Royal Mencap Society

Royal Mencap Society - Domiciliary Care Services - South London

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
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
Royal Mencap Society - Domiciliary Care Services - South London is a supported living service providing personal care to 25 people, many of whom have learning and physical disabilities, autistic spectrum disorder and mental health needs. People supported by the provider were aged between 30 and 65 at the time of the inspection.

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 assurance processes were in place, but required reviewing to ensure their effectiveness. This included monitoring of staff fitness for their role. Staff had guidance required for their role, but they were not always provided with the necessary mandatory training courses to meet their role expectations. We made recommendations about this.

Although people had comprehensive risk management plans in place, information was not always available on how likely the risks were to occur. There wasn't always enough staff to support people with going out on the activities of their choice. Records related to people's end of life wishes and mental capacity assessments were not always completed appropriately. The management team told us that these areas of concern would be addressed immediately. We will check their progress at our next comprehensive inspection.

Pre-employment checks were carried out before staff were recruited by the provider. Staff reported their concerns as necessary if they noticed people being at risk of abuse or when incidents and accidents took place. People had support to manage and store their medicines safely.

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. Staff supported people to meet their health needs as necessary which supported their well-being. People had a choice to prepare their meals separately from their housemates and were assisted with their meal preparations as necessary.

People received excellent care from staff who were open and compassionate towards their role responsibilities. They provided emotional support which enabled people to follow their religious believes and express themselves in the way they wanted to. There was a comprehensive level of support provided for people to help them plan their care and the support they required to achieve their desirable outcomes. People were encouraged to use resources available in the community, so they could lead independent and fulfilling lives.

Care plans were individualised and met the needs of people using the service. Complaints received were investigated appropriately and according to the provider's policies. Family members were asked for regular feedback, so the management team could improve the service and the experience of people.

The service followed the provider's set values which promoted open and transparent culture within the staff team who supported people with their everyday needs. There was a supportive leadership at the service who aimed to encourage staff to develop in their role, so they could provide a person-centred care for people. The service used external resources to keep them up-to-date with the changes taking place in legal requirements.

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

Rating at last inspection
The last rating for this service was outstanding (published 21 April 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was not always effective Details are in our Effective findings below.	**Requires Improvement**
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**

Royal Mencap Society - Domiciliary Care Services - South London

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was announced. We gave the service 20 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care and support to people living in six '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 two managers registered with the Care Quality Commission who shared a responsibility to manage the six supported living homes. 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.

What we did before the inspection
We looked at information we held about the service, including notifications they had made to us about important events. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We visited the agency office on 18 October. On 30 October and 5 November, we visited two of the supported living homes. We spoke with five people about their experience of the care provided to them. We received feedback from seven relatives. We talked to the registered managers, two service managers and two staff members working for this service.

We also looked at a range of records that included people's care plans and staff files in relation to their recruitment, training and supervision.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at data relating to staff training, risk management and auditing systems.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

• The registered managers told us they ensured that the staffing levels were flexible around people's care and support needs. However, some family members said that more staff could be provided to support people's choice of activities. Comments included, "I'd be happy if there was more [staff], but like everyone [the provider is] cutting back on staff", "My relative can't do things because of staff shortages, things like going out and about" and "I feel that at times my relative's freedom to do things is limited" because of staff shortages.

• This was also confirmed by the staff team who told us that sometimes people were supported to go out as a group because the service did not always have enough staff to support them individually. The management team told us that additional support hours were requested from the local authorities but that this was not always agreed. They aimed to continue working with the families to ensure better communication and planning of people's support hours. We will check their progress at our next inspection.

• Pre-employment checks were carried out before staff started working for the provider. Records showed that staff were required to complete a job application form, attend an interview and provide two satisfactory references. Although staff had to carry out a criminal record check before they started working with people, this was not renewed by the provider to ensure their on-going fitness for the role. This was discussed with the management team and the record of our findings was noted later in the report.

• People were involved in the recruitment process, the purpose of which was to ensure the provider employed the right staff for the job. Situational interviews, based on real examples, were used to test skills of the applicants, for example how they would support a person who presented a challenging behaviour to others.

