

Optimal Living (Kent) Limited

Hill Farm

Inspection report

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Tel: 01795841220

Date of inspection visit:
06 October 2021

Date of publication:
27 April 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Hill Farm is a small residential care home providing personal care to five people with learning disabilities including people living with sensory impairments and autism at the time of the inspection. The service can support up to nine people.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was a larger house which was bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people as this was mitigated by the building design. One of the bedrooms had been converted into a sensory room. The provider had plans in place to make further changes to the design and layout of the service to further meet best practice. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

Model of care and setting maximises people's choice, control and independence. People had been supported to gain new skills.

Right care:

Care is person-centred and promotes people's dignity, privacy and human rights. Most staff demonstrated a person-centred approach and supported people to communicate with others in a way which respected the person.

Right culture:

Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There was a culture of striving for better quality of care and support enabling people to lead improved lives.

We observed people interacting with each other and staff and being involved in their day according to their wishes. People were smiling and staff knew them well. A relative told us that that communication was good, and they were kept updated and involved. They were happy with the care and support their loved one received.

Staff had been recruited safely to ensure they were suitable to work with people. Staff had completed their training to give them the skills and knowledge they needed to support people with complex needs safely. Staffing levels when we inspected were suitable to meet people's needs, because extra senior staff were on duty as a meeting had been scheduled. Staffing rotas showed four staff were deployed on shift each day 08:00 to 20:00 to support five people. Two people received one to one support from a member of staff which left the remaining two staff to provide support for the remaining three people.

Medicines had been well managed. Risks to people's health, safety and welfare had been assessed, managed and reviewed. There was guidance for staff on how to reduce risks to people and support plans mirrored the information to ensure that staff knew how to provide safe care and support. One person's medical needs had changed, and they had a medical device fitted to maintain their health, a risk assessment was in place in relation to the fitting of this device. The provider updated the risk assessment after we inspected to make it clearer for staff what the day to day risks were and how to manage these. Risks to the environment had been considered. The equipment and the environment had been maintained.

We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were not completely clean, the provider had also identified this and was arranging for some deep cleaning to take place and a review of cleaning schedules.

The provider had effective safeguarding systems in place to protect people from the risk of abuse. Staff continued to know how to spot signs of abuse and mistreatment. Training records showed all staff had attended safeguarding training. The provider continued to have monitoring systems in place to review accidents and incidents.

People continued to be supported to eat and drink to maintain a balanced diet and good health. People's weights were regularly monitored to make sure they remained as healthy as possible. People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain.

The building was suitable for the needs of the people who lived there. People had chosen the decoration for their own room where they were able to. Where people had specific interests and hobbies these were reflected in their room décor. The provider was in the process of making plans to renovate and modernise the service.

The provider had completed regular checks and audits to monitor the quality and safety of the service. The audits had identified concerns in places and action plans had been created. Actions had been completed in a timely manner. The provider had met the previous breaches of regulations identified in November 2019 and was working to continuously improve the service. The provider was working on embedding the changes made and working on further changes and improvements to the service. This included recruiting a new manager for the service.

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.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 06 February 2020). Breaches of legal

requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, good governance and notification of other incidents.

The service received a targeted inspection on 8 September 2020 (published 06 October 2020) to check that the actions had been completed. We found they had not and there were still improvements required to improve safe care and treatment, staffing and good governance. The inspection found that that provider was still in breach of three regulations.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulations. There were some areas where improvements were still being made.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This inspection was also prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only. This enabled us to review the previous ratings.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has improved to Good. This is based on the findings at this inspection. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hill Farm on our website at www.cqc.org.uk.

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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Hill Farm

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 Care Act 2014.

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 carried out by two inspectors.

Service and service type

Hill Farm is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission (CQC). The registered manager had left. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The provider was in the process of recruiting a new manager and the nominated individual had applied to become the registered manager to provide consistent management support.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission the service. We also sought feedback from Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us they had not visited the service or received any comments or concerns since the last inspection. A local authority commissioner told us they had visited the service and gave us feedback about this visit.

