

## Alexander's Care & Support Limited

# Abbey Court

### Inspection report

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Hampshire  
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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

Abbey Court is an extra care housing service within a purpose-built residential block which consisted of 51 flats and a range of communal areas people could freely access. 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. At the time of the inspection 34 people were in receipt of support with personal care provided by Alexander's Care and Support Limited.

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

There was a strong person-centred culture. People consistently praised staffs' efforts and told us they received high-quality care. Professionals told us staff went the 'extra' mile to ensure people were supported to achieve positive outcomes.

People were protected from the risk of experiencing abuse. Staff completed regular training and understood their responsibilities. Potential risks to people had been assessed and measures were put in place to ensure their safe management. There were clear safeguarding processes in place to identify, record and respond to all incidents and accidents. People were supported to receive their medicines by trained staff and there were robust procedures in place to support people to receive their medicines as prescribed.

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 were encouraged to maintain a sense of autonomy and staff provided appropriate support to enable people to maintain control of their lives and the care provided. Staff told us they felt valued and supported and had access to a range of training opportunities to enable them to continually develop their skills.

People's care plans were person-centred and focused on their strengths and abilities. People received appropriate levels of care and support that was responsive to their needs. People were provided with a range of opportunities to engage in social activities and staff encouraged people to build meaningful relationships through extended networks.

The service was led by a committed and experienced leadership team. There were robust systems in place to promote the delivery of high-quality care which was supported by a range of service monitoring and audits to drive improvement. Collaborative working was a high priority in ensuring people had access to the appropriate services and resources to maintain their health and wellbeing.

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

This was the first inspection to award a rating of this service following a change to the registered providers details.

#### Why we inspected

This was a planned inspection based on our inspection timescales.

#### 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.

# Abbey Court

## **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.

### Service and service type

Abbey Court is an extra care housing service. This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 26 June 2019 and ended on 01 July 2019.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information we held about the service including statutory notifications which providers are required to

inform the CQC of, such as accident or incidents that have happened at the service. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the registered manager, home manager, senior care workers, and care workers. We also spoke with two visiting professionals and a volunteer who regularly attends the service.

We reviewed a range of records. This included five people's care records and people's medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff and resident meeting minutes and information shared by the registered manager. We also sought feedback from professionals who had regular contact with the service and received positive responses from four professionals.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were clear systems in place to support staff to recognise, respond and report any concerns. This included sharing information with relevant agencies such as the local authority where appropriate to ensure people were safe.
- People we spoke with consistently told us they felt safe. One person commented, "I feel safe, I have [medical condition] and [staff] are very gentle with me, they sit me on a stool and say come on you have got to sit down." A relative told us, "[Abbey Court] is the best thing that's happened to [relatives], I can go to bed at night confident if anything is wrong someone is around."
- Staff we spoke with were clear on their roles and responsibilities to ensure people remained safe. Staff were confident any concerns they shared would be listened to and investigated where appropriate by senior care staff and the registered manager.
- We reviewed records which demonstrated the registered manager and senior staff completed thorough investigations when concerns were shared. These included actions that had been taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. There were robust and detailed risk assessments in place for people which covered a range of personalised tasks and the environment. Information included steps staff should take to reduce or remove identified risks to people.
- Where people required additional support to mobilise safely, individual moving and handling risk assessments were completed. For example, where people required the use of hoisting equipment, information on the type of sling, hoist and any manufacturers guidance were included to inform staff. A person told us, "I always feel safe in the hoist as there is one [staff member] doing the control and one [staff member] making sure you're all right."
- We received positive feedback from a professional who told us, "[Staff] demonstrate great knowledge of [people's] life and needs, they can recognise changes and adjust support to manage identified risks."

