

Open Heart Care Ltd

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Inspection report

Crown House
North Circular Road
London
NW10 7PN

Tel: 02086164744
Website: www.openheartcare.org

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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

Open Heart Care Ltd is a domiciliary care agency providing a range of services including personal care for people in their own homes. At the time of our inspection the provider was supporting 39 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Improvements had been made in the way medicines were managed. People we spoke with told us they felt safe when receiving care. The provider had made improvements in relation to the recording and investigation of incidents and accidents. The processes in place for the management of risk had also been improved. There were appropriate processes for the recruitment of care workers.

Care workers completed training and received support to ensure they had the appropriate skills to meet people's care needs in a safe and effective manner. 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 told us they felt their dignity and privacy was respected with care workers acting in a kind and caring way when providing support. People's religious and cultural wishes were identified and supported.

Improvements had been made to the way care plans were developed to ensure they identified how the person wanted their care and support provided. The provider now responded to complaints in a timely manner.

The provider had developed a range of quality assurance audits and checks to monitor how care was being provided. People receiving care, relatives and care workers told us they felt the service was well run.

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 3 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Good ●

Open Heart Care Ltd

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 was carried out by one inspector and an Expert by Experience undertook telephone interviews of people receiving support and relatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 April 2021 and ended on 16 April 2021. We visited the office location on 8 April 2021.

What we did before the inspection

We reviewed information we had received about the service since the date of registration. 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 two people who used the service and eight relatives about their experience of the care provided. During the inspection we spoke with the registered manager. We received feedback from 11 care workers. We reviewed a range of records which included the care plans for three people. We looked at the records for two care workers in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider who sent updated paperwork in relation to issues we had identified during the inspection. We received feedback from two professional who had regular contact with 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider had a procedure to assess a person's risks in relation to their health and safety. Where specific risks in relation to a person's health and wellbeing had been identified there was detailed guidance for care workers on the medical condition, symptoms, possible impact of how care was provided and how they can provide appropriate support for the person.
- We saw the record of care provided indicated the care worker supported one person to take a short walk outside their home, but a risk assessment had not been completed. We discussed this with the registered manager who confirmed a risk assessment would be completed. After the inspection the registered manager provided this to show it had been developed and implemented.
- Risk assessment were also completed to ensure the person's home environment was safe and suitable for care to be provided identifying if any additional equipment was required. This risk assessment included use of cleaning chemicals and moving and handling.
- Each person had a personal emergency evacuation plan (PEEP) in place providing care workers with guidance on how the person could be supported to leave their home in case of an emergency. The PEEP also identified the location of power and water shut off points in the house.

Using medicines safely

At our last inspection the provider's systems were either not in place or robust enough to demonstrate medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Medicines were administered as prescribed and recorded appropriately. We reviewed the medicine administration records (MAR) charts for four people and we saw information on the types of medicines prescribed, the dosage and frequency the medicine should be administered was recorded. The MAR chart

included a section for care workers to record their initials so who administered a medicine could be clearly identified.

- The level of support a person required with medicines was identified in the care plan. Care workers recorded how they supported with the administration of medicines on the MAR chart. Medicines risk assessments had been completed to indicate if the person managed their own medicines, if they were supported by a relative or by the care worker.
- Care workers had completed training on how to administer medicines safely and appropriately with refresher courses every year which included a competency assessment.
- At the time of the inspection people receiving support with their medicines did not have any prescribed to be administered as required (PRN). The registered manager demonstrated a clear understanding of the need for clear guidance for care workers as to when a PRN medicine should be administered.

Learning lessons when things go wrong

At our last inspection the provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The provider's procedure for recording incidents and accidents was followed. We saw detailed information was recorded following an incident in relation to what had happened, immediate action taken, and any other action required to reduce further risk.
- We reviewed six incident records which have been completed since the last inspection. We saw one person had experienced a fall, but their mobility risk assessment did not reflect this fall. We raised it with the registered manager, and they told us the person's risk assessment would be updated. Following the inspection, the registered manager confirmed this had been updated to reflect any changes in support need.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with confirmed they felt safe when they received support from care workers. One person told us "Yes I feel absolutely safe with them. I trust them all and they are just spot on with everything." Relatives also confirmed they felt their family member was safe when receiving care with one relative telling us "They always made him feel safe just by the very fact they knew what to do for him and were so kind to him."
- The provider had a safeguarding policy which was at the front of the safeguarding folder so it could be reviewed when recording a safeguarding concern.
- We reviewed the records for three safeguarding concerns raised since the last inspection. The records included copies of relevant information, correspondence with the local authority, the outcomes and actions taken.
- Care workers demonstrated a clear understanding of what safeguarding meant providing care and how they could keep people safe.

