

One to One Support Services Limited

One to One Support Services

Inspection report

Devonshire Court, 25A Devonshire Terrace
Heath Road, Holmewood
Chesterfield
Derbyshire
S42 5RF

Date of inspection visit:
31 October 2018

Date of publication:
13 December 2018

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

We inspected this service on 31 October 2018. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived.

At our previous inspection on the 25, 26, 27, 28 September and 2 and 6 October 2017 the provider was not meeting the regulations that we checked and was in breach of the following regulations. Regulation 17 and 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because complete and accurate records were not always in place regarding people's care. Sufficient numbers of suitably qualified staff were not always available and the provider had not always notified us of significant events as required by law. At this inspection we found the required action was taken by the provider. Related care and service improvements were made to the standard of 'Good.'

One to One Support Services is a domiciliary care agency. It provides personal care to people living in their own homes in and around the Chesterfield area of Derbyshire and parts of Sheffield. The service supports older persons, younger persons and children and families. This includes people with learning and physical disabilities, mental health needs and people with multi-sensory impairments. Not everyone using One to One Support Services received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 76 people were in receipt of personal care support.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Sufficient staff were on duty to meet people's needs and were recruited through safe recruitment practices. People were supported by staff who understood what constituted abuse, poor or unsafe practice and their role in reporting related concerns. Medicines were managed safely and people were supported to take their medicine when needed. People were protected against the risk of infection. Themes and trends in relation to accidents and incidents were reviewed; to enable the provider to act when needed to reduce these risks.

People received support from trained staff who were provided with supervision by the management team to monitor their conduct and support their professional development. When needed, people were supported to maintain their dietary requirements and preferences and to access healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people

needed support to make specific decisions, their capacity had been assessed. Information was provided to staff to enable people to be supported in their best interests when needed. Risks to people's safety were managed to reduce potential hazards and people's care plans reflected their related needs and preferences.

People told us they liked the staff and confirmed they were treated with respect and that their privacy and dignity was upheld. The provider sought the opinions of people and their representatives to bring about improvements. People knew how to complain and we saw when complaints were made these were addressed. There were systems in place to monitor the quality of the service and drive improvement. The provider understood their responsibilities around registration with us. We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.

Further information is in the detailed findings below.

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.

Sufficient numbers of staff were available to support people, who understood their responsibility to safeguard people from harm and report any concerns. Risks to people's health and welfare were regularly assessed and actions to minimise related safety risks were in place. The provider checked staff's suitability to work with people before they commenced employment. People were supported to take their medicines safely. People were protected against the risk of a health acquired infection. Relevant safety audits enabled lessons to be learnt and improvements made when needed.

Is the service effective?

Good 

The service was effective

People could make decisions about their care. Where people lacked capacity to make specific decisions, assessments had been undertaken to ensure they were supported in their best interests. Staff received ongoing training and support to deliver effective care to people. Equipment was in place to support people as needed. People were supported to have enough to eat and drink where this was part of their support package and their health care needs were monitored.

Is the service caring?

Good 

The service was caring.

People were supported by staff in a caring and considerate way. People were encouraged to maintain their independence and enabled to make choices regarding their care preferences on how support was delivered. People were treated with respect and they were supported to maintain their dignity.

Is the service responsive?

Good 

The service was responsive.

People were supported using their preferred communication method, to make decisions regarding their daily lives and received support that met their needs and preferences. People were supported to share any concerns they had and these were addressed in a timely way. The support provided to people at the end of their life met their wishes.

Is the service well-led?

The service was well led

Quality assurance systems were used effectively to identify where improvements were needed and action was taken to address these and drive improvement. The registered manager and management team were available for staff and supported them to provide quality care. People were invited to share their opinion about the quality of the service.

Good ●

One to One Support Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place at the provider's office base on 31 October 2018 and was announced. We gave the provider three days' notice as we needed to arrange to meet with staff at the provider's office. Prior to the office visit we contacted people on the 29 and 30 October to get their views on the quality of the service provided. The 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. The expert-by-experience did not attend the office of the service. They spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the two main local authorities who commission services from the provider and they provided us with feedback. We used all of this information to formulate our inspection plan.

We spoke with five people that used the service and 13 people's relatives. We also spoke with the registered manager, one service manager, one senior support worker and four support workers.