Assessing risk, safety monitoring and management

• Records showed that fire and equipment checks were regularly undertaken with actions taken to address any issues identified, such as providing a person with the necessary aid to alert them about the fire during the night. The management team told us that people were involved in carrying out the health and safety checks at the service which encouraged them to maintain safety at home.

• People had person centred risk management plans in place to guide staff on the actions they had to take to keep people safe. Potential risks to people in relation to on-going and new activities were identified and managed in a least restrictive way which promoted people's independence and choice as much as possible. These included risk in relation to support people required with personal care, mobility, relationships and accessing community.

• Although the risk management plans held information related to the impact the potential risks had on people, they did not always include information to guide staff on how likely the identified risks were to occur. We will check their progress at our next comprehensive inspection.

Systems and processes to safeguard people from the risk of abuse
• Family members felt their relatives were safe. Comments included, "I trust the staff, I always trust them" and "[Staff] take very good care of [my relative], I just feel she's well looked after."
• Staff knew the different types of abuse they should look out for and the actions they had to take should they notice a person being at risk of harm or abuse. One staff member said, "We have risk assessments in place to keep people safe. Anything we observe that is not right, like financial or physical abuse, we report it to the manager."
• We discussed the actions the registered managers had to take to ensure people's safety in relation to the safeguarding concerns raised since the last inspection which were reported to other agencies such as the local authority and CQC as necessary.

Using medicines safely
• People had support to manage their medicines safely. Staff were required to sign the medicine administration records (MAR) to confirm that people had taken their medicines as prescribed. The MAR had been completed appropriately and there were no gaps in recording.
• People's medicines were stored securely and staff were provided with guidelines on how to support people to take 'when required' medicines such as pain killers.

Preventing and controlling infection
• Staff followed infection control procedures to avoid cross contamination. One staff member told us, "We use gloves, antibacterial wipes, different boards for chopping meat and vegetables to avoid the risk of infection. We regularly check the fridge temperature and food expiry dates making sure the food is safe to give to people."
• Staff were provided with the necessary personal protective equipment to ensure they supported people safely with personal care.

Learning lessons when things go wrong
• Systems were in place for recording and reporting any incidents and accidents taking place. Staff were required to complete an incident form which was reviewed by the management team to ensure that immediate and long-term actions were taken in response to the incident/accident as necessary. This included supporting a person to minimise the risk of bruising while they carried out the activity they enjoyed.
• The management team monitored what positive differences had been made in response to the actions taken to manage the incidents and accidents. They used team meetings to discuss the occurred incidents and opportunities for learning to maximise people's well-being.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Staff support: induction, training, skills and experience
• Staff received on-going performance management and training throughout their employment. They were required to complete an induction process, including training, observations and a shadowing period before lone working. On-going performance management was based on formal and informal observations, discussions, supervisions and appraisals. Staff were provided with mandatory training in safeguarding, Mental Capacity Act (2005), medicines management and manual handling.
• However, staff were not provided with regular training courses in relation to autism, learning disabilities, communication and mental health awareness. Although the management team told us that these training courses were arranged if there was a change in a person's care needs, training records viewed showed that these training courses had not been attended by staff any time recently.
• On the other hand, we found that people's care records were comprehensive and guided staff in how to support people with these specific needs. A staff member told us, "Usually we get all the training we need. But about a year ago we had a client with [a mental health condition]. We requested the manager to have the training but [the person] was gone before we received the training. The client was here for couple of months. We had guidelines from doctors how to support this client."
• In response to these concerns, the management team took immediate actions to arrange these training courses as necessary.

We recommend the provider to review their provision of training so that people are provided with safe care.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

