

Nayland Care Agency Ltd

Nayland Care Agency Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Nayland Care Agency Limited is a domiciliary care service providing personal care support to people living in their own homes. The service provides support to older people, people living with dementia, people who may have a physical disability, learning disability and/or sensory loss. The service was also working in partnership with the local authority providing a 'reablement' service which supported people for a period of time to gain their independence following, for example, a hospital stay.

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 our inspection there were 130 people receiving the regulated activity of personal care.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability.

The management team told us they were aware of the Right support, right care, right culture guidance and considered this in line with the care provided. The service had ensured staff were provided with training in supporting people who have a learning disability and autistic people.

Staff received training in how to meet people's needs, this included training in people's diverse needs, such as dementia. Staff were observed in their work practice and received support and guidance in their work role.

Systems were in place to reduce the risks of avoidable harm and abuse. Lessons were learned when things went wrong, and these were shared with staff. People were supported with their medicines, where required and staff were trained, and their competency checked to reduce risks. Staff were recruited safely and there were sufficient numbers of staff to ensure care visits were completed. Staff received training in infection control and had access to personal protective equipment (PPE).

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. Prior to using the service, people's needs were assessed, and these assessments were used to inform their care plans and risk assessments, which were kept under review. People's care records identified the care and support people required to meet their assessed needs and the service delivery was monitored

by the management team to ensure the care plans were being followed.

People were supported by staff who were in the majority caring and compassionate. We received some comments from people and relatives where improvements could be made in individual staff member's approach. However, we were assured the management team were monitoring and assessing the care provision and any concerns identified were addressed.

People's independence, dignity and privacy was being respected. People were asked for their views about the service and their comments were listened to and acted on. This included their decisions about their care and, where required, their end-of-life support.

The management team had systems in place to monitor and assess the service, which supported them to identify shortfalls and address them. The management team were committed to providing high quality care and continued to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 September 2018).

Why we inspected

This comprehensive inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Nayland Care Agency Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and telephone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Nayland Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to check that the service had systems in place which could accommodate the remote inspection.

Inspection activity started on 18 September 2023 and ended on 29 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video and telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with a director on 18 September 2023 and explained the inspection process and checked they were able to send documents via the secure portal. On 20 September 2023 we spoke with, via video call, a director and registered manager who is also a director and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. During the video call, we were shown the electronic systems for the management of medicines, audits and how visits were planned and monitored.

A range of records were shared with us on a secure portal, including 10 people's care plans and risk assessments. We also reviewed records including 3 staff recruitment, staff training, quality assurance, complaints, safeguarding and policies and procedures.

We received electronic feedback from 8 staff members. We spoke with 14 people who used the service and 12 relatives on the telephone. We also saw a video made by the service for a staff awards ceremony, where 7 people using the service shared their views about the service and their care staff.

On 29 September 2023 we fed back our findings to a director and the registered manager / nominated individual via video call.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to guide staff in how to report, recognise and reduce the risks of abuse. This included policies and procedures and staff training.
- Records were maintained to evidence when staff had reported concerns, how they were reported and a timeline of actions taken, including internal investigations when requested by the local authority safeguarding team. The records demonstrated lessons were learned and actions were taken to reduce risks to people.
- Staff confirmed they had received training and understood their roles and responsibilities relating to safeguarding. A staff member said, "I have received safeguarding training and feel that I can recognise the signs that would indicate concerns, when to record and report these concerns as well as how to raise it as safeguarding when needed. I am fully aware of the whistleblowing policy."

Assessing risk, safety monitoring and management

- People's care records included risk assessments which guided staff in how the risks associated with the care they received were reduced. These included risks associated with their home environment, choking, mobility and medicines.
- Where people had or were at risk of pressure ulcers, information in people's care records identified the equipment used to reduce risks, guidance for staff in how to report if there were change in people's skin appearance and any other professionals involved to support them.
- People and relatives told us they felt the service was safe. A person said they felt, "100% safe."
- Staff told us they felt the service provided was safe. A staff member said, "I have been taught how to look for any concerns or risks that may cause harm, how to complete manual handling tasks safely and when to ask for referrals if equipment is no longer suitable needing input from the therapy team."

Staffing and recruitment

- The management team told us there were enough staff to cover care visits. They had removed the use of agency staff and acquired a license for sponsored staff from overseas, which had assisted in developing a consistent workforce. This was confirmed by a relative who said, "There had been some issues with staff, and they used agency. I know more staff have been employed and things have improved."
- People told us there were no times when their care staff did not turn up for visits. A director showed us the system for monitoring visits which identified when the visit had been completed via an electronic system and when the care staff were running late, address this so the visit was not missed.
- The majority of people told us they were happy with the timings of their visits. A person said, "They are always on time and stay for as long as I need them, never rush." However, whilst some said they were told

when their visit was running late, some said they were not.

