Seraphim Home Care Ltd

Seraphim Home Care

Inspection report

Riverside House
Quarry Road, Chipping Sodbury
Bristol
Avon
BS37 6AX

Tel: 01454807456
Website: www.seraphimhomecare.co.uk

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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 undertook an announced inspection of Seraphim Home Care on the 23 and 25 January 2018. When the service was last inspected in May 2015, there were no breaches and the service was rated good.

At the time of the inspection, the service was providing personal care and support to 31 people living in their own homes. The service employed a registered manager, a trainee manager, a care co-ordinator an office administrator and 22 care staff.

There was a registered manager in post at the service. The registered manager was the owner of the business. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

Why the service is rated Good:

People told us staff turned up on time and stayed for the full duration of the visit. Staffing was planned flexibly to meet people's individual needs. There were sufficient numbers of staff who ensured people received the planned care they needed. There was an on call system to offer staff support in the event of an emergency. Office staff supported people and provided care where there was a shortfall. They had been trained to provide administration support and care to people.

People had their needs assessed and clear plans of care were in place about how the person wanted to be supported. These were personalised and up to date. People were involved in their care. There was an emphasis on encouraging people to be as independent as possible enabling them to live independently in their own homes. People felt confident that their care needs would be met and gave positive feedback about the staff that supported them. It was evident the service was very responsive to people's changing needs and adjustments made to the care and support to enable them to continue to live the life they wanted.

People had access to a range of health professionals when required. Some people looked after their own health care appointments. People's nutritional needs were being met. Medicines were managed safely with people receiving their medicines appropriately.

Staff had a good understanding of safeguarding and knew what to do if they were concerned about the welfare of people or an allegation of abuse had been made. People had risk assessments to keep them safe whilst receiving personal care. This included environmental risk assessments. People told us they felt safe

whilst being supported by staff. Staff were recruited in a safe and consistent manner.

Staff were kind, caring and supportive and demonstrated a good understanding of their roles in supporting people. Staff received training and support that was relevant to their roles and the people they supported. Staff were passionate about delivering care that was tailored to the person enabling them to live in their own home.

People were provided with a safe, effective, caring and a responsive service that was well led. People's views were sought to improve the service. Staff were valued and their views sought through regular supervisions, meetings and annual surveys. Feedback was positive about the support that was in place for staff and providing a flexible service to people.

There were systems to monitor the quality of the care provision, through spot checks of staff and annual surveys completed by people who use the service and care reviews. However, we have recommended the provider review systems as the service grows to ensure there are central records of complaints, accident and incidents and audits of care and medicines records. This would enable them to look for any themes or trends.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Seraphim Home Care

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, and to provide an updated rating for the service under the Care Act 2014.

This inspection of Seraphim Home Care was completed on the 23 and 25 January 2018 and was announced. We gave the service short notice of our visit to the office, because we wanted to make sure the people we needed to speak with were available. The inspection team consisted of two adult social care inspectors. The last inspection to the service was completed in May 2015 when we rated the service as good.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We looked at the care records of five people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality and complaints.

The provider asked people if they were willing to speak to us prior to our visit. On the 24 January 2018, we spoke with two people who used the service and five relatives on the telephone about their experience of the service. We talked with five care staff, the care coordinator, the office administrator, the trainee manager and the registered manager. We also sought feedback from three health and social care professionals. You can see what they have told us in the main body of the report.

Good

Is the service safe?

Our findings

The service continues to provide safe care. People and their relatives told us they felt safe when staff were in their home. People told us they knew the staff that were supporting them in advance. However, they said this was subject to change if a staff member was ill or they had been delayed at their previous call. They said they were usually informed about staff changes by the main office.

People told us they were supported by a small group of staff. We were told all staff wore uniform and a name badge, which helped with the identification process.

Care staff were able to describe how they kept people safe and what action they would take if they had any concerns for people's safety. A member of staff told us, "If I have any concerns I would telephone the office or out of hours on call". They gave us an example, when they had found it necessary to take this action and found the management team to be very responsive and supportive. They also told they would contact the person's relative to let them know about the concerns. Another member of staff said they would stay with a person until assistance arrived such as an ambulance or the relative to ensure they were safe and comfortable.

Some people required help from staff to take their medicines, other people were supported by family or were independent in this area. Where this was the case guidance for staff on what to do to keep people safe was in place. Medicine administration records (MAR) had been completed appropriately to show where people had taken medicines or declined them. There was no information on the medicine administration record about the medicines people were taking such as the name of the medicine and the dose. Staff were signing to say all the medication in the dosette box had been given rather than signing for each individual prescribed medicine. The registered manager told us this would be addressed with a list of people's current medicines being attached to the MAR. This would provide the agency with a record of people's prescribed medicines.

