

The Serenity Care Company Limited

The Serenity Care Company Home Care

Inspection report

Unit 214, Mercury House
Willoughton Drive
Gainsborough
DN21 1DY

Tel: 01427616780

Date of inspection visit:
15 March 2023
16 March 2023

Date of publication:
11 May 2023

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?

Good ●

Summary of findings

Overall summary

About the service

The Serenity Care Company Home Care is a domiciliary care service. They provide personal care to people living in their own individual flats and within a supported living setting. The service provides support to people with a learning disability and autistic people. 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. At the time of the inspection 44 people including children were receiving personal care.

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

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

Right Support

People received care and support that enabled them to have choice and control of their care. Staff enabled and encouraged people to take part in activities, which they enjoyed doing and helped them to experience new recreational activities. People were encouraged to develop new skills and have active and fulfilling lives.

People's independence was promoted. 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.

The service ensured information was available in different formats. People's communication needs were identified and support plans detailed their preferred ways to communicate and make decisions.

Risks to people were assessed, managed, monitored, and support plans guided staff how to promote people's safety and wellbeing. People were supported to maintain their tenancy, which included monitoring environmental health and safety.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, support and their support plans reflected their range of needs, abilities, interests, and goals. Staff enabled and empowered people to take part in activities and pursue interests that were tailored to them.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and knew how to apply it. Staff supported people to stay safe and maintain their wellbeing.

People were supported with their medicines by staff trained and competent to do so. People were involved and supported by staff in the planning and preparation of meals.

People received kind and compassionate care and support. Staff protected and respected people's privacy and dignity, promoted their independence and treated them with respect.

People received care and support from staff who knew them well and understood their individual needs and considered their individual preferences. Staff understood people's individual ways of communicating and spoke about them with respect.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People and their relatives were involved in planning and the review of their care and support plans.

Systems were in place to ensure staff were safely recruited and trained for their role to provide person-centred care based on people's individual care needs and risks. The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

People and their relatives told us they felt confident to approach the management team and that their suggestions would be listened and responded to. A range of quality checks with oversight at provider level helped to maintain and improve the service and the lives of people supported.

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

Rating at last inspection

This service was registered with us on 2 June 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered. We assessed whether the service is applying the principles of right support right care right culture.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Serenity Care Company Home Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service provides care and support to people living in 2 '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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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.

Inspection activity started on 15 March 2023 when we visited the service and ended on 16 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the service was registered. We used information gathered as part of monitoring activity that took place on 3 February 2022 to help plan the inspection and inform our judgements. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 11 relatives of people who used the service. We spoke to 11 staff including the registered manager, manager, the transition coordinator and the care coordinator and support workers. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 6 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the governance and oversight of the service including policies and procedures.

We communicated with the registered manager after the site visit and requested some further evidence.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care and support that met their needs. One person told us, "If I'm sad, I would talk to [Staff name] and [they] will make me feel safe and happier." Relatives told us their family member was supported by staff they trusted, and shared examples of how staff ensured people's safety was promoted. Relatives were confident to speak with the registered manager and knew how to raise concerns with external agencies such as the local authority.
- Staff were trained in adult and children safeguarding procedures and were confident to recognise signs of abuse and how to report concerns. A staff member said, "It's our duty to report abuse to the manager or we can call the safeguarding team or report it to CQC." Staff all knew about safeguarding and whistleblowing procedures and how to report any concerns.
- The provider had systems in place to safeguard people from abuse and was aware of how to follow local safeguarding protocols when required. When safeguarding concerns had been identified, the registered manager had reported this to the local authority and the CQC had been notified of incidents.

Assessing risk, safety monitoring and management

- Risks to people were assessed, managed, and monitored. Support plans were detailed and took account of individual's health conditions including risk of falling, communication needs, and risks within the home and when using transport. A relative said, "[Name] is okay, they keep an eye on [them] so [Name] would not do something [they] shouldn't like put anything in [their] mouth."
- Staff worked closely with people, their relatives, and professionals to ensure risks were managed safely. Support plans had guidance for staff about how to mitigate risks and these were kept under review and updated as needed. A staff member described the action they would take to keep a person safe from known risks and records showed they had followed the support plan.
- People were supported by staff trained for their role to promote safety and wellbeing. Staff had received accredited training in physical intervention, and this was used as a last resort and in the least restrictive way.
- The management team had oversight of risks which were reviewed regularly and staffing was monitored to ensure people's safety was promoted. Some people were supported to manage their tenancy, monitor health and safety within their home, and report concerns to the landlord. People in supported living had personal emergency evacuation plans in place and kept up to date.

