Apollo Home Healthcare Limited

East Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
East Office is a domiciliary care agency registered to provide personal, and nursing, care to people living in their own homes. The service is able to support children up to 18 years of age, people with a learning disability or autistic spectrum disorder, older people some of who were living with dementia and people with a physical disability. At the time of the inspection, 47 people were using the service, all of whom received personal, and/or nursing, care.

People's experience of using this service and what we found
Staff knew how to safeguard and support people to keep them safe. People received their medicines as prescribed and staff ensured they followed infection prevention guidance. The service and the staff team took on board learning when things went wrong and effective changes were implemented.

Enough skilled and suitable staff had been safely recruited. People were supported by a consistent staff team who they felt comfortable with. However, some people were dissatisfied when people's care was shared with other care agencies or external healthcare professionals. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. People said their regular staff team had the skills necessary to care for them well.

People's needs were assessed before the service provided them with care or support. Staff knew people's needs well and care plans were reviewed as soon as changes occurred. Staff had received the required training and ongoing support to help them maintain and improve their skills to fulfil their role and responsibilities. People said staff had the skills necessary to care for them well.

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.

People said staff were caring and knew their needs and preferences well. Staff gave people privacy, treated them with dignity and respect and helped promote people's independence.

People said they were involved when reviewing their care and felt staff were responsive to their changing needs.

Monitoring and oversight of the service was effective in identifying and driving improvements. The registered manager led by example and had fostered an open and honest staff team culture. People came first and foremost, and they had a say in how the service was provided. The provider worked well with other organisations, to provide people with joined up care.

Why we inspected

This inspection was triggered due to concerns about people's safety, staffing levels, staff skills and missed care visits. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well-led sections of this full report.

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

Rating at last inspection
The last rating for this service was Good (published 26 November 2019).

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 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.

East Office

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
This inspection was carried out by an inspection manager, four inspectors and a specialist advisor. The specialist advisor's specialism was community nursing and people with complex healthcare needs. Three of the inspectors and the inspection manager undertook telephone calls to people and their relatives.

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

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave a short period notice of the inspection because some of the people using it could not consent to telephone calls from inspectors. This meant that we had to arrange for a 'best interests' decision about this and who was best placed to speak on the person's behalf, such as a parent or court appointed deputy.

Inspection activity started on 4 April 2022 and ended on 14 April 2022. We undertook some of this inspection remotely using telephone calls and virtual technology. We visited the office location on 11 April 2022.

What we did before the inspection
We reviewed information we had received about the service since registering. We used the information the provider sent us in the provider information return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We contacted four social workers, three clinical commissioning groups (CCGs), a GP practice and the local safeguarding authority. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and ten relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager and the nominated individual, nurses and health care assistants. 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 five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including supervision and training records, competence assessments, quality monitoring records, compliments and complaints, various policies and procedures.

After the inspection
We reviewed information relating to staff competences, the care provider's contingency plan and risks assessments we asked the provider to send us. All requested information was provided within the time scale we set.

Good

Is the service safe?

Our findings

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

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

Staffing and recruitment

● Concerns had been reported to us about the number, and deployment of, staff. We found that a robust process was in place to help ensure there were enough staff who were suitable. One relative told us they had a consistent team of staff who knew the finer points of their family members support including body language to be aware of. The relative said, "My [family member] has [an impairment] so staff need to be extra vigilant. They are very good at having all the skills to meet our needs. I can't fault them."

● However, a number of people were dissatisfied when alternative staff arrangements were implemented, such as in emergencies or where staff gave short notice about their absence. They felt they could not always rely on the service and told us the provider struggled to replace staff if they were unable to attend at short notice.

● We found contingency staffing was in place including community nursing and other care agencies. However, checks had not been safely undertaken in ensuring these alternative arrangements had been effective. The nominated individual showed us records for recruiting extra staff who were due to start soon, and that checks would now be undertaken if the provider's staff were not available as planned.

● Recruitment checks including photographic identity and Disclosure and Barring Service (DBS) checks had been completed. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● Various checks had been undertaken including those for previous employment references and evidence of good character. One staff member told us they had to evidence their qualifications in nursing and proof of their registration with the Nursing and Midwifery Council (NMC), and only allowed to start work once their DBS came back clear.

