

ANA Homecare Limited

ANA Islington

Inspection report

Wharfdale Road
London
N1 9RY

Tel: 02030772233
Website: www.ana-nursing.co.uk

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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

About the service

ANA Islington is a domiciliary care agency. It provides personal and nursing care to people living in their own houses and flats in the community and specialist housing. It provides a service to adults of all ages that required support and care due to deteriorating health. At the time of our inspection there were 19 people who received personal care from the agency.

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

The provider had made improvements to how they managed people's medicines. However additional improvements were needed. This was to ensure medicines administration charts (MARs) only reflected medicines currently taken by people and that when people did not take their medicines this was reflected consistently by staff on MARs.

There were systems in place to protect people from harm and abuse. People and relatives said they felt safe with staff visiting them. Risks to people's health and wellbeing had been assessed. Staff were recruited safely to ensure only suitable staff supported people. The same staff usually visited people and there were sufficient staff deployed to ensure visits took place as planned. Accidents and incidents had been reported, recorded and analysed so lessons could be learnt so that the accidents and incidents did not reoccur.

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 asked people's consent before providing care and support to them.

People's needs had been assessed regularly and any changes had been reflected in their care plans. Staff were supported through training, regular supervision, spot checks of their direct work with people and yearly appraisal of their performance. People were supported to have diet that met their nutritional needs and personal preferences. Staff supported people to have access to health professionals when people's needs had changed or their health deteriorated.

Staff treated people with kindness and they respected equality and diversity amongst people they supported. The same staff usually visited people and therefore they knew people's needs and preferences well. Staff encouraged people to express their views and be involved in making decisions about their care. People and relatives said they felt their dignity and privacy was respected by staff who visited them.

Care plans were holistic and personalised. They provided staff with clear information on what support was needed, who and what was important to people and what their interests and hobbies were. Staff knew how to communicate with people so people understood and could respond. When possible, people's families had been encouraged to participate in planning and reviewing of care for their relatives.

Overall people and relatives were happy with the care provided. They knew who managers were and they thought overall sufficient action was taken to address complaints and concerns raised by people and relatives.

The provider had a range of checks in place to ensure care provided to people matched their needs and that staff had skills to do it safely. There was a clear leadership structure in place and staff were provided with information on what their role was and what was expected from them. Most staff said they could contact the office any time for support when needed. Staff, people and relatives were encouraged to provide feedback about the service provision. The management team were responsive to feedback received and they were proactive in addressing issues identified.

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 requires improvement (published 13 October 2018) and there were breaches of regulation 12 related to management of medicines and assessing risk to health and wellbeing of people who used the service. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 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 well-led.

Details are in our well-Led findings below.

Good ●

ANA Islington

Detailed findings

Background to this 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector, and one 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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. The service had a new registered manager who had worked at the service in a different role for approximately eight years. They registered with the Commission in June 2019.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We emailed care staff employed by the service. We received

feedback from five of them. We spoke with two people who used the service and 13 relatives. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the training and recruitment manager and the nominated individual who was also the agency's owner. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

During the inspection we reviewed five people's care records, which included care plans, risk assessments and Medicines Administration Records (MRS). We also looked at four staff files, complaints and quality monitoring and audit information.

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 spoke with two professionals who regularly visit the service. We also contacted a number of health and social care professionals who worked regularly with the agency. We received feedback from two of them.

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 requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

At our last inspection the provider did not manage medicines safely and people were at risk of receiving their medicines not as intended by a prescriber. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. Additional improvements were needed to ensure all aspects of medicines administration were managed correctly.

- The provider introduced a new system to ensure staff had up to date information on people's medicines. This included monthly contact with people's GPs for people's medicines list and cross-referencing these lists with people's medicines administration records (MARs) and dosset boxes provided by respective pharmacies. This was to ensure people received correct medicines.
- The provider introduced new MARs. These had details of medicines that people were prescribed including the name, the dose, the route and time of administration. We noted some MARs had information on medicines that were not currently used by people. The registered manager explained staff knew that these medicines were not being used by people as this was discussed and confirmed with their GPs. However, these medicines were included on the MARs to mirror medicines' list provided by people's GPs. Following our feedback, the registered manager had taken immediate action and MARs were updated to only reflect medicines currently used by people.
- MARs template did not always have clear information on what codes staff should use to record when medicines were not administered to people, for example if a person refused to take them. We noted staff recorded information on medicines none administration at the back of MARs or in people's daily care records. However, clearer system was needed to ensure information about codes was provided on MARs in a consistent way and that information about none administration of medicines was easily accessible for further reference and auditing purpose.
- The provider carried out monthly medicines' audits. We noted these had been effective in highlighting most issues in relation to medicines administration. However, improvements were needed to the medicines audit template to ensure it included checks for matters we highlighted during our inspection.