Staffing and recruitment

- Positive feedback was received from people and relatives about the staff team. A relative told us "Staff are very good and nice, that's why I have confidence in the way they look after [name] in their care. [Name] gets on better with some than others."
- The service ensured there were sufficient numbers of staff to meet people's needs. This included where

people required 1 to 2 staff to support people to take part in activities or outings, when they wanted. The manager matched a team of staff for each person. This enabled people to build trusted relationships with regular staff and to promote continuity of care and support. The provider had system to manage and monitor calls to ensure staff arrived on time and stayed for the duration of the call.

- Safe staff recruitment processes were in place. This included Disclosure and Barring Service (DBS) checks, these provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed. Support plans included the name of the medicine, the dosage and time it was to be given and the level of support the person required. Staff had received training in medicines and so were able to support with medication if required.

- A relative said, "[Name] gets up late and [staff] give several medications when [name] gets up and at lunchtime. Staff write it down and [name's] good at taking them."

- Systems and processes were in place to support people and children with their medicines. The medicines policy and procedures were kept up to date and regularly reviewed. Staff practice and competency was checked regularly to ensure good practice was followed.

Preventing and controlling infection

- Infection prevention and control best practice guidance was followed by staff who were trained in the prevention and control of infections and how to use personal protective equipment (PPE) correctly.

- Staff used PPE correctly to keep people safe. This included disposable gloves, aprons, face masks or transparent face shields and hand sanitiser. The management team carried out spot checks to ensure staff used PPE correctly.

- A relative told us staff used PPE when supporting their family member with their personal hygiene needs, and tested for Covid-19 if they had any coughs or colds. This promoted people's safety.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents when they occurred. They were involved in discussions around learning lessons from such events and were encouraged to make suggestions and share learning as a team.

- Accidents and incidents were recorded and analysed individually. We discussed with the management team the need to strengthen the oversight of these incidents and accident to help identify any trends and action needed to prevent a reoccurrence. When we returned the next day the manager showed us the central system used to record all incidents and accidents along with other concerns and complaints, which would be used to identify any trends and to improve people's safety.

Is the service effective?

Our findings

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

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

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

- People and their relatives had been involved in the assessment process. A relative said, "Initial assessment was long and thorough, they asked lots of questions, I gave lots of information as [Name] has so many quirky things." Another relative told us the assessment process had helped to plan their family member's transition to using the service and ensured staff were provided with all relevant information to provide person-centred support.
- The provider's assessment of needs was comprehensive and gathered information from the person, their relatives, and relevant professionals.
- Support plans were person-centred and showed people's protected characteristics under the Equality Act 2010 were considered and their individual preferences, routines and goals included. These were reviewed regularly and updated when people's needs changed.

Staff support, induction, training, skills and experience

- Relatives told us their family member was supported by trained staff, with skills and understanding to support people effectively. One relative said, "Definitely trained, they've had a lot of good training, coordinator is experienced and came into the home to work with me and to update information. No issues at all, been fine with them, they did training. [Name is] safe and they kept [them] safe and happy."
- Staff told us they received comprehensive induction and training to ensure they had the skills and knowledge required to support people and children. One staff member said, "Induction was on line and practical training. I've had several meetings where I've talked about what I've learnt from the training to make sure I've understood it. I had my practice checked by the [manager]."
- All staff received ongoing training for their role, which included supporting people with a learning disability, autism and bespoke training based on people's individual care needs and risks. Records showed staff had completed the Care Certificate. The Care Certificate is an agreed set of 15 minimum standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt supported by the management team. One staff member described working with the lead for positive behaviour support to look at ways to improve how they supported a person.

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

- People's dietary needs were considered as part of the assessment process. Where people required support staff had clear information about their dietary needs, preferences, tolerances, and level of support to prepare and consume food and drink.
- All staff were trained and competent to support people to prepare and cook meals, records we viewed

confirmed this. A staff member said, "[Name] is supported by staff to prepare meals at home. Menu planning is used to prepare the shopping list and staff will assist [Name] to prepare the meal."

