

Castlemeadow Care Home (Halesworth) Ltd

Highfield House Care Home

Inspection report

London Road
Halesworth
Suffolk
IP19 8LP

Tel: 01603427424

Date of inspection visit:
21 November 2019
27 November 2019

Date of publication:
12 March 2020

Ratings

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

Summary of findings

Overall summary

About the service

Highfield House Care Home is a residential care home providing personal care without nursing to 33 people aged 65 and over at the time of the inspection. The service can support up to 40 people in an adapted building over two floors.

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

We were prompted to bring this inspection forward because of concerns shared with us regarding the management of the service. On our arrival at Highfield House Care Home the regional manager was at the service and informed us that the registered manager had left the afternoon prior to our inspection because of performance issues. They had been supported to improve but had not finished their probation. A new manager had already been appointed. They had been covering for the registered manager during a period of absence. This showed us that the provider had acknowledged people's concerns regarding the management of the service, investigated them, and had taken action to put things right.

People were well protected from bullying, harassment and abuse by staff that were trained to recognise abusive situations and knew how to report any incidents they witnessed or suspected. Staff we spoke with during the inspection understood their responsibilities to raise concerns and there were arrangements in place for reviewing and investigating incidents when things went wrong.

Personal risks to people had not always been fully assessed or steps put in place to keep people safe. However, an audit of people's care records had been carried out and it was identified that people's care plans and risk assessments needed to be reviewed and updated. This meant that risks to individual people would be identified and action taken to help protect them from harm. The reviews were in progress.

The service was undergoing a program of refurbishment and decoration. We saw that risk assessments had been undertaken around keeping people safe while the work was being carried out.

Staffing levels were sufficient to keep people safe. People were protected by staff that had been safely recruited.

Medicines had not always been managed in a way that ensured that people received them safely and at the right time. On examination we found there were some shortcomings in its management. However, most of our concerns in regard of the medicines had already been noted and action was being taken to better manage the medicines and retrain staff.

The home was clean, and staff had access to equipment that protected them and the people they supported from cross infection.

People's needs were assessed, and they received care in line with current legislation from staff that had the knowledge and skills they needed to carry out their roles.

People's nutritional and hydration needs were assessed to ensure they received appropriate support that met their needs. The service worked to ensure that people received person centred care when they used and were supported by different services.

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, meaning people were asked for their consent by staff before supporting them in line with legislation and guidance.

Staff who spoke with us talked about the people who used the service in a caring and positive way. People told us that staff were kind, caring and protected their privacy and dignity. We saw evidence in records that people were able to express their views, and staff listened to what they said and took action to ensure their decisions were acted on.

People had not always received care that was personalised and responsive to their needs, the care plans did not always properly reflect all the person's needs and were generally of a mixed quality. However, the service was in the process of updating and reviewing people's care plans to improve their quality and consistency. People's experiences, concerns and complaints were listened to; steps had been taken to investigate complaints and to make any changes needed.

The service has gone through many changes recently, having been registered under three different providers within a year with five different managers. This has had a negative effect on people's wellbeing. However, the provider had recognised how disruptive and unsettling this was for people and were taking steps to listen to them and their relatives' concerns and worries. Staff were also being supported because many of them had worked under all of the previous providers and had to get used to the many different management styles. There was still work that needed to be done, but work was underway to make improvements to the quality of the service people received.

There were various quality assurance systems in place that the registered manager was expected to carry out, but they had not always been carried out and this had led to a deterioration in the quality of care people received. Since this had been identified, steps had been taken to improve the quality of the audits and to the service offered to people. During our inspection we found that quality assurance audits were in place and improvements had started to be made. The new manager was being supported by their line manager and the deputy manager while they settled into their new post and became familiar with 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

This service was registered with us on 22 January 2019 and this is the first inspection.

Why we inspected

The inspection was prompted by concerns shared with us in regard to the management of the service. A decision was made for us to inspect and examine those risks.

