

Oatleigh Care Ltd

Oatleigh Care Ltd

Inspection report

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Date of inspection visit:

26 January 2023

02 February 2023

Date of publication:

04 April 2023

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

Oatleigh Care Ltd is a care home providing personal care and support for up to 42 people. At the time of our inspection there were 37 people living at the service. Oatleigh Care Ltd is one of three services situated at the same location and address owned by the provider. The service is part of the large Oatleigh building and is situated on the second and fourth floor's known as 'Covent Garden and Edward Square'. Some services and facilities such as social activities and laundry arrangements are shared between the services as a community. Oatleigh Care Ltd has its own staff and operates independently, under the overall supervision and management of the provider.

People's experience of using this service and what we found

People were safe as staff knew how to support them to help keep them safe from identified risks. Appropriate recruitment checks took place before staff started work and staff were deployed effectively throughout the home to meet people's needs in a timely manner. People's medicines were managed and administered safely. There were systems in place to monitor, investigate and learn from incidents and accidents. Procedures were in place to reduce the risk of infections and staff followed good standards of infection control and hygiene practices.

People's needs and risks were assessed when they moved into the home. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy diet and had access to health and social care professionals when they needed them. The home environment was safe, clean and tidy and the design of the premises met people's needs. 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.

People and their relatives were consulted about their care and support needs. People were supported to participate in a range of activities and events within the home. Relatives were free to visit without any restrictions. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their needs. There was a complaints procedure in place and people were confident their complaints would be listened to and acted on.

The registered manager and staff worked in partnership with health and social care professionals to plan and deliver an effective service to people. People's views were taken into account to help drive service improvements. There were systems in place to monitor the quality and safety of the service and to ensure any learning was identified and acted on.

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

Rating at last inspection

The last rating for this service was good (published 05 December 2017).

Why we inspected.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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 caring findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our caring 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 caring findings below.

Good ●

Oatleigh Care 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oatleigh Care Ltd is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oatleigh Care Ltd is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had about the service since they registered. 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

We spoke with 8 people living at the service and 1 visiting relative to seek their views about the quality and safety of the care and support they receive. We observed interactions between people and staff to understand people's experiences and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 9 staff including the registered manager, the provider, deputy manager, senior care staff, care staff, activities coordinator, catering and housekeeping staff. We reviewed a range of records including 8 people's care records and medication records, 3 staff files in relation to recruitment and staff training and a variety of records relating to the management of the service including quality monitoring checks, audits and policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. When we asked one person do you feel safe, they commented, "Definitely. It's my home! I live here." Another person told us, "I like it here. It's nice here."
- Safeguarding policies and procedures were in place and kept up to date to reflect best practice and to help keep people safe.
- Staff received safeguarding training and were aware of their responsibilities to report and respond to concerns. Staff were aware of the provider's whistleblowing policy and how to report issues of poor practice. One member of staff told us, "Management take any issues or concerns seriously. I feel confident telling them of any concerns and that they would take the right action to make sure people are safe."
- Systems were in place to oversee any learning from safeguarding and accidents and incidents. The registered manager and senior staff understood their responsibilities in relation to reporting and responding to concerns and managing safeguarding effectively.

Using medicines safely

- Medicines were safely managed and people received their medicines as prescribed. One person told us, "The nurse gives me my tablets correctly with a drink of water."
- Electronic medicine administration record (EMAR) system was in place. This ensured people received their medicines when required and alerted staff if medicines had not been administered. EMAR records included details of individuals medicines, GP, any allergies and physical conditions which required treatment. Protocols were in place for 'as required' medicines, for example, medicines for pain relief.
- Medicines were stored safely. Daily medicines fridge and room temperature monitoring was in place with recordings noted to be in the appropriate range and safe for use.
- Staff managing and administering medicines were appropriately trained and assessed as competent to manage medicines safely.
- Regular audits were conducted to ensure safe medicines systems; medicines management and processes were followed.

Assessing risk, safety monitoring and management

- Risks to people were assessed, documented and reviewed to ensure their safety and well-being. People and their relatives spoke positively about the care and support they received from staff to help keep them safe and to minimise identified risks. One person told us, "I have a walker which I use in the garden. They [staff] clear the path so there's nothing to stumble on and catch us out." Another person commented, "When I was at home I kept falling over and I haven't here."
- An electronic care planning system guaranteed care records contained up to date assessments of risks to

people's physical and mental health well-being. This ensured staff were provided with current information on how best to support people to manage their identified needs and risks.

