

Astra Homes Limited

# Church Road Hostel

## Inspection report

201 Church Road  
Upper Norwood  
London  
SE19 2PS

Tel: 02087714752  
Website: [www.astrahomes.co.uk](http://www.astrahomes.co.uk)

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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

Church Road Hostel is a supported living service that can support people with mental health needs. The service provides 24-hour care and support for up to 19 people. People live independently and have their own tenancy agreements for the rooms they occupy. There were 15 people using the service at the time of our inspection. Shared areas included lounges, a dining area, bathrooms and garden. There was a main staff office with sleep in arrangements of one staff member at night.

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

Since our last inspection, a registered manager had been recruited and people and staff spoke positively about how management of the service had improved. Arrangements to monitor and assess the quality and safety of the service had been strengthened. More audits and checks were used and where issues were identified, action was taken to improve the care and support people received. The registered manager knew what was required to develop the service and was working to an effective action plan.

Risks to people's health and wellbeing had been more fully assessed. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided clear guidance for staff to follow. Staff knew the risks people faced and how to reduce these.

People were supported by a consistent team of staff who were safely recruited. Staff had undertaken further training to support them in their role and meet people's individual needs. The registered manager had improved the arrangements for staff supervision and to check and monitor that staff had the skills to support people effectively.

People were supported to develop their daily living skills to enable them to live more independently. Further activities were available to people which aimed to reduce the risk of social isolation. Staff supported people to access the local community and maintain relationships with friends and family where appropriate.

Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. Medicines were managed safely, and people had their medicines at the times they needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible in their best interests; the policies and systems in the service supported this practice. Staff knew people well and used this knowledge to provide personalised care. Staff respected and promoted people's rights, including their right to be treated with respect and dignity.

People were supported to be healthy and eat and drink well. Staff understood how to support people with their healthcare needs and involved other professionals if people became unwell or required additional services.

People knew how to raise any concerns. Staff listened and acted on what people said and there were regular opportunities for people to contribute to how the service ran.

There was an open and inclusive atmosphere in the service and the registered manager showed effective leadership. Staff felt well supported and had confidence in the registered manager and the improvements he had made.

We have made a recommendation about the management of medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 4 April 2018) and there were four breaches of regulation. 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.

The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

#### 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.

# Church Road Hostel

## 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The inspection was undertaken over two days and the first day was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service. 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

We spoke with six people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, senior care workers, care workers and the chef. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service, including health and safety records, audits and incidents/accidents.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and action plans sent by the registered manager.

# 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 improved the ways they managed risk. Appropriate restrictors had been fitted to windows to prevent people accidentally or intentionally falling from them. Care plans contained more details for staff to follow to keep people safe. This included information about signs where a person may be becoming unwell and how staff should support them. Staff told us people's risk plans were more informative.
- People were supported to retain their independence and involved in discussions about risk taking to achieve this. One person had agreed for staff to check their room daily and assist them to tidy and clean to reduce possible hygiene risks. Another person had agreed for staff to support them to manage their finances.
- Staff understood where people required support to reduce the risk of avoidable harm. This included knowing how to support people with behaviour that could be challenging to themselves or others. Staff shared examples of individual risk plans and strategies to reduce any potential incidents before they occurred.
- Where there were risks associated with people's health conditions, staff had clear guidance on how to manage risks and spoke with understanding of how to minimise these.
- Although CQC does not regulate accommodation and premises in supported living services, people used shared bathroom and shower facilities and we found hot water temperatures were above the recommended safe limit. The registered manager had already identified this, completed risk assessments for people and reported to the provider. Assessments confirmed no-one using the service was at risk of harm from hot water. Following the inspection, we received confirmation that thermostatic valves (TMVs) had been fitted to all water outlets to minimise the risk of scalding.

Systems and processes to safeguard people from the risk of abuse

- People were given information about how to raise concerns about their safety and this was displayed in the service. One person told us, "I feel safe here. I've never had an issue around safety."
- Staff could identify how to recognise if someone was at risk of abuse and how to report any concerns they had for people's safety. This included external agencies such as the local authority and police. Staff

completed safeguarding training to keep up to date with best practice.

- The provider responded appropriately to any allegations of abuse and worked effectively with the local authority to keep people safe.