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.

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

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?

Requires Improvement ●

The service had not always been well-led.

Details are in our well-Led findings below.

Highfield House Care Home

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.

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Highfield House Care Home 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 registered manager had left the service the day before our inspection meaning that the service did not have a manager registered with the Care Quality Commission. A new manager had been appointed and we were assured that they would make an application to be registered immediately. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Throughout this report 'registered manager' refers to the manager who has recently left, and 'manager' refers to the newly appointed, unregistered manager.

Notice of inspection

This inspection was unannounced.

Prior to the inspection we reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included five people's care records as well as files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service such as the audits and systems the service had in place to check on the quality of service provided.

We spoke with the manager, the deputy manager, the regional manager and the operations manager. We talked with three care staff, the activities coordinator and two healthcare professionals visiting the service. We also talked with five people who lived in the home about their experience of the care provided, as well as six people's relatives and friends.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We found most of the personalised risks assessments in place demonstrated the risks to people relating to their care and support were assessed and mitigated. These included risks associated with moving and handling and in people's home environment.
- Prior to this inspection an audit of people's care records had been carried out and it was identified that people's care plans and risk assessments needed to be reviewed and updated. The reviews were in progress.
- Staff knew the people they supported well and understood the actions they should take to make sure people were safe.
- However, some of the risks to people had not always been fully assessed and did not give staff guidance on how to support people when experiencing difficult situations. For example, one person had said they might harm themselves. Their self-harm risk assessment covered warning signs and what action to take, but not how staff should manage and support the person with their troubling thoughts.
- Risks associated with the environment were safely managed, routine health and safety audits and fire systems checks took place. Each person had a personal evacuation plan (PEEP) in place.
- Equipment used to support people to move, such as hoists, were regularly maintained.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and knew who to contact if they felt unsafe. One person said, "Yes, I feel very safe. I'm looked after well. ..." Another person told us, "I do but I was scared once by my neighbour here. The staff know all about it." The manager explained that a person living with dementia had got confused and had entered their room, upsetting them. Staff were made aware and action had been taken to avoid it happening again.
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The manager and staff told us what action they would take if they had any safeguarding concerns or were worried about people's safety. The provider's and local authority's safeguarding policies and procedures, along with contact details, were displayed within the service.

Staffing and recruitment

- There were enough safely recruited staff to meet people's needs in a person-centred manner. We saw that staff quickly responded to the call bells, and people's requests for help. They were also able to spend time and chat with people. For example, one staff member was sat with one person who asked them if they were getting their shopping for them, the staff member replied, "I am indeed, it is all in hand." Another conversation was overheard, the staff member was admiring the person's hair, which pleased them. They

talked about hairstyles and how they each preferred their hair to be done.

- However, people's comments were mixed, some people told us there were enough staff to meet their needs in a timely manner and other people told us that they had to wait for their support at times. For example, one person told us, "No, there aren't enough staff, they are too busy. They work very hard. But I don't wait too long." Another person said, "[The staff] are good. They're not slow in helping."
- The staff we spoke with all believed there were enough staff, one explained that, "We were struggling, staffing levels were not brilliant for a few months a while back. A lot of staff left when [the registered manager who had just left] was here. A lot of staff walked out, so staffing levels were low. We have had a lot of new starters, so things are looking up now."
- The provider undertook checks on the suitability of potential staff to care for people living in the service. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Using medicines safely

- When the regional manager identified that the registered manager, now left, was not carrying out audits as expected, they carried out thorough audits throughout the service, including medication audits. They found errors and the records to be poor quality. They immediately arranged for staff to receive medication training and asked for outside professional help to come and carry out audits within the service, this was ongoing.
- The manager had begun to observe medicine rounds to ensure people received their medicines safely and medication administration records were taken into the morning heads of department meetings to be examined.
- Weekly medication audits had begun, and the manager told us they intended to do monthly audits. They told us, "I know there are issues and walk around with my eyes wide open."
- However, when we examined the medicines we identified some minor discrepancies that were investigated and put in order before the end of our inspection.
- We observed staff administer medicines in a dignified and safe way; washing hands as required and wearing gloves as appropriate.

