

A Class Care Limited

A Class Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

A Class Care Limited provides personal care to adults living in their own homes in Cambridgeshire, Norfolk and Suffolk. It provides a service, including a 'live in' care workers service (this means that there are staff supporting people 24 hours a day, seven days a week) to both older and younger adults. 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. At the time of this inspection, 44 people received the regulated activity, personal care.

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

People and relatives praised the care and support provided. The management team had a clear vision of providing good care and support that enabled people to live and receive care in their own homes.

People felt safe receiving the service. The provider had processes in place to minimise the risk of abuse and avoidable harm. Staff had received training and were confident to recognise and report any concerns. People received their medicines at the right times.

The provider continued to operate a robust recruitment process. Staff had the time to ensure they met people's needs safely, and in a way that suited them. People received care from staff who were trained and well supported. The service sought additional training and support from external care professionals when people had a specific health condition or care need. This ensured people received the care and support they needed.

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 were involved in making decisions about their care and support. Staff supported people to express their views and consulted them about all aspects of their care.

The registered manager and staff were caring and provided people's care in a person-centred way. Staff were kind, and treated people with dignity and respect.

People's care plans were personalised and provided staff with comprehensive guidance on how to meet people's needs. Staff reviewed people's needs regularly, involving relevant people.

Systems were in place to deal with any concerns or complaints. Senior staff thoroughly investigated any complaints, responded to the complainant and took action to reduce the risk of recurrence where appropriate.

The directors constantly reviewed the service provided. Information was gathered from a range of sources and reviewed to identify any trends and lessons learnt were cascaded to staff. They were forward thinking and looked for ways to improve the service.

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 (the last report was published 30 March 2018).

Why we inspected

The inspection was prompted in part due to concerns received about the level of care provided and the level of training and supervision staff received. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective, responsive, and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

A Class Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team

One inspector carried out this announced inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave a short period notice of the inspection. This was because we wanted to speak with people who use the service, their relatives, and staff before visiting the service's office.

Inspection activity started on 12 November 2019 and ended on 25 November 2019. We visited the office location on 13 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included, information shared with us by the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection

We spoke on the telephone with five people, three relatives, three support workers and two external care professionals. We also received emails from four other external care professionals. The care professionals included representatives from local authorities, a manager of another domiciliary care agency, and a community warden.

During our visit to the service's office we spoke with a client liaison support officer, a project manager and both directors for the registered provider. One of these directors is also the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included sampling seven people's care records, and staff training and supervision records. We also looked at a variety of records relating to the management of the service, including accident and incident reports, audits and quality assurance reports, and minutes of staff meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they, or their family member felt safe receiving the service. One person said, "I do feel very safe." Another person told us they felt safe because, "If there's an emergency [staff] are there. They look after me." A relative said, "[Staff] are very observant, they always report back to me if they see any marks etc and record it." Another relative wrote to the service thanking staff for protecting their family member and helping to "keep the peace" in the person's home. They said, "It would have been very easy for A Class to pull out when things got difficult, but you stuck by us both and I am very grateful."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report any concerns to protect people from harm. They were confident the registered manager and senior staff would take any concerns they raised seriously and knew how to escalate concerns should the need arise.

Assessing risk, safety monitoring and management

- People's risk assessments contained guidance for staff on how to support people and reduce the risk of harm occurring. For example, in relation to managing environmental risks around people's homes, reducing the risk of pressure wounds occurring, and how to help people to move safely.
- Where appropriate, staff used technology to increase people's safety and independence. For example, alarms to alert them when a person needed support leaving their home.