Staffing and recruitment

- We saw staff were deployed effectively to meet people's needs. One person said, "I have carers four times a day and there always here when they should be."
- Staff rotas were generated two weeks in advance so people were aware who would be assisting them with their support needs. The home manager told us this system enabled the service to provide flexibility to adapt and to meet people's needs.
- Staff were based on-site and people could access the office during day time hours if they had any

concerns. Designated night staff were on-site to provide assistance to people overnight through scheduled care calls or to respond to any unforeseen situations or emergencies.

- The provider followed rigorous staff recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited. These included the requirement for staff to complete a Disclosure and Barring Service check prior to commencing their role. This enabled the provider to check applicants suitability for their role.

#### Using medicines safely

- People's medicines were managed safely. Robust medicines assessments included information on people's abilities, needs and type of support required.
- Not all people required assistance with their medicines management. Where people were able to complete this independently provisions were in place to support this and care records clearly documented people's abilities.
- Where people had medicines prescribed on an 'as required' (PRN) basis, people had detailed individual PRN protocols in place. Information clearly identified why, when, and how staff should support people to manage these medicines. This ensured people received their medicines when needed and as prescribed.
- Where people required assistance applying topical creams, records provided information on where and when these should be applied and included visual body maps to identify where staff were required to apply creams for each person.
- Staff received training in safe administration of medicines and underwent regular observed competency reviews to check people's medicines were managed safely.

#### Preventing and controlling infection

- Staff completed infection control and food hygiene training during their induction and updated their training in these areas every two years. The registered manager/senior staff monitored staff's adherence to the infection control guidance and policies through regular spot checks of their practice.
- Staff told us personal protective equipment, such as gloves and disposable aprons were readily available. A relative commented, "I see staff wearing aprons and gloves all the time, when [relative] was sick they even left me gloves to make sure were all safeguarded."

#### Learning lessons when things go wrong

- There was an open and honest culture to reporting accidents and incidents. For example, a staff member told us, "If you have made a medicine error, [Senior staff] are really supportive, they send you on a refresher course even if you have only done [training] a couple of months before. We are not made to feel rubbish."
- There was a robust approach to reviewing any concerns, incidents or near misses. The registered manager oversaw all information and ensured appropriate actions were taken where necessary. For example, following a missed care call they reviewed how information from the rota was shared to reduce the risk of any oversight in planned care calls in the future.
- The management team used a range of tools to record and monitor accidents and incidents to manage risks to people. For example, when people experienced falls this was recorded for each individual to explore measures or action that may need to be taken. This information was also analysed as an overview for all people across the service to support the team to identify any potential themes or trends on a larger scale.

# Is the service effective?

## Our findings

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

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

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

- The registered manager told us they worked collaboratively with the housing provider and local authority when exploring people's suitability to move into the scheme. This was facilitated by regular planned meetings where all agencies could discuss people's needs to ensure the environment and care provided was appropriate.
- Feedback from a social care professional echoed this, "[Registered manager] and her team are regular participants and attend the nomination panels where they have an advisory role. Attendance at the panels has also allowed them to develop a better understanding of clients' needs prior to them moving in. They liaise closely with the landlord housing team to meet applicants when they come and visit the scheme."
- People had their needs assessed to ensure they could be met prior to the provision of their care. People's care reflected national legislation, guidance and good practice.

Staff support: induction, training, skills and experience

- Records of staff supervision demonstrated that not all staff received supervision within the provider's specified timeframe. However, all staff we spoke with consistently told us they felt supported in their roles and could access advice and guidance from the registered manager, home manager and senior staff members at any time. One staff member said, "[Registered manager] is amazing, she is so approachable, absolutely supportive and she has empathy."
- Staff completed a comprehensive induction linked to the Care Certificate for those staff who were new to care. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had access to a range of training to support them to be well equipped for their role and support them to deliver effective, high quality care and support. People echoed this and told us staff were skilled, one person commented, "When [staff] move me they are trained and they don't pull me around and push me around."
- Shift rotas showed a good skill mix of staff and senior staff and management were deployed daily. Outside of the on-site office hours staff could access support from management through an on-call system to ensure they could easily access advice and guidance.