Preventing and controlling infection

- Staff had received training in infection control and knew how to prevent the risk of healthcare related infections spreading.
- Personal protective equipment, such as disposable gloves and aprons, were provided for care staff to use to reduce the risks of cross infection.
- The home was clean throughout.

Learning lessons when things go wrong

- The service had systems to learn from incidents to reduce the risks to people using the service.
- Staff understood their responsibility to report all accidents and incidents. They recognised the importance of reporting as part of the learning process and how this could mitigate future risk. For example, to protect people known to be at risk of falls from bed, the provider had purchased specialist beds which lowered close to the ground and floor sensor mats, so staff could immediately respond to incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's individual and diverse needs were in place prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate.
- People told us that they took part in their assessment before they moved into the service. One person commented, "Everything was agreed with my partner, my needs were discussed. I was too poorly at the time...."

Staff support: induction, training, skills and experience

- Staff induction included working alongside an experienced member of staff. Induction procedures and further ongoing training provided staff with the essential skills and competencies to carry out their role effectively. This included training in people's specific needs, such as dementia, protecting people's dignity and showing respect. Staff were supported to undertake qualifications relevant to their role.
- Staff believed they received the training and support they needed to do their jobs properly. One staff member told us, "We are inundated with training on e-learning - about 30 modules. We also do hands on training with an outside trainer. We had dignity training from Suffolk council and we are getting dementia training from them next week."
- People and their families told us they felt staff were well trained. One person's relative told us, "[The staff] know what they're doing. They're very good with [people living with dementia]. They stand back and gently persuade them. They talk quietly and don't crowd them. It must be the training I suppose."
- Staff competencies were checked, for example the manager observed staff while they supported people or while giving people their medicines.
- Staff were provided with one to one and group supervision meetings. These provided staff with the opportunity to receive feedback about their practice, discuss any issues and identify training needs.

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

- The service supported all people in the home to eat a varied balanced diet to support a healthy lifestyle.
- Nutritional care plans were developed, and people were regularly weighed. Where concerns were noted nutritional intake was monitored and people were referred for relevant professional assessments if they needed it.
- People told us that they enjoyed their meals. One person said, "The food's pretty good. You choose your meals one day for the following day. The homemade soups are very good at teatime. The trolley comes around with drinks and biscuits and the staff would get you a drink in between if you wanted it." Another person told us, "The dinners are okay. The cook knows I don't like pasta, so I get a salad on those days. Yes, we get enough to eat, the kitchen is very good." Although one person commented, "I wish there were more

greens. There was broccoli today, but I wish there were more green vegetables."

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

- People told us they were helped to get to an appointment, such as hospital appointments and other health care appointments. One person told us, "I see the doctor from Halesworth. The chiropodist comes in regularly and I've had my eyes tested here and new glasses. It's very well organised."
- The provider worked routinely with other agencies including specialist nurses, psychologists and psychiatrists.

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

- The service was undergoing a programme of refurbishment and decoration. New flooring was being laid in communal areas of the service and the main lounge was being redecorated during our inspection. We saw that risk assessments had been undertaken around keeping people safe while the work was being carried out.
- Bedrooms were routinely refreshed and decorated before people moved into the service.

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.