- Risk assessments included areas of risk such as, mobility, skin integrity, moving and handling, nutrition and hydration and medicines management amongst others. Where risks were identified, for example, with poor mobility and history of falls, appropriate risk assessments and plans were in place to minimise reoccurrence.
- Staff had good knowledge of people's needs and risks and how best to support and managed them. Throughout our inspection we observed positive interactions between staff and people with staff supporting people with safe mobility and transfers.
- There were arrangements in place to deal with foreseeable emergencies. The home environment was appropriately maintained and records showed environmental, health and safety and equipment checks were routinely undertaken. People had individual emergency evacuation plans in place which identified the level of support they required in order to evacuate the building safely.

Learning lessons when things go wrong

- The provider has an electronic system in place that ensured accidents and incidents were appropriately recorded, managed and monitored. The registered manager reviewed accidents and incidents to identify themes and trends as a way of preventing reoccurrence. The registered manager told us that the service was part of a pilot project through the clinical commission group and in conjunction with a local hospital to monitor falls and to prevent hospital admissions.
- Records showed that staff had identified risks well to ensure people were safe and understood the importance of reporting and recording accidents and incidents on the providers system. Records demonstrated that staff took appropriate actions and sought support from health and social care professionals when required.

Staffing and recruitment

- Throughout our inspection, we observed there were enough staff deployed appropriately within the service to meet people's needs in a timely manner. One person told us, "They [staff] are usually very good at answering my calls, there is always someone around if I need them."
- The registered manager told us they had enough staff to ensure people's needs were met and they never used agency staff to cover staff absences. We noted that staffing numbers corresponded with staffing rotas and call bells were answered promptly. One member of staff commented, "There is plenty of staff to meet people's needs. The manager is very good and always listens."
- Robust recruitment procedures were in place. Recruitment records included employment references, health declarations, proof of identification and evidence that Disclosure and Barring Service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the police national computer. This information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection. Robust procedures were in place to control and prevent the spread of infections. We were assured that the provider's infection prevention and control policy was up to date and reflective of current best practice guidance.
- Staff completed training and were knowledgeable about infection prevention and control of infections. We observed staff used personal protective equipment (PPE) appropriately and safely. PPE such as facemasks, aprons and gloves were readily available to staff.

- The home appeared clean and tidy and housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned. We noted that housekeeping staff used an electronic system which allowed them to record when cleaning had been completed in people's rooms. Relatives were able to access this information via the electronic system reassuring them that their loved ones rooms were checked and cleaned. One person told us, "It's always kept clean. They [staff] are cleaning every day, including my room."

Visiting in care homes

- The provider was following current government guidance on infection control. There were no restrictions on visitors and we observed relatives and people visiting the service throughout our inspection.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People's care, and support needs were assessed before they moved into the home. A robust electronic care planning system was in place to assess and document people's needs, choices and wishes. Assessments completed covered aspects of people's physical, emotional and mental well-being. For example, mobility, moving and handling, falls, nutrition and hydration, wound/skin care and medicines management amongst others.
- People's diverse needs were assessed and supported by staff where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality, and race. It was also documented how people preferred to be identified, for example, as being female and their pronouns being she/her.
- People and their relatives where appropriate, were involved the development and review of their care plans. Involvement from health and social care professionals was also documented.

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

- People's nutrition, hydration, preferences, and cultural needs were safely met. People told us they enjoyed the food and menus on offer. One person commented, "I like plain home cooked food, which we get. They [staff] change the menu once a month so we don't get bored. The chef checks with us that we have enjoyed the food and there's a suggestion box." Another person told us, "They [staff] serve excellent food."
- The chef and staff were knowledgeable about people's dietary and cultural needs and daily menus offered choice. We saw that health professional such as dieticians had supported staff with training and people's dietary needs and allergies were documented.
- Care plans and risk assessments documented people's nutrition and hydration needs and staff had a good understanding of how best to support them. Where required staff completed food and fluid monitoring records and encouraged and supported people with fluids throughout the day.
- We observed how people were supported at lunch time within communal dining areas and when eating in their rooms. The atmosphere in dining areas was relaxed and staff were attentive to people's needs. Where people required support from staff to eat their meals safely, we observed that support was provided appropriately and with dignity. People were offered choice from a pictured menu displayed on tables. Staff were aware of people who required special diets, for example, soft textured foods. We observed that staff followed guidance from health care professionals such as dieticians when supporting people at mealtimes.