Staff administering medicines had been trained to do so. The provider had a clear system in place to respond to any errors. The systems in place showed people were kept safe from the risks associated with the management of medicines. Family confirmed they were happy with the support their relative was having with their medicines.

People were kept safe from the risk of abuse because staff knew about the different types of abuse and, what action to take if abuse was suspected, alleged or witnessed. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They gave us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow. Contact details of the local authority safeguarding team were displayed on the office wall. Three staff were unable to tell us about the contact details of the local authority safeguarding team but with no hesitation said they would report to any of the senior management team. Staff we spoke with were able to describe 'whistle blowing' and knew how to alert senior staff about any poor care practice. They were confident that the registered manager, trainee manager and the care co-ordinator would do the right thing in safeguarding

people.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers where this was possible. Some staff had not worked due to family commitments so references were taken up with other appropriate people. Safeguards were put in place where staff may have a criminal record (minor offence) and this had happened many years ago. This was clearly discussed and risk assessed to ensure people were safe. Where this was the case, care staff worked alongside more experienced staff and the frequency of spot checks was increased until the registered manager was satisfied they were suitable and competent to work with people.

There was sufficient numbers of staff with the appropriate skills, experience and knowledge to safely provide care. Care records detailed when people needed care and support. This had been agreed with people and other health and social care professionals. The call records showed people received the care their needed at the times that suited them.

People told us that they had never experienced a missed visit and the office usually told them if there were any delays in staff arriving. They told us this could be down to traffic or an emergency such as the person before them being unwell. People told us often the office staff will support if they were short. One person told us, "My usual carer didn't turn up on one occasion but they promptly got X (name of senior manager) and they came out. It was ok as they are really nice".

Staff told us they usually travelled together to people that required two staff, which is called a double up. Where this was not possible sometimes one of the care workers arrived before the other. Staff told us they usually got everything ready so that when the second care worker arrived they could support the person together. People and their relatives told us staff usually arrived on time and stayed for the full allocated time. This would indicate that there were sufficient staff to support people.

There was a policy on infection prevention and control. Staff confirmed they had completed training in this area as part of their induction. Some staff had completed distance learning in infection control to increase their knowledge and expertise in this area. Staff told us they had access to the equipment they needed to prevent and control infection. They said this included protective gloves and aprons, which they were able to get whenever they needed from the office. They also told us they carried hand gel, which clipped to their uniform. We were told this did not replace washing hands with soap and water. A senior manager observed staff practice every three months this included whether staff were following the policies and procedures in respect of infection control.

Good

Is the service effective?

Our findings

People using the service said they felt the staff were well trained and had the skills to perform their roles. One person said, "I like all the staff, they seem to know what they are doing". A relative told us, "Some staff were better than others and had the right caring attitude. Whilst others did what they had to do and no more". Another relative told us, "The carers are really good, sometimes X (name of person) can be difficult and shout, but the staff are always calm and speak with him and offer reassurance". Compliments had been received by the service commending the staff on their commitment to the care of their loved ones. One relative stated, "Staff that supported X were skilled and treated her with kindness". They continued by saying that because of the attentiveness of the staff, X had not developed a pressure wound in the two years they had been receiving a service. They said they would have no hesitation in recommending the service of Seraphim to others.

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 told us that staff asked for their consent on each occasion they visited them. One person said, "They (staff) always ask me what help I need". Staff told us they always asked before they commenced any care or support to ensure people were happy before proceeding. Where people were unable to consent or communicate, they described how they supported people such as looking for a body language, facial expression or murmurs. They said if a person was uncomfortable with what they were doing, they would stop and offer reassurance such as when a person may be experiencing pain. An example was given where a person had stiff joints but the staff understood the importance of cleaning these areas and worked with the person rather than against them. They said on these occasions it was important to make the atmosphere relaxed. They told us the person responded well to singing, which helped the person to relax.

Where people lacked capacity, it was evident decisions were made involving the family and other professionals. These were recorded in people's running communication records. On day two of the inspection, a senior manager had obtained some specific forms in respect of the assessment process and the recording of best interest decisions and was planning to implement these with immediate effect.