#### Staffing and recruitment

- People were supported by staff who had undergone the required recruitment checks for suitability to their roles. People using the service were involved in staff interviews so they could ask their own questions.
- We had some queries regarding a reference and gaps in employment history for two staff members. The registered manager promptly addressed this and provided a satisfactory response after the inspection. He also confirmed that all staff records were checked for completeness and sent evidence that the recruitment process had been strengthened. This gave us assurance that staff recruitment was safe.
- People told us there were enough staff to keep them safe and support them. A healthcare professional commented, "Always a staff available and they are aware of who I am seeing."
- Staffing was planned in conjunction with people, taking into account their health appointments and social activities. Our discussions and observations showed people received support at times they wanted or needed it.

#### Using medicines safely

- People's medicines were managed safely and regularly reviewed to ensure they were still required and effective. One person told us, "Staff support me every morning and on time."
- Systems were in place for the safe administration of medicines. Care plans contained information about people's medicines, what they were for and the prescribed times.
- Sufficient staff were trained and assessed as competent to support people with their medicines. Administration records were accurate and medicines stocks balanced.
- Checks were carried out to make sure medicines were given to the person at the right time and in the right way. Records were available to support this.
- People's ability to store medicines in their bedrooms and to self-administer was assessed. At the time of our inspection, no-one was managing their medicines independently. People had consented to store their medicines in a medicines cupboard to which only staff had access. We noted that room temperatures were not checked to ensure that medicines were stored within the recommended limit. We recommend the provider consider current guidance on the storage of medicines and takes action to update their practice accordingly.

#### Preventing and controlling infection

- People told us they were encouraged and assisted to keep their rooms clean and tidy and wash their laundry, with staff support where needed. Staff completed training on infection control and food hygiene safety.
- Staff monitored cleanliness standards and basic schedules guided staff on how to maintain effective hygiene and prevent the spread of infection. The registered manager acknowledged the schedules did not reflect all cleaning duties that staff undertook and agreed to update these.

#### Learning lessons when things go wrong

- Accidents and incidents were investigated, and actions put in place to lessen the chance of them happening again. Any lessons learnt were shared with staff to improve the service and reduce the risk of similar incidents.
- Staff told us they discussed incidents at staff meetings and reflected on ways to improve the support a person may need.



# Is the service effective?

## Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection we found people received care from staff who had not been supported to undertake on-going training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The arrangements for staff training had improved and staff had opportunities to keep their knowledge and skills up to date. The registered manager had a teaching qualification and had held various training sessions with staff. One staff member described this training as "good" and said, "Face to face is beneficial as we can ask questions."
- Another staff member told us, "We all go through proper training. Safeguarding, fire escape, mental health awareness. Anything that can help understand how to improve and safeguard each of our residents."
- Records supported what staff told us. Staff had undertaken or were due to refresh training required by the provider and in areas specific to people's needs, such as diabetes awareness. The registered manager had also organised training courses for the year ahead and improved the induction process for new staff.
- People told us staff understood their needs and shared examples where one to one discussion and time with staff helped them feel positive and improve their wellbeing.
- The registered manager met regularly with staff to review their performance and development needs. Staff said they felt supported and able to discuss any concerns, share ideas and request further training.

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

- People were fully involved in their assessments and care plans and contributed their views.
- The provider's assessments were comprehensive and considered all aspects of people's health and care needs. People's representatives such as local authority commissioners shared assessment information to help the service determine if they could meet a person's needs.
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure staff could meet any specific needs, such as those relating to a person's religion, culture or sexuality.

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

- People had use of communal kitchens on each of the four floors at Church Road Hostel. The provider offered a daily lunch service for a small cost and there was a large dining area where people could eat

together.

- People were given a choice of food at mealtimes and alternatives were available. One person told us, "I have no problem with the food. It's fine for me." Another person described the lunch meals as "very good" and said they did their own cooking at other times.
- Staff knew people's dietary requirements and preferences, including cultural choices. The chef was aware of special diets and had information about this and any allergies available to them in the main kitchen.
- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded where there were nutritional risks. For example, if people needed a soft diet or specific foods.

