were also included. We saw one person had stated they would, 'like care staff to put the television on and check which channel'. Another person had stated they 'liked to feed the birds'. These examples showed people were supported to maintain their interests that were important to them.

People and their relatives were asked about and involved in the care planning. There were clear records which showed when the care plans had been reviewed and the changes made were evident. This demonstrated that care plans were evolving as people's care needs changed and meant they were up to date and would meet the person's need. A staff member told us care plans were updated when a person's need changed or on an annual basis. They further told us they reported changes to people's needs to the office and this always resulted in a review and the care plan being updated.

All organisations that provide 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 organisations to ask, record, flag and share information about people's communication needs and take steps to ensure people receive information which they can access and understand, and receive communication support if they need it. We spoke with the registered manager who was knowledgeable about the requirements of the standard. They told us the service currently did not provide personal care for anyone who had requirements under this standard.

There was a complaints procedure in place and people were given a copy of this which included details of how to make a complaint when they started using the service. One person told us, "I speak to carers if I'm not happy." They further told us they had never needed to make a direct complaint. A relative told us, "Any complaints, I would go to the manager."

We reviewed how the service recorded, investigated and responded to complaints. We noted the service had not received any complaints in 2018 and had received two complaints since the last inspection. We found these had been investigated and responded to within the provider's timescales. We saw there were clear outcomes as a result of the complaint and lessons learnt identified and actioned. This evidenced complaints were being recorded and responded to.

We saw the registered provider had an end of life care planning policy and procedure in place. We asked the registered manager whether the service was currently supporting anyone who was at end of life and they told us they were not. They further told us, in the event a person had a Do Not Attempt Resuscitation (DNAR) in place, details would be recorded in their care plan. We saw evidence of this in one care plan we looked at. This showed people's wishes regarding end of life care would be respected.

Is the service well-led?

Our findings

At the last inspection we found the registered provider had breached the regulations regarding good governance because they had not completed quality assurance checks for a period of over three months and had not addressed issues quickly enough. At this inspection we found sufficient improvements had been made which meant the registered provider was now meeting this regulation.

We asked people if they thought the service was well led. People said; "I know the manager's name", "They ring once a month from the office to check everything is OK" and "Yes I do."

There were established processes in place to audit systems in the service and monitor the quality and safety of the service being delivered. We looked at the recruitment file audits and found these had not identified the omissions relating to gaps in employment as identified earlier in our report. We brought this to the attention of the registered manager who told us recruitment file audits were carried out by the registered provider's head office quality audit process but acknowledged there were omissions within the recruitment files and the internal audit process had not identified the gaps we had found.

We saw medicine administration record (MARs) audits were carried out monthly. We looked at the MARs audits for March and April and saw these had identified missing entries for creams for one person but had not identified the creams were no longer prescribed. We found the audit did not cross-reference with the medicine recorded in the person's care plan which identified the cream had finished being prescribed on 7 March 2018. We looked at another two care plans and found audits had identified errors in medication recording.

As a result of the audit findings, we saw staff workshops were held on specific themes, for example, in October 2017 we saw a 'medication administration and assistance in the community' workshop had been held. We saw group discussions relating to audit findings were held with staff in the staff meetings minutes we looked at and specific concerns were raised by individual memos to staff.

This showed the manager had been responsive and addressed concerns highlighted by the audit process. Although the head office audit process had not identified our concerns relating to gaps in employment from some staff recruitment files and MARs.

We recommend that the registered provider seeks support and training regarding effective audit processes.

We found there was an open culture with a desire to improve systems and to provide person centred care. The registered manager operated an 'open door policy' in the office. They told us they encouraged staff to come in whenever they needed for support or advice. Staff we spoke with confirmed they were always welcomed in the office.

Staff spoke positively about the management of the service. Care staff and the office team were equally supportive and spoke highly of the registered manager. One staff member told us, "I feel supported. I feel I

can approach the registered manager. I couldn't work for someone who you could not approach." Another staff member said, "They're understanding. I've always been able to go to them." A third staff member told us how the office staff ensured community based staff were supported through the provision of the on-call service in the evening and at weekends.

