

Gold Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gold Care Services provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities and autism with some people requiring one to one support. At the time of our inspection 13 people were using the service living in three separate supported living settings. People rented a room from a private landlord and used shared facilities such as kitchens, living rooms and bathrooms.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Quality audits had been introduced, however, they needed to be completely embedded in the service to be effective in all areas. Some areas were still being improved such as end of life care plans and people's life histories.

There was mixed feedback about staffing levels. Some people told us there were enough staff, whilst others said that at times staff could be rushed in their day to day tasks. We observed staff did not appear rushed and staffing levels were in line with rotas to meet the care needs of the people using the service.

There was improved oversight of the service as a whole by the registered manager, and people told us they felt listened to. Staff also felt that they could raise any ideas or concerns through regular staff meetings. The registered manager and the general manager had worked well with health and social care professionals since the last inspection.

People were kept safe from the risk of harm. People had individual risk assessments that provided guidance and advice for staff. Medicines were managed well and had improved since the last inspection. Infection prevention control (IPC) procedures were being followed by staff in line with government guidance. Accidents and incidents analysis had been introduced to ensure the risk was minimised of future incidents.

People were supported with food and drink and had assessments in care plans. Staff received adequate training and induction processes. The management team were working with social care professionals to ensure capacity assessments were being completed correctly.

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

People told us they were supported by kind and caring staff. Staff supported people in a compassionate

manner and encouraged people's independence. People had access to activities they enjoyed and staff supported them to maintain important relationships.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: The model of care for the provider and supported living settings promotes independence and the management team had improved staff member's approaches to giving people choice.

Right care: Improvements had been made to the person-centred detail in people's care plans. Preferences and life histories had been introduced and were in the process of being embedded in the day to day running of the service.

Right culture: The management team of the home had completed extensive training to begin to implement new values into the staff approach and the general morale within the staffing team had improved. This had a positive effect on people being supported and feeling included, for example, some people were empowered with more responsibilities in the accommodation which had a positive effect on people's overall confidence with approaching tasks.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 05 July 2021) and there were breaches of regulation. The provider had additional conditions added to their registration to comply with. At the time of the inspection the provider was compliant with the conditions and had made improvements. The provider was no longer in breach of some of the previously identified regulations. However, some improvement was still required.

This service has been in Special Measures since 08 July 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Gold Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 18 January 2022 and ended on 8 February 2022. We visited the location's office/service on 18 January 2022.

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

We spoke with two people at a supported living location who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, general manager and care workers. We also carried out observations of staff interactions with people that could not express themselves verbally.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two professionals who regularly visit the service.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection; Learning lessons when things go wrong

At our last inspection in May 2021 we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Inconsistencies were found with medicine management, the analysis of accidents and incidents and preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives told us that they felt safe being supported by the service. One person said, "I feel safe with staff." A relative said, "I know [person] is safe, I would be able to tell immediately if they weren't. I've never had any concerns about his safety."
- A new online care system had been fully introduced to all supported living locations. This meant that people's care plans were consistent in quality. People's risks had been identified, assessed and reviewed regularly. For example, a person that had been identified as at risk of self-harm had been assessed and thorough details were provided for staff. This included triggers and de-escalation techniques.
- There were regular reviews of risks in care plans completed by staff. Staff were also seen to add new details to care plans regularly ensuring up to date information was shared with other staff members.
- Relatives told us that people were supported well with their medicines. One relative said, "They manage it (medicines) really well for [person], it would cause an anxiety for them if they had to manage it."
- The service had a medicine management system in place. Since the last inspection they had introduced epilepsy protocols.
- PRN protocols were in place for "as and when" medicines. These also included individual details of how some people present when they require support with pain relief. Medicine administration records (MARs) had been completed comprehensively and minor discrepancies had been highlighted and addressed by the registered manager.
- Staff were seen to be following infection prevention control (IPC) guidance set out by the government. All staff were seen to wear personal protective equipment (PPE) such as masks correctly.
- Staff were completing regular testing in line with current government guidance and the management team were monitoring this to ensure all staff members were compliant.
- Since the last inspection all accidents and incidents were being recorded across the service. The registered manager was analysing these to ensure any additional safety precautions were implemented to minimise the chance of reoccurrence. The management team told us how they were keen to learn from concerns raised in previous inspections and had sent regular updates of improvements to CQC.