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

- People accessed the healthcare services they needed, and care plans described what support people required to maintain good health and wellbeing. People told us staff accompanied them to appointments if they needed support.
- Staff maintained records of all health care appointments people attended. Any outcomes and actions recommended by other professionals were followed by staff.
- Staff understood how people's health conditions impacted upon them and knew what action to take to keep people safe and well. This included making timely referrals if people needed additional support from other agencies such as GPs, community nurses or mental health professionals.
- People received effective and coordinated care when they were referred to or moved between services. One person had spent some time in hospital and records showed good communication between the hospital and the service. For example, doctors requested and received further history and information about the person's physical health and memory to make sure they received the right support from medical staff during their stay.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff always asked for their consent before supporting them. People had contributed and signed in agreement with records about their care.
- At the time of our inspection, everyone had capacity to make their own decisions. The registered manager had completed assessments with people that were decision specific. For example, taking medicines, going out independently and managing finances.
- Staff had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests and who should be involved.

# 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 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 complimentary about the staff supporting them and told us staff were kind and caring. Comments included, "[Staff are] Respectful, sociable, they give a lot of care and attention", "I feel happy here. I like to help in the kitchen and I do it every day" and "I like the staff here."
- We saw good interactions between staff and people, they knew each other well and had developed positive relationships. Staff shared detailed information people's likes, dislikes and interests. These details were reflected in people's care plans.
- Staff told us they enjoyed their jobs and liked the fact that they made a difference with people. Staff shared examples where people's wellbeing had improved through the emotional support staff provided.
- Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's diverse needs. We noted plans for staff to complete further training on equality and diversity later in the month.

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

- Our observations and review of records showed that staff spent time with people, involving them in discussions about their activities, care and support and future. One person told us, "Anything you want, she [keyworker staff] would help you."
- The keyworker system meant people had a named member of staff to support them with their care planning, activities and healthcare appointments. Staff held one to one meetings twice weekly and people said they valued having time to discuss any issues with their keyworkers.
- People told us they could speak to staff at any time and could attend tenant meetings to share their views about meals, activities and events. We saw records to support this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff supported them to retain their independence as far as possible and to develop skills and confidence they needed to be able to live independently again. A staff member told us a number of people had successfully achieved a move and often visited the service to see friends and staff.
- We observed staff were respectful of people's privacy and dignity. During the inspection people often approached staff for discussions or advice and staff were mindful to keep conversations private and away from others when this was appropriate. Staff knocked on doors and waited to be invited in and respected people's preference for time alone.
- People's right to confidentiality was protected. In the office, people's personal information was kept secure and on the service's computer system, records were only accessible to authorised staff.

# 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.

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

At our last inspection we found there was a lack of meaningful activities and opportunity for people to develop their independent living skills. 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 and staff told us activities had improved. One person said, "We play board games sometimes and I enjoy that." Another person told us, "I went to coffee morning today, I get to socialise with people and have felt a benefit." The coffee morning was held daily and set up to encourage people to meet up and lessen the risk of people becoming socially isolated where they chose to stay in their rooms.
- Other in-house activities included a pool table, exercise bike, television, DVDs, reading materials and word games. Activities information was displayed in the service, so people could choose what they wanted to do.
- The registered manager had met with everyone using the service to discuss and review their hobbies and interests. One person wanted to go swimming and another person planned to join a gym. Plans were underway for staff to support people with their chosen activities.

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

- We previously found people did not receive as much support as they could to regain or develop their independent living skills. At this inspection, observations and discussions with people and staff showed improvements. People told us staff supported them in the community with weekly shopping, managing money and maintaining the cleanliness of their rooms.
- All care plans had been updated with a new life style capability assessment that explained how staff should support people to achieve objectives to live independently. Staff shared examples of people's progress such as successfully moving on to more independent living.
- The service provided care and support that was focused on individual needs. People's care records were personalised and detailed. They included information about their preferences, risks and choices. Records were updated on a regular basis and people told us they were involved in reviews of their care, together with their family and representatives from the local authority.
- People's needs were reviewed every month or sooner if necessary. For example, after an accident or

incident, a decline in their physical health or emotional wellbeing. A staff member shared an example where one person had experienced changes in their mood state, so staff monitored this more frequently to see if there was a link to the person's medication. We saw care plans were updated to reflect any changes to people's needs.

- Staff were clear about the outcomes they were supporting people to achieve. We asked one person what they thought staff did well. They told us, "[Staff] are good at getting you up, get you motivated."