Staff morale was high across all the staff we spoke with. Community based staff told us they felt included in the service and did not feel isolated as office staff were in touch with them regularly checking they were alright. One staff member told us, "It's the best place I've worked for." The registered manager told us the management team had worked hard to increase staff morale by supporting staff, ensuring staff understood their roles and responsibilities and by being approachable.

We asked some staff what are the key achievements of the service, one staff member said, "Everyone we go to, they're always happy and they've got what they need." Another staff member told us, "The people (referring to managers) they look after me."

We asked some staff what are the key challenges facing the service. One staff member told us, "You've got to make sure you've done everything correctly and documented." Another staff member said, "Keeping staff. It's getting there." The registered manager told us the recruitment and retention of quality staff remained an ongoing challenge. They further told us the registered provider had very recently made changes to the employment benefits package which was expected to have a positive impact on staff recruitment and retention.

The registered provider 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.

The registered manager told us they were in the process of setting up staff 'champions' in a number of key areas, for example, champions in safeguarding, dignity, dementia, whistleblowing and equality and diversity. A 'champion' is a person who undertakes additional training to take the lead role in a particular field and would be the first point of contact for people who used the service, their relatives and colleagues. A staff member told us staff had been asked to put themselves forward to be considered as a champion and we saw this evidenced in the staff meeting minutes May 2018. On the day of inspection we saw a 'champion' notice board was in the process of being completed in the office reception which would include a photograph of the staff member.

People and their relatives had been given opportunities to provide feedback to the home about the service they received. We looked at the survey results from February 2017 and saw respondents were very happy, 100% either satisfied or very satisfied in nearly all areas. We saw action plans were created from the results in areas for improvement. For example, we saw staff were asked to make sure they introduced themselves and showed their ID badge, and this was discussed at a staff meeting and followed up by memo's sent to staff in April 2017. They further told us this year's survey was sent out April 2018 at were waiting for feedback to be analysed.

We found the office team were pro-active in their approach to finding other ways of supporting people beyond the planned care and support they provided. The registered manager told us they had started a 'positivity book' in May 2018 to record positive feedback verbally received regarding staff and the service they provided. We saw an entry referred to a staff member who had spent their own time to find potential gardeners for a person and their partner who were struggling to maintain their garden.

Staff meetings were held quarterly. Minutes referenced discussions on topics raised by staff and included reminders of best practice, for example, medicine recording and the recording of known allergies. In the months in between staff meeting dates, we saw memo's had been sent to staff on a variety of topics, for example the Mental Capacity Act principles refresher and expression of interest for the 'champion' roles.

We found staff had not been asked for feedback through a staff survey since 2015. One staff member told us they had received an online staff survey to their personal email account during 2017, however, another staff member told us they could not recall receiving one. Neither staff member recalled receiving summary information from the results of the survey. We spoke to the registered manager who told us staff surveys were sent out by head office and acknowledged they had not been made aware of the 2017 on line survey. They later told us they had followed this up with head office who had confirmed a staff survey pilot had been carried out to a selected number of staff and as it had been classed as a pilot, no formal feedback had been shared with staff. They further told us head office were currently amending the process before a full survey was released to all staff.

We saw the service had held an 'open day' during the latter part of 2017 to raise awareness of the organisation, the service provided and to attract potential new clients and employees. The registered manager told us the event had been positive and they were looking to hold another similar event during 2018.

The service demonstrated they worked in partnership with other organisations. We saw evidence within care plans we looked at the registered provider liaised with the district nursing team where appropriate and sought advice from other healthcare professionals. The registered manager told us they had been visiting local pharmacies to introduce themselves and the service to enable closer working relationships to be established. They further told us this had already had a positive impact and described a recent event whereby a pharmacist had recently provided support relating to a person's prescribed medication query.

Under the Care Commission (Registration) Regulations 2009 registered providers had a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents and changes to the service. During our inspection we did not identify any issues which the registered provider had failed to notify us about.

There is a requirement for the registered provider to display the rating of their most recent inspection. We saw this was displayed in the office reception and on the registered provider's website.