

Mitchell's Care Homes Limited

Rainscombe House

Inspection report

Rainscombe Farm
Dowlands Lane
Smallfield
Surrey
RH6 9SB

Tel: 01342844772
Website: www.m.ch.co.uk

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21 May 2019

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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

About the service:

Rainscombe House provides care and accommodation for up to three people with learning disabilities, autistic spectrum disorder and behaviour which may challenge others. People had a range of communication needs and abilities, which included body language and gesture. At the time of our inspection there were three people living at the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

We spent time with people during our visits and observed their interaction with staff. Without exception feedback received regarding the service was extremely positive. People received care and support from a dedicated staff team. Staff monitored people's health and well-being, they genuinely cared for people they supported. The caring ethos of the service was evident.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Prior to moving to the service, people had experienced previous placements where incidents of challenging behaviour were reported to be very high. Since being at the service this had significantly reduced. People were engaged and occupied, their lives had been enriched, they were happy and settled.

The registered manager demonstrated a great deal of passion in advocating for the rights of people. 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. There were strong caring relationships between people and all grades of staff.

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

Rating at last inspection:

At our last inspection in September 2016 we rated the service good. The last inspection report was

published 18 October 2016. At the inspection we found areas that required improvement. The provider had not maintained appropriate procedures in relation to people's personal finances. Following the inspection improvements were made and conditions were imposed on the provider's registration.

Why we inspected:

We completed a planned comprehensive inspection based on the previous rating of Good.

Follow up:

We will review the service in line with our methodology for 'Good' services.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

Rainscombe House

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 undertook this inspection.

Service and service type:

Rainscombe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Rainscombe House is registered to provide personal care and support for up to 3 people.

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:

The comprehensive inspection took place on 14 and 21 May 2019. The visit on the 14 May was unannounced, which meant the manager and staff were not aware that we were coming. Short notice was given for the other day in order that we could meet with the people living at the service.

What we did:

Before the inspection the provider completed a Provider Information Return. This is information we require

providers to send us at least once annually 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 reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection we observed the support that people received, spoke with people and staff and gathered information relating to the management of the service.

For example:

- ☐ Notifications we received from the service
- ☐ One staff recruitment file
- ☐ Training records
- ☐ One person's care records
- ☐ Records of accidents, incidents, complaints and feedback from people, their relatives and health care professionals
- ☐ Audits and quality assurance reports
- ☐ We spoke with two people living at the service
- ☐ We spoke with the registered manager and two staff on duty

After inspection we were sent additional evidence and information that we requested, to corroborate our judgements of the service.

For example:

- ☐ We received feedback from professionals including a GP
- ☐ We received feedback from one relative
- ☐ We received additional feedback from staff

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 remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's risks were assessed when they were admitted to the service and regularly updated. Actions were in place to mitigate assessed risks. Support was provided in a way which minimised risk for people. Risk assessments included the risks associated with people going out. Clear individual guidelines were in place for staff to follow to reduce the risk.
- There was an empowering culture which encouraged positive risk taking. People were supported to live their lives as they chose. They were able to take risks to exercise control over their care and support.
- Staff demonstrated a knowledge and understanding of the guidance in people's behavioural support plans and risk assessments. They were knowledgeable about potential risks to people and possible triggers. Staff used a person-centred approach, using diversional strategies based on what worked well people. Feedback from a relative included, 'The whole team know [Name] and understand her needs, her behaviours and how to respond to her.'

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff team had a very positive and person centred approach which had a significant impact on people that led to positive outcomes. Prior to moving to the service, people had experienced previous placements where incidents of challenging behaviour were reported to be very high and since being at the service this had significantly reduced. Feedback from a relative included, 'When [Name] first moved to Rainscombe her behaviours were much more challenging than now... They've [staff] have successfully used a range of strategies to manage behaviours... [Name] nowadays is nothing like she was when she first moved there. I see a much more contented individual.'
- Staff had developed positive and trusting relationships with people that help to keep them safe; staff had the time they need to do so.
- Staff were aware of their safeguarding responsibilities. They told us that they had had training in keeping people safe and would report any concerns.