• We checked whether the service was working within the principles of the MCA. The registered managers

told us they had applications submitted to local authorities for authorisation of deprivation of liberty but that these had not been authorised yet.
• Staff were aware of their responsibility to support people in the decision-making process and understood the best interest process. A staff member told us, "We always have to assume that people we support have capacity and that they can make unwise decisions. Lack of capacity has to be determined and the least restrictive decision has to be made during the best interest meeting."
• Processes used to assess and develop the care plans included direct input from people. People consented and made decisions around the care that they received, this included the support a person required to maintain a good personal hygiene.
• Despite people receiving care based on the principles of the MCA, some of the mental capacity assessment documents we viewed were not fully completed and lacked information on how the decisions were reached related to a person being able to understand, weight up, retain and communicate their decision back. For example, in relation to management of their medicines. The registered managers told us they also used observations to assess people's capacity in relation to the specific decisions. This information was not recorded but that from now on this would be included in the assessment process. We will check their progress at our next comprehensive inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• A comprehensive initial assessment was carried out to find out what people had done in the past and evaluate whether the service was able to accommodate their care needs. The registered managers told us they chose the most comfortable place for a person to have an interview and that they involved family members and different internal and external sources such as day centres to help them to gather the most relevant and up-to-date information about the person. People were also encouraged to visit the service before they made the decision if the service was suitable for them.
• People's care needs were regularly assessed to ensure they met their goals and aspirations. The management team told us they encouraged a person to move to another accommodation within the service because they had been observed them as being more interactive and engaging with people living there.

Supporting people to eat and drink enough to maintain a balanced diet
• Care plans included information related to people's nutritional needs. Staff were provided with guidance on the support people required to maintain special diets. This included recommendations on sitting positions, adapted equipment to be used during meal times and choices of food to be provided for a person to reduce the risk of chocking.
• Staff told us they encouraged people to maintain a healthy life style and that they respected people's choices if they wanted to have less healthy meals. In these instances, they encouraged people to be more physically active to support their well-being.
• People had a choice to eat with their house mates or prepare their meals independently. In one of the supported living houses we saw people had their own fridges and cupboards where they kept food that they purchased for themselves.

Supporting people to live healthier lives, access healthcare services and support;
Staff working with other agencies to provide consistent, effective, timely care
• People had health action plans in place with information about their health conditions and the support they required to improve their healthcare. Family members told us they were kept informed about the changes in their relative's health needs. They said, "My relative's keyworker really keeps me up to speed" and "Recently we were consulted about my relative having dental treatment and I'm always consulted about any treatment."
• Staff supported people to access healthcare services. The registered managers told us they worked with healthcare professionals to promote people's well-being. Regular reviews, assessments, multi-disciplinary

meetings were attended to share information as and where appropriate. Staff were provided with specialist guidance to help achieve the best practice.

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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to 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; equality and diversity
• Staff focussed on building and maintaining open and honest relationships with people and their families. One person told us, "I like living here, because of staff. Everything is ok. I am very happy." Family members told us their relatives were treated by staff with kindness and compassion. Comments included, "[Staff are] very caring, empathetic, and excellent in all ways, very patient", "[Staff are] as family, always pleasant and welcoming" and "When my relative comes to visit me, he's also happy to go back so that tells me he's happy."
• Values of equality and diversity were embedded within the organisation to help people to feel free in the way they wished to express themselves. The management team told us they recently supported a person to maintain their appearance in the way they wanted to which increased their confidence and acceptance in the community.
• People were involved in the local community and were empowered to building further links. The service worked in partnership with a voluntary organisation to enable a person to pilgrimage to Lourdes as this was an important part of their faith. They also supported the person to go to religious events abroad. One of the supported living services had a priest visiting the home regularly as part of their pastoral care and support for people living locally.
• People continued to have assistance to seek employment opportunities. Staff made every effort to help people to develop confidence by gradually supporting them with their job responsibilities. This led to either continuing or stopping the employment depending on whether a person felt able to carry out with the job. There was evidence that people had jobs which made them feel valued because of the contribution they made to the community they lived in.

Supporting people to express their views and be involved in making decisions about their care
• The service used individual ways of involving people in developing their own care plans and positive risk assessments, so that they felt empowered and valued. A process called 'What Matters Most' was in place to help people actively choose personalised support outcomes. This included a personal development plan for each outcome that people wanted to achieve. For example, support required for a person to learn to use a travel card independently. People's individual plans and outcomes were regularly reviewed, and people were encouraged to choose how they wanted to review their achievements, with one person choosing to have a party to celebrate their success.
• People had assistance to use technology to access resources available within the wider community. A person was supported to purchase a digital device which helped them to maintain their interest in music. Another person was using the internet to watch videos on-line.