We looked at five people's care records to check that the care they received matched the information in their records. We reviewed two staff files to see how staff were recruited. We looked at the systems the provider

had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our last inspection some people who received care in a specific geographical area, told us they experienced late and missed calls. Staff supporting these people also told they had been unable to arrive to calls on time or stay for the agreed length of time. At this inspection we saw improvements had been made. Since the last inspection additional staff had been recruited to ensure enough staff were available to cover the calls. People confirmed there had been no missed calls and that the staff stayed for the agreed length of time. Comments included, "They are good on time with no missed calls." And "They are usually on time and the office will call if they are held up. If that happens they still arrive and stay the time. We've had no missed calls."

Software was in place for staff monitoring. This enabled the management team to monitor calls and identify if staff were running late or had not arrived at a call. They were then able to contact the member of staff to clarify the situation and ensure both the staff member was safe and the person waiting for support was contacted if needed, to advise them of the situation or arrange for alternative staff to support them.

Most people in this geographical area confirmed they received their call at their preferred time. Where people told us that there was some inconsistency in their call times; the registered manager could demonstrate that overall, people had received their calls within the agreed timeslot set by the funding authority. The registered manager confirmed they had sent out information to people in this geographical area explaining how their funding authority allocated their contracts regarding call times. In other geographical areas people confirmed they received their calls at their preferred time.

Staff confirmed there was enough staff available to meet people's needs. Staff confirmed they had access to support from senior staff and management. One member of staff told us, "If it was needed the managers would come out and support people. They have done it in the past and the registered manager has too. We all work as a team."

Staff told us they were unable to start work until all the required checks had been completed. We looked at the recruitment checks in place for four staff and saw that all the required documentation was in place. We saw the staff had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. This demonstrated the provider checked staff's suitability to deliver personal care before they started work.

People confirmed they felt safe with the staff who supported them. One person told us, "The carers are all excellent. Very caring and polite and friendly and can't do enough to help." Another person told us, "All the carers are absolutely good and it is a real relief for me to have them. They are all very caring and trustworthy." Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person's safety was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "There is a procedure to follow and the managers would report to the local

authority. I would probably be asked to come into the office and make a statement." Staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff were aware of the provider's Whistleblowing procedure and were clear on their responsibility to report any concerns. Whistleblowing is the process for staff to raise concerns about poor practices. One member of staff told us, "I have raised concerns and it was dealt with straightaway." The registered manager demonstrated that they understood what incidents needed to be shared with the local authority safeguarding adult's team and we had been notified of these events.

People's support needs were kept under review and any identified risks were assessed to enable measures to be put in place to minimise these. For example, we saw there were a variety of risk assessments in place, such as the equipment needed to support people to move safely and on their home environment. This showed us that risks were managed to keep people who used the service and the staff supporting them safe. Staff we spoke with knew about people's individual risks and explained the actions they took to keep people safe, including any specialist equipment that was used for individual people. We saw that information regarding service dates for equipment was recorded within people's care files. This enabled the management team to support people when needed in booking a service for the equipment they used. It also ensured that staff knew that the equipment they used had been serviced, according to the manufacturer's recommendations; to ensure people's safety was maintained.

People told us the staff ensured their safety was maintained when they supported them. One person said, "I feel very safe. I need a double up call as I need to be hoisted to my chair and for personal care and the staff handle and move me safely." Another person said, "The staff support me safely to have a wash to prevent me falling and I feel very safe with all of them." Comments from relatives also reflected that identified risks were managed safely. One relative told us, "[Name] has a tracking hoist for transferring them from their bed to the wheelchair and the staff are very methodical when safely doing it." Another relative said, "[Name] has a stair lift and walking aids and the staff make sure that [Name] is safely strapped into the lift before coming down."

Some people told us they received support to take their medicines as prescribed, and in the way they preferred. One person said, "The staff do my tablets when they call. They get them out and give me them with some water, making sure I have taken them before they leave." Another person told us, "I usually do my own but the staff make sure they are in easy to open packages or boxes for me as I struggle to open things." Care plans were in place regarding people's prescribed medicines and the support they needed to take this medicine. A medication administration record (MAR) listed people's prescribed medicines and when they should be given; this included any topical applications such as creams and lotions for the skin. Staff recorded when they had supported a person with their medicine. Staff confirmed they had undertaken medicines training and this included observations of medicines administration. For those people who required support, a MAR was kept in their home which was sent to the office, for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Staff understood their responsibilities to ensure safe standards of hygiene and infection prevention and control were maintained. People and their relatives confirmed that staff used personal protective equipment when needed. One person said, "The staff always wear gloves and aprons." A relative said, "The staff certainly wear gloves and aprons when tending to [Name]." Staff told us they had access to personal protective equipment. One member of staff told us, "We get a supply of gloves and aprons from the office when we need them."