- Records viewed and discussions with the management team demonstrated staff were recruited safely and appropriate checks made including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A relative said, "[Registered manager] only employs staff with the right values, we are very pleased."
- Staff told us they received travel time between visits and enough time to complete their care calls. However, if colleagues were on short notice leave, such as sickness visits needed to be covered, which could impact on the planned arrived times for visits. A staff member said, "We have enough staff to attend all the clients. In case of an emergency, we always work well as a team with the managers and calls are always covered. We don't have any missed visits."

Using medicines safely

- People's care records identified the medicines people were prescribed and the support they required with their medicines. Medicine administration records demonstrated people were being supported as identified in their care plans.
- There were monitoring systems in place to identify any discrepancies in when people were supported with their medicines, which enabled the management team to take action and reduce risks to people.
- Where people received support with their medicines, including the application of creams, they said they were happy with how it was provided. However, a relative told us how tablets had been found in their family member's bedding, which had been reported to the office and they were assured this would be looked into.
- Staff received training in supporting people with their medicines and their competency was checked to ensure this was done safely.

Preventing and controlling infection

- Staff received training in infection control and guidance was provided to staff in policies and procedures in infection control and COVID-19, the staff handbook and training hand-outs. This included how to reduce risks of cross contamination and use personal protective equipment (PPE) effectively.
- Observations of staff when they were providing support and feedback from people using the service supported the management team to monitor PPE was being used.
- Staff confirmed they had received training and access to PPE. A staff member said, "I have PPE and training in infection control and kept up to date with any change in guidance." Another told us, "We always have plenty of PPE available and we receive infection control training. We also discuss about PPE at direct observation and supervisions."

Learning lessons when things go wrong

- There were systems in place to learn lessons, which were documented in, for example, records of complaints, safeguarding and incidents.
- As a result of lessons learned, a variety of actions were implemented, including disciplinary action, training for staff and reviewing documents to ensure staff received up to date guidance.
- Lessons learned were disseminated to staff electronically and face to face, such as in 1 to 1 supervision and team meetings.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- Prior to people using the service needs assessments were undertaken by a member of the management/senior team with the input of the people using the service and their representatives, where appropriate.
- A relative told us how a member of the senior team had visits for the assessment process, "There were lots of questions, they wanted to understand about [family member] and [their health condition]." They told us they felt the process was in depth and identified all aspects of the person's care needs and preferences.
- The assessments were used to inform the care plans and risk assessments, which were kept under review to ensure any changes in the person's needs were identified and documented.
- The service's policies and procedures referred to legislation and best practice guidance, including The National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff received an induction which prepared them for supporting people using the service, including the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- As part of the induction, new staff shadowed more experienced staff until they were confident to work alone. This was confirmed by a relative who said, "If there is a new [staff member], they always come with an experienced [staff member] to show them the ropes." A director told us they provided more in depth shadowing for staff who were sponsored.
- Staff received ongoing and refresher training to ensure they were kept updated with the requirements of their role. This included training in people's specific needs such as dementia, learning disability and autism. A relative told us, "[Registered manager] trains the staff well." A person said, "From what I can see think they [staff] are trained."
- Staff received 1 to 1 supervision meetings which provided a forum to discuss their work, receive feedback and identify any training needs.

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

- Where people required support with eating and drinking and the preparation of meals, this was documented in people's care records. People told us they felt, where needed, the support provided met their dietary and hydration needs.
- Risks associated with eating and drinking were identified and guidance provided to staff in how to reduce the risks.

- A staff member told us how they supported people with their diet, by, "Having a more varied diet and increase in appetite when different foods are suggested."

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

- People told us if they needed support to access any health professional support, this was provided.
- People's care records included guidance for staff in how to meet their health care needs and any information provided by other professionals to ensure people received consistent care.
- A staff member told us, "The staff make sure any concerns about health of service users are raised and reported to them and their families when needed. Contacting the relevant medical support when needed."

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 MCA 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.