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

- Where people required assistance to manage their diet and nutrition needs, care plans clearly detailed people's likes, dislikes and the level of support they required.
- Where appropriate, staff recorded people's food and fluid intake. However, for one person we noted records did not always clearly identify the amount of fluid the person had drunk in view of what had been

offered. The registered manager was responsive to our feedback and took immediate steps to address this.

- People were able to access a communal dining area where lunch was provided daily through the on-site kitchen as part of their tenancy agreement. This was not facilitated by the care staff, however we observed care staff offered people appropriate support and assistance where this was required at meal times.
- People were encouraged to maintain their hydration and information posters were clearly displayed to prompt people to keep hydrated especially during periods of warmer weather.
- Feedback from a social care professional commended the staff's approach eating and drinking. They told us, "An excellent example is how they set up hydration stations in the dining room and regularly encourage residents to drink more in very hot weather."

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

- People told us they received appropriate support to ensure their health and wellbeing needs were maintained. People shared experiences of where they had been supported by staff to contact or engage with a range of health care professionals for both planned and emergency situations.
- We consistently received positive feedback from professionals praising the registered manager and staffs' approach to collaborative working to support people to have positive outcomes.
- Comments received included, "I have found that the communication with and responsiveness of this provider are always excellent" and, "I value greatly my cooperation with [Registered manager] and her team as I found them very professional, caring and prepare to go extra mile to ensure clients' needs are met and the scheme runs smoothly [to] provide high quality of life and care for the tenants."
- People were supported when they moved between services. Care plans included a 'hospital passport' which provided a brief summary of key information about each person. These included information on any advance decisions, medical conditions, personal and professional relationship contacts and people's preferences on how to best meet their needs.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application should be made to the Court of Protection who can authorise deprivations of 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.

- At the time of inspection no one accessing the service was subject to any restrictions or deprivation of liberty. The registered manager was able to confidently discuss how situations would be managed in the event a person may be unable to consent to their care and treatment or in relation to any specific decision, and steps that would be taken to ensure care was delivered in line with the principles of the MCA.
- People's care plans reflected where consent had been sought prior to the delivery of care and were signed by the individual to confirm this.

# Is the service caring?

## Our findings

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

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

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

- Providing high quality person-centred care was at the heart of service delivery. Staff had established positive relationships with people and their relatives and this was evident through overwhelmingly positive feedback we received.
- People told us they were treated with a genuine sense of kindness and compassion. Comments included, "They're [staff] fabulous, wonderful and like a family to me. I couldn't fault them. I am lucky to be here I really am." Another person spoke openly of their difficulties accepting they needed some support and said, "It's the little things that matter. Staff are very sensitive, they went through a lot with me, but they talked to me and they understood me. I'm stubborn and they know my funny ways."
- A relative we spoke with echoed that the culture and atmosphere of the home supported the development of meaningful relationships. They commented, "I haven't met a staff member not willing to listen, they joke and know every person individually and us as a family, it's an extended family."
- Professionals consistently told us the registered manager and staff were highly motivated to ensure people received an exceptionally caring service. One professional commented, "I work along-side the care team at Abbey Court I would like to let you know they are truly second to none, they are such a caring team towards the tenants and families. The carers come in and spend time with the tenants in their own time. They make a big difference in the tenants lives even the tenants that are not currently having care."
- The leadership of the service promoted a non-judgemental ethos. Staff completed equality and diversity training as part of their induction and a staff member commented, "It's different things for different people, nothings the same [people] are all individual."

