

Health Care Resourcing Group Limited

CRG Homecare - Hammersmith

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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 249 people.

People's experience of using this service

The provider had greatly improved systems to monitor the service and this had resulted in significant improvements.

The service offered support and advice to staff and worked to ensure availability of personal protective equipment in response to the outbreak of COVID 19. There were suitable business continuity plans to continue to deliver a service should staffing be further affected by the crisis.

People were safeguarded from abuse and ill treatment. Staff received training in safeguarding adults and were confident in reporting concerns. The provider had effective systems for assessing risks to people's safety and wellbeing. This included improved approaches to compiling moving and handling plans. There had been an improvement in punctuality, but people told us they still frequently experienced late visits. Staff did not always have enough time on their rota to travel to calls, which the provider had started to address. People received their medicines safely and there was improved management and audit of this.

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. The provider carried out detailed assessments of people's needs before they started to receive care. People received the right support to eat and drink. People's health conditions were assessed and there was improved reporting of concerns when people appeared unwell. Staff received appropriate training and support to carry out their roles and managers checked that staff had the right skills and approach to support people effectively.

People told us they were treated with dignity and respect. Care plans contained improved information on people's preferences for their care and more detailed information about people's life stories and what was important to them. Staff understood how to communicate with people well and offer choices.

People's care was planned to meet their needs. The service checked care was being delivered as planned and regularly reviewed people's care plans. People knew how to complain and there was an improved response to complaints.

Managers engaged with people to find out their views on the service. There were more rigorous and advanced systems of audit and these were used together with learning from incidents to deliver a credible plan to continue to improve the service. Staff received appropriate support from managers who engaged

well with care workers to keep them updated. People told us they had struggled to contact the office, and the registered manager had made changes to office roles and the training of supervisors as a result. The provider worked with the local authority and other agencies to continue to develop and improve 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:

The last rating for this service was requires improvement (published 22 March 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We did not find any breaches of regulations at this inspection. 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.

We will continue to work with the provider to offer support and monitor measures taken to protect people from the outbreak of coronavirus.

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 well-led.

Details are in our well-led findings below.

Good ●

CRG Homecare - Hammersmith

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.

The inspection took place shortly before the government introduced restrictions on movement to control the spread of coronavirus. This report presents our findings at the time of the inspection, but there may have been significant changes since this time.

Inspection team

The inspection was carried out by four inspectors and two Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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.

What we did before the inspection

We reviewed information we held about the service. This included our previous inspection findings and records of notifications of serious events the provider is required to send us. We had maintained contact with officers from the local authority and spoke to one contracts manager before the inspection. 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 used all of this information to plan our inspection.

During the inspection

Inspection site activity started on 11 March and concluded on 13 March 2020. We spoke to the registered manager, regional director, director of quality and care and three care co-ordinators. We reviewed records of care and support for 20 people. We reviewed records of recruitment, training and supervision for 11 care workers. We examined weekly rotas for 11 care workers.

Between 16-18 March we contacted people who used the service and their relatives. We attempted contact with 57 people and spoke with 17 people who used the service and 23 of their relatives.

After the inspection

We spoke to the provider to obtain further clarification about our findings. We made calls to seven care workers.

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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to appropriately respond to allegations of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- People were safeguarded from abuse. People told us they felt safe when staff visited. Comments included "I feel very safe with the carers" and "They are absolutely safe." Care workers received appropriate training in safeguarding adults and told us they felt confident in reporting concerns.
- The provider had suitable systems for recording and addressing allegations of abuse. The branch was now using an electronic monitoring system for ensuring that allegations were appropriately reported and investigated. This was overseen by the branch manager and an external quality assurance manager.
- People were protected from financial abuse and loss. Care workers recorded transactions they had conducted on behalf of people when this formed part of their care plans. A person told us "They buy the odd thing for me and I am given receipts". Records were supported by receipts and checked by a manager to ensure completeness.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully mitigate risks to people's wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- There were suitable mitigation plans in place when risks were identified. There were details of health conditions which could pose a risk and how staff should best respond to these. Where fire risks were identified the provider arranged for assessments and advice from the London Fire Brigade, who had provided fire safety training to assessors.
- The provider assessed risks to people's wellbeing. There were systems in place to identify possible risks to people in key areas. This included risks from people's environments, health and mobility.
- There were measures in place to ensure safe moving and handling. Assessors recorded how people were supported to move and there were detailed plans for these. Staff told us they received suitable, practical training on moving and handling, including the operation of hoists. A family member told us "They are well trained and know how to use the hoist." Where moving and handling equipment was in place, staff checked that these had been serviced and were safe to use.