- The changes and processes that had been implemented in response to the last inspection had been introduced, however, the management team needed to ensure these procedures were fully embedded in the service to continue improvement. The management team confirmed that they were confident that they were going to continue the work they had started to ensure these changes were fully embedded in the service and continue to drive improvement.

Systems and processes to safeguard people from the risk of abuse

At our last inspection in May 2021 we found systems were either not in place or robust enough to demonstrate that safeguarding concerns were being addressed in a timely way to result in safe outcomes for people. This placed people at risk of harm. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Relatives told us how staff kept people safe. One relative said, "I know [person] is safe with staff and at (supported living location). Sometimes he doesn't even say goodbye when I drop him off, he just runs in, I would know if something was wrong."
- Staff were confident in how to report safeguarding concerns. One staff member said, "We've received safeguarding training to identify different types of abuse and how to report it. I would be confident to report it and go further if I wasn't happy with the manager's response."
- The service ensured there were clear processes for staff to follow if they had safeguarding concerns. There was a safeguarding policy and details for staff on how to use the whistleblowing procedure if needed.
- Since the last inspection the provider and the registered manager had worked closely with the local authority's safeguarding team to address any safeguarding concerns. This meant that any concerns were addressed in a timely way with a joined-up approach.

Staffing and recruitment

- People and relatives told us that there was a high turnover of staff and sometimes staffing levels seem low. One person said, "The situation with COVID means they are struggling with staff. But [registered manager] explains it to us. Nothing is hidden. If we can't do something because of staff, then we are told." A relative said, "Sometimes the staff seem rushed, I don't think there is any impact on [person], but I think there may be an impact on staff as they often leave and a new member of staff starts."
- Staff members provided us with a mixed response as to whether there were enough staff. One staff member said, "We always have enough staff to cover all the shifts and if someone is to fall ill last minute the registered manager will always cover or other off duty members of staff." However, another member said, "We never have enough staff, we're always rushed." And another staff member said, "Sometimes we can be a bit short, people are always safe and the jobs get done, it just means that we don't always have time for 'quality' time with the clients."
- The registered manager confirmed that they were actively recruiting and in the interim they were using agency workers. The registered manager said, "Staffing and recruitment is a challenge, but I don't think we are alone, there are a lot of care providers struggling with staffing at the moment. We try to ensure that we have regular agency workers covering the spare shifts to make sure people are comfortable with staff they know. The agency we use are very good at sending the same people, so it doesn't cause disruption to people's routines as this is very important."
- Staff did not appear rushed during observations of the care and rotas showed that staffing levels were in line with the dependency tool used by the registered manager. This ensured safe staffing levels to meet the care needs of people.

- The registered manager ensured there was a thorough recruitment process in place. This included interviews, reference checks and checks with the disclosure and barring service (DBS). These checks ensured potential staff members were suitable to support people.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection in May 2021 we found the lack of documentation around consent or best interest decision discussions meant the correct MCA process had not been followed. This was a continued breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 or in a supported living location an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Since the last inspection the management team had been working closely with people's doctors, relatives and local authority professionals to ensure they were following the correct guidelines to ensure people were not being restricted without correct procedures being followed. This was a work in progress, however, the LA was supporting the service to finalise MCA processes in a timely way.
- Evidence of consent and capacity assessments were seen in care plans when decisions were made for people. For example, vaccines and booster injections for COVID-19.
- Staff were knowledgeable in the MCA and its principles. One staff member said, "We never treat people as if they have the same capacity. Some people have capacity, some people don't, always assume someone has capacity until proven otherwise."

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

- The new care plans had been introduced at all supported living locations and this showed people's needs and assessments were completed. There were still outstanding actions for updating all of the care plans with full details, however, this was being completed within a timescale and was on plan to be completed in a timely way.
- Care plans detailed people's preferences and likes and dislikes. When staff were spoken with they gave examples of several individual preferences of the people they were supporting.