Preventing and controlling infection

- People and relatives confirmed care workers were using personal protective equipment (PPE) correctly when they visited to provide support. One person told us "They can't do enough for me and they all wear the proper PPE stuff and wash hands" and a relative said "They wear all the PPE correctly."
- The provider had appropriate procedures in place for infection prevention and control. Staff had access to

an adequate supply of PPE including gloves, masks and aprons.

- The registered manager confirmed care workers had completed training on putting on and taking off PPE and we saw certificates for this training. PPE and hand sanitiser were being sent directly to care workers so they could put it on as they entered a person's home.
- Care workers were sent refresher information on infection control through social media. The care workers we received feedback from confirmed they had completed specific infection control training and received enough PPE.

Staffing and recruitment

- People told us the care workers arrived as scheduled and stayed for the planned length of the visit. One person told us, "They stay the allocated time and if for any reason they are running a bit late they always call and tell me." Relatives, in general, also confirmed this with one relative commenting "If they are going to be late, they always ring and let us know. They stay the time they should and always treat my family member with respect."
- The registered manager explained that during the pandemic the number of people they were supporting had reduced so there were additional care workers available to ensure care visits were provided in line with the care plans. Care workers confirmed they had enough time to travel between visits and time to provide the required support during the visit.
- The provider had a robust recruitment process in place which enabled them to check new care workers had the appropriate skills and knowledge to provide care in a safe manner.
- We reviewed the recruitment records for two new care workers, and we saw each applicant had completed application forms with their full employment history, two references had been received and a criminal record check had been carried out. New care workers also completed an induction and shadowed an experience care worker who carried out an assessment of their competency.

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.

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.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

- The provider had a process for ensuring people were supported in the least restrictive way possible and in line with the principles of the MCA but we saw that where a mental capacity assessment had been completed for two people the related best interest decision had not been completed.
- We raised this with the registered manager who confirmed they would review the documentation and they sent us evidence shortly after the inspection to show that a detailed best interest decision was now in place for each person.
- The registered manager and the care workers demonstrated a good understanding of the principles of the MCA and how they could support people with making decisions about their care.

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

- People's support needs were assessed before care visits started to ensure the person's needs could be met. Where a care package was being funded by the local authority the provider used the information provided as well as information obtained through their own assessment to develop the person's care plan and risk assessments.
- The assessment completed by the provider included information relating to the person's mobility, personal care needs, nutrition, medical history and any identified risks.

Staff support: induction, training, skills and experience

- People we spoke with told us they felt the care workers had appropriate training to provide their support. Their comments included, "They all appear to be well trained and act very professionally" and "Yes, they know what they are doing for me and I feel they are well trained." Relatives, in general, also felt care workers were well trained with one relative commenting, "They are all well trained and they also use their brains as

well."

- Care workers had completed a range of training courses which had been identified as mandatory by the provider with annual refresher courses. The training included basic life support, dementia awareness, health and safety and moving and handling.
- Training records we reviewed showed that all the care workers had completed their training within the last year and the registered manager told us the annual refresher training was scheduled 12 months and more refresher training due during April 2021. Care workers confirmed they had completed a range of training during the last year.
- Regular supervision meetings, annual appraisal, team meeting and spot checks were carried out to support care workers and monitor performance.
- Care workers informed us they felt supported by the registered manager with comments including, "I feel very supported, I have never met a manager who wants to develop someone to a higher stage always by offering many courses to help me develop further" and "Absolutely feel supported by everyone, I like how we get frequent calls from office to see how we are managing or coping with the pandemic."

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

- People told us that care workers helped them if required to prepare meals with one person commenting "I choose my own meals and they will heat them for me. They always wash hands before handling any food for me."
- People's care plans identified if the care worker was required to support the person to prepare and eat food and drink with guidance on how to support the person with hydration and nutrition.
- The information in the care plans included the person's preferences for food and drink as well as identifying who provided support with shopping.