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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. Some people were not able to verbally express their experiences of staying at the service. We observed staff interactions with people and observed care and support in communal areas. We spoke with four members of staff including care staff, senior care staff and the 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. This included two people's care records and multiple medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we tried using this communication tool with two people to tell us their experience.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two staff members and a relative. We also spoke with one professional who regularly visited the service.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last rated inspection in November 2019 staff had not always been recruited safely to ensure they were suitable to work with people. Gaps in staff employment history had not been explored and this was identified as an area for improvement. At the last unrated inspection in September 2020 there continued to be shortfalls, the provider and registered manager had failed to ensure staff were recruited safely. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out sufficient checks which included checks of staff members' employment history to ensure they were suitable to work around people who needed safeguarding from harm. References had been received by the provider for all new employees. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks in staff files.
- Staffing levels when we inspected were suitable to meet people's needs. The nominated individual told us there were extra staff on duty because they had been called in for a meeting. This meeting had then been cancelled due to the inspection.
- Staffing rotas showed four staff were deployed on shift each day 08:00 to 20:00 to support five people. Two people received one to one support from a member of staff which left the remaining two staff to provide support for the remaining three people. However, these staff were taken away from providing care and support to complete cleaning tasks and cooking tasks. Whilst we did not witness any impact on people of this, because extra staff were on shift when we inspected, there was potential for people to have their care needs unmet because of this. The nominated individual told us after we inspected that no cleaner or cook was deployed because people were supported to be involved in cleaning and cooking. However, we did not see people being involved with this when we inspected.

Using medicines safely

At the last rated inspection in November 2019 medicines were not well managed and had not always been administered correctly. At the last unrated inspection in September 2020 improvements had been made and the breach of regulation 12 had been met. At this inspection, the provider continued to meet the regulation.

- Medicines had generally been well managed. We carried out medicines stock checks and found one

person's medicines did not tally with records of medicines in stock which indicated medicines had not been given as prescribed. We spoke with staff who had been responsible for administering medicines on the day of inspection to ascertain if they had actually counted the medicines in stock before recording the balance. They had not physically counted the medicines, which made it difficult to locate when the error had occurred. We reported this to the nominated individual who investigated this after the inspection. They found that the person had not received medicines because they had been sleeping and a staff member had wrongly recorded that they had been given as prescribed. They reported the error to the person's GP and noted advice given, no impact on the person's health had been identified. The error had not been detected for more than 24 hours.

- Medicines were stored, managed and disposed of in line with guidance. Medicines were kept at the correct temperatures to maintain their efficiency.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when it may be needed.
- Topical medicine administration forms were in place and used to record where staff had administered prescribed creams to people.

Assessing risk, safety monitoring and management

At the last rated inspection in November 2019 risks relating to people's health, safety and welfare had not been robustly assessed. At the last unrated inspection in September 2020 improvements had been made and the breach of regulation 12 had been met. At this inspection, the provider continued to meet the regulation.

- Risks to people's health, safety and welfare had been assessed, managed and reviewed. There was guidance for staff on how to reduce risks to people and support plans mirrored the information to ensure that staff knew how to provide safe care and support.
- Risk assessments were centred on the individual person and the support needed to keep them safe. Each person had an evacuation plan describing the individual support they would need to leave the building in an emergency. Checks had been completed on the fire equipment.
- Where people were at risk of choking there was guidance for staff, such as cutting food into small pieces and supporting them whilst they ate. We observed staff followed this guidance during the inspection.
- Risks to the environment had been considered. The equipment and the environment had been maintained. The provider's maintenance team carried out repairs and maintenance in a timely manner. We observed that there was a large hole in the floor and wall upstairs, the nominated individual told us this had been caused by contractors locating and fixing a leak. During the inspection, the provider contacted a contractor and arrangements were made to risk assess this and to fix the hole.
- A fire risk assessment had identified actions required to comply with fire safety regulations. Some of the actions had been completed. Some actions remained, the nominated individual evidenced that these actions were in hand and contractors were scheduled to visit to complete the work.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service were not completely clean, the provider had also identified this and was arranging for some deep cleaning to take place and a review of cleaning schedules. After we inspected, the local authority commissioning team had asked the provider to consider deploying cleaners to carry out cleaning.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place to protect people from the risk of abuse. Staff continued to know how to spot signs of abuse and mistreatment. Training records showed all staff had attended safeguarding training. Staff had confidence in the management team and provider to appropriately deal with concerns.
- A relative told us their loved ones were safe and well looked after.
- All staff were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety. One staff member told us, "I would report to safeguarding and would inform the managers. It would be acted on; everything is done properly now." Another staff member said, "I have done safeguarding training and we have safeguarding numbers in the office."

