

CSN Care Group Limited

Carewatch (Colebrook House)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Carewatch (Colebrook House) is an extra care housing scheme providing support to people living in their own flats and houses across two schemes. Carewatch (Colebrook House) provides care and support to 57 flats at Colebrook House and 43 flats and two bungalows at Richard Neve. At the time of this inspection, 68 people were using the service.

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

Records were not always complete, consistent, updated when required and personalised to individual needs. There were systems and processes in place for assessing and monitoring the quality and safety of the service. The improvements made had not been fully embedded across both schemes and sustained over a period of time to consistently achieve best outcomes for people.

We have made a recommendation about the infection prevention and control and supporting people with their communication needs.

People and their relatives told us they felt safe using the service and that improvements were being made to the quality of care and support received. Risk to people were identified and assessed but risk management plans were not always personalised to meet individual needs. Despite this staff knew people well and the management team was in the process of reviewing and updating all care and risk management plans to be in line with their current standards. People received care and support from staff that were supported through training, supervision and appraisal.

People were supported by staff that were kind and caring towards them. Staff supported people with activities, however, this was limited due to COVID19 restrictions.

Staff understood their responsibility to protect people from the risk of abuse and to report any concerns of abuse. There were enough staff available to support people's needs and appropriate recruitment procedures were followed before staff started working at the service. People were supported to manage their medicines safely. Lessons were learnt from accidents and incidents.

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.

Before people began using the service their needs were assessed to ensure they could be met. People were

supported to maintain good health; eat healthily and access healthcare services when required. Staff respected people's privacy, dignity and promoted their independence. Staff understood people's diverse needs and supported them in a caring way. People were involved in making decisions about their care and support needs and knew how to complain if they were unhappy about the service.

Care and support was planned and delivered to meet people's needs and people were encouraged to build relationships with those that were important to them.

The manager understood their responsibility for meeting regulatory requirements. We received mixed views from staff about the culture and the way the service was managed. The provider gathered the views of people, their relatives and staff to improve on the quality of service. The service worked in partnership with key organisations to deliver an effective service.

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 10 December 2020). 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

The inspection was carried out to monitor for improvements following our last inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led key question sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Carewatch (Colebrook House)

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 Care Act 2014.

Inspection team

The first day of the inspection was carried out by two inspectors. The second day of the inspection was carried out by three inspectors including a medicines inspector. Two Expert by Experience made telephone calls to people and their relatives. 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 specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

There was no registered manager in post during our inspection. The new manager completed their registration during the inspection. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the management team would be in the office to support the inspection. The Inspection activity started on 4 May

2021 and ended 18 May 2021. We visited the office location on 4 and 5 May 2021.

What we did before the inspection

We reviewed information we held about the service since our last inspection, including records of events the provider was required to tell us about. We sought feedback from the local authority that commissioned the service. 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 used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with 14 people who used the service and 10 relatives to gather their views about the care and support provided. We spoke with 21 members of staff including a senior quality business partner, the manager, the deputy manager, an administrative officer and 17 care workers to gather their views about the service.

We reviewed a range of records including 10 care plans, risk assessment and medicines records. We reviewed four staff files including staff recruitment, training supervision and appraisals. We also looked at records used in managing the service which included policies and procedures, complaint logs, accident and incident logs, missed visits, staff rotas, daily care logs, surveys and minutes of meetings.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- We were not always assured of the procedures in place to protect people from the risk of infections.
- The provider had policies and procedures on infection control and prevention; however, the policy had not been updated despite the provider knowing it was overdue for an update. The service had in place a COVID-19 folder which contained various information from the NHS, department of health and social care and the local authority to ensure staff had the required information on how to prevent and minimise the risk of infections.
- We had mixed views from people, their relatives and staff. A relative mentioned, "The staff wear masks and gloves, but I haven't seen them wear aprons."
- Care plans included information for staff to wear PPE and follow hand washing protocols when supporting people. The manager showed us a large quantity of PPE held in stock. They said the service had signed up to the NHS PPE portal so had been able to access as much PPE as required.
- The provider had not risk assessed where staff refused to engage with the COVID-19 testing outlined in government guidance.

We recommend the provider consider current government guidance on COVID19 for homecare workers including testing for homecare workers and take action to update their practice accordingly.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks in a way that reduced harm to people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments and management plans were up to date; however, some did not always contain personalised information for staff on how to minimise individual risks.
- The management team informed us they were in the process of reviewing and updating all risk management plans to be in line with their current standards. They informed us they had updated risk management plans for people identified at higher risk or those that required higher level of support.
- Risks to people had been assessed in areas including personal care, nutrition, medicines, mobility, falls, skin integrity, continence care, infection prevention and control and COVID-19. Where a recent review had taken place, appropriate management plans were in place to prevent or mitigate individual risks occurring.
- Risk management plans which had not been recently reviewed or updated had various generic fact sheet in place which covered areas including diabetes, breathlessness, smoking, dementia and Parkinson's disease. Information in these fact sheets were not specific to individual needs but provided staff with guidance on how to manage various risks.