Continuous monitoring was in place to ensure any accidents or incidents were reviewed and actions taken as needed. The provider's systems enabled the management team to look for any patterns or trends; to enable them to act as needed to ensure any identified risks were managed effectively for people's safety.

Is the service effective?

Our findings

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.

At the last inspection the care records did not always have assessments of capacity or best interest decisions on file where this was appropriate; this was because they had been retained by health professionals involved in these assessments. At this inspection we saw that where people lacked the capacity to make specific decisions regarding the support they received; capacity assessments and best interest decisions were in place. This information demonstrated the care and the decisions that had been made were in the best interests of the person.

Care staff we spoke with understood the principles of the MCA and their responsibilities for supporting people to make their own decisions. The staff knew about people's individual capacity to make decisions and understood their responsibility to ensure people were supported to make their own decisions whenever possible. Staff told us they obtained people's consent before they supported them and people we spoke with confirmed this. One person said, "The staff won't start anything without asking me first." We saw that where people had capacity, they had signed their care plans to demonstrate their consent.

People's needs had been assessed before they began to use the service to ensure they could be met, this included meet and greet visits. Care plans had been developed from these initial assessments and regularly reviewed to ensure the staff team continued to meet people's changing needs.

People received support in line with good practice guidance and they were protected under the Equality Act; as the potential barriers they faced because of their disability had been reduced to ensure they were not discriminated against. For example, people with a hearing impairment who used British Sign Language (BSL) were supported by staff who could communicate using BSL. One relative told us, "All of the staff are brilliant. They send staff who can do sign language, they are caring and very polite."

People confirmed they were happy with the support they received from staff and confirmed the staff had the necessary skills and training to meet their needs. One person said, "The staff do their best and have the right skills and knowledge to see to my tablets and care for me." Another person said, "All of the staff are very well trained. I cannot rush and they know this and are very methodical with me when giving me help." Staff told us and we saw that they received training. One member of staff said, "We have got our own training academy, it's fantastic. All the training is classroom based and it's interactive with practical sessions for topics like moving and handling; so, we get to be hoisted. That makes you realise what it feels like and how important it is to reassure people when they are being hoisted." Another member of staff told us, "The training is good and our competency is assessed to ensure we have understood. It covers all the mandatory

areas like moving and handling safeguarding, mental capacity and food hygiene. We also then have training in areas that are specific to the individual care needs of people we support." Another member of staff told us about the specialist areas they had received training in. They told us, "I have done de-escalation techniques as I support a few people that sometimes communicate through their behaviour; so, this helps me to support them safely. I have done end of life care; as I have supported a person at the end of their life. I really enjoyed this training as it's very thought provoking and focuses on the person's wishes and how they want to be supported." The registered manager told us that they worked in partnership with a local hospice, to provide training and support for people that used the service, their families and the staff who supported them.

To enhance the quality of support provided at the service; the staff team had special interest areas; the purpose of this was for learning and development, which could then be cascaded to the overall staff team. These areas of interest ranged from safeguarding, medication and dementia care, to communication specialisms such as BSL and deaf awareness. The registered manager confirmed in their Provider Information Return that one of the improvements within the next 12 months, was to develop thematic monthly topics for staff meetings. Where staff would be asked to develop activities in their specialist areas of interest for discussion topics for the staff team.

People were cared for by staff who were supported to fulfil their role. Staff told us the support they received from the management team was good. One said, "I have only been in this role since January and everyone has been so supportive. All of the managers are great." Another member of staff told us, "We have supervisions and I had one on this week and one of the seniors did an observation of my practice too. There is an on call and a buddy system. Your buddy is one of the team that goes out to the same group of people. So, if you need any support or you need to change your shift then you first contact your buddy. If they can cover for you, then you let the on call know and they change it on the rota. If they can't cover then you ring the on call." Another staff member told us, "We get regular supervision sessions and our practice is observed. In between all of those, if we need anything from advice to actual hands on support it's there, from our buddy system right through to the seniors and the managers."

Some people told us they were supported with meals and confirmed they were happy with how this was done. One person told us, "The staff get me cereal and toast and marmalade for breakfast with a cup of tea, make me a sandwich of my choice for lunch and for tea prepare me a meal. For my last call they settle me down with a hot drink. sandwich and biscuits." Another person said, "The staff do my breakfast and get me toast. I can eat myself they just prepare them. My other meals vary and can be quiche and chips and different things which I have them get in for me." Where people required their meals to be prepared or offered in a special way they told us this was done. For example, one relative said, "The staff do all [Name's] meals. They have to have moist or mixed food for breakfast like porridge or yogurt. The staff are aware of this and see to it that [Name] gets the right breakdown of food." Another relative told us, "The staff do [Name's] meals. [Name] has to be fed because they can't do this them self. All food needs to be chopped up but [Name] does have a normal diet." We saw people's specific preferences and diets were recorded in their care plans, to ensure their needs could be met. Where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's relative or seek professional guidance as needed.