• The management team had actively engaged people with advocates to help ensure their rights were upheld where necessary, for example where additional funding was required from the local authority for delivering the care in line with a person's wishes and choices.
• The service helped people to decide who provided their care and support, and when. People attended staff interviews to help the panel to make a decision about the suitability of a person they were recruiting, including the chief executive officer who was recently employed by the provider. The applicants were required to spend some time at the service and people's views were considered when the decision was made as to whether the applicant was successful.
• People were involved in numerous community activities which helped them to build skills, knowledge and live as full a life as possible. Staff told us they continuously encouraged people to engage in social activities which helped them to become active members of society. This included attending the local colleges, day centres, gyms and libraries.
• People continued to have regular monthly meetings with their key worker that allowed them to contribute to their support planning, highlighting the progress they were making regarding their chosen outcomes to be achieved.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. One family member told us that "[Staff] care and support my relative in a way privacy and dignity is respectful." Another family member told us they observed staff, "Knocking on the door before entering" their room and respecting their relative's privacy during personal care and when they wanted to relax.
• People's right to privacy was respected via the support they received to build and maintain important relationships to them. People were socialising and visiting each other in their homes within the organisation which helped them to develop friendships and close relationships. Staff told us that some people were in relationships and if people asked for advice, staff provided them with information to support their decision making. The provider run a 'London Social Group' where people were encouraged to meet regularly to build relationships.
• Staff found ways to promote people's independence and had respect for their choices. One person was supported to buy a mobile phone which they used independently to call people close to them when they wished to. They liked to make the calls in privacy, so staff ensured they had the space to do so. The staff team was also looking to remove restrictions and worked together with another person and their family members on developing a support plan on how to support the person to go out in the community independently.
• People had a one-page profile explaining what was important to them, what they were great at and the support they need. This profile helped staff to understand people on personal level and respect them as individuals.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to good. This meant people's needs were met through good organisation and delivery.

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.
• The provider was aware of their responsibility to meet the AIS.
• Family members told us that staff communicated with people well. One relative said, "The staff understand what my relative says, even though my relative doesn't speak very much." Another family member told us that staff were, "Very patient and in good humour" when communicating with their relative.
• Care records held information related to people's communication needs, including their preferred way of communication and risks associated with lack of communication. We observed staff interacting with people using their preferred communication methods. We saw a staff member getting a person's attention before they started the conversation to encourage their involvement. The staff member told us that when the person did not want them to do something, they kept quiet and communicated this via body language which they understood well.

End of life care and support
• Where people wished to staff supported them to discuss their end of life wishes which included their preferences in who they would like to attend their funeral and where they would like to receive the end of life care. Records showed that not all people had the end of life plans in place. The registered managers told us that this was in process and that some people had refused to have these conversations but that this was not recorded. In response to this, changes were made as to how the service monitored the discussions staff had with people about their end of life care to ensure that all people were provided with opportunities to express their end of life wishes should they wanted to. We will check their progress at our next comprehensive inspection.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's care plans were comprehensive, person-centred and included detailed information about the support people required to meet their preferences and choices. Guidance for staff was provided in relation to the routines a person wanted to follow, their preferred ways of traveling in the community and the way the person wanted to spend their free time at home. Family members told us that staff knew how to support their relatives well. Comments included, "[Staff] do an excellent job. [My relative] is looked after ever so well" and "I usually speak to the staff and they do a good, a good job."
• Positive behaviour support (PBS) plans were used to help people who presented challenging behaviour to others to find alternative ways of coping and limit any restrictions in place. Detailed information was

provided in how staff should support people proactively in order to prevent the potential behaviours occurring, including the support a person required to build and maintain important relationships to them. This ensured that the person was supported to stay safe and empowered to develop their skills.

Improving care quality in response to complaints or concerns
• Family members told us they very occasionally complained and that their concerns were dealt with appropriately. One family member told us they raised a concern, "Only once about a staff member and this was years ago. My complaint was dealt with right away." Staff told us that people were aware of their right to raise a complaint should they have any and this was confirmed by people that we spoke with.
• Staff were provided with information detailing whistleblowing and complaints procedures. Staff told us they were able to raise any concerns they had with the management team over poor or unsafe practice in order to improve if necessary.
• Complaints received were dealt with according to the providers' procedures. The service took appropriate actions to address the concerns raised and used the least restrictive approach to support people involved, for example by making changes to a person's routines where they had agreed to it.

