

Audley Care Ltd

Audley Care Ltd - Audley Care Chalfont Dene

Inspection report

Chalfont Dene
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07 May 2019

10 May 2019

14 May 2019

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31 May 2019

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

About the service:

Audley Care Ltd - Audley Care Chalfont Dene is a domiciliary care service which provides support to people living in their own home. The office is located within the Audley Chalfont Dene retirement village. At the time of our inspection 25 people received assistance with the regulated activity of personal care. It supported people living in the retirement village and within the wider area of Slough and High Wycombe. Audley Care Ltd - Audley Care Chalfont Dene also supported people with non-regulated activities such as housework, laundry, social and shopping.

People's experience of using this service:

People and their relatives gave us positive feedback about their experience. Comments included "As far as I'm concerned I'm well looked after. They are caring, thoughtful and respectful, they are like a friend to me," "They are extremely caring, reliable and always on time I couldn't wish for better. They can't do enough for me," "I have to say I think their care is exceptional, awesome," "Yes, the carers are very kind to mum. Very polite and pleasant." and "They're very willing to help."

People told us they had developed good working relationships with staff. Staff demonstrated a commitment to deliver a high-quality service. People were treated with dignity and respect.

People were supported by staff who had been recruited safely. Staff received initial training and on-going support to ensure they held the right skills and attributes to work with people.

People received a personalised service; each person had a care plan which was reviewed regularly to ensure it was accurate and up to date.

People were safeguarded from abuse. Staff were knowledgeable about how to recognise signs of abuse and had confidence to report any concerns.

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

The service worked in partnership with other agencies such as healthcare professionals and the local authority. The registered manager kept their own learning up to date and attended local forums to share good practices.

The registered manager and provider had systems in place to monitor the quality of the service.

Rating at last inspection:

The previous inspection was carried out on 16 and 18 April 2018 (Published on 25 May 2018). The service was rated requires improvement at the time.

Why we inspected:

The inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. At the last inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We asked the service to send us an action plan to detail how they intended to improve. At this inspection we found improvements had been made.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Inspections will be carried out to enable us to have an overview of the service, we will use information we receive to inform future inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Audley Care Ltd - Audley Care Chalfont Dene

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an inspector and an expert by experience. An expert by experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was care of older people. They made telephone calls to people and their relatives.

Service and service type:

Audley Care Ltd - Audley Care Chalfont Dene is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Some people live within the Audley Care retirement village and have access to the care team 24-Hours a day for emergencies. For instance, if they have fallen and require support. It provides a service to mainly older and younger adults with a range of physical and mental health conditions. The service is not registered to provide support to children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 5 days' notice of the inspection site visit because we needed to be sure that the registered manager would be available to support the inspection.

Inspection site visit activity started on 7 May 2019 and ended on 14 May 2019. We visited the office location

on 7 and 10 May 2019 to see the manager and office staff; and to review care records and policies and procedures. On the 14 May 2019 we reviewed evidence sent to us from the service. The EXE made telephone calls to people and their relatives on the 10 May 2019.

What we did:

Prior to the inspection we requested and received a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. Throughout the inspection we gave the provider and registered manager opportunities to tell us what improvements they had planned.

We reviewed notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

When at the office we spoke with the registered manager, regional operational manager, two office staff and one senior carer. During the course of the inspection we visited three people and their relatives who lived in the retirement village. We spoke with six people and six relatives on the telephone. We reviewed three people's care records in detail and a further two to look at medicine management. We looked at four staff recruitment and training records. We read incident and accident records. We reviewed records held by the service about calls visits and monitoring of the quality of the service. Following the site visit we sent emails to 13 staff and three relatives to seek further feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely.

- At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to poor and unsafe practices in the management of people's medicines. We received an action plan from the provider which identified how they intended to improve and by when. At this inspection we found improvements had been made.
- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan.
- People were supported with their medicine by staff who had received training and were deemed competent to provide safe care to people.
- Medicines which required to be administered by staff were recorded on an electronic medicine administration record (MAR). We saw records were routinely completed. Records were monitored for any gaps or mistakes made by staff.
- People and their relatives told us they were happy with how the care workers supported them with their prescribed medicines. Comments included "I leave it with them, I have total confidence," "I have support with eye drops twice a day, they know what they are doing." Relatives told us "They make sure she has her medication and gets something to eat" and "They prompt her and make certain she takes her medication."