- Staff we spoke with knew people well and told us of actions they took to minimise or prevent risk occurring. Staff responsible for updating risk management plans had received training to ensure individual risks were identified, assessed and had appropriate management plans in place.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines processes had improved since the previous inspection. One person told us, "Staff know what time I need my medicine and come and give it to me."
- Staff had implemented new systems for managing medicines orders and communicating any medicines issues. Care plans contained details of medicines support needs for each person and where medicines were stored in people's flats.
- Staff were trained and assessed as competent before they could support people with their medicines. An annual medicines training update was in place to ensure staff had the knowledge and skills to safely support people.
- Staff signed the medicines administration records (MARs) to show that people received their medicines support as intended. Where topical creams had been applied, staff completed body maps and signed topical MARs.
- The provider had systems for managing safety alerts and medicines incidents and we saw that learning from incidents was shared with staff. For example, some gaps in MARs were highlighted and addressed in the provider's medicines audits.

Staffing and recruitment

- Enough staff was deployed to meet people's needs. One person said, "Staff arrive at roughly the same time and stay until all the jobs are done."
- Where people required additional staff support in between their regularly scheduled visits, a call bell or a pendent was in place. People told us that staff response time had improved but more could be done. One person said, "They can be a bit patchy with their response to call buttons."
- Staff told us there was enough staff available to support people's needs. The manager said the staffing levels have been reviewed based on people's needs.
- The service followed appropriate recruitment practices and satisfactory pre-employment checks were completed before staff began working at the service. These checks included employment histories, identifications, two references, right to work in the United Kingdom and a criminal records check.

Systems and processes to safeguard people from the risk of abuse

- Staff kept people safe from the risk of abuse and ill-treatment. One person told us, "I definitely feel safe here."
- Staff received training in safeguarding adults and were clear about their responsibilities to report any concerns of abuse. They also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to their senior managers, local authority or CQC. One staff member told us, "I will feel confident to report to the manager and I think they will take action."
- The manager responded to safeguarding concerns and reported abuse to the local safeguarding team and CQC. The service had acted to ensure people remained safe.

Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents to improve the quality of the service. The provider had accident and incident policies and procedures in place which provided staff guidance on how to report and record accidents, incidents or near misses.
- Staff had followed the provider's policy and had reported and recorded any accidents or incidents that had occurred.
- The service carried out monthly analysis of all accident and incidents to identify trends and ensure appropriate actions were taken to maintain people's safety.
- Lessons learnt for example, through falls were recorded and communicated to staff through team meetings, handovers and supervision sessions to ensure staff were aware and took appropriate actions to reduce the risk of repeat occurrences.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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.

- Staff understood the need to work within the principles of MCA and sought people's consent before supporting them. A member of staff informed us, "People are able to give consent and they are more independent."
- Care files included signed pre-assessment consent forms and consent to care and support to demonstrate people had agreed to the level of care and support in place for them.
- The manager informed us people using the service could make day-to-day decisions about their care and support needs.
- Where people were unable to make specific decisions for themselves, the manager informed us they would involve people, their representatives and health and social care professionals to ensure decisions were made in their best interests. However, everyone using the service at this time could make decisions for themselves.

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

- Before people began using the service, a needs assessment was carried out to ensure the service was suitable and their needs could be met.
- Needs assessments covered areas including medicines, personal care, mobility, eating and drinking, skin integrity and continence care.
- Information gathered at these assessments and referral information from the local authority were used to draw up care and risk management plans.

- Where the service could no longer safely meet a person's needs, for example, because their level of independence and/or health had declined; this was escalated, and referrals were made to appropriate health and social care professionals to ensure their needs could be safely met. A relative we spoke with confirmed this.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training, supervision and appraisals. Staff completed training courses the provider considered mandatory. This included moving and handling, medicines administration and safeguarding adults. A member of staff informed us, "The one thing I am very pleased with is we are doing more training than before."
- Staff had also completed training in areas specific to people's needs including dementia care, diabetes and mental health awareness.
- Staff supervision and annual appraisals were being carried out in line with the provider's requirements and staff confirmed they felt supported in their role. One member of staff commented. "We do supervision and I find it helpful because I can raise any concerns."