Staffing and recruitment

- Staff were available to provide a regular, consistent service for people and responded quickly to people.
- There was a stable staff team with high levels of staff retention. The registered manager told us they would work a care shift rather than use agency staff. They could be contacted out of hours for telephone advice or

support.

- Feedback from a relative included, 'It's great that there are staff members who have been working with [Name] for years. She doesn't much like change and so having long-serving team members delivering a consistent service is really good for her mental well-being.'
- Staff files demonstrated that they were recruited in line with safe practice. Recruitment checks included obtaining references and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Using medicines safely

- People were receiving their medicines when they should. There were safe systems for the receipt, storage, administration and disposal of medicines.
- The service worked closely with local GPs to ensure people were on the least medicines possible. Feedback from a relative included, 'Previously, I had sometimes felt that [Name] was being doped up to the eyeballs at her last home to make her less troublesome. At Rainscombe, I am delighted to say that medicines are genuinely only used as a very last resort.'
- People had medication administration records (MAR) detailing each item of prescribed medicine and the time they should be given. People's MARs contained guidelines for medicines required as needed (PRN).
- All the staff we spoke about medicines said they felt competent. Their practice had been observed as part of their training to ensure their competence.

Preventing and controlling infection

- There were systems in place to keep the service clean and free from infection. This included, an infection control policy for staff to follow, staff training in infection control and food hygiene and regular infection control audits. Staff wore protective clothing (PPE) such as aprons and gloves, when necessary.
- Feedback from a relative included, 'The home is always clean and tidy. There is also a beautiful and well-kept garden.'
- The registered manager told us how they had worked with a person to solve a potential infection control issue caused by a person urinating inappropriately. The registered manager explained how they spent time finding out the cause of the behaviour in order to change it.

Learning lessons when things go wrong

- Staff were encouraged to discuss any incidents that had happened. This included a team de-brief following any incidents relating to behaviours which challenged. This meant that staff learnt when things had gone wrong.
- Accidents and incidents were recorded and then audited by the registered manager. This enabled any patterns or trends to be identified and action to be taken to reduce the risk of re-occurrence.

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 good.

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

Supporting people to live healthier lives, access healthcare services and support

- Staff stayed with people when they were admitted to hospital to prevent unnecessary distress caused by an unfamiliar environment. This ensured that people received continuity of support and were able to communicate with hospital staff. Staff told us how they had stayed in hospital with a person to provide support and prevent unnecessary anxiety. Feedback from the person's relative included, 'The level of support and care given to [Name] while in hospital was truly outstanding. [The manager] spent many hours at the hospital. Knowing that [Name] can't communicate verbally and doesn't do well with strangers he made sure that he or one of the team was at her bedside 24/7. I must say that I was impressed at the level of care and commitment shown.'
- Staff monitored people's health and escalated when they felt people were unwell, even if there were no physical symptoms. Staff were highly skilled and affective at identifying people's physical health needs or issues based on how they expressed themselves, including non-verbal cues. Staff were committed to advocating for people when they were unable to communicate their needs to ensure any concerns were fully investigated and explored.
- Staff completed daily records and recorded any changes to people's routines. This clearly demonstrated that people received care and support in line with their care plans.
- Multi professional's visits were recorded and people's care plans were updated when advice and guidance was given.

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

- One person did not wear clothing on admission to the home. Staff had worked with the person to reduce their anxiety which had made them feel comfortable wearing clothes. This had enabled them to access the community and participate in activities enhancing their quality of life. The registered manager explained that staff were not complacent and were now working toward the new goal of the person being able to go to a local swimming pool. Feedback from their relative included, 'The team are going to try to find a way to make it possible for [Name] to go swimming. ... I love that the team doesn't ever sit back and just run the existing programme. They are always willing to look at doing something new and exciting for the residents.'
- The staff team constantly looked for new and innovative ways of working and discussed how they may benefit individuals. A relative told us that, 'They [staff] are forever moving on to something new to enrich [Name's] life'.