Systems and processes to safeguard people from the risk of abuse.

- People we spoke with told us they felt safe from abuse and felt safe. Comments from people included, "Yes I feel very safe with them [Staff]" and "They [staff] always make sure I'm warm enough and managing okay."
- Relatives told us the support their family member received was safe. Comments included "Yes, without a doubt she is safe with the carer" and "I feel she is safe with the carers."
- People knew who to speak with if they had a concern about potential abuse.
- Staff had received training on how to recognise abuse and what to do in the event of a concern being raised.
- The registered manager was aware of the need to alert the local authority when they had identified potential abusive situations.

Assessing risk, safety monitoring and management.

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of falling had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medication and supporting people to move position. Where appropriate risk assessment detailed what type of equipment was used to minimise the potential harm to people.

- Potential environmental risks had been considered. The health and safety of people being supported in their own home had been assessed.
- We spoke with the provider and registered manager about the actions they were considering regarding the UK's planned departure from the EU. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The regional operations manager told us the provider had taken steps to prepare and had engaged with an 'specialist Immigration Lawyer' and had 'secured a Tier 2 Sponsorship Licence to support with future recruitment of staff. In addition, the provider had systems in place to provide communication to staff who may be affected.

Staffing and recruitment.

- Records demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- Staff had access to support from a line manager at all times. The provider operated an 'on call' managers rota. We saw from records staff would seek support from the on-call manager.
- People's care visits were scheduled by a care coordinator. We saw people received advanced notice of which care worker had been booked to carry out care calls.
- We received mixed responses from people about the continuity of staff visiting them. Some people told us they usually received the care worker they were expecting. Comments included "It is always [Name of staff] or [Name of staff], I get on with them all," "I get a schedule every week, normally on Friday" and "I have a small team of carers." However, some people's responses were less positive. One person told us they had experienced many changes to the scheduled worker and told us "It's lots of different people and often the person on the rota doesn't come someone else turns up without any courtesy phone call to let you know it's changed." Another person told us on one of the days we have a regular girl who is very good but on the other day we could have anyone, its adhoc and you really notice the difference in care." A third relative told us "By and large they are quite good, but we don't have the luxury of a regular carer, so I have to leave notes as to what needs doing." We have provided this feedback to the registered manager to take appropriate action.

Preventing and controlling infection.

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Where people required support with the preparation of meal they were supported by staff who had received training in food safety.
- The provider had an infection control policy which followed best practice guidelines.

Learning lessons when things go wrong.

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported.
- The registered manager and provider had systems in place to monitor and analyse trends in accidents and incidents.
- The provider had systems in place to learn from when care was not delivered as planned. A template form was available for staff to complete when an incident occurred.
- The provider shared and cascaded learning from incidents across all of its locations. We noted lesson learnt had been discussed at a regional management meeting.
- Staff were alerted to any immediate learning through a message on their mobile phone.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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 that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person who is supported in their own home need to be made to the Court of Protection (COP). We checked whether the service was working within the principles of the MCA.

Ensuring consent to care and treatment in line with law and guidance.

- The provider and registered manager were aware of the need to act within the code of practice for the MCA.
- Staff had received training on MCA and it had been discussed with them at team meetings.
- Staff demonstrated a good understanding of the MCA. One member of staff described the five core principles of the MCA to us.
- We found records demonstrated people had consented to their support plan and were involved in discussion about their care.
- Where people had been assessed as unable to consent to care and support, providers should only seek support from a third party who had legal authority to act for the person. We noted one person was supported by a relative to make decisions about their care. We asked if the person had appointed them as a legal representative. The regional manager advised us to date the service had not been satisfied the relative had legal authority to act for the person. However, a meeting had been arranged with the relative and a senior manager for this to be discussed and obtained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Prior to a person being supported by the service a full care needs assessment was carried out. This included gathering important information about the person's health, physical, mobility and social needs.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferred language, faith, religion, and cultural considerations.
- Senior care workers were responsible for carrying out the initial care needs assessment. One senior told us "I try to get as much information about them as I possibly can, it is important for me to understand about them personally what their likes and dislikes are, what they did in their early life what their hobbies were. All of this information helps to build a picture of the person we are caring for especially how they like personal

care to be carried out etc."

