Next Steps Community Care Ltd

Franklyn Crescent

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Franklyn Crescent is residential care home providing accommodation and personal care to up to 3 people. The service provides support to people with a learning disabilities or autistic spectrum disorder, older people, people living with dementia, people with a physical disability and people with a mental health condition. Each person's accommodation included en-suite facilities with shared communal bathroom, dining, and lounge areas. At the time of our inspection there was 1 person using the service.

Based on our review of is the service safe, effective, caring, responsive and well-led questions, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support
Not all risks were safely managed, including medicines, administration, and food hygiene. The nominated individual addressed these matters promptly, but until we highlighted these, actions had not been taken. This created a risk of harm. Staff supported people with their medicines in a way that respected their independence.

Staff supported people to have the maximum possible choice, control to be independent and they had control over their own lives. The service gave people care and support in a safe environment that was clean and suitably equipped to meet people's physical and emotional needs. Staff complied with measures designed to reduce the risk of infections spreading within the service.

Staff focused on people's strengths and promoted what they could do, enabling the opportunity for people to lead fulfilling and meaningful lives. One person was proud to show us the artwork they had completed at college.

Staff supported people to pursue their interests inside and outside the home. People had aspirations and goals which staff helped people achieve and go on to further goals. A staff member said, "Since living at Franklyn Crescent, the person has gone from strength to strength. It is not always easy but we are making good progress doing things in a step at a time. Sometimes forward, or back, but always with people at the heart. "

Staff received effective training in the use of restraint and were confident in their ability to deploy this

training. At the time of our inspection no person required restraint. Any restraint would be in an emergency situation as a last resort and for the shortest time possible. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff enabled people to access the community and pursue their interests in their local area. People were administered their medicines in a way that respected their independence and achieved the best possible positive health outcomes. However, the provider would benefit from accounting for the medicines held in stock. One relative told us they always ensured medicines were administered when their family member visited.

Right Care
Staff focused on and promoted people's equality and diversity, supporting, and responding well to their individual needs. This changed people's lives for the better. One person was proud to show us their newly acquired water play feature.

People helped create and review their care plans when they chose to, and as such were a reflection of the support they needed and what people could do independently. Staff had training on how to recognise and report abuse, and had the skills protect people from poor care and abuse, or the risk of this happening. The service worked with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe. All those we spoke with felt people were safe and had enough support to do this.

Staff had a thorough understanding of people's individual ways of communicating and this enabled people to be listened to. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture
People were supported by staff who understood best practice in relation people's strengths, impairments, or sensitivities for people with a learning disability and/or autistic people may have. Staff knew people exceptionally well and responded to their needs and wishes. Staff's diligence and persistence enabled people to exceed their aspirations. This helped people live a meaningful life full of opportunities they might otherwise not have had. One person was now settled in the service having not seen this success for over 10 years.

Staff put people's wishes, needs and rights at the heart of everything they did. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. People, relatives, staff and health professionals had a say in how the service was run.

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection
This service was registered with us on 8 June 2020 and this is the first inspection.

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? 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 safe findings below	**Good**

Franklyn Crescent

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
This inspection was carried out by 1 inspector.

Service and service type
Franklyn Crescent is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Franklyn Crescent is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post but the nominated individual was in the process of applying to be the registered manager.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 1 person who used the service, 1 relative and a social worker. We also spoke with 5 members of staff including the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received information by e-mail from a health professional.