- One person was seen to be unsettled first thing in the morning. The registered manager discussed changing the time of the person's morning medicine with the person's psychiatrist. This change in routine made the person calmer and more settled so that they can be more involved in the daily routine. This meant that they now participated in vacuuming and laundry.
- The registered manager explained how exhibiting behaviour which may challenge was people's way of communicating their needs, likes or dislikes. They told us that staff did not focus on the behaviour but concentrated on its cause in order to meet people's needs.
- The staff team used best practice approaches to support people to develop their communication skills and use proactive interventions to reduce people's anxieties and frustrations. This approach had reduced the frequency and severity of incidents of behaviours which may challenge. Supporting people in this way had improved people's quality of life by enabling them to participate in more activities, particularly in the community, and reduced social isolation.

Staff support: induction, training, skills and experience

- Staff were highly skilled and had extensive training. They had the skills, knowledge and confidence to effectively support people with a high level of needs. A relative described staff as, 'Dedicated' and 'Professional'.
- The service provided training focussed on the individual needs of the people using the service. For example, the training in the management of people with complex behaviour needs was tailored to the specific people at the service. This ensured that staff effectively provided individual and person-centred care for people.
- The staff training records detailed what training individual staff members had received and demonstrated that the training was up to date. The staff training included observed practice which ensured staff were competent to work with people and provide the care people needed, safely. Staff told us that they were happy with the level of training provided and felt that it gave them the skills and knowledge needed to provide good care.
- People were supported by staff who had regular support, supervisions (one to one meetings) with their line manager. Staff told us they were able to discuss any issues or concerns with the manager. Feedback from staff included, '[The manager] engages staff to bring new ideas.'
- Health professionals were extremely positive about the skills of the staff and the impact this had on the quality of care provided. Relatives told us they did not feel people were subject to any discrimination, for example on the grounds of their gender, race, sexuality or age.

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

- People's care plans contained information about their dietary needs and / or any swallowing difficulties they may have. Staff were aware of the food people preferred and ensured that food was available to meet their diverse needs. One person had a Halal diet. Staff supported the person to go to a specific shop in order to choose and purchase their required meat.
- People's food and drink intake and their weight were monitored to ensure people received sufficient amounts each day and to monitor people's health. Records showed that people had enough to eat and drink.
- Staff were aware of people's individual preferences and patterns of eating and drinking. People with more complex care needs were supported to eat their meals with staff assistance. Referrals were made to and advice was sought from appropriate professionals and guidance was followed in practice by staff. This demonstrated that staff were monitoring people and taking action to ensure that their needs were met.

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

- The manager and staff worked with a wide range of professionals such as general practitioners, psychiatrist, dietician and speech and language therapists to ensure people lived comfortably at the service and their medical needs were met. Feedback from a visiting healthcare professional included, 'Staff are receptive to all recommendations, prepared for visits and able to provide adequate information.'
- People experienced very good healthcare outcomes and were supported by staff to access healthcare services as they needed them.

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

- The premises and gardens were well maintained and well presented. People's needs were met by the design of the premises.
- The service offered choice to people in the layout and décor of their rooms and people had their own belongings around them.
- Staff had office space away from living areas and the service had a homely feel.

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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training which gave them a good knowledge of MCA and DoLS. Appropriate applications to deprive people of their liberty had been made. Feedback from a visiting healthcare professional included, 'There are good processes in place for consent.'
- Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was an assessment to show otherwise. There were actions to support decision-making with guidance for staff on how people communicated decisions.
- People were enabled to make decisions and we saw that staff respected their choices. We saw staff seeking people's agreement before supporting them. Staff repeated questions if necessary to maximise people's decision-making capacity by making sure that people had understood questions asked of them.