Staffing and recruitment

- The provider had a robust system in place to make sure they only employed staff once they were satisfied of their suitability to work with people who used the service. This included a telephone interview as well as a face to face interview to help assess applicants' attitudes. Staff confirmed the registered manager followed these processes and carried out thorough checks before staff worked with people.
- There were enough staff employed to meet people's care and support needs. One person told us, "[The staff] always turn up." Another person said, "I've had a few [staff]. They were all very good."
- Each staff member provided care to a person for up to six weeks before another care worker replaced them. The registered manager told us this reduced the risk of the person becoming dependent on that one staff member and provided "fresh eyes" on the care provided. Whilst people and their relatives recognised the importance of staff having a break, they told us that it was sometimes stressful to have a new care worker work with them. The provider had put systems in place, such as providing people with information about the new staff member, and additional 'handover' information for the existing care worker to complete. Senior staff also asked people and or their relatives for feedback on the care worker within the first week of their placement, so they could address any issues.

Using medicines safely.

- People and relatives were satisfied with the way staff supported them to take their prescribed medicines. One relative told us staff gave their family member their medicines at the right time and, "It does work well."
- Staff received training and senior staff checked their competency to administer people's medicines.
- People's care records contained clear guidance about who managed each person's medicines: the person, staff, relatives, or others (for example another care agency). Where staff supported people with their medicines, the person's care plan guided staff in the level of help each person needed to take their medicines safely. Staff had clear guidance to follow where people were prescribed medicines to be taken 'when required'. The provider had systems in place to support staff to administer short term medicines such as antibiotics.
- Senior staff audited medicines records and checked staff gave people their medicines in line with the prescriber's instructions. Where they had identified any concerns, they had investigated and taken appropriate action. For example, providing staff with additional support or training.

Preventing and controlling infection

- Staff completed training in infection control and the provider had effective processes in place to reduce the spread of infection.
- Staff had access to, and people told us staff used, disposable protective equipment such as gloves.

Learning lessons when things go wrong

- Senior staff reviewed accidents and incidents and took action to reduce the risk of recurrence. For example, strengthening the safeguarding training staff received and providing access to an application on their telephones to remind them of what may constitute abuse, and what action to take if they suspected abuse may have occurred.
- Senior staff shared learning with the staff team via meetings, supervisions, training, and messages.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Staff assessed people's needs prior to them using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. People and relatives told us staff had carried out their, or their family member's, care needs assessment quickly and thoroughly.
- Care plans contained information about people's diverse needs and included any preferences in the way they received their care.
- Staff received training in equality and diversity.
- The management team shared information with staff and ensured they provided up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- Staff were trained, experienced and had the skills to meet the needs of the people they cared for. One person told us they thought staff were well trained. They said, "[Staff] do everything I need and I'm happy with that." A relative told us, "As far as I can tell, they have all been trained. I have confidence in them."
- New staff received training and induction into their roles. One staff member told us the training had, "Upgraded my level of knowledge of care and exposed me to different types of care. They've equipped me with knowledge, it helps me as an individual to grow. They have a passion to provide good quality care." Staff received two days face-to-face training in addition to completing e-learning modules that were supported by competency checks.
- Staff told us their managers supported them to access additional training relevant to people's needs. One staff member told us they had completed training to enable them to support a person with a health need. This training meant the staff member was able to carry out a procedure and reduce the need to request emergency healthcare assistance. The registered manager had also organised specialist dementia training. This provided staff with a simulated experience of what dementia might be like by using specialist equipment.
- Staff felt very well supported, both formally through supervision sessions and annual appraisal, and more informally, by the management team. One staff member said, "[The managers] have been very, very good. They are so supportive, communication is so brilliant. If you communicate any challenges, they guide you and resolve challenges quickly. They show you how to manage, not just cope. They are so much better than [my previous employers]."

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

- People and relatives were satisfied with the level of support they or their family member received to ensure they ate and drank enough. Staff provided varying levels of support to ensure people had enough to

eat and drink. One person told us they didn't need any help with meals, another said, "I do my own shopping, they help put it away and cook my meals." A relative told us staff encouraged and supported their family member to take smooth textured fortified food and drinks in line with the recommendations from a dietician.