Systems and processes to safeguard people from the risk of abuse

● Staff received safeguarding training and they understood how to identify and report concerns if needed, and took action to help keep people safe.

● The registered manager and provider reported incidents to the appropriate organisations and this helped keep people safe. A relative told us their family member never had a missed or late care visit and there were always two staff to help safeguard the person from harm. There had been missed care visits and alternative arrangements including community nurses and people's relatives meant there was minimal change to people's care. Due to the complexity of most people's care it was not always possible to substitute staff at short notice. Wherever practicable the provider acted on people's wishes.

● Staff we spoke with knew what signs or symptoms, or risks, of abuse to look out for and to whom they could report these to, such as the Care Quality Commission (CQC) and local safeguarding authority. One staff member told us signs to look out for included unexplained bruising and people being scared or withdrawn. If any risk to people was suspected, or had occurred, they would contact the registered manager

immediately.

Assessing risk, safety monitoring and management.
● The registered manager had identified a range of risks and had plans in place to manage these safely. Examples of risks included choking, infections, people's repositioning and skin integrity, equipment and oxygen. One person said, "[Staff] help me get out of bed and are very careful. We work well together. They guide me each step of the way. I always feel safe."
● Staff worked safely by using equipment correctly and making sure risks were prevented or safely managed. This reduced the risk and potential of avoidable harm. Information in care plans about managing risk was detailed and provided staff with the necessary information to help keep people safe.
● The registered manager told us risk assessments were updated as soon as risks changed. One relative told us, "[Staff] manage all the medicines and won't administer any that are not recorded on the medicines administration records. I trust staff to keep my [family member] safe with medicines given via the PEG (percutaneous endoscopic gastrostomy)." This is where people receive nutritional and/or medicines support through a tube into their stomach.

Using medicines safely
● Staff supported people to be as independent as practicable to administer their own medicines or had help from a relative to do this. Care plans detailed who was responsible for people's medicines administration.
● Staff received training and support to help ensure they were competent to safely administer medicines including as and when medicines such as for pain relief. One person said, "[Staff] get all my medicines out and pop them in a cup so I can take them myself. They always record they have done this as I check."
● Medicines including topical skin creams were managed and administered safely. However, where people required a number of tablets to make up a complete dose of the same medication, staff did not sign for each individual medicine. National guidance is that each dose must be signed for separately. The registered manager told us when they had added this detail to accurately record the medicines administered.

Preventing and controlling infection
● Staff adhered to good infection prevention and control (IPC) guidance and wore enough personal protective equipment (PPE).
● This helped prevent the risk of infection and cross contamination. One relative told us, "[Staff] always wear their PPE. They wash their hands and wear new gloves after each task."
● Staff participated in the COVID-19 testing programme and they adhered to the provider's IPC policy. Checks were undertaken to help ensure good standards of IPC were consistently upheld.

Learning lessons when things go wrong
● The registered manager and provider supported staff to learn when things went wrong and put corrective actions in place. This helped reduce the risk of recurrences. A relative told us how improvements had been made to their family member's care and support and this was now working very smoothly.
● For instance, where staff had not been able to provide people's care or where some people felt staff weren't competent.
● Staff told us they were reminded of their responsibilities, such as to report absence as soon as they knew they could not attend work or given additional support. A CCG staff member told us, "Where incidents have been identified they have been investigated and this has been followed up with an email of the outcome. One staff member told us, "As we frequently work remotely, we get a phone call or e-mail to keep us up to date and also any learning to be had. The [registered manager] and lead nurses check on us to make sure we are keeping people safe."
● The registered manager used a positive approach to improving staff performance including additional

training or managing staff's performance if they did not improve. Other more general learning was shared through phone text messaging, virtual and face to face meetings or supervisions.

Good

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they started using the service including information provided by Clinical Commissioning Groups, social workers and healthcare professionals. This helped inform the planning and provision of people's care, nursing and support.
- The registered manager supported staff with up-to-date guidance and knowledge based on people's needs, such as a variety of health conditions, sensory impairments and physical disabilities. These assessments focused on people's preferences. The guidance was implemented into care plans, policies and staff training. For example, infections, diabetes management and support with a PEG.
- One relative said, "The staff are very good, from when we first started my [family member] and I have got used to them and staff have got the gist of things. One in particular loves singing and encouraging the normal [childhood development skills]."