- People's records identified people's capacity to make their own decisions, where people had individuals appointed to assist in making decisions this was documented, as was any best interest decisions.
- Staff were provided with training in the MCA and guidance was provided in how to ensure people's consent was being sought to provide care and support.
- People's records had been signed by the person, or their representative, where required to show they had consented to their plan of care.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- We received mixed views from people when asked if staff were caring and compassionate. The management team told us how the staff were guided to speak with people to provide some social contact. But some people told us this was not always the case. We received feedback that some individual staff did not engage with people nor always listen to what they said. We told the management team what we had been told and were assured this would be addressed.
- The management team told us how they had taken action when they had received feedback about staff members not always being caring in their approach and would not hesitate to take disciplinary action. Records confirmed what we had been told.
- Most people told us the staff were extremely caring, compassionate and respectful. A person said, "I am absolutely happy with them, I can't fault them carers one bit, they are fantastic, I take my hat off to the company... very respectful." Another person said, "I am on first name terms with all of them, they are more than helpful... they all have an in-built sense of humour and speak with me how I like them to, they remember what I tell them and talk about it the next time... I only see the care staff and the district nurse who comes in the morning, so it is important for me for them to speak with me, they make my life manageable."
- Feedback from relatives was mostly positive. A relative said, "We have a fantastic group of carers, respectful, friendly, kind, they look after my [family member] properly... I am happy, my [family member] is happy."

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

- People told us they felt they were listened to by the majority of staff. A person told us the staff, "Listen to what I say, ask my permission before doing anything." Another person commented, "A person said, "They do listen and act on what I say... they could do better with small talk and chatting to put me at ease, probably just one of two but they are still nice." A relative said, "Excellent carers, very good keep us informed in what is going on and what they are doing."
- We did receive feedback that some staff did not listen when supporting people. A relative said, "It is like they [staff] have a tick box and do what they need to... would be better to ask what they want instead of ploughing in." However, they did go on to say 2 of the care staff were excellent, spoke with their family member, who was living with dementia, which made them engage and accept support, where they were reluctant to accept support from staff who did not speak with them.
- People and relatives told us they were consulted about the care provided and checks made if there were any changes needed in reviews and monitoring. A relative said, "We were consulted at the start with the

assessment and ongoing, they ask us how we are getting on."

Respecting and promoting people's privacy, dignity and independence

- People's care records guided staff in how their privacy, dignity and independence were to be promoted and respected. For example, what areas of care people could attend to independently and where they required support.
- This included people who were receiving the reablement support, their records identified the support they required to enable them to manage independently in their own homes and remove the needs for care. We were given examples by a director how people's goals had been achieved and they were able to function independently, also in compliments received by the service.
- People told us they felt their independence was respected and how staff offered support but did not take over when they could manage themselves. A person said, "I was very independent until 2 years ago, now I am told I have to have the care staff, they are very good to me, let me try to do the things I can."
- People told us they felt their privacy was respected, including closing doors and curtains when providing personal care.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 told us they felt their needs were met and the service they received was responsive. For example, a person told us how they had a hospital appointment and staff had made sure they visited at a time to get them ready for their appointment. Another person said, "I need them, they look after me very well indeed."
- A relative said, "The quality of care is high and, in some cases, exceptional, definitely respectful, very polite, very pleasant, I cannot fault them... [staff member] is absolutely wonderful no problems at all with the actual care."
- People's records identified their individual and diverse needs and preferences about how they wanted to be cared for and guided staff in how to meet people's needs. The management team told us how some staff had identified that playing music and signing with people when supporting them, assisted them to be more responsive to the care provided.
- Goals and achievements were identified in records, including for this people who received the reablement support.
- The majority of people told us their regular care staff were very good, a person said, "[Staff member] won an award the other night, [staff member] is the best, notice when things need doing without me telling them."
- People's records included information about their history and interests, which gave staff and opportunity to discuss their interests. Some people told us how they enjoyed chatting with the majority of staff. A person said, "I give them a history lesson, tell them how things were when I was a [child]. They [staff] always leave with a smile of their face."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Where required, the service was able to provide accessible documentation to people, such as in larger print.
- People's care records identified how people communicated and guided staff in how to communicate effectively. A person said, "I am a bit deaf and a struggle to understand what is being said, they [staff] soon learn they have to shout at me to make me hear."

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's records included information about their hobbies and interests. Staff were guided to find common ground with people and speak with them about their interests.
- Where required, people were supported to access the community. The management team gave us an example how they had been flexible and creative working in partnership with a person, to ensure they could access their hobby which achieved good outcomes.

Improving care quality in response to complaints or concerns

- The complaints procedure identified what people could expect when they raised a complaint or concern.
- Records of complaints identified these were investigated and responded to in line with the complaints procedure and used to drive improvement.
- People and relatives told us they knew how to raise concerns and when they had called the office, they felt listened to. We were told when concerns had been raised, improvements had been made, which they were satisfied with.
- A person said, "No concerns at all, would not hesitate to complain but have not had to. I think they would sort it; it is what they are like."