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

- People were supported to eat and drink enough for their health and wellbeing. One person told us, "They will make me meals and drinks, but I will also get meals from the canteen and the [staff] bring them up to me."
- Care records included information about people's nutritional needs; their likes, dislikes and the level of support required to ensure their dietary needs were met.
- Each scheme had an on-site restaurant managed by an independent company. Some people were independent with their meal preparations. However, for those that needed support, staff took their meals to their flats or supported them to access the canteen.
- Staff also supported people with their grocery shopping and meal preparations. Staff we spoke with knew the level of support people required with their eating and drinking and informed us they would report any concerns to their line managers or the office.

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

- People were supported to access healthcare services including GPs where required. People and their relatives were responsible for coordinating their own healthcare appointments.
- However, where additional support was required, staff provided this. A relative informed us, "When [named] gets a hospital appointment through the post I take it to the office, and they arrange transport for him."
- Staff knew when to contact emergency services or other healthcare professionals for any concerns about a person's health condition. One person informed us, "When I wasn't well, staff phoned for my doctor."
- The service shared relevant information with other health and social care professionals including GPs, pharmacist, district nurses, emergency services and hospital teams to ensure people experienced a consistent, joined up approach in the support they received.

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

- We had mixed views about how staff treated people. One person told us, "They never rush me, and they treat me very well." Another person said, "Some of the girls need to change their attitude as they can be short and brash." Where people reported concerns regarding staff attitude appropriate actions were taken by the manager.
- People received care and support from staff that were attentive and understood their individual care needs. One person told us, "I have a [health condition] so need to watch what I eat and [staff] are kind and helpful as they will prepare meals from the kitchen that suit me."
- During lunch time, we observed how staff attended to one person who needed support and encouragement to eat their food. We observed staff were attentive to them until they had finished their meal.
- People's life histories, preferences, likes and dislikes were included in their care plans to help care workers develop a relationship with them and to provide care and support that met their needs. One person said. "I am a tea addict and staff make me lots of cups of tea."
- The service worked within the principles of the Equality Act and staff supported people without any discrimination. One person told us, "There are a lot of ethnic minorities that live here, and the staff respects the different traditions."

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

- People and their relatives had been consulted about the care and support in place.
- People were supported to make day-to-day decisions for themselves and this was respected. One person told us, "I feel listened to by care staff and managers."
- Where people required additional support, a key worker system was in place to ensure their needs were met. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us. "When [staff] come in they will say good morning and ask how I am." A relative said, "The staff show my [named] dignity and respect when they provide her with personal care."
- Staff knew how to maintain people's privacy and dignity and gave us examples of how this was being promoted when they supported people.
- Staff knew the importance of maintaining confidentiality and told us information about people was

shared on a need to know basis only. People's files and other documents were kept securely, and computer screens were password protected.

- People's independence was promoted. A relative informed us, "[named] tries to be independent and staff help her to be more independent." We found that some people self-medicate, others could access the local community independently and some others cook their own meals.

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 requires improvement. At this inspection this key question has now improved 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.

- People were supported to communicate. Care and support plans included information about people's preferred mode of communication. Where English was not a person's first language, their relative or staff at the service supported with translations.
- Alternative modes of communication were discussed and agreed with people. For example, where a person had a visual impairment, they agreed that information should be discussed with them verbally. Both staff and records confirmed this.
- However, in one care plan we noted that a person's preferred mode of communication was "large prints." Despite this their care file was written in standard formats. The manager informed us they would update this promptly.
- Staff knew people's preferred mode of communication and said more could be done to promote effective communication. A staff member said, "We have people that have communication issues."

We recommend the provider seek advice from a reputable source on best practice to ensure information was presented in formats that met individual needs and act accordingly.

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 with activities of interest; however, this was not always consistent at both schemes. One person informed us, "The staff have been very cheerful during the pandemic." A relative mentioned, "Staff chat away and have a joke with [named]."
- At one of the schemes, staff continued to support people with weekly activities including bingo, colouring, karaoke and gardening in line with current government guidance.
- However, at the other scheme, staff informed us that due to COVID19 no stimulating activities were taking place. A member of staff said, "The residents are dying of depression, so they need to be doing more activities." The management team informed us the service had recently taken responsibility to support people with activities of interest. However, due to the COVID19 pandemic this had been limited. They told us of their plan to work with people, their relatives, staff and other partners to improve and provide activities that met individual needs.
- People were supported to maintain and develop relationships with those important to them. The service

continued to promote, and support relatives' visit by adhering to current government guidelines. At our inspection we observed one person interacting with their visiting family members.