Some people were able to manage their own health care, and for others their relatives supported them with this. For example, accessing the doctor's surgery, the dentist or attending outpatient appointments. Staff told us if people needed help to make contact with their GP, they would provide this. A relative told us the care worker had contacted the district nurse because they were particularly concerned about a person's skin condition.

Some people needed support with their meals. Information was included in their care plan on what support they needed. Where people needed support with their nutrition and fluid intake records were maintained on

what the person had eaten and their fluid intake.

Staff were very positive about the training and support they received. Two members of staff told us the training was really good. One member of staff told us they were being supported to complete a leadership course although they were in a care role. The care co-ordinator was also completing a leadership and management diploma course at level three.

Staff who had recently been recruited told us their induction was good and prepared them well for their role. New staff were given the opportunity to shadow more experienced members of staff. This enabled them to understand the role before beginning to work alone. The registered manager told us they were aware of the Care Certificate but staff recently recruited had all previous experience of working in care. The Care Certificate is an induction programme for care staff, which was introduced in April 2015 for all care providers for care staff that were new to care.

The induction formed part of a three-month probationary period, so the registered manager could assess staff competency and their suitability to work for the service and whether they were suitable to work with people. During this period, staff were observed to ensure they were working to the expectations of the agency and signed off as being competent at the end of the three-month period.

Staff told us they received the training and support they needed to do their job well. There were systems in place to ensure staff had the desired training and when they required an update. Staff had received training in a range of areas, which included safeguarding, medication, moving and handling, health and safety, first aid, supporting people with dementia and pressure area care. This training provided staff with the necessary knowledge and skills to meet people's needs.

The provider was committed to providing staff with ongoing training such as a diploma in care, which had replaced the National Vocational Qualification (NVQ). Staff were supported to complete this in level two and then if they wanted to progress to level three they were supported with this. Two staff were completing a diploma in leadership at level three and the trainee manager was completing a management and leadership at level five. Out of 22 staff eight had achieved an NVQ and nine were in the process of completing. The registered manager had a close working relationship with the assessor.

Staff were supported with regular supervisions every 12 weeks or more frequently where there were concerns about the practice of the staff member or they were new. Records confirmed their professional development was discussed as well as any training requirements. Supervision meetings were where an individual employee met with their manager to review performance and any concerns they may have about their work. Staff meetings were held monthly. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service.

The registered manager, trainee manager and a senior carer carried out monthly spot checks on staff to monitor care practice and observe how medicines were administered to people. We were told this was to ensure staff were competent in their roles. This then fed into their supervisions for areas to focus on and discuss. There was an annual appraisal system in place. Staff told us they felt fully supported by management team who provided them with very good leadership and equipped them with the necessary skills to enable them to support people effectively.

We spoke with an external assessor for training that supported the service. They told us there was a commitment to ensure staff had completed further training such as a diploma in care. They told us the staff were receptive to learning. The assessor told us they had observed how learning had been applied in

supporting people receiving a service from Seraphim Home Care, with a commitment to person centred care. They told us they met regularly with staff and the management of the service.

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and kind. One person said, "They are all lovely, cannot fault them", and another person said, "All the staff are good, but there are some that are better than others". They told us at times care could feel rushed. We discussed this with the senior management team who were aware of the situation and were planning to complete an observation of the staff members practice. One relative told us, "This is the best agency we have used. I am so grateful to the staff as it means X can stay at home".

In addition, people told us, "Quite good, all very nice and always very willing", and another person told us, "Had another service before prefer this one, Like all of them". Relatives told us, "The staff are all very nice, they talk to my dad in a really nice way, offer reassurance when in pain and care for him at his pace". Another relative said, "The staff know mum well, she has memory problems and they all communicate in a positive way". Other comments included, "Mum looks forward to their visits and chats" and, "The staff have nice banter with mum, which she really likes".

The management team were committed to providing care that was tailored to the person. They told us travel time was built into the staff rotas to ensure staff were not put under pressure prior or during the visit. They also kept under review the length of times of the visit to ensure staff could complete what was expected of them in the allocated time. Staff confirmed they had enough time to support people and were not put under pressure if a visit went over the allocated time. Examples were given when a member of staff stayed with a person, as they were concerned about their general welfare. The member of staff had reported the person was not their usual self. They contacted the office and the person's relatives and their next call was covered by another member of staff so they could spend time with them. The registered manager told us all visits were half an hour or more.