Staff support: induction, training, skills and experience.

- All new staff were supported with a robust induction. New staff were teamed up with a mentor who supported them in their role.
- Each employee was given a handbook setting out the providers aims, values and objectives. It also described the expected levels of behaviour and performance of staff. It advised staff on what support they could expect to help them perform their duties.
- All new staff were expected to complete the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.
- Staff were supported to extend their knowledge and skills by enrolling on a Qualifications and Credit Framework (QCF) level 2 courses. Topics available included equality and diversity, common health conditions and safeguarding.
- People and their relatives told us they felt the staff were trained to a high standard. Comments from people included, "I think they are very well trained, they know exactly what needs to be done. I am very pleased with them," "So far I am very pleased with the way they have helped, and I think they are passably well trained" and "I think the staff are very well trained. They seem to manage mum very well."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan.
- People were encouraged to live a healthy lifestyle.
- People had access to a wellbeing suite within the retirement village. One person told us how they had fallen a few days prior and they had been seen by the physiotherapist.
- People told us they thought one particular carer was highly skilled in managing any changes in their health. One person told us how the care worker had noticed their leg was not looking right and she insisted on calling the paramedic. The person went on to tell us how thankful they were as the swift action had prevented the infection getting worse. Another person told us "They had to call the doctor the other day as I was not feeling well, they [Staff] are so good."
- Relatives told us they had confidence in staff to respond to any ill-health. Comments included "There's never been a need for them to contact the doctor or anything like that, but I feel confident they would if there was any kind of issue when I wasn't there" and "Without doubt they would call for medical help if she wasn't well."
- We noted referrals were made to external healthcare professionals when needed. People had been referred to occupational therapy for equipment and district nursing services for wound care.

Staff working with other agencies to provide consistent, effective, timely care.

- People were supported by staff who had good communication skills and worked as a team.
- Important information about people was shared between staff. The on-call member of staff could send messages to staff working the following day. We overheard an outgoing senior say, "I have given the handover."
- Staff told us team work had improved. One member of staff told us "I believe we all work well as a team and provide excellent standards of care and support" and "Team building meetings have helped us come a long way."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People told us they were happy with the care and support they received from staff comments included "They are extremely caring, reliable and always on time I couldn't wish for better. They can't do enough for me." "As far as I'm concerned I'm well looked after. They are caring, thoughtful and respectful, they are like a friend to me."
- One person had been supported with an emergency situation at home. Their relative told us "I have to say I think their care is exceptional, awesome... My mother's water tank in the roof burst flooding the house and taking out all the power. Mum phoned me, but I live 200 miles away, so I contacted Audley and asked if they could help. They immediately sent two carers out to help her. When they got there and saw the scale of the problem, they phoned the office and a further three carers arrived, mopped up and then took mum back to the care village for the night and looked after her until I got there the following day." It was clear from how the relative described the event to us that he was extremely grateful to the staff.
- Relatives told us "Yes the carers are very caring and kind. Some more so than others but I would say most of them are friendly, caring, professional exactly what you would hope for them to be" and "Yes, the carers are very kind to mum. Very polite and pleasant." A third relative told us "They're very willing to help."
- The service had received a number of compliments since our last inspection. Comments included "I have to say the level of care given by the carers is excellent and have meant [relative] was able to stay in her own flat longer than would otherwise have been possible," "This after two weeks of getting to know the carer at Audley all of whom are lovely and have done a good job for me" and "Thank you all for the kindness and care you gave him a good start to every day."
- Staff we spoke with were enthusiastic to provide a high-quality service. One member of staff told us, "I love my job, I will do anything to make life better for people." Another member of staff told us "All of these types of things make my job as a [Job role] so worthwhile if I can make just that little difference to someone's day then I know I have done my job well."
- People were supported to celebrate important events like birthdays. One person who had a crisis at home was supported with a special birthday celebration and meal. The member of staff who had arranged the event told us "It was lovely to see her smile and see her happy after that stress that she had been through the previous couple of months."

Supporting people to express their views and be involved in making decisions about their care.

