

Mission Care

# Love Walk

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Love Walk provides accommodation and personal care for up to 31 people with a range of physical disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection, 26 people were living at the service and one person was in hospital.

People's accommodation is arranged over two floors and all bedrooms have en-suite facilities. People had access to communal areas and a well-maintained garden. The building was accessible by wheelchair and has a passenger lift that enabled people to access all parts of the accommodation.

At the last inspection on 10 September 2015, the service was rated 'Good'. At this inspection, we found the service remained overall 'Good' with a rating of Outstanding in Responsive.

People benefitted immensely from taking part in a wide range of activities provided at the service. People using the service, their relatives and health and social care professionals spoke highly about the impact on people's lives because of the stimulating activities and enabling environment provided at the home. They were consistent in their commendation about how people's lives had vastly improved as a result of the support provided. In addition, this had enabled some people to move on to supported or independent living.

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. People consented to care and treatment. Staff understood and respected people's rights in line with the requirements of the Mental Capacity Act 2005.

People were safe at the service. People were protected from abuse because staff were trained and able to identify and report safeguarding concerns about people's health and well-being.

Appropriate risk assessments and management plans were in place to ensure people's needs were met safely and without unlawfully restricting their independence and freedom.

People received their medicines safely when needed and in line with the support they required. Staff managed and administered people's medicines appropriately by following the provider's procedures.

The provider deployed a sufficient number of suitably skilled staff to meet people's needs. New staff underwent appropriate recruitment procedures to ensure their suitability to deliver care.

People had an assessment of their needs before they started using the service. Support plans were reviewed regularly to ensure staff provided people with the care they needed.

People were treated as individuals and had their diversity and cultural differences respected. Staff knew people well and delivered care with kindness and compassion. Care plans were individualised and reflected the support each person required. Staff followed the guidance to deliver care in line with people's support plans.

People were encouraged to develop daily living skills and to be independent when possible. Staff asked people about how they preferred to receive their care and support, and respected their choices.

People received the support they required to have meals that met their dietary needs. Staff supported people to access healthcare services to maintain their well-being. People were supported to maintain relationships with people that mattered to them. People were confident their concerns or complaints would be investigated and resolved.

People benefitted from a culture that was centred on their individual needs and openness about how staff provided their care. Staff were valued at the service and committed to providing high standards of care.

People's care and support was checked and audited and the registered manager used the findings to drive forward improvements. There were strong links with the local community and a close partnership with other agencies to improve the quality of care provided to people.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive to people's needs.

People undertook a wide range of creative activities that were culturally and socially appropriate, which greatly enhanced their quality of life.

People using the service, their relatives and healthcare professionals were consistently and highly positive about their engagement and involvement with the local community.

People received personalised care from staff who understood their needs and the support they required.

People were actively involved in planning their care.

People were able to raise concerns about the service. The registered manager actively sought people's views about the service and used their feedback to make the necessary changes.

### Is the service well-led?

Good ●

The service remains Good.

# Love Walk

## 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 checked 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 on 28 November 2017 and was unannounced. Two inspectors and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used this information to plan the inspection. We did not receive a Provider Information Return (PIR) form. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager informed us that they had not received a request to complete a PIR from us.

During the inspection, we spoke with 14 people using the service, two visitors and three health and social care professionals who were visiting. We also spoke with five care staff, a senior care officer, an activities coordinator, a kitchen assistant and chef, pastoral director who is a senior manager from the provider, a deputy manager and the registered manager.

During the inspection, we looked around the home and observed the way staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at 10 people's care records and 14 medicine administration records (MARs). We reviewed 10 staff records relating to recruitment, training, supervision meetings and annual appraisal. We looked at other records related to the management of the home including quality assurance audits, health and safety checks, safeguarding concerns and incidents and accidents monitoring. We checked feedback the service

had received from people using the service, their relatives, health and social care professionals and visitors.