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

- People were supported to attend routine health appointments such as dental and annual health checks. A relative said, "[Name] has a disabled health assessment annually and staff take [Name]. Also Covid jab they took [Name], for a stomach pain again they took [Name], and [Name] is fine with them."
- Relatives told us staff informed them if there were concerned about their family member's health. When changes in condition were observed, staff supported people to access healthcare services, and if required, made referrals to external health care professionals for further assessment and support. This ensured people received consistent care and support.
- Support plans contained information about people's medical history and their current health care needs. Staff gave examples of how they supported people to maintain good health on a daily basis including support with oral care.
- People had a health action plan. These ensured essential information could be shared with hospital and health care professionals in the event of a medical emergency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The service was working within the principles of the MCA. The registered manager was aware of their duty around MCA. Staff were trained and gave examples of how they supported people to make decisions about their care and support.
- People's mental capacity to consent to their care and support had been assessed. Where people had restrictions placed upon them by the Court of Protection, support plans included guidance and information about restrictions and the role of staff to support people to make decisions and the best interest processes. A relative told us staff ensured conditions were being met and they had regular reviews to monitor this.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them with respect and kindness. A person told us they were treated as a friend and were supported to break down barriers. A relative said, "Definitely [staff] treat my [Name] the way they'd treat their own children, [Name's age and] is more like a 3 year old. [Name is] safe, well looked after, cared for and with eating and drinking."
- We saw people at the day hub were comfortable with staff; sharing positive banter and jokes with each other and with staff. A person said, "Staff are alright; some are more fun than others."
- Staff had received training on equality and diversity and showed compassion and awareness of people's diverse needs. Staff knew what was important to people and were keen to provide care and support in a way people felt comfortable.

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

- People were encouraged to express views about the support they received. One person said, "I talk to my support worker about the support I get and if there's anything that needs to change."
- Relatives told us they were involved in decisions made about their family member's care, from planning to how staff delivered support. A relative told us they were involved decision-making processes about their family member's care with the relevant external professionals. Records we viewed confirmed this.
- Staff felt they had developed good relationships and showed a good insight about people's needs and how they liked to be supported, their individual preferences, interests and goals. Staff shared examples of how they enabled people to make decisions about their care and planning activities which they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Relatives gave examples of how staff ensured their family member's dignity and privacy was maintained. One relative told us, staff encouraged their family member with daily living tasks and promoted their independence.
- Staff spoke respectfully about how they ensured people's dignity was maintained when providing support with personal care. People's support plans had information written about them in a respectful way.
- A confidentiality policy was in place. Staff understood the importance of keeping information safe and secure and had undertaken training in data protection and confidentiality.

Is the service responsive?

Our findings

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

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

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

- People received care and support that met their needs and maintained control of how and who should support them, for instance the preferred gender of staff who they liked. A relative said, "I know recently they've been doing an epilepsy training course which is good, [Name] has occasional seizures and I feel confident they could deal with them."
- Support plans were comprehensive, covered all aspects of people's lives ranging from their health needs to individual goals and abilities, and guided staff on how best to support the person. They included people's current needs and reflected their protected characteristics to enable staff to provide person-centred care. These were kept under review.
- Staff were trained and encouraged to deliver care in a person-centred way which respected people's needs and preferences. One staff member described how they supported people with different activities of interest such as leisure activities which they enjoyed and to try new activities. This helped to give people more variety.
- Relatives told us staff knew people's different sensory needs and what they enjoyed doing. A relative said, "Really good keyworker absolutely brilliant. [Name] can be difficult one day to another. [Name] has sensory needs; staff awareness is brilliant. [Name] swears, spits, and hits a lot and they're calm with [them], never cross or raise voices, they are firm and consistent."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and their relatives were involved in how they preferred to be communicated with. We saw a person at the day hub using their iPad to communicate with staff. One relative told us, "We've got a communication book they write what [Name] has done, I always insist someone signs so I know who has been with [Name]."
- Some staff were trained to communicate with people using Makaton and more training was planned. Staff knew people well and had developed ways to communicate in the way they understood. A staff member said, "Some people can speak, some use Makaton, Picture exchange communication system (PECS), easy read, pictures, or their iPad. I've learnt from people to sign because it's their communication."
- The provider was meeting the Accessible Information Standard for people's care. Information was

available in different format including pictures and Makaton signs were displayed at the day hub. Some people's care records we viewed were written using pictures and symbols so the person could understand their support plan. The registered manager told us information was available in different formats and support plans were being developed to ensure people and children understood the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to attend day hub, take part in activities, and make new friends. One person said, "We get to do different things here. I like going out, bowling, or shopping."
- Relatives told us, their family member was encouraged and supported to experience new things and try new activities. One relative told us staff encouraged their family member with daily living tasks to promote their independence.
- Staff knew people well and supported them to take part in social and leisure activities, which people enjoyed. Support plans included information about people's hobbies and interests such as exercising and arts and crafts. A staff member said, "We support people to do activities of interest. For example, [name] likes to go to the gym, others like going for walks, shopping and to develop skills to manage their home, bills, and support with repairs in the home."
- The provider was aware of people's cultural and religious needs. If there was anything specific that a person needed then the registered manager would ensure they were supported.