End of life care and support

- At the time of our inspection, there were no people who required end of life care.
- We reviewed a care plan which was used when people were in receipt of palliative care, which demonstrated systems were in place. In addition, staff training was provided.
- People's care records identified people's choices for their end of life, where they chose to discuss it. Where people had made decisions about if they wanted to be resuscitated this was documented and available for staff in the person's records to ensure people's decisions were known to staff.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager told us the strap line for the service was, "Time to care." Staff were told they must stay for the right amount of time for visits and to spend time speaking and engaging with people. This was confirmed in records provided to staff, which explained these expectations. People told us they did not feel rushed during their care visits.
- All of the people and relatives we spoke with were satisfied with the service they received. Some had identified areas where the service could improve, but all said despite some concerns, which they described as, "Hiccups," and, "Niggles," they were happy with the service and felt listened to.
- A person said the service was, "Satisfactory but always room for improvement." A relative said they would give the service 5 out of 5 and another said, "They deserve 10 out of 10." A person told us, "They are fabulous, I can't praise them enough, all involved in the organisation are very good. They call me or come over see how I am getting on and if I am happy." Another person said, "The agency staff are all very good, cheerful, obliging, I can't find anything wrong with them."
- People and relatives knew who the management and senior team were and felt the service was well led. A relative said, "Even the boss came round recently to make sure everything was okay and how we were getting on. [Registered manager] makes sure the carers are well aware of needs and they report back to [registered manager] if any concerns. [Registered manager] is very caring."
- Staff told us they felt the service was well led. A staff member said, "I believe the service is well-led, and I have confidence in the leadership team's direction and management... I am comfortable raising any concerns with the management team, and I feel that they are attentive and responsive to the concerns and feedback of the staff."

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

- There was a duty of candour policy and procedure in place which was understood by the provider and management team.
- Records demonstrated an apology and explanation was provided where required. We found the service was open with people when the management team had identified a shortfall.
- A person told us they had received a visit from the senior team, who told them they had identified when a visit was cut short, when the person had not noticed, and they were letting them know they were aware, and it was being addressed. A person's relative told us how they were assured the management team were aware of times when visits had not been the length they should, and actions taken. They told us they felt

their family member's needs were being met to a good standard.

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

- The registered manager understood their role and responsibilities, including formally telling us of any notifiable incidents, as required.
- A programme of audits was undertaken to monitor and assess the service provided. Where shortfalls were identified through these systems, an action plan was developed, and improvements made.
- Care staff were observed in their usual work practices by senior staff to ensure they were working to the required standard. These were followed up with supervision meetings where any learning needs were discussed.
- The service used an electronic care planning system which the service worked with the supplier to ensure it was customised and adapted to suit the needs of the service. The system was monitored to ensure the tasks and prompts for each care visit were carried out.
- A relative told us they had access to the electronic system, and described it as, "A game changer," they could access the system and check their family member was receiving the care they required.
- The out of hours on call service ensured staff and people had access to support where required. This was recorded and actions taken monitored to ensure the system was effective.

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

- We saw the results from a satisfaction survey undertaken mid-2022, which demonstrated people were asked for their views and actions taken as a result of comments received. This included information how improvements had been made from the previous survey of people not feeling rushed in their care visits and the length of time people stayed.
- The majority of relatives told us they felt they were being kept updated when there were concerns about a person's wellbeing. People and relatives also said they felt they were listened to when they had raised things with staff in the office and improvements made.
- Staff meetings were held, which provided the opportunity to discuss any changes in people and their needs and make suggestions to improve the service and received guidance on the requirements of their role and any lessons learned.
- To show staff were valued, an awards ceremony was held the week prior to our inspection. Staff had received awards following feedback from colleagues and people using the service. A video was shown, with people's consent, at the ceremony where people had commented on the care they received and individual staff who had made a positive impact on their wellbeing.

Continuous learning and improving care

- A director told us how they were signed up to access updates in best practice and legislation from industry recognised sources, including Skills for Care, where training materials and guidance were accessed and used.
- The management team were also members of manager's forums, including managers from other services, where good practice and ideas were shared.
- Staff were provided with training which was updated and reviewed, and included training in people's diverse needs, so staff were made aware of equality and diversity and how people's conditions may affect them.
- Training in dementia and how it affected people was used to improve the service. For example, a director told us how a staff member had used the communication techniques from the training which had supported a person who had been reluctant to accept personal care support.

Working in partnership with others

- The management team told us they had good relationships with other professionals involved in people's care.
- This was confirmed by a social care professional who told us the service were open and worked well with them.