HomesCare Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
HomesCare Limited is a domiciliary care agency providing care and support to people in their own homes. At the time of the inspection care was being provided to 18 people. Some people lived with dementia and other health conditions for example, diabetes and conditions that affected their mobility.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Some documentation had not been completed relating to records of supervision meetings with staff, staff induction and decision specific mental capacity assessments and best interest meetings. The registered manager acknowledged this and took immediate steps to start completing the missing records. These records however needed time to be implemented and then embed into daily practice.

People, relatives and staff all spoke highly of the registered manager who demonstrated visible leadership and was always available to provide guidance and support. People and relatives had opportunities to provide feedback about the service and told us they were confident that issues would be acted on. The staff team was in daily contact with the registered manager and similarly, told us they were confident to raise suggestions about the service. Auditing processes were in place and the registered manager had a clear vision about the future where people's care and support remained at the centre of all future plans.

People were protected from harm and told us that they felt safe when care was being provided. Risks to people had been identified and assessments were in place to inform and guide staff in an emergency. Staff had been recruited safely and some people were supported with their medicines. All staff had been trained in administration of medicines. Staff were aware of infection prevention and control best practice and accidents and incidents had been recorded with any learning shared with all staff.

A pre-assessment process was carried out by the registered manager or their deputy. These assessments involved people, their loved ones and where necessary other professionals involved in the person's care and support. Staff had the required experience and training to support people's needs. Some people were supported with eating and drinking and food preparation.

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

People told us that staff treated them kindly and with respect. A member of staff told us, "I listen to their stories and talk to them, try and bring as much sunshine into their lives as possible." People's privacy and

dignity were protected and differences in faith and culture respected. Everyone was supported to be as independent as possible with staff on hand to make sure activities and tasks were carried out safely.

Support was provided to people in a person centred way that suited their daily routines and their health needs. When required people were supported with health and social care appointments. Some people had communication needs relating to their health and these were met by staff. People told us they knew how to raise issues or complain if needed. Staff had been trained in end of life care and knew the important aspects of supporting people at that stage of their lives.

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

Rating at last inspection
This service was registered with us on 19 November 2022 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Homescare Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their homes.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
This was the first inspection of a newly registered service. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 members of staff including the registered manager, deputy manager and 5 care staff. We looked at 5 care plans and associated documents including risk assessments. We looked at a range of documents including 5 staff files, audits, accident and incident reports and medicine administration records (MAR). We spoke with 3 people that used the service, 5 relatives and 2 professionals.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from abuse. There was a safeguarding policy and staff knew what action to take if they suspected someone was at risk of harm. Comments from staff included, "I'd speak to the managers, write everything down including dates and time," "Anything dangerous I'd approach the person and make safe" and "Make safe, document and I know I can call CQC if I need to."
- People and their relatives told us they felt safe with staff when receiving their support. A person said, "Yes I feel safe, very much so." A relative added, "All the staff are brilliant. They keep an eye on both of them (parents), I feel we just don't have to worry."
- The registered manager demonstrated a good knowledge of safeguarding and had established links with the local authority safeguarding team and CQC, where advice was sought if needed.
- The service had a whistleblowing policy which staff told us they were confident to use if they needed to. Whistleblowing allows staff to raise concerns anonymously if they had concerns relating to people's safety or welfare or were otherwise at risk.

Assessing risk, safety monitoring and management

- Risks to people were managed well. At every pre-assessment before care calls stated, an environmental risk assessment was completed which identified any potential hazards in people's homes. These included trip hazards and physical obstacles as well as location of keypads for access and emergency contact information.
- Care plans contained risk assessments that were relevant to people. These included the risk of falls, moving and handling risks and any risks associated with medicines. Risk assessments were accessible to staff through an application on their mobile phones and provided detail of how to minimise risks and what action to take in the event of an emergency.
- Risk assessments were subject to regular reviews each month by the registered manager and were further reviewed in the event of any incident or change in a person's support needs.
- Professionally recognised tools for measuring risk were used by the service for example the Waterlow scale for measuring people's risk of pressure damage and the Malnutrition Universal Screening Tool (MUST). The MUST scale records people's height, weight and body mass index to determine whether a person was over or under weight. Measurements determined what actions staff needed to take to support people.