- People felt involved in decisions about their care. One person told us "Yes they are quite nice girls, they always ask me if I want a drink or can they make me something to eat and is there anything else I want them to do." Other people told us "They chat to me when they are helping me, and they always ask what I want done and how" and "They asked me at the beginning what help I needed or wanted, and I am very pleased with the way it's working out."

- Relatives felt the staff always involved their family member in decisions. One relative told us "They always start by asking her how she is and what she would like them to do for her. If she doesn't feel up to having her hair washed one day they'll leave it and do it the next. What they do is her choice."
- Relatives told us they also felt supported by staff. One relative told us "They treat us both with respect and always enquire how I'm doing and is there anything I need. I know it's not their job to worry about me but it's nice when someone is kind like that."

Respecting and promoting people's privacy, dignity and independence.

- People told us staff supported them to be as independent as they could be, one person told "They don't take over, we do it together." Another person told us "They never rush me and them helping me get out and about is giving me my confidence back."
- Relatives told us the staff had been patient and professional in supporting people who did not want to lose their independence. One relative told us "They don't take over they share the task with her, so she feels involved and in control." Another relative told us "One in particular is very helpful and has a really nice way with her. Dad enjoys her visits, he's become iPad literate and he shows her what he's been up to on it".
- Staff received training on how to provide a dignified service. We observed one person being supported with their lunchtime meal this was carried out in a professional and calm manner. We overheard the member of staff gently encouraging the person to eat.
- Staff were knowledgeable about how to promote people's dignity. One member of staff told us "It is always important to ensure that our customers dignity is maintained at all times and to do this we must ensure we treat them with respect as well as self-worth. Promoting our customers independence is vital at this time in their life as so many of our clients feel that they are losing a lot of this because they are having to receive care and enabling them to assist with their personal care or making a drink or taking their own medication is important to them and makes them feel as though they still have the ability to maintain some dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received a personalised service from the staff. Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported.
- Information was obtained about people's life histories, family and friends and what was important to them.
- Care plans were reviewed at regular intervals to ensure they were still accurate and up to date. We found it difficult to know the date of the review as this was not recorded on the new care plan only the date of the assessment. We discussed this with the registered manager and regional operational manager. On the second day of the inspection we were shown new documentation to track the changes made to care plans following a review. We acknowledge the swift action taken by the service. One relative told us "They do reviews I can't remember if it's six-monthly, but I've found if I've needed times changed for any reason or more help added in they have always accommodated that. I'm very pleased."
- Staff had access to information about people's communication needs and were able to tell us how they would adapt their communication style. One member of staff said "If someone has communication difficulties I would first of all read the care plan to establish what is their chosen method of communication and work with them. I would also work with the family and friends to ensure we communicate correctly."
- The service demonstrated they met the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We noted the service had mood charts to use with people who may not always be able to communicate how they were feeling.
- People and their relatives told us staff supported them to have choice and control. Comments included "The carer lets me take her arm if we're crossing the road," and "I think the good thing is they don't make her feel like 'they're in charge' it is more like a shared task. Like two friends going out together."
- Relatives told us how the service understood about how to gently introduce support to a person and involve them in decisions about their care. Comments included "I was involved with dad in setting up the care plan. Audley understand that I'm taking a slow, softly approach with the introduction of care and we will build on the care we've got as he becomes more receptive to having help" and "They worked with me and my mother to make sure they would be providing the right amount of support for her before they started. She was not happy about having carers coming in to help her, believing that she didn't need help and they were sensitive to that and to the fact that I needed that support for her. Nothing has been pushed on her, it's evolved at her pace."
- People and their relatives told us how responsive the service was. One person told us, "Sometimes I need to change the time of the visit, if I have an appointment, I just ring them or call into the office and we sort it out." A relative told us "I am in awe of what they do, I think the way they cared for my mother in the crisis of her house flooding was absolutely outstanding. Their speedy response to my call for help probably saved the downstairs. They are good at keeping me informed if there's any issues and they review the care plan at

regular intervals."

Improving care quality in response to complaints or concerns.

- The service had a complaints policy which laid out what response people should expect if a they had cause to complain.

- The registered manager advised that three complaints had been received by the service since the last inspection. All three had been resolved. The complaints had been analysed and two themes had been identified, communication and restrictions on carer tasks. The service had put actions into place to prevent future similar complaints.