Staff support: induction, training, skills and experience

- All staff received appropriate support according to their skills and role. Staff were trained in areas relevant to their roles, such as safeguarding, professional development, PEG feeding, stoma care, ventilation and moving and handling. The provider ensured nursing staff maintained their registration with the NMC, undertook relevant development and had clinical supervision as required.
- Staff told us they were well supported, had regular supervisions and competency assessments to ensure they were effective in their roles. New staff received an induction to their role involving working with more experienced staff to get to know people being supported. One person told us, "The regular staff know me ever so well and we have many laughs as well as them always being professional."
- One staff member told us their support was very good as they always felt confident but comfortable when contacting the management team. Another said, "Training and support is thorough and there is an on-call team for anything during the night. Any questions or queries are always responded to and this has been great. Every 12 weeks we have an ongoing check-in to see how things are going and anything else I need."

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

- People were supported to eat a balanced and healthy diet whilst also having full freedom of choice around their meals. This included meals based on people's culture, religion and in a format that was safe.
- Records were in place when needed for people at an increased risk of not having enough food or drink, and systems were in place to monitor people's weight, food and fluid intake. One relative told us staff were very careful when helping their family member to eat and drink.
- Relatives were positive about the way that people were supported to eat healthily.

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

● People were supported to see health professionals, such as community nurses and GP's when needed.

● Staff had acted promptly when needed in requesting emergency services or an urgent visit by a community nurse or GP such as, to a person not gaining or adhering to good nutrition in managing diabetes.

● The registered manager and nursing staff worked closely with various health professionals and plans were in place to support people to see them. A relative said, "We have never needed emergency support but there is a plan if this is ever needed."

● Staff supported people to stay healthy in areas such drinking enough and the safe use of equipment related to people's care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People were given choice and control over the decisions they made and how their care was provided and by whom. Staff sought consent from people in a variety of ways, so their choices were respected. One staff member told us how some people used non-verbal ways to communicate such as hand gestures, body language and technology.

● Some people and relatives felt that some staff would benefit from additional training about always assuming people could consent to their care.

● Some people had their decisions made by a court appointed deputy, such as a lasting power of attorney or parental control. One relative said, "[Staff] always include my [family member] in conversations. They only ever speak respectfully and in an inclusive way. The staff are only ever very positive and all my family enjoys seeing them." People or their representative made decisions that were in the person's best interests and staff respected these such as, only female staff.

● Staff received training in the MCA and had a good knowledge of what this meant when it came to supporting people. One staff member told us how they would use various strategies to communicate with people such as touch, pictures and message boards or with help from a parent advocate. One relative told us, "The staff listen to everything I have to say and implement my decisions respectfully."

Good

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible. People and relatives were positive about the care and support they received. Staff ensured people's care and treatment was as caring and compassionate as it could be. One relative told us staff used their communication skills and were always respectful to include the person in the conversation. Another said, "The staff make such a difference, it is a whole relationship. Every time I wake up, I can hear staff and my family member giggling which is infectious."
- All those we spoke with praised staff for their kindness, respectfulness, compassion, being there for a chat and always listening. One person said, "The care is excellent, and we get on well. That is important to me that I have staff who understand me."
- Staff told us how they respected people's diversities and included them in everything they did. This helped support people to be heard and understood.

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

- People were offered choices in their day to day support. For instance, with regard to the gender of care staff. The registered manager told us how they always aimed to have staff who had shared interests that matched people's preferences such as age, gender and nursing and care skills. This meant staff could better meet people's choices and needs.
- People felt involved in decisions about their care. One relative said, "We prefer female staff. I would be the same if I was aged [age]."
- People and their relatives said care was being mostly provided as agreed, and changes were made, but not all people had been consulted where changes had been made. The provider confirmed that people or their relatives would be contacted to make sure any alternative arrangements had been effective and safe. This was only used in emergencies or unexpected circumstances such as staff sickness.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to live fulfilling lives. People or their relatives told us how people's independence was promoted with equipment and staff who knew how to use it safely. This had resulted in people being able to live at home and have a better quality of life.
- Staff did this by encouraging people to do those tasks they could do and help with those they couldn't. One relative told us how staff used various strategies to encourage independence and what made the best difference to people's lives. One person told us, "Staff always keep me covered as much as physically possible when they wash and dress me."