Staffing and recruitment

- The service was supporting 22 people at the time of the inspection and employed enough staff to safely cover all care calls. Staff were allocated enough time to carry out the support and care that people needed and were given enough time between care calls to allow them to travel between calls.

● People and relatives told us that care calls were rarely late and that no calls had been missed. There was a contingency in place if staff were unavoidably delayed in that managers would be notified and available staff deployed to cover calls if needed. A relative told us, "They are never more than 5 to 10 minutes out." Another added, "They have never missed a call, never been a problem."
● Staff used an application on their mobile phones to record all activity and completed tasks during care calls. These records were immediately accessible to the registered manager who maintained oversight and could see straight away if there had been any delays and then take appropriate action if needed.
● Staff had been recruited safely. We looked at 5 staff personal files and saw documents to confirm safe recruitment processes. Documents included, references, employment histories, photographic identification and Disclosure and Barring Service (DBS) documents. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks had been completed before staff started working for the service.

Using medicines safely
● People's medicines were administered safely. Some people were independent with their medicines and others were supported by family members. In some cases staff supported people and recorded their actions on medication administration records (MAR). MAR charts recorded the date, time, name of staff member administering and had a clear code for example showing whether the medicines were taken, refused, or not required.
● MAR records were kept in people's homes and were recorded on the mobile phone application (app) so the registered manager could immediately see when medicines had been administered or if there had been an issue. The registered manager reviewed MAR records daily and carried out thorough audits.
● All staff were trained in giving medicines and were able to tell us the steps they followed to support people. Competency checks had been completed and regular refresher training provided. A staff member told us, "The app is a good system. If ever I get a refusal I'll explain the importance of taking it, explain what they are for."
● A separate protocol was in place for 'as required' (PRN) medicines, for example occasional pain relief. Staff were aware of the protocol and knew what steps to take if PRN medicines were requested. PRN medicines administration was recorded clearly on MAR charts.

Preventing and controlling infection
● Personal protective equipment (PPE) was available and was worn appropriately by staff during care calls. Staff had completed PPE and infection prevention and control training. Used PPE was disposed of safely.
● Staff did not wear uniforms and people and relatives told us they preferred this. They also told us that staff always wore PPE and would change items between tasks.

Learning lessons when things go wrong
● Accidents and incidents were recorded and managed appropriately. Copies of incident reports were included in people's care plans along with actions taken to minimise any recurrence. Reports provided details of causes, outcomes and steps taken by staff and any referrals made to other health and social care professionals.
● The registered manager maintained oversight of all accident and incident reports and carried out regular audits which highlighted any patterns or trends. For example, where people had more than one fall this was highlighted and a referral made to people's GPs for further investigation. Any learning from accidents and incidents and following the registered managers audits, were shared with all staff.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out by the registered or deputy manager. On receipt of referrals paperwork was examined before arranging a home visit. Environmental assessments were carried out and a thorough assessment of the person's health and social care needs. Managers would make sure their staff had the necessary training and experience to safely manage people's needs.
- People and their relatives were involved in face to face pre-assessments. A person said, "I was involved and my son and daughter were here too. Everyone seemed involved." A relative told us, "They were there when (relative) was discharged from hospital. They asked us lots of questions and recorded everything."
- Staff were matched where possible with people who had similar interests and were given time to build a rapport with people. A 6 week review carried out by the registered manager with people and their loved ones checked that people's needs were being met and if there were any changes that were needed. People and relatives both told us that the registered manager was attentive to their needs.
- The pre-assessment information formed the basis of people's care plans. Risks and specific needs were highlighted including whether any other support from health or social care professionals was required, for example visits from district nurses.