We recommend that the provider seeks further training and support on how to manage medicines.

- Staff had received training in medicines management and their competencies in medicines administration had been checked

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to supporting people who used the service and exhibited behaviour that could challenge the service. 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 this aspect of regulation 12.

- Risks related to supporting people who displayed behaviour that could challenge the service were assessed. Staff were provided with information on what the exact risk was, the triggers to the behaviour and guidelines on how to mitigate the risk and support people safely and effectively.
- Other risks to health and wellbeing of people who used the service had been assessed. We saw risk assessments related to moving and handling, falls, incontinence and pressure sores, swallowing, epilepsy and other risks specific to individual people. Staff were provided with guidelines of how to mitigate known risks to protect people from harm.
- The provider carried out an environmental risk assessment in people's homes. This helped to ensure people lived in a safe environment and staff were safe when visiting people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who supported them. Most family members thought their relatives were safe with staff. One family member said, "[My relative] feels safe. It is the way staff treat him." Two relatives stated aspects of care were not always safe. They had raised this with the service. Following their feedback, the service took action to address issues highlighted by people.
- Staff received training in safeguarding people. Staff understood what action to take if they thought somebody was at risk of abuse. One staff member told us, "Safeguarding means protecting people's right to live in safety, free from abuse & neglect. I therefore, report to the office if there are concerns about abuse or harm."
- The provider had worked alongside the local authority to investigate and address any safeguarding issues raised within and about the service. The provider had made notifications to the CQC about safeguarding matters. We noted that one notification had not been done promptly. We discussed this with the registered manager who assured all further safeguarding matters would be reported promptly.

Staffing and recruitment

- The provider carried out recruitment checks so only suitable staff were employed to provide people with care and support. There were no new staff employed since our last inspection. Records showed that recruitment checks for existing staff, for example the right to work in the UK and Disclosure and Barring checks (DBS) were up to date. The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- There were enough staff deployed to support people. People and relatives told us they were usually visited by the same staff. This helped continuity of care and development of positive and friendly relations between people and staff who visited them. One relative said, "[My relative] has had the same carers for a long time."
- People and relatives said, and records confirmed, staff usually attended on time, they stayed the expected length of the visit.

Preventing and controlling infection

- Staff received training in infection control. They were provided with appropriate personal protective equipment (PPE) to prevent the spread of infection. Staff knew how to protect people from infection and they confirmed PPE was made available to them. One staff member said, "The service provides personal

protective equipment such as gloves, aprons, nose masks, hand gels etc..." One relative commented that staff did not always follow infection control procedure as they did not wash their hands. We fed this back to the registered manager who said staff would be reminded about the procedure again.

- People's care plans included guidance and prompts for staff to ensure infection control procedures were always followed.

Learning lessons when things go wrong

- The provider had a system in place to report occurring accidents and incidents. Staff reported accident and incidents as required by the procedure.
- Accidents and incidents had been monitored by the management team. Action had been taken, for example, additional staff training or supervision, to ensure the same accidents and incidents did not reoccur.

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 remained the same. 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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

At our last inspection we recommended the provider sought further training and guidance on how to support people with no capacity to make their own decision. At this inspection we found the provider had made improvements.

- When people did not have capacity and had legal representatives to make decisions on their behalf, this had been recorded in their care plans. We noted that in two instances family members had signed people's consent for care and treatment with the service, however, they did not have the formal right to make decisions on people's behalf. The registered manager explained that family members were heavily involved in support provided to people and the service encouraged it. The service understood that major and best interests decisions about people's care and finances, would be made by professionals who were legally permitted to make decisions on people's behalf. The registered manager assured us this information would be better reflected in people's care plans.
- Where people were living with dementia, there was a dementia care plan in place which provided staff with information on how dementia affected them. Staff were provided with information on how people could be supported in making decisions about their everyday care.
- People and relatives told us staff always asked for their consent before providing care. One person said, "Staff do seek my consent." A relative said, "Staff do seek [my relative's] consent when necessary."
- Staff had received training in MCA 2005 and understood the principles of the act. Staff told us, "I am taking account of an individual's rights. I empower my client to make their choice and respect their choice" and "People can be encouraged by giving good information about their options; to make their own decisions and choices."

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

- There were no new people receiving support from the service since our last inspection. Records showed that people's care plans had been reviewed within the last six months. This was to ensure the support provided was meeting people's current needs. One person told us, "My care plan is regularly reviewed."