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

- People were supported to access health and social care services when required. One person told us, "I like the doctor. When they visit you can arrange to see them. They [staff] leave a space for you if you ask."
- Staff worked in partnership with health and social care professionals to plan and deliver positive outcomes for people. Information and guidance from health and social care professionals such as the visiting GP and dietitians and occupational therapists were documented within people's care plan's.
- Staff worked effectively and proactively with external professionals to improve outcomes for people. For example, the service was part of an NHS falls prevention pilot working with the aim of preventing hospital admissions.

Adapting service, design, decoration to meet people's needs

- The design of the home environment and outside spaces met people's needs. Dementia friendly and sight impaired signage was located around the home to aid people living with dementia and or memory issues to orientate themselves.
- The home was pleasantly decorated and people were supported to personalise their rooms. There were adapted communal bathrooms and dining rooms and several quiet spaces for people to sit and relax located throughout the home. There was easy to access outside spaces and a well presented paved garden with suitable furniture for people to enjoy.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills to meet people's needs. One person commented, "They [staff] seem to be well trained. I have confidence in them." Another person said, "I think staff are well trained. We rely on them."
- Staff completed training that was relevant in meeting people's needs. Training included, safeguarding, medicines management, moving and handling, health and safety and pressure ulcer prevention amongst others.
- Staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us the induction period was good and they also had a period of shadowing more experienced staff. One staff member told us, "I had induction and watched staff doing lots of different things like filling in accident forms. We also get help from someone who comes in and observe us and puts us right on practices."

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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in

accordance with the MCA.

- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 and their relatives told us staff treated them with kindness and supported them well. Comments included, "The staff are pretty good", "They [staff] are very helpful and polite", "All the staff are OK", and, and "Staff know what to do and they do it well."
- Throughout our inspection we observed positive interactions between people and staff. Staff spent time with people providing support required and doing activities with people. We observed that people felt comfortable with staff and had built relationships with them.
- Staff understood the importance of working within the principles of the Equality Act, to support people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexual orientation, race or gender. The registered manager informed us that they supported people to celebrated cultural and religious events of interest, such as, Easter, Christmas and Diwali the festival of light. The home made and encouraged links with local churches and religious groups with some visiting the home and providing services for people.
- Care plans and records documented information about people's personas and diverse needs, including relationships and cultural preferences. Policies and procedures were in place to ensure people were provided with support and were protected, where required, under the Equality Act.

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

- Staff supported and enabled people to be involved in making decisions about their care and support. One person told us, "I'm offered choice. Staff are polite and always ask." Another person told us they acted as a liaison support for good communication between people and staff, they commented, "I have a badge, I like people and I like to talk. It's nice to know other people and to call them by their name."
- People's views and choices were sought and documented within their plan of care. Care plans included people's preferences such as their favourite foods or activities. This ensured individual needs and choices were respected and appropriately met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Throughout our inspection we observed staff were respectful when talking to people and listened to what they had to say. One person told us, "They [staff] are very friendly and always polite."
- People's right to privacy was respected. We observed that staff did not enter people's rooms without first seeking their permission. Staff prompted people to do as much as they could and wanted to do for themselves promoting their independence.

- Staff were aware of the importance of respecting people's privacy and maintaining their confidentiality. Information about people was treated sensitively and shared on a need to know basis only.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- People had care plans that met their needs and wishes. The provider used an electronic care planning system which supported staff in assessing, documenting, and reviewing people's needs and wishes. The system enabled staff to be responsive to changes in people's needs by alerting staff through handheld and computer devices. One member of staff told us, "The care plans are always updated and detailed. It's very easy to access the information we need about people and so this helps us to help them better."
- Care plans documented people's physical, emotional and mental health needs as well as their lifestyle preferences and the things that were important to them, such as practicing their faith and or seeing their relatives and loved ones.

End of life care and support

- There were systems and procedures in place to ensure people were cared for in a dignified and caring way when at the end stage of their life. People were supported if they so choose to document their advanced wishes and how they would like to be supported.
- Where appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and care plans showed people and those important to them had been consulted.
- The home had achieved the Gold Standards Framework. This is a training framework for front line staff in caring for people nearing the end of their lives. In obtaining this it enabled staff to provide improved and proactive care, enabling people to live well until they die.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and the use of differing communication methods.
- The service produced information in different formats that met people's needs when required. For example, easy to read print, pictures and illustrations or large print formats.