After the inspection, we received feedback from three health and social care professionals and the local authority who commissioned the service.

# Is the service safe?

## Our findings

People continued to receive care and support that minimised the risk of abuse. People using the service and their relatives were happy with the support provided at the service. One person told us, "Yes, I do feel absolutely safe here." One relative told us, "I feel [family member] is safe at the home." Staff received safeguarding training and knew how to recognise and to report any signs of abuse. Staff understood the provider's policies and procedures about how to protect people from abuse, which they applied in their work. Staff knew how to alert external agencies about poor practice. The registered manager had reported concerns about a person's welfare to the local authority safeguarding team and had put a plan in place to minimise the risk of harm.

People were consistently supported to keep safe. Risks associated with people's health and well-being were assessed and management plans developed. These were reviewed regularly to ensure they remained relevant and up to date. Staff followed guidance in place about how to provide people's care in a safe manner. Identified risks to people's health and well-being included falling, moving and handling, use of wheelchairs and skin integrity. Health and social care professionals commented that staff were good at balancing people's rights to autonomy, freedom and choice whilst managing risk. Staff had regular fire drills to prepare them for any emergency evacuation of people when needed. People had a Personal Emergency Evacuation Plan (PEEP) for the risk level associated with evacuating them safely in the event of a fire. Maintenance staff carried out weekly fire alarm testing and regular environment checks to ensure people's safety at the service.

People continued to receive care from staff who were vetted and confirmed suitable to provide care. The provider followed appropriate arrangements to undertake pre-employment checks. There were enough numbers of suitably skilled and experienced staff deployed to meet people's needs in a safe and timely manner. One person told us, "Staff are always here to help me." The registered manager reviewed people's dependency levels to monitor their needs and adjusted staffing levels when needed. People had call bells in their bedrooms and they told us staff responded to them without delay.

People received the support they required to take their medicines. Staff managed and stored people's medicines in a safe and secure manner. Medicines administration records (MARs) included the person's name, room number and photograph for identification. This helped to minimise the risk of staff giving people the wrong medicine. The GP reviewed people's medicines every six to twelve months and staff had access to a pharmacist for advice when required.

Risk assessments were carried out for people who could self-administer their medicines. One person told us, "They do my medicines. However, staff are trying to give me the confidence to do my own medicines." Safe medicines storage was provided in people's bedrooms. Staff undertook training in medicines management and had their competency assessed to ensure their practice was safe. Regular medicine audits were carried out to ensure that staff followed safe practices.

Staff understood how to minimise the risk of infection and had received appropriate training about good

hygiene practices. A member of staff held the role of control of infection "champion" and provided information and updates to colleagues. Staff told us they had access to personal protective equipment (PPEs) such as gloves and aprons. We observed staff used PPEs in an appropriate manner.

People were supported by staff who continuously learnt from incidents at the service. Staff recorded and reported incidents at the service to the registered manager and external agencies as required. Staff told us and records confirmed the registered manager discussed incidents and safeguarding concerns at team meetings and one to one supervision meetings when needed to develop their practice and to minimise the risk of a recurrence.



# Is the service effective?

## Our findings

People continued to receive individualised care that met their needs. The registered manager carried out an assessment of people's needs before they started using the service. They involved health and social professionals to ensure people's care was in line with current legislation and best practice guidance. Support plans were developed and reviewed regularly to provide guidance to staff on how to deliver people's care effectively. Care records showed people's preferences, health and social care needs and confirmed that staff delivered the support they required. Staff were kept up to date about each person's condition and their support needs during daily handovers by the shift leaders. Staff knew the support people required and records confirmed they delivered their care as planned.

People were supported by staff who were trained and skilled to undertake their roles. Health and social care professionals commented that staff had the appropriate skills to meet people's needs. Staff had attended the provider's mandatory training and specialist courses for people's specific health conditions to keep their skills and knowledge up to date. Staff told us they shared information gained from training with their colleagues to improve care delivery. Staff were encouraged to undertake vocational training in health and social care and some had attained the qualifications while working at the service.