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 access healthcare professionals if required. People we spoke with told us they felt they would be supported to access healthcare and other professionals. Comments included, "If I needed a doctor or somebody like that I feel that they would contact them for me" and "If they feel I need help from another medical professional they will tell me and we will contact them or they offer to do it for me, they are all really helpful." A relative told us, "If they feel she needs a doctor they will either contact us or directly contact the doctor. They are all so helpful."
- Care plans included contact information for any healthcare professional and social workers involved in the person's care. The registered manager explained they worked closely with GPs, district nurses and occupational therapist to ensure people's needs are met in a timely manner.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 they were happy with the care they received, and the care workers provided support in a kind and caring way. One person commented, "Yes I am very happy with the care I receive, in fact I would give them 10 out of 10. They just cannot do enough for me and treat me with respect at all times and always ask before they go ahead and do anything for me." Relatives also felt, overall, that the care was provided in a kind and caring way. One relative told us "Yes we are happy with all her care and she is always treated with respect by them all. They cannot help her enough and all of them treat her with the utmost care. She has the same care workers most of the time but they are all just so caring to her it really does not matter who she has if they are all like that."
- Care plans identified the persons religious beliefs and any cultural preferences which may impact their care. The registered manager told us the interview and induction process focussed on equality and diversity therefore if a care worker indicated they are not willing to provide specific aspects of care due to their religious beliefs it would reduce the number of care packages they could be allocated to as the person's needs were a priority.
- Celebration cards were sent to people to mark religious and cultural events for example Diwali, Ramadan and Eid as well as national days such as St Patrick's Day.

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

- People were supported to be involved in decisions about their care. One person told us "I am involved in my care needs and it is all discussed with me." A relative commented "I was involved in care making decisions."
- The registered manager explained they aimed to bridge the gap between people and community organisations for examples accessing mosque services and translation. For example, one care worker supported a person to contact a company to dispute a bill by translating for them on the telephone.
- The registered manager told us that care workers often went beyond providing the planned care for example it was identified that one person was celebrating a birthday but would not get any presents so care workers bought cards and gifts. Another care worker identified that a person required additional help to clean their fridge but as cleaning was not part of the care package they helped in their own time.
- The registered manager explained care workers they are trained to identify if a person needed extra time and support and fed this back to the office. A care worker told us that their rota had additional travel time factored in so if the person they were supporting needed them to spend extra time with them they could do so.

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected and their dignity maintained when they were being supported. One person said, "They help me maintain my independence by encouraging me to do little things for myself and they do all that is required of them." A relative commented "The way they treat her for example when they take her to the toilet is so lovely and they preserve her dignity and are just so very kind to her."
- Care workers demonstrated they understood the importance of maintaining people's dignity and supporting people to be independent. Some of the comments made by care workers included
- "I make sure I give them enough space and make sure I ask knock back on the door and say are they ready to for me to come in. That is to maintain the dignity and privacy of the service user" and "I make sure that dignity is maintained by supporting services user's beliefs and religion and adhering to them."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Meeting people's communication needs

At our last inspection there was a lack of person-centred care plans which placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person Centred Care) 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 9.

- People's care plan identified their wishes as to how they wanted their care provided. The information in the care plan included how the person wanted to be supported with their personal care, if they required help with preparing meals and with their medicines.
- Care workers completed records of the care they provided during each visit. We saw there had been some improvement in the level of information recorded by the care workers and how it reflected the support they had provided. We did see one person's record of care provided which was not as detailed and we discussed it with the registered manager. They explained they were working with the care workers on developing their recording skills especially those who needed additional support with written English.

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.

- Care plans identified if the person was living with any visual and hearing issues which may affect their ability to communicate with guidance as to how care workers could support the person. The person's preferred language was also identified in the care plan.
- The care plans also identified if a family member could support with translation and care workers could access an electronic translation system to help them communicate.
- We saw the care activities for one person had been translated into Farsi which was the person's preferred language so they could access their care plan.

Improving care quality in response to complaints or concerns

At our last inspection there was identified that complaints were not responded to appropriately by the provider. This was a breach of regulation 16 (Receiving and action on complaints) 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 16.

- People receiving support and relatives confirmed they knew how to raise a complaint. Comments from people we spoke with included "I have not had to complain but would not be worried if I did as I know they would soon get on top of anything wrong" and "I have a number to ring if I had any complaints at all which I didn't." A relative told us "I only had to complain once about a timing issue, and they sorted it out within a day. It was a while ago now but no problems at all since that one time."
- The provider had a complaints procedure and people were given information on how to raise a complaint when their care package started.
- We reviewed the records for three complaints which had been raised since the last inspection. The records included copies of the investigation, any correspondence and the outcome. There were copies of letters sent to the person who had raised the complaint providing the contact details of the Local Government Ombudsman who they could contact if they were not satisfied with the outcome of their complaint.