Improving care quality in response to complaints or concerns

- People told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved. One person said, "If I was not happy I would tell [support worker names], [manager] or [Registered manager]."
- The provider had a complaints policy in place. The registered manager had regular contact with relatives and listened to anything they were unhappy about and worked to resolve any issues. A relative told management were responsive and took action to ensure their family member had a consistent team of staff supporting them.
- The registered manager and manager were responsive to feedback during and after the inspection visit and worked towards continuous improvement of the service they provided.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. Records showed people and their relatives had opportunities to discuss their end of life wishes.
- The management team were knowledgeable about end of life care planning. They told us end of life support plans would be completed when required, with the involvement of relevant individuals and palliative health care professionals.

Is the service well-led?

Our findings

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

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

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

- People told us, they were supported and respected as individuals. One person told us, "Staff do respect me, I can talk with staff if I'm feeling low but I never feel low when I'm here at the hub." A relative told us, "They're reliable. I'm quite happy to leave [Name] and I go away on a week's holiday, they stay 24 hours a day, I'm happy." Another relative said, "To find somewhere to have [Name] and been so good for [them]. Life changer for us as a family."
- People's support plans included clear details of their wishes, aspirations and life goals and the support they needed to achieve these.
- There was a shared commitment to the culture and values of the service. Staff showed a clear understanding and commitment in providing continued high quality care that was person centred. From our observations and feedback received, people had developed positive relationships with staff and were confident any issues raised would be acted on.

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

- At the time of this inspection the provider had moved to new premises. An application had been received by CQC to change the registered office address. Following the inspection the provider's new registered office address was confirmed.
- We had received concerns about the provider's website not kept up to date. This was discussed with the registered manager. They told us the website was being updated to ensure information about the service was correct. They also assured us the rating from this inspection would be displayed in the service and on the provider's website.
- Relatives told us the registered manager was open and honest when things had gone wrong and took action. This demonstrated the registered manager was aware of their duty of candour. There were processes in place that ensured if mistakes occurred, they were investigated and where necessary an apology offered to people affected.
- The provider had notified CQC about significant events such as safety incidents, which they are required to tell us. This helps us to monitor the service.

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

- The registered manager had the skills, knowledge, and experience to perform their role and a clear

understanding of people's needs.

- The registered manager maintained oversight of the service through a range of audits and checks and through maintaining daily contact with people, relatives, staff, and stakeholders.
- The registered manager had strengthened the staff structure, with the appointment of a manager and in-house trainer for positive behaviour support. Systems were in place to ensure staff training was kept up to date, and they were supervised and their practices were checked.
- Systems and processes were in place to continually assess, monitor and review quality and safety. This included regular spot checks to ensure staff were providing consistent, good quality care and support. Systems were in place to enable the management team to take action when there were any issues regarding staff punctuality or delays. There were regular reviews of people's care package, support plans and risk assessments.
- Staff demonstrated they understood their roles, were accountable for their actions and felt supported by the registered manager. Staff comments included, "Managers are great, really supportive and you can call them anytime. They will work alongside us and help us whenever needed. There's definitely an open-door culture" and "I love working here because I make a difference to people's lives."

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

- People, relatives, and staff received opportunities to share their experience of the service. Feedback was gathered through surveys, during reviews, spot checks and telephone calls. A relative said, "Company is willing to listen. [Name] seems to love it by the smiles on [their] face."
- People were involved and consulted about the service provided. A person said, "I need my desk because I've got to check the forms staff have to complete" referring to the daily log and spot checks conducted by management." Relatives were consulted about their family member's care and support and thought communication from the service was good. A relative said, "It's been a lifeline really it has; they take care of [Name], everything about the service is admirable."
- Positive feedback was received from staff about working for the service, including the support, training, and communication. Staff told us communication with colleagues and management was good. Staff felt involved in discussions and were consulted about changes in the service. A staff member said, "I feel able to raise concerns or make suggestions. Everything is much more organised since we've moved here [new premises]."

Continuous learning and improving care

- The registered manager and manager were responsive to feedback from this inspection and took action, for example, in response to concerns raised by relatives. The provider's improvement plan that showed areas for improvement by whom and with timescales. This showed a commitment to improve the service.
- The provider has invested in the service. For example further communication training was planned to upskill staff in the use of Makaton and person-specific training for staff to support people and children to promote good outcomes.

Working in partnership with others

- The registered manager and manager had kept up to date with any changes in legislation and liaised with external professionals to understand local issues. The local authority who monitors the care provision told us the management team had made the required improvements.
- The service worked in partnership with other agencies, including health and social care professionals. For example, to ensure people were supported to make decisions about their housing and support.