Staff support: induction, training, skills and experience

- No new staff commenced their employment with the service since our last inspection. Therefore, we did not review arrangement around new staff induction at this time.
- People and their relatives thought staff were sufficiently trained to provide care. One family member said, "They [staff] know everything. They are really good with my relative."
- Staff had received yearly refresher training in subjects that the provider considered mandatory. These included safeguarding adults, medicines management, moving and handling, Mental Capacity Act 2005 (MCA). Staff also received specialist training depending on care needs of individual people they supported. These included, epilepsy, dementia and percutaneous endoscopic gastrostomy (PEG) training. Approximately 47% of staff had also completed level two or more in Diploma in Health and Social Care, or equivalent.
- The service monitored staff performance and competency. This was done through regular supervisions, spot checks, competency assessments and a yearly appraisal of their performance. Staff spoke positively about the support they received. One staff member said, "Yes; we do receive yearly training, three months supervisions with a senior manager and E-trainings as well."

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

- Staff supported people to have enough food and drink and have a diet that met their needs. Staff told us they offered people various food choices. One staff member said, "I support people to make choice of what to wear or eat."
- People's care plans included information on their dietary requirements, personal meal preferences and food likes and dislikes. Care plans also reminded staff to follow procedures related to food hygiene and infection control. This was to ensure people were protected from food cross-contamination.
- Nutritional assessments had been completed and risks associated with food and eating had been assessed. This helped to ensure that staff had sufficient information on how to support people with their food and drink safely and effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; The service had worked with other services to provide care to people they needed.

- Staff supported people to live a healthy life and have access to health professionals when needed. Family members told us, "Staff encouraged [my relative] to get back on her feet when she left hospital" and "They always alert me if there is a problem, or if [my relative] needs to go into hospital."
- Staff and managers had communicated with external health and social care professionals when people's health needs had changed and further professional input was required. These included a pharmacy, speech and language therapist (SALT), a district nurse and a GP.
- Staff understood the importance of taking action when people's health deteriorated. One staff member said, "I do my job thoroughly, as a professional reassuring my client is safe."

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 good. At this inspection this key question has remained the same. 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

- People and relatives told us staff were friendly and considerate. One person told us, "Staff are very supportive." Family members said, "They have a good banter together [with my relative]" and "They are kind and caring."
- Staff said they received training on how to support people in a kind way. They told us, "We received training on how to relate with our clients and others and support them in a caring way" and "We are being supported to build good relationships with our clients in a caring way."
- The provider had an equality and diversity policy and staff had received training on this topic. This meant staff were provided with guidance on how to support people with respect to their diversity. Staff told us, "Under equal opportunities, it is important to respect people's beliefs and values" and "We are being trained to respect people's unique values and diverse lifestyles."
- People's diversity and human rights were highlighted in their care plans. These had description of people's living arrangements, family relations and what people, place and life events were important to them. Care plans also included information on people's religious and cultural preferences, social activities and hobbies. Staff were aware of these and when possible supported people to do things they liked to do.

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

- People were involved in making decisions about their everyday care. A family member told us, "They [staff] do have a normal conversation with my relative even though he has difficulty in communicating."
- Staff told us they involved people in their care as much as they could. Their comments included, "We give them the opportunity to make their own decisions by showing/giving them options and letting them make their choices" and "Taking account of an individual's rights, I empower my client to make her choice and I respect her choice."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff respected their privacy and dignity when providing personal care. One person told us, "They definitely respect my dignity." Family members said, "Staff treat my relative with dignity and respect 100%" and "Staff respect my relative. They are very patient."
- People's care plans included information on what care needed to be provided and how people would like to receive it.

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 good. At this inspection this key question has remained the same. 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 their families said the service provided care that was personalised. They told us people's care plans were regularly reviewed to ensure they reflected people's current needs. One professional confirmed this was the case. They said, "ANA take on board what the people's needs and wishes are first."
- People's care plans were person centred. These included information about people's medical history, their care and support needs as well as how people would like to receive their care. Care plans provided staff with clear guidelines on how to support people safely and effectively. We saw care plans related to general care tasks, such as personal care, nutrition and hydration or incontinence care. When people had additional care needs these had also been described in specific care plans. For example, people had specific care plans for conditions such as epilepsy, diabetes, dementia or Parkinson's support care plan.
- Staff had in-depth information about people they supported. People's diversities such as living arrangement, family relations, daily routines, places and events important to them, religious and cultural preferences, social activities and hobbies had been described in their care plans. The same staff usually supported people. Therefore, staff were able to develop further knowledge about people and what was important to them. One relative told us, "The carers really try to understand [my relative's] family background. They talk to her about her family which makes her happy."

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 registered manager knew and understood guidelines and their responsibilities related to AIS. People's communication needs and abilities had been discussed during the initial assessment prior to receiving support from the service. The registered manager told us, if required, additional arrangement would be put in place to enable people communicate with staff and understand what support can be provided for them.
- Staff communicated with people in the way people could understand. Information about people's communication needs and preferences had been described in their care plans. A relative told us, "Even though [my relative] cannot speak, staff understand what he wants." And they are always talking to him despite his lack of speech."