- People and their relatives told us they knew who they would speak with if they had a concern and said they had confidence in the service to deal with the issue. Comments included "I've never had to complain but I'm sure if I had any problems they would jump to and sort it."

When I've had issue over anything I've always felt they listened to me... I've never made any formal complaint because if I've phoned about something it's always been dealt with.

End of life care and support.

- At the time of the inspection no-one supported had end of life care needs. However, the service had supported people in the past.

- We saw records about how the service had supported a person to die at home with support from the district and palliative nursing team.

- Where people had received end of life care the service had received compliments from their relatives. Comments included "I am writing to thank you all for the care and kindness you have shown both dad and us over the past months." They went onto say how especially helpful and kind the carers were in the last twenty-four hours of the person life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- At the last inspection we found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009, the provider had failed to notify us of events they were legally required to do so. The provider sent us an action plan which detailed how they would make improvements. At this inspection we found no events that we needed to be notified about had happened.
- There was a registered manager in post.
- The provider and registered manager had good oversight of the quality of the service. A local performance dashboard could be viewed. This detailed key areas like when calls for made against when they were scheduled. Calls were monitored by office staff.
- We found the registered manager had a good understanding about when they needed inform us of certain events. They told us "When a safeguarding is suspected, absence of a manager."
- The provider had a clear management structure in place, and all staff understood their roles and responsibilities.
- The registered manager was part of the local skills for care registered managers network and kept up to date with best practice.
- The regional operational manager attended an 'Integrated governance steering meeting'. Attendees were made up from key roles within the wider Audley Care Ltd team, including the health and safety team and operational managers within the retirement villages.
- The regional operational manager had recently updated the steering group on changes they were making to the quality assurance monitoring. This was in regard to safeguarding alerts, complaints and accidents and incidents. Both the registered manager and regional operational manager told us they thought the improvements would provide robust oversight of the service to enable trends and patterns.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- We found the registered manager and regional operational manager open and honest throughout the course of the inspection.
- There was a clear vision and culture within the service. This was communicated by the provider to all staff.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. There had not been any events which met the DOC threshold, however the registered manager was aware of what actions were required.

- The provider and registered manager had systems in place to monitor staff performance, support and compliance with the requirements relating to staff. For instance, date of MOT, car insurance, dates of training completed and when the next one to one meeting was.
- Following the last inspection and published rating the provider sent a letter to all people supported to explain the results and provide a copy of the report. The letter demonstrated a commitment from the company to make improvements to the service. Which we have been able to find on this inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider held regular coffee mornings in the bistro area within the village. A member of the care team attended so people could speak with them.
- People and their relatives were invited to review the support they received. We received positive feedback from relatives. One comment was, "I think we get feedback forms once a year. On the whole I am very happy with the support, mum is happy and well looked after and that's the main thing. The office staff have always been very helpful if I needed anything changed or added in. I think it's a good company and I would recommend it to other people."
- Staff told us they felt valued. The provider supported staff to fund raise for different charities. One event which had recently been undertaken was a 14-mile night walk to raise money for a charity close to staff's interest. Audley Care Ltd - Audley Care Chalfont Dene had been successful in raising the most for the charity. We spoke with the staff about how this event had made them feel. They told us it promoted "Teamwork" and they felt "Proud" to have achieved it. Another member of staff told us how staff within the village and care staff had arrange a fun day to raise money for a charity that meant a lot to them. They told us "They did not have to do that, they really look after you here."
- The registered manager told us in the provider information return (PIR) "We hold an annual company star awards conference where each branch manager can nominate their care staff and the operations team nominate the best care branch and care branch manager of the year."
- The provider sent a monthly newsletter to all people supported. This contained information about upcoming events, how people could get support and how feedback could be provided.
- Staff told us they had opportunities to make improvements to the service. One member of staff told us "We do have a suggestion box where we can put suggestions on how we think we can improve."
- Staff received a weekly newsletter, providing information on common health concerns to help increase their knowledge and welcoming new staff.

Working in partnership with others.

- The care staff worked in partnership with staff at the retirement village. A senior member of staff from the care team attended a daily catch up meeting with senior team members from the various departments in the village.
- The service worked alongside community healthcare professionals like GP, district nursing, mental health services and social workers.