- People told us the staff asked for their consent before providing any care. People's care records guided staff to ensure they sought people's consent before supporting them. One person told us, "The staff always knock and ask if they can come in. They do try to encourage me to go to the lounge, but I usually don't go – the staff never force you to do anything."
- People's care records included their capacity to make their own decisions and any support they needed in these areas. Where people had an appointed person to make decisions with their finance and or health and social care, this was clearly documented. One person commented, "I'm pleased with this home. My [relative] found me this home, my family have Power of Attorney."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were caring and respectful. One person told us, "The staff are lovely. Do you know they bring in their pets? Someone brought in their cats, such good people." Another person commented, "I do believe if you treat people properly they will respond the same way. The staff have shown me kindness and care, which is so good." One person's relative said, "Very good framework, incredibly supportive to me and my [relative]."
- The staff we spoke with talked about people in a caring way. They clearly knew people well and how their needs were met.
- We observed staff interacting with people in a caring way. For example, one person came into the office to speak with the manager about something which was concerning them. The manager was supporting and caring and assisted the person with their problem.

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

- People's care records demonstrated they had been involved in making decisions about their care, this included their preferences about how they wanted to be cared for. One person's relative said, "It is difficult balancing autonomy and providing what someone needs. They negotiate with my [relative] in good grace."
- Records of care reviews showed people using the service and their relatives, where appropriate, were consulted about the care they received, and any changes identified were included into the care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their dignity and privacy were respected. One person told us, "I haven't been here long, but I've got to know the staff. They're careful with private stuff." Another person said, "The staff knock and ask me how I'm doing or if I want to do something. I can't fault them."
- People were supported to maintain their independence, one person said, "I please myself. If I fancy doing something I do it and if not, I don't, the staff leave me. It's how I like it." A relative told us, "The staff get [my relative] walking as much as possible. Oh yes, dignity and privacy are excellent – the staff have such respect for the residents."
- People's care records guided staff in how to ensure people's dignity, privacy and independence were respected. The records detailed the areas of their care people could attend to independently and where staff needed to provide support.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received care that was personalised and responsive to their needs. The care plans did not always properly reflect all of the person's needs and were generally of a mixed quality. For example, one person's care plan gave a good description of symptoms relating to their health condition and included further guidance for staff reference. It also detailed how their periods of anxiety could result in them being unsettled. But their behaviour care plan did not state how to recognise triggers to this behaviour, how to keep them safe or ways to defuse the situation.
- However, the risks relating to this were mitigated by the staff team who knew people well, many of whom had worked in the service during three provider changes. This ensured people received continuity of care from staff who understood them and their personal preferences. Also, the providers had identified this shortfall; the regional manager and the newly appointed manager were in the process of updating and reviewing people's care plans to improve their quality and consistency.
- We saw that, those care records that had been rewritten, clearly detailed how people's individual needs were assessed, planned for and met.
- There was a 'resident of the day' when people's care plans were reviewed and updated, and rooms were deep cleaned. 'Stop and rock' is part of their day, the person was asked to choose their favourite song. On the first day of our inspection rock around the clock was chosen and put on as people were getting ready to go into the dining room for lunch. Staff began singing to it as people started to move from the lounge to dining room. They were jigging and moving to the music as they went through, which was a cause of much hilarity and made people laugh and smile.

Meeting people's communication needs

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

- People's communication needs were detailed in their care records, this included guidance for staff on how to communicate effectively with people.
- Documentation was provided in accessible format, where required.

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

- People were provided with the opportunity to participate in social activities to reduce the risks of isolation. We saw photographs of people taking part in activities and observed some activities going on in

the lounge, there was a lot of laughing as people and staff played quoits.

- While being wheeled through the hallway, one person noticed some stones on the radiator, which had been decorated. The staff member commented, "They are lovely aren't they. People had fun painting those and we are going to put them in the garden, so you can find them."
- People told us that recently a new coordinator had joined the activity team. One person told us, "There are more activities happening now. I'm not interested in bowling or anything like that, but I've done a few things. I enjoyed the flower arranging, which I didn't think I would. We were going to plant Amaryllis, but the compost didn't arrive so we're doing that next week. I would enjoy planting things in the garden, but no one's said about doing that.... I see the [activities staff] are doing something with memory boxes. I don't know what that is, but it sounds interesting, so I might go to that...."
- People were supported to continue to follow their interests. One person told us, "I used to sell poppies. I had to stop because I'd stand in supermarket doorways and I got so cold. But the staff organised for me to go around every room in the home selling poppies this year. It was wonderful. I met people I didn't know were in here.... the tin was very full at the end. I really enjoyed doing it."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which explained how to raise a concern and what would happen with any concerns or complaints received.
- Records showed concerns were addressed. Prior to our inspection, we had received complaints about the management of the service, we found that the provider had listened to those complaints and had taken action to improve the management of the service.