Learning lessons when things go wrong

- The provider continued to have monitoring systems in place to review accidents and incidents. Accidents and incidents had been recorded, including the action taken following the incident. The nominated individual had checked accidents and incidents had been dealt with appropriately and measures were put in place to prevent a further occurrence. The nominated individual had looked at trends and patterns and explored these further with the staff team.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last rated inspection in November 2019 staff had not always had adequate training to meet people's assessed needs. At the last unrated inspection in September 2020 there continued to be shortfalls. The provider had failed to provide appropriate training to staff to enable them to carry out their duties. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had completed the provider's mandatory training to give them the skills and knowledge they needed to support people with complex needs safely.
- Staff had completed additional training which centred on people's specific needs, such as epilepsy, dementia and learning disabilities.
- Staff met their line manager regularly for one to one supervision meetings to discuss their performance and personal development. Staff confirmed that these supervision meetings had continued with the nominated individual when the registered manager had left.
- The provider had systems in place to monitor and check staff practice. Observations were carried out and documented and competency assessments were carried out.

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. 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.

- Where required, people had mental capacity assessments completed at their assessments which followed the principles of the MCA. For example, they involved those important to them and decisions were made in people's best interest.
- The provider had correctly applied for DoLS within the MCA for some people living at the service. Some of these applications had been authorised by the local authority at the time of this inspection. The provider monitored when they were authorised or due for renewal. Some people had a Relevant Person's Representative (RPR). The role of an RPR is to maintain contact with the person and to represent and support them in all matters relating to the DoLS. This support is completely independent from the provider of the service.

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

- The nominated individual explained that people had an assessment of their needs prior to moving to the service. These assessments formed the person's support plan. There had been no new admissions to the service since our last inspection.
- Assessments included oral healthcare and included people's protected characteristics under the Equality Act (2010). For example, their religion, culture, health needs and their abilities.
- Goals had been set with each person and their relatives along with healthcare professionals and work was ongoing to achieve these. For example, one person's goals were to make smoothies and to be involved with the cleaning. Staff were actively encouraging the person to achieve this, photographs evidenced the person achieving their goal, with a big smile on their face.

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

- People continued to be supported to eat and drink to maintain a balanced diet and good health. People were supported to choose their meals using large pictures of the foods on offer.
- We observed people being supported with their meals, people who required adaptive cutlery to help them eat independently were supported to use this equipment.
- People's weights were regularly monitored to make sure they remained as healthy as possible. When there were concerns, people had been referred to health care professionals, such as dieticians and speech and language therapists. Staff followed the advice, guidance and recommendation given.

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

- People received medical assistance from healthcare professionals when they needed it. Staff recognised when people were not acting in their usual manner, which could evidence that they were in pain. People had a hospital passport, which outlined specific health needs and how they should be managed. Staff had sought medical advice when required and had discussed concerns with relatives.
- Records demonstrated that staff had contacted people's GP, community nurse, dentist, optician, psychiatrist, falls clinic and speech and language therapist (SaLT) when required. People had been regularly reviewed by the GP and their medicines had been reviewed. People had received COVID-19 vaccines.
- People received effective, timely and responsive medical treatment when their health needs changed. People were supported to attend regular appointments with their health specialists to monitor their general health.
- A relative told us, "[Person's] health is well met, he had a little health upset in September, they dealt with it well."

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

- The building was suitable for the needs of the people who lived there. The service was set in an ordinary house which was spread over two floors. There were two communal living rooms. There was a secure garden at the rear of the house, which people utilised throughout the year.
- People had chosen the decoration for their own room where they were able to. Where people had specific interests and hobbies these were reflected in their room décor. A relative told us, "They know about the [specific] interest and so got wallpaper for his room which showed they understood and listened."
- We observed some areas of the service looked worn and scruffy. The provider was in the process of making plans to renovate and modernise the service to make the communal living areas more appealing and homely.