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

- Staff shared information with each other and external professionals, such as GPs, community nurses, and care managers. An external care professional told us the person they worked with had thrived as a result of the care they received from the service, despite having a terminal illness.
- Relatives told us staff were proactive at ensuring people received the care and treatment they needed from other professionals.
- Staff followed external care professionals' advice. This helped people maintain their health and wellbeing.

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 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.

- People told us that staff always obtained their consent before providing care. One person said, "[Staff] ask me if they can wash me." Another person said, "They let me know what they are doing and ask me what time I want to go to bed."
- Where people lacked the mental capacity to make certain decisions, senior staff had seen the appropriate legal authorisations before allowing other to make decisions on behalf of the person.
- Staff knew how the MCA applied to their work. Where people were deprived of their liberty, clear documentation was in place including mental capacity assessments, best interest decisions, and referrals to the local authority for applications to be made to the Court of Protection, if this had not already been granted.
- Where people lacked the mental capacity to make certain decisions, staff supported people in the least restrictive way, to be involved in decision making, and to express their choices. One staff member explained how the person they were supporting responded better to limited options. For example, they said they showed the person two dresses rather than asking what the person wants to wear.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- We received very positive comments about the staff and the service they provided. People and relatives described staff as, "Kind and respectful," "Very good" and, "Very nice, great." A relative told us staff treated their family member, "Very well and with great consideration. They talk precisely, kindly and gently. We explain how [my family member] likes [to be cared for] and they do follow that." The provider's survey carried out in September 2019 showed very positive responses in relation to the consistency of care received, sensitive of care workers, and level of dignity and respect provided.
- Relatives told us that staff understood how to care for people living with dementia. One relative particularly praised their family member's main care worker. They said, "[The staff member] 'got' [my family member] as soon as [they] met. [The staff member] just lived in [my family member's] world. The house was full of laughter when [the staff member] was here." Another relative explained their family member sometimes became distressed during personal care. They told us staff sang to their family member and this calmed them down.
- The directors and staff were creative in looking for ways to meet people's individual needs, improving their quality of life, and reducing anxiety and distress. For example, the directors told us they had bought a robotic therapy cat, which staff had recently suggested introducing to a person who missed having a pet. The person's relative told us the person had had been very fond of cats and hoped this would have a positive effect and help calm their family member when they were anxious.
- Staff gave us a variety of reasons why they would be happy for a family member to be cared for by this service. These included the level of training and support they received, the feedback they received from people and their relatives about the service, and how hard staff worked to successfully match the staff members and the people they provide care to.
- Several people spoke of having developed good relationships with the staff who cared for them. A relative told us the matching process had worked particularly well where the staff member was skilled at working with people living with dementia and held a common strong religious faith with their family member. They said, "Very importantly, [the staff member] will pray with [my family member], read the bible, or they may sing hymns together - this makes a big difference, especially when [my family member] is in pain, confused, or getting increasingly distressed." They said they had been struggling to cope and that having the live-in staff member had, "Made such a difference."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff involved them in the planning and review of their care.