Staff support: induction, training, skills and experience

- All new staff were given an induction which involved an introduction to the service, online and face to face training and opportunities to shadow more experienced staff. The registered manager told us that the length of staff induction varied according to previous experience but in all cases lasted at least 1 week.
- The staff team was small and was split across two main geographical areas. The registered manager and deputy supported staff with care calls every day and there were opportunities for staff to have daily catch ups with managers if needed. (See our well-led section for more about induction and staff supervision.)
- A staff training matrix showed us that all staff had received raining in key areas to enable them to support people. Training was provided for example in, dementia, diabetes, manual handling and safeguarding. Staff told us they were able to request training in other areas of interest to them and that these requests were supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were met. Some people were independent or were supported by relatives and others were supported by staff. Some people lived with diabetes and staff were aware of people's specific dietary needs and had received relevant training.
- Care plans had a section about people's dietary requirements. It had been documented whether people

were independent or whether support was needed and the level of support required. Staff told us that they would remind some people to eat and drink even if it was not a specific part of the care call. Any allergies were recorded.

● Some people had weight charts that were monitored by staff. In the event of unexpected loss or gain of weight staff knew to contact medical professionals for advice and support. A relative told us, "They noticed that mum had lost weight. They started monitoring her weight and looking at the nutritional value of her food."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● Some people needed support with arranging and attending health and social are appointments. Although not a routine part of people's care calls, the registered manager told us that staff supported people when there was a need. A relative told us, "They liaise with the social worker when needed." Another said, "They have arranged appointments for us, contact the district nurses when needed and let us know."

● A staff member said, "Appointments are usually managed by relatives but I know the managers have stepped in when needed." The registered manager told us staff had recently support a person to attend a 2 hour medical appointment and that there had been no impact on other care calls or responsibilities.

● Staff provided practical support to people. A person said, "They will always answer the door for me. Makes me feel safe but helpful too." Staff told us that although not part of their tasks, they would always check to make sure people had eaten, had enough fluids, had taken their medicines and always asked if there was anything else they could do to help.

● The registered manager had established positive working relationships with health and social care professionals that helped enable the provision of effective care for people. A professional told us, "We work well together now to give the best support."

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

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People that needed support with decision making were supported by relatives and staff. Some people were able to make daily decisions about food and clothing choices but needed support with more complex decisions.

● Some people lacked capacity to make decisions. Staff knew people well and were aware of the importance of supporting people and gaining consent from people before engaging in tasks. A staff member told us, "I will not push them. I'll give them a choice, I find this is the best way. If it doesn't work I'll try again

later or even tomorrow with some things. It's important to avoid stress." Another staff member added, "With people with dementia it's still important to explain the importance of what you are trying to achieve."

● Staff had completed training in dementia awareness. A staff member said, "The training taught us to reassure people and to take time with them." (See our well-led section for more about mental capacity assessments and best interest decisions.)

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 were treated with kindness and staff were attentive to their needs. A person told us, "They are delightful, very kind and trustworthy." Another person said, "I could not have asked for better support, they are wonderful. They are client focussed, they are there for you."
- Similarly relatives told us that the staff and managers treated their loved ones kindly and supported them in a respectful way. Comments from relatives included, "My (relatives') main problem was loneliness. To address this they changed the care calls from 3 to 4 times a day so they had more frequent company," "They seem to match staff to people really well, people of a certain age. My (relative) really likes that" and "All the team are very good. It's lovely to see their interactions with mum and dad."
- People's cultural differences were respected. The front page of care plans had a 'personal details' section which provided information about people's faith, cultural and dietary needs as well as preferred pronouns.

Supporting people to express their views and be involved in making decisions about their care
- People were able to make choices about the care and support they received. People were at the centre of the pre-assessment process and regular reviews, after care calls had started, took place and people were able to make adjustments to times of calls and the support provided.
- People were encouraged and supported with daily decisions and staff knew the importance of offering choices to people. For example, people could choose what clothes to wear each day and whether to bathe or shower. Decisions were respected by staff who would defer some tasks if safe to do so according to people's preferences.
- People and their loved ones were present and could contribute to the review process. A relative told us, "They involve all of us, in person or over the phone if we can't make the meeting."