People's cultural and religious support needs were recorded in the person's plan. The end of life policy included how each religious denomination should be supported with any specific rituals. One person required specific support with personal care in line with their religious beliefs. Staff described very clearly how this person was supported including working closely with the family. Initially this level of support was not captured in the care plan detailing how personal care was to be delivered. It was clear from staff they knew what they had to do because they supported the person on a regular basis. By day two of the inspection, this had been addressed with a clear protocol put in place. The registered manager told us they were planning to continue to work with people and their key staff to ensure care plans detailed information that was important to them. They recognised the care staff were the best people to do this, as they knew how each person liked to be supported. In addition, the trainee manager said they were planning to introduce a 'This is Me' document to help capture more information. This is a tool for people with dementia to complete that lets health and social care professionals know about their needs, interests, preferences, likes and dislikes.This would enhance the service especially where people's needs changed or were diagnosed with dementia as staff would have this information. This document could also be shared with other health and social care professionals.

Staff told us people received the care they required at the time that suited them. This was confirmed in conversations with people. People were asked what time they would like to be supported with their personal care before they started receiving a service. Staff told us this was kept under review and people could always make changes to the times in consultation with the management of the service. One person told us, "The staff are flexible and if I have an appointment they will help me earlier so I am ready on time". A relative said, "They come earlier on a Sunday so we can go to church". They told us they would like an earlier call in the week to enable their relative to go to a day centre. From talking with the senior management team, they were aware of the situation and trying to resolve this. They said that sometimes it could be difficult as everyone wants earlier visits but generally, they accommodated people's requests.

People confirmed they were supported to be as independent as possible and the staff did not take over. Examples were given where people were independent in most aspects of their personal care but might only need assistance to wash their back. People told us they were always asked if they needed assistance. Staff told us sometimes the care had to be flexible taking into consideration how the person was feeling, for example if a person was in pain, more unsteady on their feet or had a health condition. At these times, the person may require more help or more time.

Caring and positive relationships were developed with people. People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. They confirmed that this had been kept under review with regular contact from the office staff. People told us the staff often asked if there was anything else they could do before leaving. One person told us, "They even changed a light bulb for me". The trainee manager told us sometimes a person would ring the office prior to a visit to ask staff to purchase items such as bread or on one occasion faggots. They told us they try to accommodate these requests as much as possible.

Staff described to us how they knew individual needs of the person they were supporting. They told us they had the time to read the care plan prior to supporting people. They also supported people on a regular basis enabling them to build positive relationships. Staff spoke enthusiastically and with warmth about wanting to provide good care and support for people. All staff we spoke with said they enjoyed working for the service.

People confirmed staff spoke to them in a kind and caring manner. They told us, the staff respected their right to privacy and only entered their personal living space when invited and they always knocked prior to entering.

People had access to information about services that provide advocacy information services such as Age Concern or CRUISE and was included in their care folders when they started to receive a service. We saw information about advocacy services in the office to guide and direct staff where people may need this service. Advocacy means getting support from another person to help you express your views and wishes, and to help make sure your voice is heard. Someone who helps people in this way is called an advocate.

Staff were aware of the need to ensure confidentiality. Information in the office was held securely. However, we checked the storage of archived information. This was being stored in an under stairs cupboard on the ground floor close to the front door. The front door was not locked when staff were in the office, which was situated on the first floor. The archived information was held in an unlocked cupboard, which could mean people could have access to confidential information. Two days after the inspection we were sent a photograph that showed a lock had been installed to the under stairs cupboard. The provider had taken immediate action to meet the requirements of the regulation relating to the safe and secure storage of records.

Good

Is the service responsive?

Our findings

People told us they had the care and support they needed from a consistent group of staff. Each person was allocated a main care worker that supported them regularly. Where people had up to four visits per day there were supported by a small group of six to eight staff. The management team said it was important for people to feel comfortable with the staff supporting them. They spoke regularly with people to ensure the matching of staff to them was suitable. Where people did not feel comfortable with a particular member of staff this was addressed with the staff member. On occasions, that member of staff no longer worked with the person.

People's needs were assessed and care was planned and delivered in line with their individual care plan. Care records we looked at contained assessments of people's individual needs. There were up-to-date and detailed care plans in place arising from these, showing all the tasks that were involved. The content of the care plans varied. Some people had very comprehensive break down of the support they needed whilst others were brief. A senior member of staff explained this was because their relative may direct staff or the care was more straightforward and not so complex. This showed that the service was responsive to people's individual needs.

Additional forms such as medicine administration charts, body maps where staff could record any bruising or marks to the skin were kept in the person's file in their home. Daily visit records were also available, which detailed the care delivery, the staff members involved and the time of the visit. Care records contained information about people's medical history. Contact details of health professionals and the person's representative were also recorded.