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

- Care and support was planned and delivered to meet people's needs. A relative told us, "My [named] has a care plan and I was involved in the process."
- Each person had an up to date care plan. However, the management team was in the process of reviewing and updating all care plans to be in line with their current standards. Care plans included information about people's medical, physical and social care needs. Including their personal care, nutrition, mobility, medicines, continence care and social activities.
- People had choice and control of their day to day lives and their decisions were respected. One person told us, "They will show me what I have in the fridge and always ask me what I would like to eat."
- Staff knew people well and the support to provide. Daily care notes showed the care and support provided was in line with the care and support planned for.

Improving care quality in response to complaints or concerns

- Complaints were handled effectively. The service followed the provider's policies and procedures when handling complaints.
- People and their relatives knew how to make a complaint and told us their complaints were acted upon. A relative told us, "I do find that the office staff are helpful and respond to complaints I have made."
- A complaint log we reviewed showed people were supported to make a complaint where they were unhappy about the service. Both formal and informal complaints were acknowledged and addressed to people's satisfaction.
- For example. where a person made a complaint about a staff member's attitude, this was investigated, and the person was satisfied with the outcome. Complaints were also analysed quarterly to determine the cause and lessons learnt were shared with staff.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. People had been consulted about their end of life care needs. However, they and their relatives did not wish to discuss this.
- The manager informed us that where end of life care was required, they would work with people, their relatives where applicable and health and social care professionals to ensure they were moved to a suitable service that could meet their needs.

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 remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection we found the provider failed to have effective systems in place to monitor and assess the safety and quality of the service, and to maintain records accurately. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken action, but the improvements they had made was not consistently, embedded and sustained across both schemes.

- Records were not always complete, consistent, updated when required and personalised to individual needs. This included both care and support plans and policies and procedures used in managing the service. For example, the provider's infection control policies and procedures were not up to date and staff practices were not always in line with current government guidance.
- Care plans were not always complete or up to date. For example, a person's care plan updated in February 2021, did not include any information about their personal care, mobility, medicines, continence care and nutrition. The care plan held in the person's flat was last updated in November 2018, which included information about their care needs. The person told they were satisfied with the level of care and support received. Staff we spoke with knew the person well and the level of care and support to provide.
- Information in care plans were not always consistent. For example, a person care plan stated, "I live alone" and "I live with my husband." It was also unclear whether the person was mobile, or nursed in bed, required one staff support or two staff support and their level of dependence and/or independence.
- There were systems and processes in place for assessing and monitoring the quality and safety of the service. The service had carried out audits in areas including accidents and incidents, missed visits, complaints and medicines. Since our last inspection, actions had been taken to improve the quality of the service; however, the changes had not been fully embedded across both schemes and sustained over a period to consistently achieve best outcomes for people.
- At the time of this inspection, the registered manager was no longer in post and had left in February 2021. A new manager was in post and was in the process of registering with the Commission. Following our inspection, their registration was successful and they had taken up the registered manager's role. The manager understood their responsibility to notify the Commission about key events that had occurred at the service as required by law.
- There was continuous learning and improvement at the service in areas including the quality of care, missed visits, complaints, accidents and incidents and the culture at the service. Where issues were identified, for example with staff attitude or medicines errors, appropriate actions were taken, including supervision and training sessions to improve people's experiences.

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

- The management team promoted an open, inclusive and person-centred culture. One person said, "The manager is very good... I can talk to her about things and she will make improvements."
- People, their relatives and staff confirmed improvements were being made. A relative mentioned, "Now that the old manager has left and a different one has taken over, things are slowly changing I've noticed an improvement."
- We had mixed views from staff about the management of the service. Some staff felt it was too early to judge the new management style, others felt supported in their role and that things had improved, whilst some others were not positive about the support they received to do their work.
- Managers informed us of their aim and commitment to drive improvements in the quality of care and to also promote and embed a positive staff culture.

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

- People, their relatives' and staff views were sought to improve the quality of the service provided. One person informed us, "The manager comes to see how I am and asks for feedback."
- The service used surveys, quality monitoring checks to gather feedback from people and their relatives. Information on the quality monitoring forms showed that people's experience of the service had improved since our last inspection visit. For example, people said their care and support was more reliable, scheduled visits have been attended, no missed calls, their independence had been promoted and they knew how to contact the office.
- Staff views were sought through surveys and team meetings. We had mixed views from staff about how their feedback was acted upon. Despite this, most staff reported a positive improvement. A member of staff commented, "One thing I was really surprised about was when I complained about bullying and it was dealt with."
- The management team understood their responsibility to be open and honest when things went wrong and be proactive about putting things right.

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority, a housing association and a catering company to provide a joined-up service.
- The service also worked with other health and social care professionals and used their recommendations to design care and support provided and to achieve the best outcome for people.