We reviewed a range of records, this included 1 person's care records. We looked at their medicines' records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service including water and fire safety were also reviewed, including incident records, compliments, quality assurance processes, audits and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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; Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to safely administer medicines and staff's competency to do this had been assessed. Records showed, and staff told us, that people's medicines had been administered. However, not all people's medicines administration records (MARs) were complete or accurate. We found that where people were supported outside of the service, such as going home or support from relatives, there was no recorded process in place to show how many medicines were held in stock.
- There was no records for these situations to show if all medicines had been administered as prescribed. Although the nominated individual corrected this matter after we highlighted this to them, prior to our inspection no action had been taken. A relative said, "My [family member] always takes their medicines. I would tell [provider] if they didn't." Running totals for the quantity of medicines held in stock had also not been updated. This meant it was not possible to identify how many tablets the person had been administered.
- Risks including for infection prevention and control, legionella and fire safety had been identified. One staff member told us they tested the fire alarm and that the water temperatures were checked before any person using the service had a bath. However, not all staff adhered to policies and procedures which put people at risk of harm. We found 4 unlabelled items in a communal fridge.
- We also found 1 item which had been precooked, but there was no date on the container. The 3 items which had been opened, had not then been resealed or placed in a sealed container. This created a cross contamination risk, and the lack of food labelling for when items were opened or cooked created a food hygiene risk. At the second day of our inspection all items had been either labelled or disposed of. Guidance had been put in place for staff for food safety.
- Where incidents occurred action was taken to safeguard people. For example, where people needed a specific diet to maintain their safety or additional staff to prevent incidents occurring. One person showed us through body language how comfortable they were in staff's company.
- A relative told us they felt their family member was safe as staff were always careful in managing emotions and anxieties. Staff knew what action to take regarding people's safety and wellbeing. Records showed how people's anxieties had been reduced through strategies developed by staff, such as giving people their own space and time to reflect on their emotions.
- Staff were trained and knowledgeable about safeguarding procedures. One staff member told us how to identify any type of abuse and they would report this to the provider, the CQC or the safeguarding authority if needed.
- A social worker told us there was enough staff, and there had been a recent request to increase staff for people's safety. One staff member said, "We do have enough staff. We have an on-call system to request

additional support, such as in an emergency."

Staffing and recruitment
● Enough staff were in place and they had been safely recruited. Checks were in place such as for photographic identity, employment references and gaps in staff's employment history had been explored.
● Other checks were undertaken 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. All staff we spoke with confirmed checks for their photographic identity, employment history and evidence of good character.
● Staff responded quickly and effectively when people required assistance or support. We saw how skilled staff were at interpreting situations to prevent people becoming anxious.

Preventing and controlling infection
● We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a risk of cross contamination with unlabelled items in a communal fridge.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● The provider supported visits for people at any time without restriction. The provider had adhered to guidance around visiting.
● Examples of how this benefited people included improvements in people's wellbeing by having visitors including relatives and health professionals.

Learning lessons when things go wrong
● The staff team were made aware of incidents, such as situations of anxiety and safeguarding. This was through staff handover records, team meetings, a social media group and information from the provider.
● A staff member told us how learning was shared across the staff team at individual supervisions, team meetings and through shift handover records. The staff said, "Not every day is easy. When things don't go as planned we have procedures to help ensure people stay safe, including extra staff for one, or two, to one support. We review how this is working and feedback to the team manager if anything else needs changing."

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- The provider or a member of the management team undertook an individual assessment of people's needs before starting people's care and support. This enabled each person's needs to be determined and the information and guidance that would be included in people's care plans.
- One person showed us through their preferred way of communicating including body language how well staff knew their emotions and when to offer support to remain calm as well as choices of foods and drinks. Staff said, "It has been a journey [person] is gradually changing what they eat. We get guidance from the speech and language therapist (SALT). Anything that needs acting on, we do it straight away. This helps the person eat safely."
- People at an increased risk of malnutrition, being anxious or distressed, had details in their care plan how this risk was minimised. A staff member told us how a dietician's guidance was followed for support to eat and drink enough.
- Professionals involved in people's care and relatives were positive about the way people were supported to eat well and healthily. A professional told us, "[Staff] are really good at trying new strategies. They know when to offer food and when to wait a while. I have seen good progress on this aspect of [person's] care."

Staff support: induction, training, skills and experience

- Staff were provided with training and support based on people's needs. This included the Care Certificate. This is an agreed set of a minimum of 15 standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This formed part of staff's induction.
- In addition to their induction staff had additional face to face learning, such as for medicines administration and the use of non-physical interventions. One staff member told us they were able to undertake shadow shifts with experienced staff until they felt confident to work on their own.
- A relative said, "I do think staff have the right skills. They listen and act on suggestions I make to improve on things. It has got much better as time has gone on as they've got to know my [family member]."
- In addition, specialist training including autism and learning disabilities, epilepsy, how to communicate effectively with people and diabetes care was provided as needed.
- A staff member said they could always ask for support from the nominated individual or a team leader to discuss what was going well and what support they might need.

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

- Staff supported people to see or be seen by health professionals including dietician, SALTs and GPs.

● Although it was possible to see in records all actions taken in relation to people's health, it would be beneficial for staff to have these in 1 place. The nominated individual told us as the person was moving from respite care to more permanent care, they would ensure this document was put in place. This would mean health professionals and staff could have access to important matters in relation to the person's health.
● People were enabled to see other professionals including social workers. Staff ensured they complied with guidance, suggestions, and advice. A social worker told us that the difference in the person was amazing. They said, "It has been down to staff's commitment for the success of the placement, staff have worked together with me."
● Records showed how people were supported to see health professionals for ongoing health conditions, as well as attention to any distress, anxiety or pain. This support had been effective
● People had an about me document including information known as a hospital passport. This is designed to help autistic people to communicate their needs to healthcare professionals.