People's care was provided by staff who were supported in their roles. Staff told us they benefitted from supervision and team meetings and that the registered manager encouraged them to develop their practice. Records confirmed staff received regular supervision and an annual appraisal where they discussed people's feedback, key worker roles, safeguarding incidents and personal development.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions to deprive a person of their liberty were being met. We found that people's care was delivered in line with the requirements of the MCA and DoLS. Mental capacity assessments and best interests meetings were carried out to support people who were unable to make decisions about their care. Staff sought consent from people before providing care and respected their decisions.

People enjoyed the meals provided at the service and were involved in developing the menu. One person told us, "I enjoy the food here and there is plenty of choice." Another person said, "The food is good." People had their meals when they wanted. One person told us, "I can choose to have a later lunch if I want to." Meal times were protected, meaning that all non-urgent activity within the home was stopped to help provide a pleasant and enjoyable dining experience. People were supported to develop their cooking skills in preparation for independent living. Menus showed choices including vegetarian, gluten and dairy free options. We observed staff ensuring that people were offered snacks and refreshments.

People consistently received the support they required to maintain their health and well-being. Staff encouraged people to visit their local GP practice when they were unwell. Staff told us they arranged home

visits for those people who were unable to attend the GP's practice and supported them to attend hospital outpatient appointments when needed. Records confirmed people were seen by healthcare professionals that included opticians, chiropodists, community nurses and dentists. The registered manager ensured staff recorded and followed the guidance provided to support people with their recovery. People were supported to maintain their health through weekly physical exercise sessions at the service and by going to a community gym for fitness classes, cycling and playing tennis. A diabetes specialist nurse spoke to people about healthy eating and the benefits of keeping fit.

People lived in premises that were suitably adapted to meet their needs. Grab rails in the corridors and on staircases enabled people with mobility issues to walk safely. Corridors were wide, allowing wheelchair users free movement. Bathrooms and bedrooms were installed with equipment appropriate for people's needs such as adjustable baths, walk in showers and reclining chairs. People had access to adapted cutlery that made it easier for those who found standard cutlery difficult to hold/use.

# Is the service caring?

## Our findings

People's care was delivered with kindness and compassion. One person told us, "The staff are very caring." Another person said, "My care is very good and the staff are kind too." Relatives commented that they had observed staff providing people's care and support in a compassionate and unhurried manner. We observed staff were attentive when speaking with people and respectful in their approach.

People were treated with respect and had the privacy they required. People confirmed that staff closed curtains, bedroom and toilet doors when they supported them with personal care. People told us staff respected their wishes not to be disturbed or checked on when they rested in their bedrooms. Staff said they spoke with people about personal care and grooming in a discreet manner when needed. This ensured they respected people's privacy and provided care in a dignified manner. People were encouraged to complete tasks they were capable of doing to maintain their dignity and self-esteem. We observed staff knocked on people's bedroom doors and waited to be invited in before entering.

People were supported to maintain relationships that mattered to them. One person told us, "My family visit every week and are made to feel welcome." Another person told us, "The atmosphere is relaxed and happy here. We get on well with each other." People could spend time with their visitors in communal areas or in private. Staff encouraged people to maintain relationships with family and friends by inviting them for functions or arranging trips to visit them. People were encouraged and supported to personalise their bedrooms with furniture of their choice, photographs and ornaments of sentimental value to them. Staff knew whom people liked to sit next to at mealtimes or in the lounge and respected their choices whilst encouraging them to socialise with others. We observed people had developed friendships at the service and that relationships between them were pleasant.

Staff respected people's individuality and addressed them by their preferred names. People told us staff asked them how they wanted care delivered and respected their choices. People were supported to access advocacy services to enable them to make appropriate decisions about their care. People had information about the service in a manner that they understood. Menus, activities schedules, complaints procedures and "residents' forum" minutes were displayed at the service for people to refer to when needed. People had access to their care and support plans and those who were able to, had signed to show their involvement and consent.