- Staff involved people in day to day decisions and promoted their independence. A relative said staff offered their family member the flannel and towel so they could wash and dry their own body. They told us the amount the person could do varied from day to day and staff worked with this. They told us, "[Staff] treat [my family member] with dignity and respect. They explain everything, what they are doing and how they are doing it."
- Staff developed and built relationships with those who were important to people. For example, people's relatives. One relative told us staff, "Supports our family as well, [They're] there for me, [they] talk things through, [they're] always there for us." Another relative told us they had cared for their relative for a long time and found it difficult when someone else started to do this. They told us staff understood and had helped them with this. They said, "I've got a really good relationship with [the staff]. I speak to them regularly and they are always helpful."
- The registered manager told us that if people were unable, or required support, to make decisions independently, they would arrange for them to use the local advocacy service to support this. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.
- People's records were stored in their homes, and securely in the service's office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us staff supported them in a person-centred way that met their individual needs and preferences. They told us their main care workers knew them very well and understood how they liked to receive their care and support. One person said the staff were, "Company for me. They know me so well." Another person told us, "They are so helpful and anything I need they do, they are really good."
- Relatives also complimented the service their family members received. A relative wrote to the service, praising staff for the level of personalised care their family had received. They wrote, "Through the help of a brilliant carer...my [family member] is now a different [person] to how [they were]. It's amazing how [my family member] has progressed and hopefully will continue through continuity with her carer for the next level of rehab as we call it. I cannot thank A Class enough for all the support given."
- Care plans provided staff with detailed guidance on the support people needed. People, relatives and staff confirmed care plans were up to date and accurate. They said staff reviewed them regularly and updated care plans when people's needs changed. One relative told us, "Yes, [the care plan is] accurate. They just came and updated it recently as it's ever-changing. They are very efficient."
- In addition to people's care plans, staff recorded detailed handover information for the next staff member providing care to the person. This helped increase their knowledge of how to provide effective care to each person. These included such information as the person's pet's routine, and that the person liked their landing light to be left on.

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

- People's care plans contained information about their social history and what was important to them. Staff had carried out risk assessments that considered the impact of social isolation and boredom and provided guidance for staff on how to engage people in their preferred occupations. A person told us that staff had helped them to go out into the community. A relative said, "[Staff] talk with [my family member] and start conversations. They chat about different things. [They] always looks interested."
- People's care records contained comprehensive risk assessments that included boredom and provided guidance for staff to engage people in their preferred interests and occupations.

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.

- The registered manager told us they were able to provide information in other formats where this supported people to understand it.

Improving care quality in response to complaints or concerns

- People knew how to complain and had confidence they would be listened to. One person said, "[A senior staff member] comes every so often and checks I'm alright, and I've got [their] number." Where people had raised a concern, they told us senior staff had listened to, and addressed, their concerns satisfactorily. A relative told us, "They always respond if there is anything I don't think is quite right."
- The provider had systems in place to deal with any concerns or complaints. One of the directors told us, "Our clients are like our parents. If they not happy we need to do something about it." We saw that complaints had been thoroughly investigated and the outcome feedback to the complainant, including, where appropriate, the measures that had been put in place to resolve the complaint. On occasion senior staff were unable to resolve the complaint to the complainant's satisfaction. However, they made the complainant aware of where else they could take their concerns, for example to the organisation who funded their care.

End of life care and support

- The service had received several written compliments on the service provided during end of life care. One relative wrote, "It is a fact I could not have managed without your support and assistance." They talked about the "care and concern" staff showed, and that it was the staff members "experience, knowledge and professional expertise that made it possible for" for the person to die in their own home in "a clean loving environment."
- The service did not provide specialist end of life care. Records showed that staff who provided end of life care received training in this area. External care professionals, such as community nurses, provided staff with additional guidance when people required end of life care. This enabled people to receive end of life care in their own homes if they wished.
- Staff asked people to share any future and end of life wishes during the assessment process and these were recorded in people's care plans. This included for example, information such as who the person wanted staff to contact, any cultural and religious wishes, and whether the person had made an advanced decision.

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

Planning and promoting person-centred, high-quality care and support with openness; and 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 directors and staff were passionate about providing people with a high quality, personalised service that was underpinned by the provider's values. People and relatives made positive comments about the service they received. They told us the service was, "Excellent," "Great, no complaints whatsoever," and, "Very good, I'm really happy with them." An external reviews website showed people had scored the service 7.9 out of 10. It had received two posts in the last 12 months: both gave very positive feedback and awarded five out of five stars. One review said, "They really do give a wonderful and caring service." The other said, "My nan is so happy with the care she receives from the wonderful carers at A Class Care. They really do as their name suggests and offer their clients the highest of care that clients should receive."
- Staff felt valued and well supported by the senior staff team. One staff member told us, "I would recommend them as an employer. They have been lovely with me, and really supportive." Another staff member told us they had received a card from senior staff saying well done after they had done a good job. They said, "I didn't expect that, it really motivated me. They recognise the effort we put in."
- Communication with people, their relatives, and professionals was open and transparent. Robust investigations were carried out when concerns were raised, and clear actions put in place to bring reduce the risk of recurrence where necessary.