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 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; equality and diversity

- There was a caring culture that was promoted at every level. Everything the service did was to enhance the lives of the people living there. Staff were committed to providing a good service and did so with kindness and compassion.
- There were numerous examples where people's wellbeing had increased after moving into the service. For example, less anxiety and distress and enjoying meaningful activities.
- People received care and support from staff who were skilled in talking to people and had a good rapport with people. All staff were highly motivated and interacted with people in a warm and friendly manner. We saw people were relaxed within the company of staff, jovial exchanges were seen, and it was clear staff understood people's individual needs.
- The relationships between staff and people receiving support demonstrated dignity and respect at all times. Equality and diversity were embedded in the principles of the service. Staff at all levels demonstrated an inclusive culture and respected everyone's individuality, valuing them for who they were without judgement.

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

- Staff made every effort to ensure people were involved in any decisions, choices and activities regardless of people's disabilities.
- Staff focused their attention on providing support to people. We observed people smiling, chatting and enjoying spending time with the people at the service.
- Staff knew people's individual communication methods. They were clear recorded in their support plan which included an explanation of specific verbal and non-verbal gestures and behaviours.
- Staff worked with people and when communicating with them they gave eye contact. They spent time listening to them and responded to them. They explained what they were doing and offered reassurance.

Respecting and promoting people's privacy, dignity and independence

- Staff said that they believed that all staff were caring and were able to meet the needs of people. The overall impression was of a warm, friendly, safe and lively environment where people were happy.

- Staff recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. Care planning documentation used by the service helped staff to capture information. This was to ensure the person received the appropriate help and support they needed, to lead a fulfilling life and meet their individual and cultural needs. For example, respecting people's disability, gender, identity, race and religion.
- Staff were highly skilled and sensitive to any changes in people's mood through their behaviours and how they expressed themselves. They were able to identify signs of discomfort and were skilled in identifying causes and reasons.

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 good.

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

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

- Staff never let someone's anxiety or learning disability become a barrier to any activity or opportunity and went above and beyond to enable people to participate. Sometimes this meant months of trying small steps towards an activity the person wanted to do, such as be able to go overseas on holiday for the first time.
- The registered manager described how they were working with a person to enable them to go swimming. The person had particularly enjoyed swimming as a child, but had not been able to as an adult due to their complex needs and behaviour. The registered manager explained the specific challenges and risks associated with the activity and how they were planning to overcome them. Their relative told us, 'I love that the team doesn't ever sit back and just run the existing programme. They are always willing to look at doing something new and exciting for the residents.'
- People were engaged and occupied during our visit. They had a range of activities they could be involved in to allow them to lead as full a life as possible. Feedback from a relative included, 'At Rainscombe the team do so much more than provide basic care. They are forever moving on to something new to enrich [my relatives] life.'
- The registered manager and staff described the steps they had taken to enable all the people living at the service to have a holiday overseas. As well as the physical challenges there were significant administrative challenges to overcome, which included obtaining passports for people who had not had them before.
- The registered manager explained the challenges people with autism faced in a busy and noisy airport environment and the challenges associated with airport security and any close physical contact that it entailed. They told us how they had visited the airport with people in order to make the environment more familiar to them and how they had liaised with the airline to make special boarding arrangements.
- A relative told us that they were initially, 'Sceptical,' but, 'The trip was exceedingly well planned and resourced.' The relative said that on their return, 'The team told me how much [Name] had loved the whole experience and showed me her holiday pictures.'
- Staff were highly skilled in breaking down complex information to make it easy for people to understand. This included adapting information from other services or organisations and converting this to a format in line with an individual's communication methods. This was in line with the Accessible Information Standard (AIS). The Accessible Information Standard is a framework put in place in August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss are given information they can understand, and the communication support they need.
- Staff used pictures to facilitate people's choices. For example, people were able to choose where they wanted to go on holiday by looking at pictures of various destinations. People chose to go to Spain and stay

in a villa with a swimming pool.

- People received an exceptionally personalised service that was very responsive to their individual needs. Staff worked with dedication and passion to respond to each person's personal situations and often went above and beyond to achieve this. Staff were able to tell us detailed information about people's current needs as well as their backgrounds. Staff were able to talk about people's likes, dislikes and people important to them without referring to the care plan documentation.
- External professionals were extremely positive about the approach of staff. Comments included, 'Care is consistent, and I have not had any concerns regarding any aspect of the home and have now seen several residents coming from other placements and settling in very well.'