Using medicines safely

At our last inspection the provider had failed to maintain appropriate records of medicines management.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- Managers audited MAR charts to ensure people received their medicines safely. Audits were of a high standard, and when gaps or omissions were recorded these were followed up appropriately, including seeking medical advice when necessary.
- Staff had the right skills to manage medicines safely. Staff received training in managing medicines and managers carried out checks of staff knowledge and competency.
- Medicines were managed safely. The provider assessed people's needs, including the medicines they took, who had the responsibility for these and the level of support required. When staff supported people with their medicines this was recorded on a medicines administration recording (MAR) chart.

Staffing and recruitment

- Staff were recruited safely. The provider obtained key information on people, including a full work history, references and proof of identity and the right to work. The provider carried out, and acted appropriately on, checks with the Disclosure and Barring Service. The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
- There had been a significant improvement in punctuality. At our last inspection in January 2019 39% of calls had been late, and this had improved to 20%. Most people we spoke to told us that calls were still sometimes late, and that people were not always told when care workers were running late. Comments ranged from "We have regular staff and they show up on time" to "My [relative] is safe enough but they are not on time."
- Staff did not always have enough time to travel between calls. A care worker told us "We find ourselves rushing round all day which can feel stressful." The registered manager had recognised the need to improve in this area and was trying approaches to address this, but recognised that further work was required. In a small number of cases, people did not always receive double handed care for the full duration of the visit. The provider was aware this continued to be an issue and had a plan in place to address this, whilst monitoring compliance with the local authority.
- People were protected from missed visits. The provider used an electronic call monitoring system to check care workers had arrived and this was monitored by an allocated officer, including out of ours. There had not been a reported missed visit for two months.

Preventing and controlling infection

- The provider took appropriate steps to protect people from infection. People told us that care workers always used personal protective equipment (PPE) to keep safe, and care workers confirmed they always had access to this. The provider maintained appropriate stocks of PPE on site.
- Staff received training in infection control and received up to date information on how to protect people from coronavirus. A care worker told us "This is a frightening time to be out working but I feel supported. We are getting regular messages about what we should be doing."

Learning lessons when things go wrong

- There were measures in place to monitor incidents and accidents. The provider had an incident reporting policy and had introduced a new electronic system for recording these. The provider regularly reviewed incidents based on themes and recorded the actions they had taken to learn from these.
- The provider took steps to ensure that lessons were learned when incidents had occurred. Incidents were reviewed with an action plan to reduce the risk of recurrence. These were signed off by a senior manager and subject to challenge from a quality assurance manager.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question 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

- The provider carried out detailed assessments of people's needs and choices before providing care. Assessments were broad in their scope and assessed aspects of people's daily living skills and their preferences for receiving care. Assessments were used to identify key care needs and areas of risk.
- The provider had suitable policies in place for ensuring compliance with best practice. This included procedures for assessing people's needs, managing medicines and assessing capacity.

Staff support: induction, training, skills and experience

- Staff received appropriate inductions when they joined the service. Care workers told us they found the initial training effective and useful. Inductions were carried out in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector. Care workers told us they had seen examples of candidates being sent home during training as the trainer felt they would not be able to reach the appropriate standards.
- Care workers received the right training to carry out their roles. Comments included "They seem well trained to work with [my family member]" and "They're well trained." Care workers told us they were satisfied with the training provided. The provider had assessed the general training needs of care workers and monitored this to ensure training was kept up to date.
- Supervision was used to ensure staff had the right skills to do their jobs. Staff regularly met with their managers to discuss their knowledge in key areas and compliance with operating policies and there was a clear improvement in record keeping. Managers carried out spot checks on care workers when they supported people and assessed their skills.

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

- People had the right support to eat and drink and comments from people confirmed this. Comments from people included "They cook and encourage [my family member]" and "They help with meals and I am satisfied."
- The provider assessed and planned to meet people's nutritional needs. Assessments included the level of support people required, who was responsible for preparing and serving meals, and this formed part of care plans where appropriate. In some cases this included guidance from professionals on the diets people required, the consistency of their food and people's preferences for how they liked their drinks.
- Records demonstrated that people's nutritional needs were met. Care workers recorded the support people received with their food and the meals they had eaten. Managers checked that this was recorded appropriately and checked support was given as planned when this was not recorded. In some cases they

had noted people did not have varied diets, and contacted people to check they were getting the food they wanted.

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

- The provider assessed people's health conditions. There was information on people's diagnoses and how these affected their care and support needs. Where appropriate, staff were provided with information on people's conditions and how to respond to changes or concerns.
- Staff were responsive to health concerns. Comments from people included "They notice, observe things and report it." Staff recorded people's wellbeing and contacted health services on their behalf if they were concerned. Managers reviewed daily logs to check this was happening and followed up any issues of concern they had noted.
- The provider met people's oral healthcare needs. There were detailed assessments of people's oral health, including the support people required to maintain this, such as keeping lips moist and support with dentures or brushing.
- The provider used information from other professionals to assess and plan people's care needs. This included information from local authority assessments, occupational therapists and dietitians. We saw examples of staff liaising with other professionals to report concerns or request reassessments. A care worker told us ""We sometimes get instructions from community nurses and OTs, we might be there when they visit and that helps me to understand more about what I need to do to help a person I am caring for."