End of life care and support

- At the time of the inspection the service was not providing support for people requiring end of life care. The care plan identified the person's religious belief and if they had an advance care statement or a Do Not Resuscitate decision in place. The registered manager explained they were in the process of reviewing the information provided relating to people's end of life care wishes to identify how this could be developed further.
- The registered manager told us they worked closely with the palliative care team and other professional involved in supporting a person with their care needs. They provided an example of when they had supported a person who was receiving end of life care when a relative had contacted the office requesting additional support in the early morning before the planned visit. The registered manager explained they had gone to the person's home to provide additional support until the care workers were due to arrive, so the person received the care they needed without delay.

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 supported to keep their family and community relationships to reduce the risk of social isolation.
- People's care plans identified who was important to the person including their names and contact details. The care plan also included information about the person's social history and if they required support from the care worker to access the community. The registered manager explained they were working on developing more detailed information.

Is the service well-led?

Our findings

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

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

Continuous learning and improving care

At our last inspection the provider failed to effectively operate systems and processes to monitor and improve the quality of the service places people at risk of receiving inappropriate care and treatment. 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 registered manager explained that they were scheduled to carry out an audit of the care plans shortly after the inspection happened and that was why issues had been identified during the inspection in relation to care plan reviews. The registered manager reviewed the issues that were identified during the inspection and provided updated documents shortly after the inspection. The registered manager demonstrated a clear understanding of what action was needed to be taken and provided evidence to show these actions were taken.
- The records of care provided by care workers was audited monthly to ensure the care recorded reflected that in the care plan. If any issues were identified the action to be taken was recorded with the date the action was completed.
- An audit was carried out in relation to care visits which included reviewing weekly records for each care worker showing how many visits they have completed as planned and if they stayed for the agreed length of time. If any issues were identified a discussion would be had with the care worker if identify the reason and how it could be resolved.
- Audits were care out on the care worker records to ensure all required paperwork was in place and all checks had been carried out.
- The MAR charts were audited monthly and if any issues were identified the action taken was recorded so that any trends in recording could be monitored and care workers could be provided with refresher training if necessary.
- The registered manager confirmed they held weekly meetings with the office staff to discuss the finding of the audits which had been carried out and identify any issues which required action.

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

- People were happy with the service and felt it was well-run. One person commented "Yes I would say it is well managed and runs very smoothly." Relatives also told us they felt the service was well-led. Their comments included "Yes I would say it is well run on the whole and I do know who to contact at the office if I need to call" and "They are very helpful to my [family member] and the management seem very helpful."
- The registered manager told us that quarterly quality monitoring telephone calls were made to people receiving care during the pandemic to check if they were coping and if they had any additional support needs. The questions which were asked included if the person could get their essential shopping, if their medicines were being delivered and if they had any concerns regarding Covid-19.
- Care workers confirmed they read the person's care plan and risk assessment at every visit with one care worker commenting "I read care plan and risk assessment every day because sometimes it can be change. So, I always check."

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

- People receiving care and relatives we spoke with confirmed they felt able to contact the office to raise concerns or if they had any questions and they felt the provider had responded to the issues raised. One person told us "I have a number to call at the office if I need to call them at all. I am very happy with them all."
- There was a procedure in place to respond to complaints and the registered manager responded to complaints in a timely manner and identified where improvements could be made.
- The provider had a range of policies and procedures which were regularly reviewed and updated when required.

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

- There were clear roles and responsibilities identified for staff. The registered manager told us staff had specific roles within the service which included a recruitment team, care coordinators, compliance team and a member of staff to monitor the electronic visit recording system to ensure care workers arrived as planned.
- Care workers told us they felt the service was well-led and their comments included, "Yes the company very well led because they listen to staff, listen to client, they help everybody they motivate everyone especially me" and "I believe this company is well led and it looks after its clients and staff, I feel like they do more than other companies. For example birthday card sent to me on my birthday made me so happy."

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

- People were able to provide feedback on the care they received on a regular basis. The registered manager explained each person receiving support would be contacted by telephone each month to obtain feedback on their care.
- There was also an annual survey sent to people for their views on their care. Survey forms were sent out at the end of 2020 and the completed forms were being analysed. We reviewed some of the completed forms and we saw the feedback was positive.

Working in partnership with others

- We received positive feedback from health and social care professionals that have worked with the service which included the comment "Open Heart are to be commended for maintaining their service under difficulty and adapting it so it is person centred for our client."
- The provider worked closely with other organisations. The registered manager told us they attended the regular provider forum meetings which were held by the local authority. They also worked with voluntary

organisations and local Mosques to promote information on Covid-19 and the vaccination programme.

- There was a policy for cooperating with other health and social care providers in relation to information sharing and confidentiality.