People enjoyed positive relationships with the staff who supported them. One person told us, "Staff treat me with respect and have plenty of time to talk to me." We observed there was good-natured humour between staff and people using the service. People were relaxed and comfortable in the company of staff and were able to approach them for chats and ask for support.

People were involved in planning their care. One person using the service told us, "I feel respected and well looked after. My key worker is always checking with how I want things done." Another person said, "My key worker helps me to set goals." A key worker system was in place, which enabled staff to provide a link between a person and their family and to provide individual one to one support. Staff highlighted to the

registered manager any changes in people's goals and any issues they identified in the key working sessions to ensure they received appropriate care.

Staff respected people's cultural backgrounds, their religion and supported them to practice their beliefs. People attended a weekly church service at the service and in the community. One person told us they enjoyed practicing their faith and was an elder, which is a senior pastoral position at a local church. Staff supported people to celebrate their different cultures and embrace diversity, for example, by preparing themed meals related to their ethnicities. There were plans to celebrate the Chinese New Year to embrace people's diversity.

## Is the service responsive?

### Our findings

People enjoyed and derived immense satisfaction from the activities provided at the service, which fulfilled some of their lifelong dreams and aspirations. People's participation and engagement in social activities made an outstanding feature of their care. One person using the service said, "There are lots of activities and I can join in if I want to. It's been a journey towards my recovery." One relative told us, "There are different things to interest and stimulate my relative. A new lease of life I would say." The provider and registered manager invested heavily in resources, the organisation and provision of person centred activities at the service. This ensured people played their part as full citizens and were part of their community when they moved on to supported or independent living.

Activities were integral to the provider's effort to provide rehabilitation to people. The activities co-ordinator told us that she measured the impact of the activity programmes on people's lives. She said, "The most important thing about the programme is that it keeps residents connected with the outside community because many of the residents will hopefully move back into the community after care here. Therefore, apart from the in-house activities, it's all about getting the residents out, enabling them to see something new, learn something new – beating isolation. That way we can enable people to live normal lives, maintain their mental health, and beat back depression."

People had a significant change in their health because of their involvement in activities. One person told us, "I was admitted into the home a few years ago, using a wheelchair with a severe speech impediment. As you can see, I am no longer using a wheelchair, or confined to my room. Staff encouraged and persisted in their efforts to get me out and to take part in different activities." Health and social care professionals and staff told us and records confirmed that a person had made substantial progress with their recovery through the physical activities programme, and pro-active speech therapy provided at the service. The person was set to leave the service at the end of year to live independently in the community.

People told us the activities programme was far more than just an opportunity to fill the day. They said activities enabled them to have a structured day, which promoted their well-being. One person told us, "They definitely ask me my preferences. I attend activities I like and sometimes try new things." Another person using the service told us, "I go to the gym and it is fun, although it's not just about my physical fitness. I now feel more confident about my life." People attended activities and utilised services within the local community including church services, gyms, disabled swimming and cycling, libraries, dance, music, arts, cooking lessons, community centres, coffee shops, leisure centres and pubs and restaurants. People told us and records confirmed that activities provided at the service suited their individual needs and were designed around their abilities, goals and motivation. Staff offered one on one support for a person to undertake an activity when needed. Photographs of people showing them enjoying and taking part in various activities were displayed at the service.