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

- People's care plans included information on their 'circle of support'. This was recorded using a visual tool which identified key personal and professional relationships that were important to people outside of Abbey Court. This supported staff to understand relationships that were important to people and who the person may wish to support them in their care planning.
- People's care plans included information on how people could be supported to 'make a positive contribution'. One person's ability to make certain decisions fluctuated depending on their mental wellbeing, information captured both how the person was independent in making decisions and who they would like consulted when this was more difficult.
- People were supported to make informed choices about their care and treatment. For example, one person was at risk of choking and was advised to use thickener for drinks – which they had chosen not to do. The registered manager ensured they had explained all the relevant information and risks involved and consulted with the person's GP to enable them to make an informed choice.

## Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of treating people with dignity and respect. All staff we spoke with explained how they promoted people to maintain their dignity when delivering care. For example, staff described being mindful to knock doors, use towels to cover people during personal care or positioning themselves to allow people to have privacy where possible.
- People were encouraged to maintain their independence as much as possible. Staff took proactive steps to ensure people's strengths and abilities were recognised and supported. For example, where a person's mood levels had a direct influence on their ability to meet their needs staff adapted their approach accordingly. This meant the person was encouraged to remain independent with tasks, but staff could anticipate behavioural signs and offer additional support where this was needed and reduce this when the person's mood improved.

# Is the service responsive?

## Our findings

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

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

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

- People's care plans were person centred and regularly reviewed and updated where necessary. This ensured staff had access to accurate and up to date information on the level of support and approaches people required.
- Where people's needs fluctuated or declined, staff kept detailed records of support offered to enable the management team to monitor and review people's commissioned care packages. Information could then be shared with the relevant agencies and commissioners; this ensured people received the appropriate levels of care and support which was responsive to their needs.
- People were regularly consulted through a range of group and or individual meetings to share their view's and ideas. This included planned tenants' meetings, care reviews and through a self-directed tenants committee.
- Staff provided people with the levels of support they required to fully engage and provide their contribution. For example, where a person's needs had declined staff acknowledged that the person was finding it difficult to complete committee agenda's, so they ensured the person received support to continue in their role.

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.

- Information was shared with people in a range of formats. This included display boards with information posters, guidance and photographs.
- Where people required assistance with their correspondence this was available. For example, a person told us they found managing their letters difficult as their eyesight was poor. They said, "I can always go down to the office and one of the [staff] will read it with me. I don't like to be a bother but they are always happy to help."
- The registered manager told us they had good links with the local authority sensory team and had worked in collaboration with them to ensure people with a sensory impairment or needs had information provided in the appropriate format.

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 had access to a wide range of social activities they could attend independently. Where people

required additional support to participate and engage, staff promoted inclusivity. For example, a social care professional told us, "[Staff] assisted everyone who wanted to participate in the activity [visiting farm], but they also included people who were unable to join as they were [cared for in bed]. [Staff] took small animals to their room for them to be able to join in."

- People's care plans included information on people's social support needs to enable them to 'enjoy and achieve'. For example, where one person was identified at being at risk of social isolation, care planning included instructions for staff to encourage the person to attend coffee mornings, communal lunches and activities of interest to reduce this.
- Along with activities provided on site, people were supported to access the local and wider community. One person told us, "I need someone to push my wheelchair to go out, [staff] take me out for days and we have a coffee and visit the amusements. There's nothing they could do better."

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

- People we spoke with told us they knew how to raise any concerns. People told us they felt comfortable approaching the management team and that their views would be listened to.
- There was a clear complaints procedure in place. This included information being shared in an easy read visual format in communal areas. Staff ensured people knew how to raise any concerns as part of their care review discussions.
- The registered manager promoted an open and transparent culture to service delivery. A social care professional told us, "I have found that the care provider has been very open and honest about how complaints were dealt with."
- We reviewed records which demonstrated a robust response was taken to ensure any concerns raised were dealt with and resolved appropriately.

#### End of life care and support

- The registered manager and staff were committed to supporting people's wishes to remain in their own home to receive end of life care where this was possible. The service recognised the importance of people wanting to remain in a familiar environment and worked proactively with key agencies.
- For example, the registered manager discussed efforts taken by the service to support a person requiring end of life care to be safely discharged home. This included a range of referrals being made to appropriate healthcare professionals including the district nursing team and occupational therapist to facilitate this.
- A professional told us, "When [people] want to stay at Abbey Court to pass away, when they are no longer independent, as long as the [person] is safe they provide amazing end of life care."