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.

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.

- Care workers obtained people's consent before providing care. A typical comment was "They always ask for my consent." Care workers received training on capacity and consent and told us the importance of asking people's permission before doing any tasks.
- The provider was working in line with the MCA. Where possible, people had signed to demonstrate their agreement with their care plans and risk assessments. Where people were not able to make decisions for themselves the provider carried out a suitable assessment of people's capacity to make a particular decision. Where appropriate the provider had worked with family members and other professionals to make a decision in people's best interests.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- People were well treated by staff. People told us staff engaged well with them. Comments included "They are all very nice to my family member", "The regulars are really lovely people" and "They make [my family member] laugh and chivvy him along." A small number of people told us when they received care from staff they did not know well, their experience was less positive. Comments included "The others don't communicate and are not as proactive" and "[one carer] is always on the phone."
- Staff understood the importance of treating people well. Comments from care workers included "The best thing about this job is the clients, I know we need to build up a good rapport with people and it is very important for their wellbeing" and "I always try to give people choices, people with dementia can tell us how they want to receive their care, and we get to know people and understand their preferences." People were supported to attend places of worship or to travel to culturally appropriate day services.

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

- The service regularly sought people's views about their care. People were invited to discuss their care plans and were regularly contacted by managers to check whether they were happy with their care.
- The provider found out details about people's lives and how they wanted to receive care. Care plans contained details on people's life stories, previous jobs, families and religious and cultural needs. Care plans were detailed on people's preferences for their care, including information on their preferred clothes, bathing products and dietary likes and dislikes.
- People's communication needs were assessed. Care plans contained information on how people communicated and whether they required communication aids, including whether they wore glasses or needed support with hearing aids. In one instance the provider used a translation app to improve communication with a person who had limited English.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Care workers had signed up to the Dignity Challenge and gave us examples of how they maintained people's dignity. The dignity challenge describes values and actions that high-quality services that respect people's dignity should have.
- Staff supported people to maintain their independence. Assessments included details of what people could do for themselves and how staff could best promote this. A family member told us, "They let [my relative] wash certain parts [of her body] for herself. A care worker told us "It is a lovely feeling to do a good job and know I have helped someone to stay in their own home."

- Managers carried out checks on staff behaviour. This included checking that staff had communicated effectively and politely with people, protected their dignity and kept their private information confidential.

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.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to properly respond to people's complaints. This was a breach of regulation 16 (Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- The provider had introduced a new system for managing complaints. This system gave managers sufficient oversight to ensure that complaints were addressed promptly and in line with the provider's complaints policy. Responses were now approved by the registered manager before being sent to people. Where people had complained, managers had investigated and responded to people in an appropriate manner. This included apologising when the provider was at fault and carrying out follow up visits to ensure that the service had improved.
- People knew how to make complaints. People told us that complaints were dealt with appropriately. Comments included "We complained and the carer was never seen again" and "They were using the key safe to let themselves in. We talked to the manager about it and now they call before they come in."

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

- People's care was planned to meet their needs. Care plans were detailed about how to meet people's needs, including what needed to be done on each visit and how people liked to receive care. Plans were reviewed regularly to make sure they met people's needs. Comments from people included "My care plan is reviewed six monthly and I sign it off" and "It was agreed with me." Staff told us that care plans were up to date and contained useful information for them to follow.
- Care workers followed people's care plans. Staff documented the support people had received, and managers checked that daily logs showed staff followed the care plan. People told us that staff usually did what was needed and stayed the whole time. Comments included "They follow the care plan", and "They are never in a rush to leave."

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.

- The provider had a suitable policy for meeting the AIS. This included the need to flag up whether a person had a need to have information in an alternative format and to prompt staff to take appropriate action to meet people's needs.
- The provider had access to alternative formats. This included the ability to provide plans in large print,

braille and other languages, but had not had to use any of these forms.

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.