Requires Improvement

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 the last inspection this key question was rated as outstanding. At this inspection this key question has deteriorated to requires improvement. Leaders and the culture they created promoted the delivery of high-quality, person-centred care. However, the provider's monitoring systems did not always ensure people received effective care that was appropriately recorded.

Continuous learning and improving care

• The registered managers carried out regular visits to the services to audit the quality of care provided for people. They reviewed people's care records, talked to people who used the services and observed staff practice. Regular audits of people's finances, medication and care plans were carried out by the service managers to achieve good quality care provision. Action plans were developed and acted upon in response to actions identified during the quality monitoring processes. For example, in how the services monitored people's finances.

• An electronic compliance system, called Manager Assurance Tool, was used to monitor the support being provided for people as applicable to their care needs. Information was collected relating to people's assessments, risk management and health care needs. Where areas of support needed reviewing or updating, the system flagged it up which ensured effective and timely service delivery. For example, if a person was due for a review meeting.

• However, we found that quality assurance processes in place were not always effective. As we already mentioned in the report, some improvement was required in relation to staff training, record keeping and communication aids to ensure good care delivery.

• We also found that auditing systems in place did not identify the need to monitor staff's on-going suitability for the role. Staff's criminal record checks had not been updated since they started working for the provider. Records showed that four staff members had not had their DBS renewed for over 15 years. Although the registered managers told us that mechanisms in place to monitor staff's performance were used to ensure their fitness for the role and that staff had a responsibility to notify the managers should they had been convicted for an offence during their employment with the provider, staff didn't have to confirm that they did not have the convictions.

• After the inspection, the management team told us about the actions they took to address these areas of concern which included review of auditing systems to ensure effective care delivery. Staff were also asked to sign a yearly disclaimer confirming no changes to their DBS checks.

We recommend that the provider seeks guidance on how to sufficiently monitor and improve the service delivery so that people experience safe care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• Values set by the provider were aiming to provide high quality of life for people. Staff were expected to be

transparent, inclusive and caring in their roles to ensure they created a positive environment for people they supported. In 2018 the Royal Mencap Society received accreditation of Positive behaviour support with recognition of outstanding care and treatment in this area.
• The registered managers were aware of their responsibilities under the Duty of Candour which sets out specific guidelines providers must follow if things go wrong with care and treatment. The management team sought support when incidents or accidents took place and submitted statutory notifications to CQC informing about these events as required by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Responsibility and accountability was understood by the management team which ensured good leadership at the service. Family members described the managers as "very friendly and firm, but fair" and "by the book, likes to check everything." They also commented on the good quality of care provision at the service, noting that, "[The care provided] is excellent, I got no complaints at all" and "I think [the care is] good, put good."
• Shared responsibilities within the service enabled the staff team to deliver what is required. There were two registered managers at the service who shared a responsibility to manage six supported living homes. They had support from the service managers to monitor the homes on the daily basis. Regular staff meetings were held to share understanding and information about the provider and service specific areas of practice, allowing collective input for improvement where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Processes were in place to encourage open communication with people's relatives. Family members told us they were regularly asked for feedback about the service delivery, with one relative telling us, "I get sent things to me like questionnaires and I fill them in and send them back."
• Managers and staff were encouraged to nominate their team members for innovative support via internal employee reward schemes called 'You Rock' and 'Thank you' which recognised staff's good practice and made them feel proud to work for the organisation. Staff had support to become champions with expertise in specific areas such as health and safety and medicines management for mentoring the other staff members as necessary.

Working in partnership with others
• The management team attended local provider forums to share ideas and information about good practice in providing safe care for people. They also received updates and information from the CQC and Social Care Institute of Excellence regarding the changes in legal requirements.
• The service worked in partnership with local authorities to ensure that people's needs were met effectively. This included providing the local authority with quarterly reports and attending multidisciplinary meetings to review the care delivery as necessary.