We observed staff in the office contacting people by phone to advise that a member of staff would be later than planned. We also observed a call taken to update staff about a person being in hospital. All calls were handled in a friendly, relaxed and courteous manner. Staff were professional and attentive to the caller. From these conversations it was evident the office staff had built a good rapport with people, their relatives and staff. There was a relaxed and friendly atmosphere in the office.

We were informed that one member of staff had phoned and reported they were going to be absent. Assurances were provided that everyone had received their care but they were running an hour late for some people. It was evident people were being updated throughout the morning. We were told that all the senior management from the registered manager, trainee manager, the care co-ordinator and the administrator all were trained to provide care and would step in when required. People confirmed that the senior management team supported them on occasions. One person said, "All the care staff are lovely and often (name of the care co-ordinator) and name of the (trainee manager) will come and help us". The senior management team saw this as being very much part of their role to support the team and to ensure they understood and knew the care people received, enabling them to build relationships with people.

Staff described the actions they would take if a person was unwell or there was no response when they visited. This included calling the office, arranging health care appointments or dialling 999. The office staff

would then contact the family to provide an update. Policies were in place to guide staff. Records were maintained of all communication with the care staff and the office detailing what action had been completed. Staff said that if they were delayed because of an incident the office staff would support them and cover calls.

People we spoke with said they knew how to complain. People spoke positively about the service and said they had no cause to complain. A clear complaints policy was in place. This included arrangements for responding to complaints within clear timescales. Information about how to raise a concern or make a complaint was included in the service user guide including the contact details for the registered provider. The trainee manager told us they had never received a formal complaint. Where people had raised minor concerns, these were recorded in the person's electronic communication record. The provider understood that as the company grew they would need to record these centrally so they could explore for any themes.

The service has worked closely with health and social care professionals in supporting people at the end stages of life to remain in their own home. People's wishes were recorded in their plan of care. Where people had made an advanced decision for example where there was 'do not attempt cardio pulmonary resuscitation' (DNACPR) a copy was held in the main office and in the person's home. It was evident from talking with the senior management team they would work closely with health care professionals and the person and their family. A health care professional commended the service on the support they had provided to people at end of life. They stated, "They are always professional and provide a high quality and caring service to our patients". They told us Seraphim had previously gone out of their way to commence a package sooner than the agreed date and to increase care when required".

Good

Is the service well-led?

Our findings

Seraphim are a family run business. The registered manager continued to demonstrate effective leadership skills within their role. Their passion, knowledge and enthusiasm for the service, the people who use the service and all staff members was evident. From talking with staff, the registered manager and the senior management team it was evident they were committed to providing good quality care to people enabling them to live in their own home.

People we spoken with evidently knew the office staff well calling them by their first names. They told us if a care worker was running late or was unable to attend, often one of the senior management would complete the visit. This meant visits were never missed and the service was responsive to changes to ensure people received a service they needed.

The registered manager and senior management team had an open door policy and staff were encouraged to drop into the office. Throughout the inspection, staff were seen dropping off paperwork, timesheets or collecting gloves. The registered manager said often staff would return to the office between calls and have their lunch or a quick cup of coffee. They were confident in their staff and valued their commitment to providing good care.

Staff told us the registered manager and the senior management team were approachable and they felt that it was like 'one big family'. Staff told us they felt well supported in their roles and really enjoyed working for the company. The senior management team and the registered manager took pride in the service that was being delivered and this flowed through to the care staff caring for people. The registered manager said, "We are really lucky we have an excellent staff team, they are all committed to the values of the business and work flexibly to deliver the care".

One member of staff told us, "Everyone is committed to providing good care here, it's a great team the management are fantastic", and a further member of staff said, "I enjoy coming to work, I have worked in care but this is the best company I have ever worked for". Another member of staff told us, "The management are lovely; they could not do any better. I love my job; they make it what it is and wouldn't change it". All staff felt they were supported by the senior management team and had no hesitation in speaking with any of them. Staff told us they received their rota each Thursday. Staff felt there was a good home/work balance and the registered manager was flexible. From talking with staff, it was evident because the provider had got this right they were willing to pick up additional work and were committed to working for the agency.