People felt empowered and had a boost of their confidence because they were in control of their lives at the service. People were encouraged to be active and to take lead roles in areas they were skilled in or wanted to develop an expertise. One person taught their peers British Sign Language (BSL) to maintain their skills

and to support people to communicate. BSL is a sign language used in the United Kingdom, and is the first or preferred language of some deaf people. The person involved said, "It was fantastic, having to use my knowledge and to think as a professional. I had to use my brain. Above all, it gave me a new sense of being valued as an individual. It gave me a sense of responsibility that I thought I had lost." Another person had initiated a brain stimulating activity of book reading followed by a group discussion. People decided which book they would read. People told us the book reading activity was very popular as they were able to revisit their past and talk about the changing world. Another person told us that they had performed in public before they came to live at the service, and said about reading to their colleagues, "I felt so very privileged. They all clapped after my reading. That was a really uplifting experience." The registered manager commented, "Central to all of this is maintaining self-esteem and making people feeling valued and residents being in control of their own lives as much as possible."

People were involved in the community and enjoyed reintegration. Staff encouraged people to be actively involved in the community to play their role as citizens and to support them cope when they moved on to independent living. One person told us, "I go to college every week and I really enjoy it. I am making good progress in my studies." Local youth, schoolchildren and volunteers were welcomed at the service and were involved in providing companionship and support for people to develop and pursue their hobbies and new interests. People said this enhanced their quality of life as the volunteers enabled them to pursue individual interests.

People were involved in an initiative that staff carried out for "Dignity Action Day" each year. People using the service made a "wish tree" and attached their wish to a leaf about a dream activity they had. People told us they were very happy that the wish tree helped them to fulfil their dreams. One person was extremely happy to have attended an exhibition by their favourite musician at a local museum and another had achieved a lifelong ambition of sailing. Another person, a sports enthusiast told us that they were "overwhelmed" when they were supported to attend a cricket match at the Oval cricket ground. People interested in arts had visited the Tate gallery in London and a Museum of Childhood with one person stating, "It was a dream come true."

People using the service and their relatives benefitted from weekly services of counselling and spiritual support. The provider's pastoral team met with people on an individual basis and their relatives if they wished and listened to them talk about the life changing experiences they had encountered. One person told us, "I am in a better place now. The pastoral team have always been available to listen without judging." Another person said, "The pastoral team and staff held my hand when I had lost hope. I am still here because of them." One relative said, "There is good emotional support for people, which is provided by the pastoral team. You can sit and talk to them until you feel better." People commented that the sessions helped them to be in control of their health such as managing anxiety about the future and or a sudden change in their situation or abilities. Staff told us they observed that people benefitted greatly from the emotional and spiritual support as it was offered by skilled personnel who understood the complex nature of each person's needs such as life limiting illnesses or living with chronic pain. The registered manager commented that the pastoral team made people "feel that they are not alone, others care for them and value them."

People's care was responsive to their needs. Staff involved healthcare professionals when they had concerns about a person's well-being in a timely manner. Health and social care professionals commented that staff highlighted to them when a person's health was in decline and followed their guidance to support them with their recovery. People confirmed that staff involved them in the regular reviews of their care plans and delivered care that met their needs.

People told us staff knew them well and understood their care needs well. People's comments included, "They look after me extremely well. They always do what I ask them to do" "Yes, they do understand my needs. For me, there are no problems" "They definitely understand the support I need. They have helped me to learn from scratch both mentally and physically." Health and social care professionals commented that "staff were responsive, "well informed" and "very creative and person centred" about meeting people's needs.

People were encouraged to be as independent as possible. One person told us, "Yes, I do all my own laundry." Another person said, "I go out shopping. I manage my finances." The provider ensured people had access to the resources they required to prepare them for independent living, for example a unit with a kitchenette and laundry facilities.

People had opportunities to share their views about the service. People were confident that any concerns they had would be resolved effectively. One person told us "I asked for an extra grab rail in my room. It was installed within one hour." One member of staff said, "It is important that our residents have a voice and feel they are listened to. Another member of staff said, "Feedback from residents is encouraged and acted on." People attended a regular "resident's forum" meeting, which gave them an opportunity to raise any concerns or requests. We observed one "resident's forum" meeting, which was conducted in a highly inclusive manner, and staff actively encouraged people to participate. Issues raised at the meetings ranged from where individuals sat at mealtimes to maintenance issues to proposed activities. Staff had outlined proposed improvements to the homes' facilities such as the conversion of space into a "quiet" lounge, and improvements to the gardens. Minutes of the "resident's forum" meetings showed that these were very well attended and that the registered manager responded to all the issues raised such as meal times, care provision and activities offered at the service.