Respecting and promoting people's privacy, dignity and independence
- People's privacy was respected and maintained. The service had a policy of not wearing uniform as some people had requested they did not want neighbours to know they were in receipt of care calls. All personal information was recorded on mobile phone applications or computer systems that were password protected. Any printed documents were kept in locked cabinets in a locked office.
- People and their relatives told us that people were treated with respect and dignity. Staff were aware of the importance of supporting people in a dignified way. Comments for staff included, "I treat people how I'd like to be treated," "I try to reassure them, will always place a towel over their laps when using the commode" and "If they are tearful or upset I'll just spend time with them."

● Everyone's independence was encouraged and managed safely. Staff understood the importance of letting people do tasks for themselves. A member of staff said, "A person had a stroke and was weak on one side. I let them stand up but I'm there and say, 'do you need me to help?' I let them do as much as they can or want to. I help them with chopping vegetables too."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was provided in a person centred way that met people's support needs, daily routines and personal preferences. The registered manager told us that the timing of care calls was always negotiable and were subject to regular reviews with people according to their routines and commitments.
- Care plans contained details of 'social visit instructions.' This described first what people could do for themselves and what support was provided by relatives and loved ones, clearly putting the person first and then described the support needed from staff.
- Staff updated daily notes on the application on their mobile phones, providing the latest information and updates about people. This would include information about how people are feeling, if unwell or if any additional support were needed. This information then was available to staff during following visits and for managers to maintain oversight.
- Staff also told us about a confidential messaging group that staff used for passing information. A staff member said, "The group lets us raise any concerns quickly if needed and things can be actioned immediately."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. Some people lived with dementia which meant they sometimes needed more time to understand information and process requests and questions. All staff had been trained in supporting people living with dementia and knew that some people's ability to communicate varied from day to day.
- Staff knew people well and spent whatever time was necessary with people to make sure they were comfortable and understood what tasks were being carried out. Care plans had a communication section and explained how some people expressed themselves through facial expressions and use of body language.
- Some people lived with some sensory loss. The registered manager told us they had established a positive working relationship with the local Blind Society who provided joint support to people in need.
- A relative told us that at their request the service had introduced a diary into their loved one's home so

that they could see the timings of all the staff visits and the interactions than had occurred. The relative said, "It's so nice to be able to see what has been done each day as I can't be there all of the time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Most people did not require support with activities or social trips and events. However, the registered manager told us they would and do sometimes support people with shopping trips and if needed to attend places of worship.

● Care plans provided details of people's personal histories and their preferred daily routines and how they enjoyed spending their time. Staff respected people's routines and support was provided to suit people. For example, a person had a collection of a particular item in their home and this was discussed and talked about with staff during care calls.

Improving care quality in response to complaints or concerns

● The service had a complaints policy that was accessible to people and their loved ones. Very few issues had been raised with the registered manager but in every case concerns had been addressed and resolved in a timely manner and in compliance with the policy.

● People and relatives told us they were confident to raise issues and to make a complaint if needed. A person told us, "I have never had reason to complain but would speak to the manager." Comments from relatives included, "I'd always speak to (registered manager), the communications are very good and we've never had any problems" and "I'm very comfortable to raise concerns and I know they would be answered."

End of life care and support

● Some people were receiving support who were towards the end of their lives. Care plans provided details and in addition to the care tasks required, gave details of key family contacts and which health or social care services for staff to call if needed.

● Staff had received training in end of life care and were able to tell us some of the important aspects of support for people at this important time in their lives. A staff member said, "I consider their needs and what they want. Keep them comfortable and spend time with them, give family members a break." Another added, "Keep people clean and comfortable, make them feel loved."