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

- Senior staff carried out various audits including care and medication records and took action where improvement was needed. The directors had identified that additional quality monitoring was needed when staff were first placed with a person. To this end they had employed an additional staff member who focussed on carrying out unannounced spot checks with staff. People also had the opportunity to feedback during the spot check, in addition to routine telephone surveys. This had resulted in a reduction in concerns being raised about the service.
- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- Staff were clear about their roles and knew when and how to raise any concerns. The directors were experienced managers and provided good leadership to the team. Staff were held to account for their performance when required.
- The registered manager and the staff team knew people and their relatives well. This enabled them to

develop and maintain positive relationships and good outcomes for people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and their relatives were given opportunities each month to comment on the service they received. This included formal face to face reviews, staff spot checks, telephone and written surveys, and informal feedback. One relative told us, "[Staff] are always asking me how it's going. I tell them it's all going very well." We saw most feedback was very positive. Staff took action to bring about improvement where the need was identified. For example, providing those that wanted it, with a courtesy call and or a pen profile of the staff who would next provide their care.
- The directors and senior staff were committed to developing staff and improving outcomes for people using the service. All staff had access to an application on their telephones. A director told us, "This improves our communication and ensures that carers are up to date with important information." One of the directors wrote a blog including topical subjects, such as the dementia. Staff attended (in person or via telephone) regular staff meetings where they had opportunities to discuss their views on the service provided and receive updates from senior staff. A director told us, "We record staff meetings, so staff can download that audio. We are trying to make sure everyone feels inclusive. [Care staff] are out there on their own, we want them to feel more involved."
- Staff regularly produced newsletters that updated people, relatives, staff, and other stakeholders, in changes in the service. For example, the August edition explained changes in staffing and the options and benefits of the service's new telephone system. Staff also used it to remind people of, and explain, some important principals such as the Mental Capacity Act, safeguarding people from abuse, and falls prevention tips, and provide contact details for different organisations.
- The directors used information gathered from a range of sources to monitor, review and help develop the service. For example, 42.1% of people who responded to the survey carried out in January 2019 said they felt communication with office staff was poor. Following review, the directors employed additional staff and installed a new telephone system for people to get through to the staff they wanted to talk with more quickly. The survey results in September 2019 showed improvement with only 10% of people rating communication as 'poor'.
- The directors were forward thinking and had developed a five-year strategy that included developing the use of technology within the service. This included reviewing the senior staff structure and outsourcing the out of hours on call service. Further planned improvements included the opening of an additional branch of the service in Ipswich to provide a more responsive service. Staff were partway through developing a bespoke electronic records system, and 'hospital passports' so information can be easily shared with external healthcare professionals in emergency situations.
- The directors and senior staff shared their knowledge and learning opportunities with people in the community as well as with people, relatives, staff and stakeholders. For example, they advertised locally that a 'dementia bus / virtual dementia tour' would be visiting the service. This provided an opportunity to experience what living with dementia might be like by using specialist equipment and creating a simulated environment. One person who attended wrote, "I cannot thank A Class Care enough for the invitation, this has helped me no end with dealing with my [family member]. If it was possible that all people caring for people with dementia could experience the tour, I believe that this would make a tremendous difference." An external care professional told us, "It's made me work differently. The course was immensely helpful." Another professional said, "This was excellent training and it was really good they invited outside agencies including carers to this."
- Staff worked in partnership with a range of professionals to ensure that people received joined up care.