People were able to make a complaint about the service. Comments included, "I would not hesitate to speak to the staff", "I feel confident speaking to the manager about a complaint", "If there is anything bothering me, I can go to anybody; they are all very approachable and kind." The registered manager had investigated and resolved one complaint that had been received in the past 12 months in line with the provider's procedure. The registered manager had discussed the issue with the member of staff to help them improve their practice.

People were assured of having continuity in their care. One person told us they had signed all the paperwork that guaranteed their accommodation, financial and emotional support needs when they progressed to independent living. Another person had issues about their welfare resolved in conjunction with other agencies to enable them to receive the support they required. Staff told us and records confirmed that they had coordinated a person's care package outside borders to ensure a smooth transition between services. The registered manager ensured appropriate arrangements were made before admissions to the service and discharge into the community.

## Is the service well-led?

### Our findings

A registered manager was in post as required. 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.

People benefitted from a culture at the service that focused care delivery on their individual needs. People using the service and their relatives commented that the registered manager and staff understood and provided the support they required. Their comments included, "The manager maintains a high profile and sees to it that we have everything we need." "Staff get us involved all the time." Staff were clear about the management and reporting structures at the service, which enabled them to raise concerns about people in a coordinated manner. Staff were focussed on providing person centred care that met people's individual needs. One member of staff said, "The manager encourages us to provide feedback about the service and considers our suggestions." Another member of staff said, "Our residents are our priority." Staff attended teams meetings where they discussed topics such as people's and relatives feedback, safeguarding, training, complaints and compliments to guide their practice on delivering person centred care.

People using the service, their relatives, health and social care professionals and staff were happy with the running of the home. Comments included, "I think it is very well organised. 10 out of 10", "Yes, it is definitely well run. I am on first name terms with the [registered] manager", "The senior managers are also supportive." "This is a lovely place to work." Staff told us the registered manager promoted openness and transparency in the manner they delivered care. They said the registered manager was approachable and "hands on" and supported them in their roles. Staff were confident about their roles and said teamwork and morale were good. One member of staff told us, "I really enjoy working as part of the team and supporting people." Communication and information sharing were effective which ensured that staff were able to provide care that responded to people's needs. The provider's senior management had oversight of the service, carried out audits and ensured that registered manager addressed shortfalls they identified.

People's care delivery was checked and audited to improve the service. Health and social care professionals commented that staff were helpful and keen to provide a high quality service. Audit reports of recruitment, supervisions and training were up to date and showed that staff development and learning needs were monitored and met. The provider ensured the premises were maintained and repaired in a timely manner. Staff had access to up to date policies and procedures to guide their practice about how to deliver high standards of care. People's care records were securely stored, well-maintained and updated when required to reflect each person's needs and the support they needed. The provider engaged external organisations to carry out risk assessments in relation to the policies and procedures, premises and equipment used at the service to assure the safety of people living in the home.

People using the service and their relatives completed questionnaires to give their views of the service. People's care was monitored regularly through appropriate checks such as reviews of their support and feedback from their one to one meetings with staff. The registered manager and provider acted on the



feedback received and made the necessary changes when needed such as the refurbishment of people's bedrooms, bathrooms and dining areas. This improved the quality of care provided and the experiences of people using the service.

People received care in line with best practice guidance and current legislation. The registered manager maintained close working partnerships with other agencies such as social services, rehabilitation teams and hospitals. Health and social care professionals were positive about the joint working arrangements with the registered manager. The registered manager met with the provider's senior management team regularly and attended external meetings to understand developments in the health and social care sector.