Communication at the service was good and staff felt part of a team. One member of staff told us, "Communication is important and they do it well. I know what I am working a week in advance". Another said, "We really work well as a team, there is not one member of staff I don't like working with, it is fantastic". The registered manager told us that they invited staff to add items to the agenda at staff meetings to enable them to discuss complex situations and share ideas. Staff meetings included up to date information, any particular concerns or pressures and a forum to share compliments that had been received about staff. Staff

were encouraged to share any compliments they had received about other staff and these were put into a feedback box and shared at team meetings. Compliments were also displayed in the office so staff could read these. From talking with staff, they felt valued and not pressured. They said the management were accommodating and flexible, which in turn made them want to work for Seraphim Home Care.

The registered manager told us they were continuing to expand the service taking on extra care packages and recruiting staff to enable the business to grow. They were in the process of training a new manager with a plan for them to register with the Care Quality Commission. Since the last inspection, they had recruited a care co-ordinator and an office administrator who worked in the office two days per week. The trainee manager told us a further manager had been recruited was planning to start at the beginning of March 2018. Their role was to help in expanding the business taking on new packages of care and assisting in the recruitment of staff.

People we spoke with told us about the ways in which the care and support they received was reviewed to ensure they were happy with the service they received. People told us the office regularly contacted them to ask how the service was and a senior manager would visit them at least annually to discuss their package of care to ensure they were satisfied with the care and support. In addition, reviews were held over the telephone at least four times a year.

Regular checks were completed where senior management completed spot checks of an individual member of staff. Spot checks checked that care staff were following the care plan, timeliness of the care staff, how they supported people, whether they completed people's records appropriately and whether gloves and aprons were worn by staff. Observations were also completed on how staff used any moving and handling equipment and that they were wearing appropriate uniform. The trainee manager told us that each member of staff would have monthly spot checks and these would feed into the three monthly supervisions that were completed with individual staff. This system was robust with an electronic system alerting the registered manager when these were due. Staff spoke positively about the support mechanisms that were in place and the checks that monitored their performance. It was evident this was embedded into the workings of the company as one way of monitoring the quality of the service.

People's views were sought through annual surveys and care reviews. The trainee manager told us they were had sent these out to people at the beginning of January and their views would be collated looking at any themes or areas for improvement. Questions were specific around the care staff and the support that was in place and whether they were happy with the service being provided. Feedback was positive from the sixteen responses received at the time of the inspection. Comments included, "All staff are supportive, very friendly and will share a joke with me", and "Extremely happy with the service". Two negative comments were received about a feeling that one staff member was sometimes in a rush and the other about the standard of cooking. The senior management had arranged visits to talk with both people and the staff involved. It was evident the service was listening to people to make improvements.

Staff views were sought through their supervisions, annual appraisals and via an annual survey. All responses were positive and echoed what staff had told us about their working environment and support from the management team.

The service had policies and procedures in place, which covered all aspects relevant to operating a care service including the employment of staff. The policies and procedures were comprehensive. These had been reviewed and updated when legislation changed. The registered manager told us they used an external company to provide them with up to date policies, which they tailored to the service. However, we noted that these were not dated or signed. There was a reference to checks completed on registered nurses.

The registered manager said this had been overlooked and would remove this immediately as they do not employ registered nurses or deliver nursing care.

Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated. The registered manager told us they also checked staff's understanding regularly in respect of key policies such as safeguarding, mental capacity and administration of medicines during the monthly team meetings and supervisions. Staff were provided with a staff handbook that contained some of the important key policies they needed in respect of employment, code of conduct and safeguarding people who use the service.

From discussing accidents and incidents, we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the wellbeing of a person or affected the whole service. The trainee manager told us they had very few accidents and showed us how they recorded these. These were kept in people's files. There was no overview of accidents. As the service grows this would be beneficial to enable the registered provider to explore for any themes and monitor the action the staff had taken. The trainee manager told us they discussed any incidents at the monthly staff meeting to ensure learning was shared with the team.

We have recommended that the service review how they monitor the quality of the service and to introduce additional formal systems. This was because whilst spot checks looked at some areas of the business there were no formal checks completed on medicines, care planning, and the return of the daily records. This should include a central record of complaints, accident and incidents enabling them to look for any themes. We found at the time of the inspection there was no impact to people and the senior management were well informed about the staff and the people that were using the service. However, as the service grows with more care packages of care being provided, the current checks may not be robust to ensure ongoing quality is maintained.

A copy of the most recent report from CQC was on display in the office and accessible through the provider's website. This meant any current or new people receiving a service from Seraphim, their family members, other professionals and the public could easily access the most current rating and assessment of the provider's performance. The provider told us they were setting up a new web page.