Improving care quality in response to complaints or concerns

- Staff were happy to provide feedback to the manager about their experiences. They told us that they were confident that their feedback would be taken seriously with actions taken if needed.
- There was an accessible complaints procedure located in people's rooms.
- The registered manager was prompt at dealing with any feedback or concerns. No formal complaints had been received.
- Staff were accountable and took responsibility when things could have been handled in a more effective way.

End of life care and support

- At the time of our inspection no person was receiving end of life care. However, end of life wishes had been discussed and were recorded. Staff knew which people's resuscitation status and people's wishes were respected.

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 Requires Improvement. At this inspection this key question has now improved to Good.

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; and how the provider understands and acts on duty of candour responsibility

- There was a management structure in the service which provided clear lines of responsibility and accountability. People knew who the registered manager was and held them in high regard. The registered manager told us that they regularly spent time with people to make sure they were receiving care in line with their wishes and individual preferences.
- The service was led by an exceptionally motivated registered manager. They were committed to providing a service that was person-centred and put people firmly at the centre of all they did.
- The registered manager went above and beyond in their role to make a real difference to people's lives. They ensured they maintained their knowledge and skills in their roles and were aware of their legal responsibilities.
- The service had a positive culture that was open and friendly. Staff at all levels were approachable and keen to talk about their work. Staff were extremely motivated and driven to keep standards of care very high and were very proud to work for the service, they demonstrated a strong level of commitment and dedication to the service.
- We received consistently positive feedback about the service.

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

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. They were fully aware of their responsibilities under the legislation and ensured that all significant events were notified to the Care Quality Commission. We use this information to monitor the service and ensure they responded appropriately to keep people safe.
- The quality of the service was sustained due to the registered manager and provider having clear oversight of the service. There were systems in place to facilitate the sharing of information. This included regular staff supervision, staff meetings and daily staff handover meetings. The quality and safety of the service was continuously monitored with checks completed in areas such as health and safety, medicines management, care records and staff training.

- Without exception, people and visitors spoke very highly of the management and staff at the service. Staff were exceptionally well supported. Staff were valued for their commitment, supported and encouraged to develop.

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

- There were consistently high levels of constructive engagement with people and staff. Staff told us that the manager was, "Empowering." Staff felt able to make suggestions and work as a team to evolve and improve the service. The registered manager ensured they were available to listen to any staff concerns and to provide solutions to address these.
- People's comments were overwhelmingly positive, they felt the service was well led and provided a consistently outstanding care.
- People were encouraged to provide feedback to evaluate and improve the service. This was done during structured care plan reviews, surveys and meetings.
- Relatives and external professionals were invited to share their experience of the service. We reviewed feedback received which was all very positive, complimentary and reflected the feedback we received during our inspection of the service.
- Staff meeting minutes evidenced that changes in good practice guidance and legislation were regularly discussed to keep knowledge up to date.

Continuous learning and improving care

- There was a clear governance framework which identified any actions required. The auditing system followed the CQC's key lines of enquiry.
- Quality assurance systems monitored the quality of service being delivered. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- The registered manager continually strived to improve the service and people's experience and quality of life. Reflective practice was used to consider how improvements could be made and regular feedback was given to the provider in order to ensure operational goals were being achieved.
- Accident and incident forms including any incidents relating to behaviours which challenged were completed. These were detailed and checked by the manager who review what were the causes, how it was managed and to look to how this could be improved in future.
- Any more significant incidents had a full debrief with staff afterwards. This enabled staff to reflect on what happened and support to be offered to all those involved.

Working in partnership with others

- The registered manager worked well in partnership with external health and social care professionals to improve outcomes for people.
- Feedback from a visiting professional included, the staff team asked for, listened to and acted on advice and that, 'There is never a problem getting information on change and well-being of residents.'
- The registered manager said relationships with other agencies were positive. Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.
- The registered manager built firm relationships with other organisations to provide people with the best possible experience.