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 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last rated inspection in November 2019 the provider had failed to assess, monitor and improve the quality and safety of the service and to mitigate risks. At the last unrated inspection in September 2020 there continued to be shortfalls. The provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had completed regular checks and audits to monitor the quality and safety of the service. The audits had identified concerns in places and action plans had been created. Actions had been completed in a timely manner. The provider's audits and checks had identified most of the areas we found that required improvement.
- The provider was still in the process of improving the service. This included ensuring staff had visual awareness training to enable them to support a person effectively in the service as well as the community.
- The provider had met the previous breaches of regulations identified in November 2019 and was working to continuously improve the service.
- The local authority had completed a contract review of the service in the summer of 2021 and had allocated some improvements to the provider. These actions had not all been actioned when we inspected, some delays had occurred due to contractor availability caused by the COVID-19 pandemic.
- The provider was working on further changes and improvements to the service. This included recruiting a new manager for the service. The nominated individual for the provider had applied to register as a manager with CQC to provide some ongoing management structure and consistency.
- Registered persons are required to notify the Care Quality Commission (CQC) about events and incidents such as abuse, serious injuries and deaths. The provider had notified CQC about important events such as deaths and safeguarding concerns that had occurred.

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

- Staff were immensely proud of being nominated for awards and winning one category (positive behaviour

award) from the Kent Integrated Care Alliance for work they had achieved to improve the lives of people at the service through the pandemic.

- Staff told us that the culture within the service had improved and care and communication had improved which meant better outcomes for people. One staff member told us, "I enjoy it [working at Hill Farm] that is what has kept me there. I go to work because I have that bond and love. We all want to do our best for residents. It is their home."
- The provider was keen to improve the service further to improve experiences for people and were keen for people to get back to accessing community resources they enjoyed, such as bowling. They were committed to ensuring that risk assessments were put in place to enable people to fulfil their wishes safely. The nominated individual shared evidence that the service had worked with a university and other partners to explore the use of virtual reality headsets in health and social care settings to improve people's experiences. We viewed photographs and information which showed that one person enjoyed using and experiencing a virtual reality headset to virtually explore the world.

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

- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed a copy of their rating in the service and on their website.
- The provider understood their responsibilities to ensure compliance in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment.

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

- Records evidenced that the provider had introduced meetings with people to gain their views and involve them in making changes to the service. The meeting records clearly showed that people had been involved in discussions about activity improvements and décor. Meeting records were available in easy to read documents.
- We observed staff supporting people with decision making. The service was trialling talking mats using large pictures. Talking mats enable people who find it difficult to communicate verbally to communicate wants and needs, likes and dislikes using pictures. We observed the nominated individual supporting a person to use pictures to communicate. The person made it very clear (through holding up a picture and showing everyone in the room and smiling) that they wanted to go bowling. The nominated individual told us the person had frequently communicated this and confirmed this had not been actioned because of risks deemed due to COVID-19. However, the provider had not carried out a risk assessment to see how the person could be supported to go bowling in a safe way. This is an area for improvement.
- We observed some good and some poor practice in relation to communication and engagement between staff and people. Some communication could be viewed as patronising. For example, a staff member said, "[Person], now talk to the lovely lady. Yes, you do like the food don't you." Talking in this manner did not enable the person to communicate their own views and wishes. This is an area for improvement.
- A relative told us that that communication was good, and they were kept updated and involved. The nominated individual told us that they were in the process of making contact with all relatives to engage them in a review of their loved one's care and support needs and to discuss care plans.
- Staff had been surveyed by the provider, action had been taken to address any concerns that had materialised. Staff told us that communication at the service had improved.

Working in partnership with others

- The provider kept up to date with good practice, local and national hot topics by attending provider and registered manager forums as well as becoming a member of BILD (British Institute of Learning Disabilities), Skills for Care and the National Care Association. Skills for Care supports adult social care employers to deliver what the people they support need and what commissioners and regulators expect. The nominated individual had completed a Well Led course with Skills for Care to support their development and assist with driving improvement.
- The service worked in partnership with people, their relatives and health and social care professionals to ensure people had the best outcomes.
- The provider maintained contact with local authority commissioners and staff as well as health care professionals such as GP's, district nurses and consultants.