● Staff respected people's privacy and dignity, closed curtains and doors and kept people's information confidential. Staff were polite and respectful when speaking with people and gave them time to be in private where people preferred this.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained the same. 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

● Staff knew people well and were knowledgeable about the important things that mattered to them. One such example was a person who had never been on holiday. Staff had worked with the person and various organisations to enable this to happen. This made a huge difference to the person's life being able to go to places they had never been. This was only made possible due to staff's perseverance in supporting a person to be able to go out in the community and still provide safe treatment. All this had been successfully completed.

● People and relatives were positive about the support provided. One relative said how well staff knew their family member and when they could become unwell due to their treatment. With staff's help, they were able to recognise the signs and when to stop and restart the treatment to reduce the effects this had on the person .

● Staff focused on people's preferences and choices as well as their physical support needs. These preferences were well understood by the staff team. The registered manager told us how one person had been supported to access technology and they could communicate well with staff. A staff member said, "The way [person] has been supported can't literally be put into words. The difference is incredible, frustration and anger has been replaced by independence to make decisions and have conversations."

● Relatives spoke with us about the personalised support that their family members had received such as staying up later in the summer months to avoid going to bed in daylight. This meant their family members needs were met in a person-centred way. One relative said, "It is lovely to see staff playing games, singing and how they involve other family members so skilfully." A person told us how much they loved all their pets and found nothing better than their very therapeutic effect.

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 were supported to communicate in various ways, such as ensuring access to the most appropriate form of communication. Staff were adept at providing support based on people's age, such as black and white films, arts, crafts, games, nursery rhymes, applying make-up and a video-focused social networking service.

● Training was in place for staff to use technology effectively. Staff understood people's communication

needs, such as through facial expressions, pointing to objects of reference and with technology that supported non-verbal communications. This ensured people had their needs met as they wanted them to be. The registered manager tried wherever possible to ensure staff were matched to people's preferred way of communication.

● Policies and procedures, such as those around complaints or safeguarding were available in accessible formats as required. All those people or their relatives we spoke with had care plans that were accessible.

Improving care quality in response to complaints or concerns

● People and relatives felt comfortable to raise any concerns, and compliments were used to identify what worked well. One person said, "I have complained, and things have improved." A relative told us they raised concerns with the provider and its staff which were acted on before a complaint was needed.

● The complaints procedure in place was available in accessible formats for people to use. A relative told us if they had any concerns, they would contact the registered manager who always provided a solution.

● Complaints were responded to through the provider's complaints process and were analysed for any potential trends. If needed, lessons were learnt to prevent recurrences.

● Some people or their relatives we spoke with were not happy with the way the service was being provided. This was where people wanted a greater say in the deployment of staff. We discussed these issues with members of the management team and with commissioners of the service. Whilst alternative staff arrangements were in place, such as in unexpected staff absences, these were not always as respectful or effective as expected. One person said, "It isn't nice having to wait for your care." The provider was working with various external organisations and its own recruitment team to ensure people's complaints were resolved amicably.

End of life care and support

● People were supported, where needed, to make end of life decisions such as to stay at home, be resuscitated or have support for pain and anxiety.

● Care plans were detailed where people had made decisions about end of life care. The registered manager said, "We have early sight of people if they deteriorate and then involve GP, care team and any need for bereavement counselling. We would involve hospice staff too who share information with us. We work with all healthcare staff involved in people's care and share important decisions about people at a sensitive time of their lives to achieve the best but compassionate dignified outcome."

● Staff adhered to end of life care procedures and policies, such as decisions about resuscitation or emergency healthcare and particular care relating to a person's religion. This meant people's choices in relation to religious beliefs and values were respected and upheld by all staff. Medicines for 'as and when required' pain relief or just in case medicines would be in place when needed.