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

- People were encouraged and supported to take part in a range of activities and events that were held. People told us about the activities and facilities available to them. Comments included, "I like the drawing activity. We have to go down to the basement for that", "A lot of people like gardening and our seeds have been planted and we are watching them pop up", and "I really enjoy the music and crafts activities."
- The home environment offered a range of facilities including a lounge with built-in cinema, a coffee bar and a shop. Outside space included a sensory garden with a water feature and sculptures. Activity coordinators arranged and conducted planned activities every day, such as poetry club, classical music recitals, gardening, coffee mornings, arts and crafts, games and Namaste care. Namaste care alters the focus and structure of care given to people living with dementia. Namaste care is described as 'holistic' as it incorporates all aspects of daily life involving a range of physical, sensory and emotional approaches. Throughout our inspection we observed group and individual Namaste sessions being conducted by staff using massage, oils, music and lights. We saw the positive impact this had on individuals taking part. One person told us, "I like to have the hand massage, its relaxing."
- External visiting entertainers such as singers, musicians and canine therapy also added verity to the activities programme.
- People were supported to maintain relationships that were important to them. Relatives and friends were encouraged and supported to visit when they wished. The registered manager told us people and their relatives could use communal facilities such as the coffee car for family gatherings.

Improving care quality in response to complaints or concerns

- There were systems in place to manage and respond to complaints appropriately in line with the provider's policy.
- People were provided with a copy of the provider's complaints policy and told us they knew how to report any complaints or concerns they had. One person told us, "The manager is always in her office and if she isn't I leave a note and she will get back to me the same day." Another person said, "I have only made one complaint and the very next day I noticed they [staff] had taken note of what I asked for and it was done."
- There were systems in place to monitor and investigate any formal complaints received. This ensured the service responded to them appropriately and in a timely way.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service submitted notifications to CQC when required.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. Staff were also appointed roles, roles in which they lead on their specialised areas such as dementia care, infection control and safeguarding. The registered manager had good oversight and knowledge of people's needs and the needs of the staffing team. Daily staff meetings were held to discuss information about people and any issues or concerns within the home. One member of staff told us, "We have meetings to share information and to make sure people get the care and support they need. The manager is always available and regularly walks around the home talking to people and staff."
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us and we observed that they had an open door policy and were always transparent with family members and professionals.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service to help drive service improvements. There were systems in place to monitor the quality and safety of the service on a regular basis by way of an electronic care planning and audit monitoring tools. These computer based tools were completed by managers on a regular basis to ensure people's safety and well-being and that staff completed records in line with best practice. Audits and checks completed included medicines management, accidents and incidents and safeguarding amongst others. There was also a range of health and safety checks across the home to ensure the home environment was safe.
- Staff had regular opportunities to discuss the service and share ideas in staff meetings and individual supervisions. Staff told us that management communication was good and they received ongoing support through regular learning and development. One member of staff told us, "Management is very good at helping us to do our best. If there is anything we want to improve on they will help us to get the training we need."

The provider employed a 'care adviser' who's role was to support and monitor staff practice in areas such as moving and handling and communication. Feedback on their finding to the management team was

welcomed and staff told us they were supported to work on areas where they felt some improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care and support from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. People and their relatives spoke positively about the care and support they received. Comments included, "I could not help but to recommend", "I like living here", "The staff are friendly and do their best", and "It's well run, everyone appears to know what to do."
- The registered manager was active and involved in the day to day running of the service which promoted a positive well-led culture within the home. Staff told us they received relevant training and good support from management. One member of staff commented, "We all work well together, it's like family."
- People their relatives and staff had varied opportunities to give feedback about their experiences of living and working within the home. We looked at the providers quality assurance report covering the three locations owned by the provider that was completed in February 2023. The report included the results of the residents and staff surveys which were positive. In the category relating to resident's care, 90% of respondents rated it as excellent and 10% as good. The majority of staff rated their job satisfaction as good at 82% and excellent at 18%.

Working in partnership with others

- The service worked with a range of health and social care professionals to discuss people's health and social well-being and to ensure their needs were well met. Effective partnership working had been established with health and social care professionals such as local authorities, community mental health teams, palliative care teams and hospices and GP's.
- The service encouraged and maintained positive links within the local community with organisations such as churches, faith groups and local schools.
- The provider regularly attended local authority provider forums where they could learn and share best practice and initiatives.