The people and relatives we spoke with could make their own arrangements in relation to their healthcare but told us they were confident that staff would support them to do so, if this was needed. Staff confirmed and we saw they monitored people's health to ensure support could be sought were needed. For example, we saw referrals had been made for one person to see a podiatrist. We saw that the management team liaised with health care professionals to ensure people had the equipment they needed to keep them safe

and promote their independence

The registered manager showed us a new document they had created, called an emergency passport. They confirmed this was for people to take with them to hospital if they required emergency treatment. This had been developed to support healthcare professionals in providing individualised care to people in an emergency situation.

Is the service caring?

Our findings

At the last inspection some people told us that time pressures and lack of continuity of staff, affected how caring they found the service to be. At this inspection people told us that they had seen improvements in the continuity of staff. One relative said, "[Name] gets mostly regular staff. This has improved to be honest and [Name] feels more settled now. New staff are introduced." Another relative said, "New carers are introduced and the carers that come now are more consistently the same." People told us they didn't feel rushed when receiving support from staff. One person said, "I know they are under pressure with others to go to but this never reflects on the time they take to give me my care." Another person said, "As I need hoisting they never rush at all and take their time with me."

People told us they were supported to make choices regarding their care and were encouraged to be as independent as they could be. One person said, "I say what I would like doing, even though it is all written down in my care plan." Another person told us how the support from staff had promoted their independence and told us, "I have improved so I've cut my calls down from four a day to two a day." We saw that people's care plans reflected what they could do for themselves and the support they needed from the staff.

The staff spoke about people in a caring and considerate way and people told us that staff were respectful towards them and supported them to maintain their dignity. One person said, "All carers are excellent with this. When showering me they will keep me part covered using a flannel and always wrap me up when finishing to come out." Another person told us, "The carers are always very good with this when doing my personal care. I am never left feeling humiliated in any way, as they keep me covered and draw the curtains." People confirmed they were asked if they had a preference in the gender of staff that supported them with personal care. One person told us, "I get only ladies which I wanted." Another person told us, "I get ladies and gents and I am not bothered with either."

People were encouraged and supported to maintain control over their lives. People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up and can be lay advocates or independent mental capacity advocates (IMCA) for people who lack capacity to make specific decisions. The registered manager told us that one person who used the service was supported by an IMCA at the time of our inspection.

We saw that people's support plans and staff's personal files were stored securely and computers were password protected. This meant that confidential information was stored in compliance with the General Data Protection Regulation that states how personal information should be managed.

Is the service responsive?

Our findings

People confirmed they were involved in the development of their care plans and reviews of care. One person said, "I have full input into my care plan together with my family and I have it here." Another person said, "My care plan is reviewed with me I review it with them and is up to date. I have a copy here." A relative told us, "This is actually being reviewed later today with a senior that is coming here."

People's care plans contained information that was personal to them. This included people's legally protected rights relating to their personal characteristics, for example their race, religion and belief. People were supported to access inclusive and relevant events as they chose, to promote their sense of self and wellbeing, such as gay pride.

The provider promoted a diverse staff group to support the diverse needs of the people they supported, such as staff with hearing impairments to support people with hearing impairments. People were protected under the Accessible Information Standard which applies to people who have information or communication needs relating to a disability, impairment or sensory loss. We saw that people's communication needs were included within the care planning process to ensure that information was provided in an alternative format when needed, such as large print, pictorial, audio, braille and staff who could communicate using BSL.

People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint. One person told us, "I raised a complaint about the timing of calls. This has improved since I raised it." We saw that a system was in place to manage complaints and analyse them to enable the provider to identify any patterns or trends, to help inform care improvements needed.

Arrangements had been made to respect people's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information to support people's wishes after death. For example, about any agreed funeral plan. Contact details of the person's chosen relatives or representatives, who they wished to be involved and informed were also recorded. Staff who had supported people with end of life care had received training to support them and worked alongside health care professionals to ensure people experienced a comfortable and dignified death. Staff were able to demonstrate their understanding in supporting people in accordance with their personal care needs and wishes for the end of life care. One member of staff told us how they had spent time with a person they supported talking about their wishes. They told, "It was important for the person to talk about death and dying and express how they felt. They wanted to maintain their independence and I supported them to do that for as long as they could." This demonstrated that people were supported to follow their preferences and wishes regarding their end of life care.