Staff support: induction, training, skills and experience

- Staff told us that they thought the training they received equipped them well for their role. One staff member said, "The training has really improved and we have a lot more training now, like behaviour that challenges."
- Staff were offered thorough induction processes. This included a period of "shadowing" experienced members of staff until they were confident to carry out their roles.
- The registered manager monitored all training with a training matrix. This ensured that they had full oversight of training due for members of staff.

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

- Staff were encouraged to have a weekly resident's meeting where each location would discuss with people what they wanted to eat during the week. This was documented and showed that staff spent extra time to ensure people that could not verbally communicate were supported to make decisions regarding their meals.
- Staff were seen to encourage people to drink throughout the day. People were also encouraged to join support staff when preparing food and drink. One relative said, "They (staff) encourage [person] to make choices about their food and what they want to eat."
- People were supported to access dieticians and the speech and language therapist (SALT) team. This ensured people received the correct diet if necessary.
- An "ideas for healthy eating" plan was seen in the kitchen. This encouraged people to choose healthier choices for meals when they were meal planning with staff.

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

- Since the last inspection there had been an increase in health referrals for people made by the registered manager and staff to various health professionals in a timely way.
- Staff told us that they would report any noticeable changes to people's health immediately. One staff member said, "If I noticed any change to someone's health, I would call the GP for advice straight away."
- Relatives told us that staff supported people to various appointments. One relative said, "When it became too difficult for me to take [person] to appointments staff jumped in straight away and took him to all of his appointments."

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 fully comprehensive 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; Respecting and promoting people's privacy, dignity and independence

- People told us that staff were kind and caring towards them. One person said, "It's like a family. Staff are really, really friendly."
- We observed warm interactions between staff and people. A staff member was seen encouraging a person to go to their room to get ready to go out. The staff member was seen to gently encourage the person, holding their hands when speaking with them, facing them and responding to vocal noises in response to the staff member's explanation.
- Staff told us how they respected the people they supported. One staff member said, "I respect the people that live here, and I take pride in being able to support them, each of them have their own individual personalities and it's about changing the way you approach each person."
- People and relatives told us staff supported them to be independent. Staff were seen to encourage people to take part in the preparation of food and hot drinks during the inspection.
- Staff talked about promoting people's independence with day to day tasks. One staff member said, "We are prompting them every day to help fold clothes, do the laundry, help tidy up or clean, or bake in the kitchen."
- Staff were seen to encourage people to speak to CQC inspectors during the inspection. One person handed both inspectors a National Autistic Society leaflet with their name on. They said it was important people like them were recognised.

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

- Staff were seen to ask people how they wanted to receive their care and whether they were comfortable. People were asked when they wanted to go out, have lunch and when they needed support with personal care.
- Weekly resident meetings had been introduced to involve people in planning for their week ahead. This included menu choices and activities planning.
- People and relatives told us how staff encouraged them to express their views. One relative said, "It's so nice, because I know the staff are giving [person] options for them to decide on various things."

Is the service responsive?

Our findings

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

At our last fully comprehensive 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 and relatives told us that staff knew their preferences. One relative said, "The staff are brilliant, they know [person] very well and know exactly how he likes things done."
- Care plans detailed people's preferences and gave advice on how staff can support people in their preferred ways. One care plan detailed how a person liked their daily routine and how important this was to them.
- Staff were knowledgeable of people's individual needs. One staff member said, "It's important not to assume they all like doing the same things. They all like completely different things, for example [person] loves swimming and [person] loves walking."
- Staff told us that from the beginning of their employment it was important to know people's individual needs. One staff member said, "When I started, I had to read everyone's care plan and personal plan. Once I had done that and I had signed to say I had, then I was taken into people and introduced to them and shown their routine (by another staff member)."

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.

- Relatives told us that staff took their time to understand people. One relative said, "I have no concerns there, I know they take their time to make sure [person] can communicate in their own way."
- People had communication care plans which detailed their individual needs and guidance for staff to get the best results from each person regarding communication. Staff were seen to change their approach when supporting different people in line with their care plans.
- People that could not verbally communicate had picture aids. For example, when asking people for feedback, pictorial aids were used to ensure people could provide their opinions of their care.