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

At our last inspection the provider had failed to effectively monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- There had been significant improvements to the oversight of the service. The provider had recently introduced a new system for monitoring significant events such as incidents, safeguarding alerts and complaints. This meant that serious events could be monitored by managers and addressed in a timely manner. Managers checked that appropriate actions were taken as a result. The registered manager told us "It was really tough but it's getting better. We are putting processes in place."
- There were systems to monitor performance. The registered manager compiled a weekly report to report back on key indicators. This included identifying areas of concern, such as poor travel time, and indicating what actions would be taken to address this. The provider was meeting their responsibilities to notify us when serious events had occurred. We saw examples of the registered manager being open about when things had gone wrong and explaining the reasons why as part of investigations into complaints or safeguarding concerns.
- The provider had a suitable business continuity plan for delivering care during the coronavirus outbreak. This included identifying the most vulnerable service users and those who could manage with a regular wellbeing call in the event of serious staff shortages. The provider had spoken to people to explain their plan, and care workers told us they felt well supported during the crisis. The local authority told us they were satisfied with the measures the provider had put in place. There were also business continuity plans for untoward events, including those relating to the UK leaving the European Union.
- The electronic care monitoring (ECM) system was not always effectively used. Care workers' use of the system had decreased in recent months, and the provider was addressing this with individual staff and co-ordinators. Planned visit times on the system were not always the same as what was agreed with people. This meant that there was a high number of alerts, which make the system more difficult to manage, and that sometimes lateness was overestimated, but there were no indications this placed people at risk. The provider was aware of the issues and acknowledged they needed to do more work to improve the use of this system.

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

- There was improved communication with care workers. Staff had access to a mobile app which was the main source of information, and this was updated regularly. Care workers told us they could always contact a manager if they needed to and felt well supported in their roles. Comments included "My supervisor is particularly good and helpful" and "I have confidence in the management team and it makes the job much easier." The provider encouraged office-based staff, including those in senior roles, to shadow care workers for a day to meet people using the service and to better understand their roles.
- Systems were in place to communicate with office staff. This included regular team meetings and daily huddles. The registered manager used these to identify issues of concern, and to feed back the findings of her audits and discuss expectations with co-ordinators. This included the use of recording systems and identifying staff who were not recording medicines appropriately so that they could be invited into the office to discuss this.
- Care workers were kept up to date with issues which affected the service. This included holding regular meetings. These were used to discuss the procedures staff needed to follow and obtain staff feedback about the service. The provider ran a yearly survey with staff to get their views on the service and what needed to change.

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

- The provider had new ways of engaging with people who used the service. This included producing a video with people called "The power of care", which was to obtain people's views on what care meant to them, and this formed part of the recruitment process. The registered manager held weekly drop in sessions for people who used the service and care workers to meet them at a neutral location. The registered manager told us "Apart from fixing the problems, we wanted to do things to enhance the service and get people more involved."
- The provider sought people's views on the service they received. There was a yearly consultation exercise to discuss people's experience of their care and to feed back to managers on what needed to change in the branch. People received regular quality monitoring visits or telephone calls to check their satisfaction with the service, and managers followed up when concerns were identified.
- People could not always contact the office when they needed to. Comments from people included "It's hard work getting hold of the office" and "They're relatively easy to get hold of but out of hours they are not so good." Some people we spoke with were confused about which concerns needed to be raised with the provider and which needed to be discussed with the local authority. The provider had recognised the performance of the office team was inconsistent and had made several changes to staffing and the organisational structure as a result.

Continuous learning and improving care

- The provider had significantly improved systems for auditing records and ensuring lessons were learned as a result. Care plans and risk assessments were subject to a detailed critical analysis by a manager. Log books and medicines records were checked to ensure good practice and that care plans were followed, with increased audit for people at higher risk. Issues of concern were addressed suitably by managers and discussed with staff. We did not see any issues of concern that had not already been detected by audit.
- The provider had a detailed action plan for addressing performance issues in the branch. This was monitored by the registered manager, and kept up to date as issues were addressed. This included identifying issues raised by staff, those noted in audit and actions in response to incidents and complaints.
- The service had addressed learning needs amongst the office staff. This included running an eight-module training programme for field care supervisors aimed at improving the quality of assessment,

improving audit and effectively identifying risk. The registered manager participated in the new registered manager programme run by Skills for Care and a continuous improvement workshop.

- The provider had reviewed systems for assessing people's needs and identifying risk. There was a new risk assessment process in place which more effectively identified areas of risk to people's safety where further action was required.

Working in partnership with others

- The provider worked with the local authority to improve and develop the service. Following the findings of the last inspection the service had been subject to a service improvement process, which included drawing up and monitoring an action plan. The provider had agreed to pause taking on new packages of care to allow them to stabilise the service. The local authority told us they were satisfied at the improvements made as a result.

- The provider worked with local occupational therapy teams to share up to date information. Co-ordinators had the opportunity to visit a nearby office to see what models of equipment were currently in use and see what had changed.

- The provider worked with the London Fire Brigade to improve fire safety. The service organised training with the fire service to raise awareness of risks among co-ordinators, and used a fire risk assessment to identify people who would benefit from a home visit from the fire service. This information was shared with care workers, including fire safety tips and appropriate guidance.