Is the service well-led?

Our findings

At the last inspection the registered manager had not consistently notified us of significant events, as they are legally required to do. Since the last inspection the registered manager had reported significant information and events in accordance with the requirements of their registration. This demonstrated they understood the responsibilities of their registration with us.

At the last inspection records were not always in place, complete and accurately maintained. Such as, records of decisions taken in relation to the care and treatment provided to people and medicine records to demonstrate when staff had applied medically prescribed creams. At this inspection we found improvements had been made. Records seen were detailed and reflected the support people received; this included the provision of medicine records to demonstrate when staff had supported people to apply prescribed cream and lotions.

At the last inspection the systems in place to monitor the service were not always effective in identifying where improvements were needed. At this inspection we saw improvements had been made. A variety of audits were undertaken each month to evaluate the service provided to people and identify where improvements were needed, to meet people's changing needs and preferences. For example, as stated in the responsive section of this report, the provider was working with the local authority to ensure people's contracts were more streamlined to meet their specific requirements regarding call times. A new job role had been created to meet the needs of people who needed their calls at specific times to meet their health needs such as when people needed assistance to take their medicine at a specified time of the day.

We saw the provider continuously monitored staff performance and an ongoing training programme was in place that was continuously developed to enhance staff's knowledge and skills. Staff spoke very positively about the support and training they received. The provider had a very low occurrence of safety related incidents, which they felt was due to staff receiving the training, support and observations they needed to maintain people's safety. The provider also held the Investors in people Gold award in 2012 and held it until 2018. Investors in People is a standard for people management, offering accreditation to organisations that adhere to the Investors in People Standard.

People's care plans were reviewed and updated with them or their representatives to ensure staff were clear on people's needs and preferences. One member of staff told us, "We always follow people's care plans to ensure the support we provide is consistent and meets people's needs." Staff were provided with opportunities to meet up with colleagues on a regular basis. This included team meetings and cluster meetings. These were group meetings for meet up with colleagues who supported the same people. One member of staff told us, "These meetings are really useful. We talk about any issues anyone has and it enables us to ensure we are all being consistent in the support we provide to people."

A buddy system was also in place for adverse weather conditions. One member of staff told us, "If you are out in the snow you let your buddy know and then you let them know when you are back home. It's a good

system to ensure we are all safe. We have the on call as back up, so if we don't hear from our buddy or can't get hold of them we let the on call know. There is a four by four car available if we can't get to locations but people are prioritised dependent on the level of risk. So, if there are people with family who can support them, we focus on the people that don't have anyone and rely on us to get out to them." The registered manager confirmed that several four by four vehicles were available and allocated snow drivers across the different locations of the company, as part of their business continuity plan. This demonstrated the provider had systems in place to support people as needed and monitor staff's safety in adverse weather conditions.

A registered manager was in post and most people we spoke with were aware of who the registered manager was. People told us the service was managed well. One person said, "I am happy with the service. It runs well. I have no issues over the running of it at all." A relative said, "I would certainly recommend them with no improvements required." However, some people did feel that although the care they received was good and they had seen improvements; there were areas that could be improved upon further. Some people said that communication with the office staff could be improved. The registered manager confirmed they were addressing this issue. They confirmed that through their training academy they had and were training and recruiting new staff. This would provide more time for senior support staff and service managers to be available in the office to address any issues that people had.

People were encouraged to express their views of the service through a variety of methods such as care reviews, 'How am I doing' forms that were sent out to people on a regular basis to get their views on the support they received from individual staff. A customer user voice survey was sent out to people and their representatives every year. We looked at the results of the surveys from August 2018. The provider had produced a report that was sent out to people to demonstrate the actions they were taking following feedback from people. We saw that 141 surveys had been sent out and 38 returned. The overall comments were positive regarding the service people received. Where people had made suggestions for improvements the provider had acknowledged these and confirmed the actions they were taking to address these areas. For example, some people had said that they didn't always receive their rotas on time. The provider confirmed that a priority over the coming months would be to ensure people received a monthly rota.

The registered manager ensured that people received the relevant support from other agencies as required, such as health and social care professionals. This demonstrated they worked in partnership with other organisations. The production of a newsletter for people that used the service was in progress. The registered manager confirmed the aim of this was to keep people in touch with changes and events, both within the service and their local community, to promote their wellbeing and reduce isolation.

We saw our latest rating of the service was displayed at the office base and on the provider's website, as required.