#### 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 fully involved in their support planning and care records included details about people's communication needs.
- No-one needed support with their communication needs at the time of our inspection. The registered manager told us they would arrange for information to be presented in alternative formats such as large print, pictures or another language if needed.

#### Improving care quality in response to complaints or concerns

- People were confident to raise any concerns with staff and given information about how to make a complaint.
- Records showed how the service had responded to any complaints along with a full report of the outcome and any action taken in response. This included how it was reported back to the complainant. Any lessons learnt were discussed at staff meetings.

#### End of life care and support

- At the time of this inspection, no-one was receiving support with end of life care. One person had a comprehensive care plan in place which explained their choices and wishes in relation to their future care.
- We noted other people's end of life wishes were not always recorded. The registered manager confirmed they had met with people individually to discuss their preferences. Support plans were being developed to ensure people's views and thoughts would be respected.

# 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; continuous learning and improving care

At our last inspection we found the provider did not have effective systems to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection, there had been a change in management. The manager had been at the service for six months and registered with CQC shortly after this inspection. Staff had confidence in his leadership and welcomed the changes he had made. Comments included, "The new manager already worked here. He knows what to expect. He is very well organised, and he knows what to do," and "The manager wants things to be done. Since he is here, we are now checking the food and fridge temperatures. It was not like this before."
- The registered manager was committed to learning and improving on the service provided. He had strengthened the systems for checking how well the service ran. Further checks and audits had been put in place. Areas monitored included people's care records, staffing, infection control, accidents and incidents, health and safety and medicines management.
- The registered manager developed actions plan from outcomes of these quality assurance checks and used these to drive improvement within the service. For example, he had identified parts of the premises needed repair and redecoration and agreed a plan to complete this with the provider. He had also started unannounced visits to observe staff practice and check how people were supported.
- Staff had opportunities to develop personally and professionally within their roles. One staff member was preparing to take on a deputy role due to their previous experience and skills. The registered manager had designated a staff member to oversee activities for people and another as health and safety champion.
- Staff were supported through team meetings, supervision and yearly reviews of their performance. Staff told us that they could share their ideas and felt listened to. Appropriate policies and procedures were also available to staff to support their practice.
- The registered manager understood their responsibilities in line with requirements of the provider's registration. They had notified CQC of reportable events such as certain changes, events or incidents that affected people's care and welfare.

- At this inspection, the registered manager welcomed our feedback and demonstrated a proactive approach to improve the service for people.

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

- The registered manager promoted an open and honest service and led by example. People and staff said he was approachable and supportive. Comments from staff included, "Since he is here, things have improved. I have made a few requests and some of them have been answered and put in place," and "Great manager, puts everything into perspective, very organised."
- During the inspection, we saw people were comfortable to approach the registered manager and staff for advice, support and reassurance. One person told us, "[The manager] is pleasant, quite talkative."
- We observed effective communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the registered manager expected of them.
- The provider had clear values based on providing a person-centred service with an emphasis on supporting people to regain their independence. Staff were aware of these values and told us how this shaped their practice to help people progress.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities and acted with openness and transparency if something went wrong. Information about the duty of candour was available to guide staff if such incidents occurred.

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

- People were regularly encouraged to share their views about the quality of the service. Since joining, the registered manager had met with everyone individually to check if they were happy with their care. People were positive in their feedback and staff acted on any suggestions. For example, one person wanted to buy more furniture for their room.
- Meetings were held monthly for people using the service, with discussions on a variety of topics. For example, people talked about respecting each other and maintaining cleanliness and hygiene in the service. Staff also shared information such as reminding people to wear suitable footwear and clothing in cold weather and planning healthy meals.
- The registered manager told us there were plans to develop a newsletter with people writing or contributing articles and to provide everyone with a yearly feedback survey. Since joining, he had completed a sample with some relatives. We noted positive responses which included, "[Name of person] has made a lot of progress since he has been here," and "We are very happy with the staff and the placement."
- Staff said they were kept up to date about people's needs and matters that affected the service. This was achieved through regular meetings and daily handover discussions. One member of staff told us, "There are staff meetings regarding team building, medicines, auditing forms. Everything is to make the best of our service and performance." On our first inspection day, a meeting was held to discuss medicines and new audit checks.

Working in partnership with others

- The service worked well with other agencies and professionals to meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals. A district nurse told us people's care records were kept up to date and they found staff to be "very professional."