End of life care and support

- People's care records included information about the choices that people had made regarding their end of life care. This included whether they wished to be resuscitated and where they wanted to be cared for at the end of their life.
- People's families were supported to stay with their loved ones at the end of their lives.
- We saw cards and thank you letters from relatives thanking the staff for the care and love shown to their family members at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

The service management and leadership had been inconsistent, and the culture they created did not always support the delivery of high-quality, person-centred care. The provider had taken steps to make improvements having identified this failing. However, this improvement needs to embed before we can be ensured that this improvement is permanent.

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

- People who spoke with us told us that the service they had received in the recent past had been poor, saying that communication from, the then, registered manager was difficult, that the culture was not positive, inclusive or empowering. But, now the new manager had taken up their post, people felt the service was improving. One person told us that the new manager was, "Like a breath of fresh air." Staff also welcomed the change in management and were hopeful that the positive atmosphere would continue.
- Staff told us that the new manager was open and happy to listen. One staff member told us, "There was a lot of room for improvement. Now there are lots of plans in the pipeline. We were struggling with staffing levels, it hadn't been brilliant in last three or four months, they weren't happy and left. We have a lot of new starters, so things will get better now. Everyone's morale was a bit low, it's been more positive lately. I think [the new manager] is going to be brilliant. They're a real team player. I'm really excited about what is going to happen, it's the first time I actually feel positive about things going on here." Another staff member said, "The manager leads by example and the service now has a positive culture where people are respected."
- We observed a handover meeting between staff, where any concerns about people were discussed and the next shift was planned. Staff were encouraged by the manager to participate and offer suggestions.
- We also observed a morning heads of department meeting, which was attended by the manager, Deputy Manager, Regional Manager and heads of department including Maintenance Admin, Cook, Team Leader, Housekeeping and activities. Discussions included admissions, people's appointments, maintenance updates, planned activities and staffing levels.
- The service had just introduced themed days such as; making memories - staff and residents engaging in memories, for example staff were asked to bring in photos of when they were young, so everyone could be asked to work out who is who. Another themed day was Wellbeing Wednesday, people and staff were to be mindful of wellbeing; to ask if people were feeling okay.

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 manager was knowledgeable about their responsibilities relating to the duty of candour and was open and honest with us about the difficulties the service had been through lately.

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

- The manager was knowledgeable about their new role and responsibilities associated with managing the service. When we spoke, they explained their plans to improve the service, saying they would be open and meet problems upfront.
- There was a programme of audits and checks in place which assisted the manager to identify any shortfalls and address them. However, those had not always been carried out by the previous registered manager and this had led to a deterioration in the quality of care people received. This was identified, and steps were taken to improve the quality of the audits and to the service offered to people. During our inspection we found that quality assurance audits were in place and improvements had started to be made.

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

- People who used the service were asked for their views and comments about the service they received in meetings. Satisfaction surveys were planned to be given to people who lived in the service and their relatives later in the year to enable people to share their views on the quality of service they receive.
- Staff attended meetings where they received updates on the people they cared for and any changes in need and their roles.

Continuous learning and improving care

- The manager told us they had recently started to undertake qualifications relevant to their role.
- The manager shared how they kept updated with the care industry, including receiving information from a local authority funded organisation, which could advise services of training available in the community.

Working in partnership with others

- The manager told us they had developed good relationships with other professionals involved in people's care, including commissioners and health care professionals.