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 and relatives told us how staff encouraged them to make decisions about their care and what activities they wanted to get involved with. One relative said, "The staff really encourage [person] to take part in different activities. [Registered manager] came up with the idea of (activity) and he loves it."
- Relatives told us how staff had supported people to continue their relationships. One relative said, "Staff

have been amazing through the pandemic, I know [person] is happy because they live with friends, but as soon as government restrictions were lifted the staff were doing everything they could to arrange visits and stays. And during periods of lockdown they were making sure we had regular contact whether it was on the phone or video call. It was just a relief to know we could still have contact."

- An activities board was introduced at one of the locations where people could not verbally communicate. This showed pictures to describe different activities that people could peel off when they had completed. It was explained that at the beginning of each week staff speak to people about what they would like to choose and then people choose the pictures and day they want to complete them.

Improving care quality in response to complaints or concerns

- The registered manager explained how they acted upon any concerns quickly and this was also confirmed by relative feedback. One relative said, "If I ever have a concern, worry or question [registered manager] is quick to respond. They take quick action to make sure everything is resolved quickly."
- There was a complaints policy in place. This advised staff on how to report a complaint or concern if one is raised with them directly.

End of life care and support

- The service does not currently support anyone at the end of their life. The registered manager was knowledgeable in what steps they would take if they were ever in the situation. This included seeking support from a local hospice.
- End of life care plans were in the process of being designed and completed by the registered manager and general manager. This was an ongoing piece of work that they planned to complete in a timely way.

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 inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection in May 2021 we found there was a lack of oversight of the service. This was a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although improvements had been implemented in the service's systems and processes, there was still improvement to be made to ensure these were embedded. Person-centred elements of care plans had improved to include likes, dislikes and preferences, however, there was still work to be completed on people's life histories.
- Improvement was also required on the completion of end of life care plans for people being supported by the service. Especially as some people that were supported were not verbal so this would take time and involving family members to ensure these are completed thoughtfully.
- Quality audits had not highlighted required improvements that were noted at the inspection, however, these were added to the improvement plan to ensure action was taken in response to concerns found in a timely way.
- Overarching quality audits were now in place for the registered manager and the general manager to have full oversight of all supported living locations. This was recently introduced, however, the registered manager was keen to ensure this became embedded in their day to day practice. The registered manager was working with a consultancy team to ensure that they identify everything needed on the action plan.
- Both the general manager and the registered manager had completed training to improve their management skills. The registered manager confirmed that they felt more confident in addressing the shortfalls within the service. They said, "I have found the additional training courses overwhelming at times, however, very helpful. They have taught me a lot about the expectations of a registered manager and what my responsibilities are."

At our last inspection in May 2021 we found there were several examples where CQC had not been made aware of notifiable incidents. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4). This was dealt with by means of a fixed penalty notice (FPN). The provider paid the FPN and we found they were no longer in breach of this regulation.

- Since the previous inspection the registered manager and the general manager had worked closely with CQC and the local authority to ensure that all notifications were made correctly and in a timely way. There were no further concerns regarding notifications.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that they felt listened to by staff and the management team. One person said, "[registered manager] is fabulous. I really trust her."
- The registered manager had introduced weekly resident meetings so they could be involved with the decisions and improvements made in each supported living location. One person said, "We have a service user meeting every Sunday. Our thoughts are listened to and taken into account. We work with them (staff) to run this place."
- Staff meetings were held to give staff members an opportunity to express their views. One staff member said, "We have staff meetings once a month, where we plan things. We had a meeting last week and we talked about ideas for the Queen's jubilee. We all came out with ideas of what we could do with people."
- Relative feedback was mixed, some relatives did not always feel that they were asked for their feedback as regularly as they could be. However, all relatives confirmed they felt listened to if they ever raised any ideas or views and the registered manager was very responsive to all ideas presented.

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; Working in partnership with others

- Since the last inspection the registered manager and the general manager had spoken with all people and relatives to acknowledge their shortfalls and explain their plan to drive improvement within the service.
- The registered manager and the general manager had worked closely with the local authority and other health professionals to drive improvement and begin to embed better practise in the service.
- Social care professionals who had been working with the management team confirmed that this was going well. One professional said, "I can tell they really want this service to succeed, they're passionate and I can see the improvements happening." Another said, "They have always been very open and transparent about the support they need to succeed, and I appreciate that."