Good

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Although not all incidents had been reported to us due to an internal communication issue, all actions had been taken to keep people safe, such as referral to the safeguarding authority. The registered manager now understood when we needed to be notified and the incident not reported was a one off. All other incidents had been reported and actions in all cases had helped keep people safe.
- The registered manager led by example setting high standards of care and empowering staff to be the same by promoting the provider's values including competence and courage. Additional support was provided by the nominated individual and other management staff to help drive improvements.
- There was a variety of monitoring systems in place to help manage the overall quality of service provided. Areas monitored included accident and incident trends, spot checks of staff, reviews of care plans and feedback from people. Prompt action was taken when needed to the quality of records, medicines recording, staff deployment, care plans and risks assessments. There had not been any negative impact on people.
- The nominated individual and registered manager understood the need to be open and honest when things went wrong. For example, if staff did not follow procedures and they were unable to make care visits as planned and offering apologies when things had gone wrong. A relative told us, "It was difficult for staff and us to start with. We had to set boundaries, and these are all implemented well. We get on like a big family now. Having nursing care in your home needs many adjustments, but it all works well now."
- Staff were clear about their roles and explained these to us in detail. The registered manager understood where they could share learning from the nominated individual and the provider's oversight teams.
- Feedback about the service and its management was mostly positive. One person said, "The [lead] nurse visits regularly to make sure I am happy with everything. I know I can call the [registered manager] if I have to, but never have."

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

- The registered manager and staff team were passionate about supporting people to live as meaningful a life as possible. Staff spoke with enthusiasm about how they supported people and how they planned to support people in the future. One staff member said, "I have helped some people achieve life-long dreams, making them a reality. The [registered manager] pulled out all the stops. I am so excited for the person as it will mean so much to them." This meant people could achieve things not previously thought possible.

● People and their relatives were complimentary and praised the support provided. One relative complimented the staff team for being hardworking and having people's interest at heart. Another praised staff for playing various games with the person and always being person-centred.
● Relatives spoke about the caring attitude of the staff and the registered manager. One relative explained how the office staff were always happy to help and were, "An asset to the team." Another told us how inclusive staff were and where appropriate staff could practise their religion in people's home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved in all aspects of their care, treatment and support including day to day discussions with staff. More formal meetings with the management team were completed, and this helped drive better quality of people's care.
● Relatives and people were regularly asked to feed back about the service and their thoughts on any involvements needed.. One person told us, "I am very happy with my regular care staff. I did think about another provider but decided to stay with what I know. I would certainly recommend it."
● Staff felt well supported and had the opportunity to feed back about the service in supervisions and staff meetings. Staff told us they felt listened to and that their feedback was taken on board.

Continuous learning and improving care
● The registered manager was passionate about improving the service. They took feedback about improvements and compliments onboard, and then put actions in place when needed. A CCG staff member told us that where concerns had been raised about staff competence or skills, the provider had provided additional training or shadowing of colleagues to ensure that all staff were competent.
● A healthcare professional told us how improvements were made and said, "The care packages in place have enabled the [person's] needs to be met safely but also monitoring their needs to feedback to their medical team if needed. Parents value the care packages which enable them to continue to meet the [person's] needs."
● The provider and its staff team took action to improve the service based on the findings of their monitoring processes. For example, the management team monitored the staff team by spending time in people's home environment and observing what was working well and if any changes were needed. The provider was working with the CCGs when people's needs changed and adapted their support accordingly.

Working in partnership with others
● The registered manager and staff team worked well with various organisations such as commissioners and multidisciplinary health professional teams where people's treatment spanned several areas. This helped support good, or better, outcomes for people.
● A relative told us the service had worked well with other organisations and said, "I have an open door policy and open relationship as staff are a part of my family and I encourage them to feel at home. I suggest care plan changes and [nurse] asks what I want to change."
● Health professionals and social workers were involved when needed. One relative told us the involvement of these professionals had meant the difference to living at home or a in care home. One person shared a video with us of their successful transition from hospital to home, and all the planning this involved with various organisations. Their happiness and joy to be home again was most evident.