Adapting service, design, decoration to meet people's needs
● People had a say and contributed to how they wanted to personalise their room. For example, with pictures, electronic devices, decorations and age appropriate bedding and furniture.
● Adaptations were made, such as to access the garden areas, and personalisation of bathrooms where people preferred a bath rather than a shower.

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.
In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● We found the service was working within the principles of the MCA and if needed, appropriate applications had been made to lawfully deprive a person of their liberty.
● Best interest decisions had been made for where people lived, each aspect of their daily living and for any restrictions needed to keep people safe. For instance, supervision and support to access the community and staying safe in the home. A staff member told us, "It depends on the person. I respect their independence, such as using verbal communication and supplementing this with objects of reference, or being in the kitchen when talking about meals."
● Applications had been made to the local authority commissioners to deprive any person of their liberty in a lawful way. Although the provider was awaiting authorisation for these restrictions on people's human rights, in the meantime the least restrictive options were being used.

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity
- The nominated individual and staff team put people first and foremost by being equally consistent in their approach to people who had a preference for male or female care staff.
- Staff ensured people received care that implemented any adjustments needed, such as any disability or different ways of communicating. This helped support people to be heard and understood.
- A relative told us, "Everything is going well, staff do a good job and that is why we have stayed with them. Having consistency is vital and this what we get."

Supporting people to express their views and be involved in making decisions about their care
- People were offered choices in their day to day support. For instance, about when they accessed the community, spent time relaxing and doing activities, hobbies and pastimes.
- We saw how staff involved people as much as practicable in decisions about their care. This included making situations fun and engaging, and avoiding negative words. Staff used strategies to encourage safe decision making and also improving the person's communication skills and knowing when they may become anxious. This meant staff could better respond to people's choices and needs. A relative told us, "[Family member] can be quite a character. They like some fun and staff enable this with patience."
- People's relatives said care was being provided as agreed and changes had been made when needed. For instance, changes to care staff where a better rapport had been enabled as a result. A relative told us, "There were issues to start with and changes to staff have resolved this. I can't believe what difference has been made. It is lovely to see my [family member] grow in confidence, skills and newfound abilities."

Respecting and promoting people's privacy, dignity and independence
- Staff knew people very well and respected their independence wherever possible; only intervening to promote dignity or if people needed assistance. There was a lack of detail in people's care plan about how independence would be achieved. A staff member told us they were reviewing the person's care plan and would add greater details. This would help new, or agency staff, to understand people's independent skills better.
- Staff were polite and respectful when speaking with people and gave them time to be in private where they preferred this. A person showed us their artwork and said they enjoyed their programme of education. Staff told us the person could assist with cooking, cleaning, baking and only needed some help with washing.
- Staff supported people live more independently in a polite and respectful way. People, staff and relatives we spoke with told us how people's independence was promoted with the use of verbal means, and if needed picture communication cards and electronic devices.

● Staff prompted people and enabled them to remain independent; doing this by encouraging people to do those tasks they could do, but allowing as much independence as possible. We saw how prompt staff were in promoting people's dignity.

Good

Is the service responsive?

Our findings

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

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

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

- Staff understood and focused on people's preferences, choices and physical support needs. This enabled people to achieve their potential. An example was a person who preferred their own space and this had been facilitated through communication strategies and understanding what people were telling staff.
- A professional told us how adaptive staff were in gaining an effective understanding of people's emotions, anxieties, but more importantly what worked well for people. We saw the difference this had made to the person by being able for the first time in over 12 months to have a permanent place to live.
- People received support such as from female staff who shared similar interests and an understanding of what was important so people lived a life with more happy moments. We observed how, as a result of people's preferences being respected, they were accepting of staff's care and support.
- A relative told us, "The service have adapted to my [family member's] needs. We are working together to give them a happy life and home."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in various ways, such as using pictures, objects of reference and support the use of verbal skills. Staff were skilled at providing support, and accessible information, based on people's mental capacity. A staff member told us they developed care plans in different formats, such as easy read format. and supported people to access an advocate.
- Staff understood people's communications, such as through facial expressions or speaking slowly with specific choice of a few words the person understood, but giving people as long as they needed to respond.
- People were then able to communicate effectively and live a more fulfilling life, as well as being able to access important information about their care and support needs.