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

- The service supported people to maintain relationships with those who were important to them. Families were keenly involved in the care planning, reviewing and ongoing daily support provided. The service

respected this and worked alongside the families to provide best care to people. One family member told us, "There is a care plan in place and it is regularly reviewed. Carers always alert me to a change in [my relative's] condition."

- When possible, staff supported people in accessing the local community or doing things people liked to do. A family member told us, "[My relative] likes to play games, and the carers are up for it. She has a particular hobby and one carer is particularly good at helping her."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy to guide people and relatives on how to raise concerns about the service received. Overall people and relatives said, they never had concerns about the service provided, therefore they did not complain. Relatives who complained thought the service had dealt with their complaints mostly to their satisfaction.

- Complaints received typically related to the rota, staff timing or staff changes. Records showed that the registered manager had dealt with all complaints promptly. Action was taken to investigate concerns and make improvements to ensure the situation would not happen again.

End of life care and support

- Staff received end of life training to help them to develop the right skills to support people and their families at the end of people's life.

- The reservice spoke to people and their families about the end of life support for people, their wishes and preferences. This information had been recorded in people's files. If people or families did not wish to discuss the end of life matters, this was respected.

- External professionals spoke positively about the end of life support the service provided. One professional told us, "One of our patients is at the end of life. ANA [provided support to help] the patient to be more settled."

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not ensure all risk to health and wellbeing of people who used the service had been assessed and that medicines were managed safely. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was not in breach of Regulation 17.

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

- The provider had made improvements to how the medicines were managed. Although some additional improvements were needed, the provider had taken immediate action to address issues highlighted by the inspection team.
- The provider had made improvements related to the assessment of risk to health and wellbeing of people who used the service.
- The provider had a range of checks in place to ensure care provided to people matched their needs. This included regular care plan reviews, quality monitoring visits and periodic service users' satisfaction surveys. The service was in regular contact with people who used the service and their families. This helped to ensure any changes to people's care were addressed promptly.
- The managers supported and monitored staff regularly through training, supervision and spot checks. This helped to ensure staff had skills and knowledge to support people well. The managers had training, supervision and other checks and trackers to ensure these had been carried out timely.
- There was a registered manager in place, the current CQC rating had been displayed and the statutory notification had been submitted. We noted one notification about a safeguarding event had been submitted late. We discussed this with the registered manager and the provider, who assured us further notification would be submitted promptly.
- There was a clear leadership structure in place and staff, people and relatives knew who the service's managers were. Staff were provided with job description and the employment contract. Therefore, staff roles and responsibilities were defined to help them to understand what their tasks and accountabilities were.
- Staff told us they could contact the office for queries and support at any time. Most staff said the office team and the managers promptly responded to their calls. Most staff thought they were given the opportunity to discuss their work and share their experience with colleagues. One staff member told us, "Yes, [we discuss our work] during handover. We also, meet up for training. In this process, we share our experiences."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All people and relatives we spoke with said they were happy with the service, its management team and the support received from staff. A person told us, "I think that they are well managed. I have not had any problems." A relative said, "They are well organised. I am totally reassured by them. Overall, I rate them 100%."
- The care planning system was effective in capturing people's needs and defining how people wanted to receive their care. Care plans were regularly assessed and people and relatives told us they were involved in the process.
- People and relatives thought the managers were approachable. The vast majority said the service was responsive and issues were addressed promptly. Relatives said, "Management is very responsive. Overall, I am quite satisfied" and "The management is OK now. They respond well."

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 registered manager understood their responsibility under the duty of candour. They said, "It is about being open and transparent about care provided and honestly report any issues."
- We saw that the registered manager worked with the local authority and other stakeholders to investigate concerns raised with the service.

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

- The service encouraged people and relative to give feedback about the care and support they provided. We reviewed a selection of service users' satisfaction questionnaires and the outcomes of the service user's survey. These showed that, overall, people and their relatives were satisfied with the service provided. The registered manager told us any concerns and suggestions raised on individual questionnaires had been responded to immediately and action was taken to address them.
- Care staff were encouraged to provide their feedback and participate in the service's development. One staff told us, "[We provide feedback] during supervisions, trainings and at times the manager calls to ask of our opinions."
- Staff meeting had been newly re-established by the new registered manager., We saw that the last meeting took place in June 2019. Topics discussed included, dignity and respect when providing care, timekeeping, care staff responsibilities and safeguarding.

Continuous learning and improving care

- The management team encouraged continuous learning to improve the quality of the service delivered. The managers had been responsive to our feedback received following the previous and this inspection. Following this inspection, the registered manager contacted us, to let us know of what action they had taken to address the matters we had raised during this inspection.

Working in partnership with others

- The service worked in partnership with other health and care professionals to ensure best care was provided to people. One professional told us, "The registered manager and the office team are very good. They always call when things are going well and when they have issues."