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Not all documentation was in place. Although staff were in regular contact with supervisors and managers there was no record of supervision meetings having taken place. Similarly, we were told by managers and staff of an initial induction period for new staff. However, no records were kept of what was covered during the induction. The absence of records could make the registered manager vulnerable in the event of challenges by staff or people if something went wrong.
- Some people that were supported by the service lacked capacity to make specific decisions for example, whether to wash each day or whether to take medicines. Communication and knowledge from staff was effective and staff knew people well. A staff member said, "I've done dementia training and know how best to approach people. It's best to encourage and explain but never to force anything." However, there were no mental capacity assessments in place and no records of people's best interest being supported.

The registered manager acknowledged there were gaps in documentation and was responsive, immediately taking action to make changes. However time was needed to create and then embed these documents and at the time of our inspection these were areas that required improvement.

- The registered manager completed regular auditing of all systems and processes. Some of this was ongoing each day as parts of the care plans relating to medicines and risk were updated daily by staff. Each section of care plans were audited each month and any updates or changes needed were communicated with all staff.
- Most records were held on the computer. We examined these systems and saw that the registered manager had oversight and had audited records. These included training, accidents and incidents and complaints. Care calls were monitored to make sure that staff had enough time at each call and enough travel time between care calls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had created a positive attitude and culture among staff. People and relatives spoke highly of the registered manager. A person said about the registered manager, "They got me settled, they are very reliable." A relative told us, "She runs it well. They have built up a good team."

● The registered manager and their deputy provided an on call system between them so that staff knew there was always someone in charge who they could contact if they needed to.
● Staff told us they felt supported by a registered manager and the wider management team that were visible and available when they needed them. Comments from staff included, "They are helpful and approachable," "I've never met such genuine people" and "During my interview I just felt I really want to work for this company. I've never felt that before."
● Reviews of care plans showed that changes were made to support people and to make their lives more comfortable. For example, a review identified a person had acquired some minor bruising following a recent visit to hospital. The person's moving and handling risk assessment was changed to reflect this and to make sure they were not uncomfortable when mobilising.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager was honest and open with us during the inspection and responded to any suggestions we made. The service prioritised the care and support of people and this had led to a better care and an immediate response when any learning became apparent.
● The registered manager was aware of their responsibilities under the duty of candour. Legally, registered managers have to inform the local authority and the CQC of certain significant events that affect their service. This legal obligation had been met and registered manager had established a positive working relationship with the local authority and could seek advice informally if uncertain about what course of action to take.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were able to provide feedback about the service either through and online form which was anonymous and face to face during care calls. Although informal, these processes were recorded and the registered manager analysed the feedback provided.
● A person told us, "I can always get my views and opinions across." Comments from relatives included, "We have face to face chats often and about everything" and "We give feedback all of the time, they are very responsive."
● Similarly staff were given opportunities to provide feedback. The registered manager and deputy attended care calls daily and worked alongside their staff. A member of staff said, "They (managers) act on any comments or suggestions." Another added, "We do have different views and opinions sometimes but we always find a solution."
● People's equality characteristics were acknowledged and recorded where appropriate. Care plans had a section called, 'about me' which provided details about people's personal history, family make up and people and events that were important to them. People's faiths and cultural preferences were recorded where relevant. All staff had received training in equality and diversity people's differences were respected.

Continuous learning and improving care
● A business contingency and emergency planning policy was in place. This provided details of how the service would continue to operate in the event of, for example, a pandemic, adverse weather and systems failure.
● The registered manager kept up to date with bulletins sent from the local authority and CQC and had a clear vision for the future which placed people at the centre of all service developments.

Working in partnership with others
● Some people were supported with personal assistants and other health and social care professionals for

example, district nurse, social workers and occupational therapists. The registered manager worked well with other professionals to ensure the best care possible was provided to people.

● Professionals told us of the positive working relationship that had developed. A professional said, "They are all well trained and are very good with the clients. They take a long time to get to know people and record everything in their notes." Another added, "We work well together to provide the best support."