Improving care quality in response to complaints or concerns

- The provider had an accessible complaints' process. Staff knew when to respond to a person's dissatisfaction. This helped concerns to be responded to effectively before a complaint might be needed.
- A relative told us, "I'd like to think we have an open door policy. I can ring the staff or provider at any time, but they always provide a solution, or we agree on a compromise. It is about what's best for my [family member].

● The provider analysed themes and trends across all its services. This helped inform improvement opportunities where there were similar circumstances for those people living at the service.

End of life care and support

● At the time of our inspection, nobody was in receipt of end of life care. However, policies, procedures and trained staff were in place should this be needed.

● Best interest decisions were used to inform people's end of life care where any person lacked mental capacity to do this for themselves, such as for resuscitation should there be a sudden change in health condition.

● Staff with nursing experience understood the importance of good end of life care. One staff member said they would ask people through accessible formats, or their next of kin, what people's end of life decisions were.

Good

Is the service well-led?

Our findings

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

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

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

- The provider used their monitoring and quality and assurance policies and processes to drive improvement. In the main, audit processes had identified where records lacked details, when a DoLS was required, good standards of IPC, effective care plan reviews and changes in staffing levels.
- Although the provider acted swiftly on the issues we fed back to them, these areas should have had better oversight. The provider had recently identified that some staff had not always completed medicines records and was changing the way this was recorded. One staff member showed us evidence of how a new medicines' recording process had been introduced, and plans were in place to roll this out to Franklyn Crescent.
- The staff team however, knew people well, upholding good standards of care, medicines were administered as prescribed and care plans were kept up to date.
- The provider reviewed incidents, care records, compliments and complaints which helped to monitor the quality of care provided.
- Records, such as daily care notes and incident records evidenced to us how improvements were identified and acted on, such as reminding staff to always keep good and detailed documentation.
- People communicated to us, and relatives and staff told us the provider always acted promptly to any concerns raised and then checked everything was working well after changes were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual had developed a strong and positive culture within the staff team. This culture had become embedded. They told us, "I always let staff know any whistleblowing will be confidential, and I respect anonymity, but take [appropriate action] if needed. I assure staff they will be taken seriously following our policy."
- Staff were aware of the service's values to uphold and maintain high quality care. A staff member told us, "The nominated individual always listens to what I have to say. They are very understanding. They have taught me more about being a good leader and how to get the best out of people and staff."
- The provider and staff understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. They also implemented changes that prevented incidents reoccurring or lessening the frequency of these. A low turnover of staff evidenced the support staff received and the positive impact this had on people.

● A relative gave positive comments and said, "I like the fact the [provider] uses professionals to train staff on [non-physical] interventions and autism and learning disability training. Staff use positive options and avoid negative words. Staff really do care and I am comfortable visiting as they are much more relaxed. We share information with [provider] rather than dictate. We just want the best for our [family member]."
● Staff were clear about their roles and explained these to us in detail. For example, a detailed knowledge about people's anxieties, health conditions, phobias, emergency procedures and access to emergency equipment and evacuation plans, such as for a fire.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were involved as much as practicable in how the service was run. People contributed, or with agreement, their relative in the person's best interests to the overall quality of care and support. Staff's detailed daily notes were an accurate reflection of people's care and how this had been provided based on people's assessed needs. Analysis of care records helped identify if there were opportunities to improve or change aspects of people's care
● Relatives and people's views were regularly sought. A relative told us, "I praise staff for what they do well and follow up. I don't mind getting a [quality assurance] survey. It is more informal just to call but if something was wrong I would tell them. They act on my comments and it has all been rectified.
● All staff told us they felt well supported and listened to, and that their feedback was taken on board and acted on. The nominated individual told us their key achievements had been providing a stable placement where 9 previous ones had not been successful. They said, "It is about making the home a home from home. A person was going to lose place at college but we have been successful in reintroducing this. Both us and relatives have been pleased to support a person to live more independently which has been a big success story. We have been able to give consistency and give people their own space."

Working in partnership with others
● The nominated individual and staff team worked well with various organisations such as GPs, psychologists and dieticians. This helped support better outcomes for people by enabling joined up care.
● Health professionals and social workers were involved when needed and guidance from them to improve people's care was implemented and adhered to. The provider ensured they worked closely with hospital discharge teams or social workers to ensure people's experience of joined up care was the best it could be.
● The provider fully understood their duty to cooperate with those involved in people's care, such as other care provider's when people moved between services.