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear driving force within the leadership of the service to ensure people received high-quality person-centred care.
- The service was well managed, and the registered manager and management team had an extensive knowledge of the people using the service and their care and support needs.
- Staff we spoke with consistently praised the management team and as a result were highly motivated to deliver quality care. Comments included, "This is my first care role, [management] are so supportive I have settled well, I wish I did this [role] years ago, I love seeing the little differences we make for people", and, "[The registered manager] is amazing, I feel like no matter what happens I am supported, if I need an answer I know I can phone her up."
- The registered manager spoke passionately about the commitment of the staff team and the ethos of a whole team approach. For example, they commented, "It's important to me that every single staff member is happy, our staff turn around is low. This in turn supports people at the service to be safe as staff know them well and they're happy."
- There was a strong focus on recognising and developing staff's skills. The management and senior team had been established through internal career progression within the organisation. People benefited from a strong, motivated leadership team within a culture where staff's talents were identified, nurtured and developed.

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 registered manager had a good understanding of their duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

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

- There was a clear management structure in place which included the registered manager, home manager, senior staff and care staff. Staff were aware of the different roles, delegation of tasks and who they could seek advice and support from.
- The provider had effective and comprehensive quality assurance processes in place. There was a clear delegation of responsibilities amongst the senior care team and staff trusted and valued each other's

abilities. The home manager said, "I can rely on [senior staff] to run with things, we regularly check in and see where things are at and keep good open communication."

- The registered manager regularly completed a range of audits based around their regulatory requirements. This supported the service to continually review their performance, service delivery and identify areas for improvement. The registered manager made observations of the care being delivered, reviewed people's care records and acted on feedback from people who used the service to ensure care met their standards for quality.

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

- People's views were sought through their regular service reviews and interactions with the staff team.
- Annual quality assurance reviews were sent to people, their relatives, staff and professionals to gain their views. We reviewed responses from the last survey completed in March 2019 which evidenced consistently positive feedback from people. Where a relative recorded they were unsure of the out of hours contact numbers, the registered manager actioned this immediately and provided relevant details to resolve this.
- As part of the tenants committee, staff regularly supported people to organise social and fundraising events to engage the local community. A person told us, "The staff take me down and I am the best cake seller here, I like to be kept busy and be useful."
- The service also supported good local community networking. For example, a local specialist education provision for young adults were welcomed at the service to fulfil voluntary work experience and people benefitted from making relationships with others.

Continuous learning and improving care

- The provider promoted continuous learning and development across their services. The registered manager had a dual role overseeing other services operated by the provider as a general manager. This supported good communication between the care provisions for information and findings to be shared to drive improvement.
- Audit findings had been used to improve care provided. For example, an audit that was in progress at the time of inspection had identified where end of life care planning could be improved by engaging people and their relatives to discuss their wishes during the initial care planning stage.
- The registered manager kept updated on best practice guidance, legislation and key information through electronic subscriptions to various organisations. This included information published by CQC, Clinical Commissioning Groups and the local authority.

Working in partnership with others

- Collaborative working with agencies and organisations was prioritised. The registered manager spoke highly of professional relationships that the service had established with a range of professionals and the benefits this had to ensuring people had access to the right support at the right time.
- We received consistently positive feedback from professionals engaged with the service who reinforced this view. For example, a social care professional told us, "One [person] has been in a hospital quite frequently and there were concerns raised whether the person could return to Abbey Court. I was able to discuss the concerns with [The registered manager], she was able to discuss what Abbey Court can offer to enable this person to remain living at home." Another social care professional commented, "I can rely on their professional judgement and they are always happy to cooperate."