

Medstar Care & Support Limited

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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?	Good ●

Summary of findings

Overall summary

About the service

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

Medstar Care & Support Limited is a domiciliary care agency providing personal care to people living in their own homes and flats. The service also had a supported living location that was able to support four people in the community. The supported living location was a detached house in a residential area. People had access to individual washing facilities and a well-groomed, private back garden. At the time of the inspection the service was supporting 11 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.

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

Right Support:

People were treated as partners in their care and staff supported people to be engaged in planning what their care meant to them. 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. We observed kind and caring interactions between people and staff. People were comfortable telling staff what they needed. People were encouraged to be independent around activities of daily living such as preparing their meals, clothing and activities. People's communication needs were documented, and guidance given to staff to ensure they were able to work effectively with people.

Right Care:

People's care was person centred and tailored to them. People told us their experience of their care was positive. People were encouraged to take part in activities that were meaningful to them and improved their wellbeing. People received a continuity of care and had the same staff working with them. This allowed positive working relationships to be built which meant people's needs were fully understood.

Right Culture:

There was an open, inclusive and empowering culture at the service which promoted positive outcomes for people. The registered manager and staff were passionate and committed to working with people and the ethos of the service to put people first was clearly demonstrated throughout the inspection. There were

numerous auditing systems to monitor the quality of care and make improvements where necessary.

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

Rating at last inspection

The last rating for this service was good (published 10 June 2017).

Why we inspected

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

Follow up

We will continue to monitor information we receive about the service, 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?

The service was safe.

Details are in our safe findings below.

Good ●

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 ●

Medstar Care & Support Ltd

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 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. The Expert by Experience supported this inspection by speaking to relatives to gain their feedback about the service.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 May 2022 and ended on 13 June 2022. We visited the location's office/service on 31 May 2022 and visited people in their own homes on 13 June 2022.

What we did before the inspection

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

During the inspection

We visited one supported living scheme and one person in their own home. Prior to visiting, the registered manager sought the consent of people to allow us to visit. We spoke with five people, the registered manager, the area manager and two staff. We looked at four people's care and support plans, risk assessments and medicines. Four staff files including recruitment, induction, supervision and appraisal, numerous auditing processes and other documents relating to the running of the service. We observed interactions between people and staff to get an understanding of their experience of the care they received. We further spoke with eight relatives to gain their feedback about the care and support people received and four staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Training was refreshed regularly.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- People told us they felt safe and happy with staff. One person said, with a big smile, "Yeah, they're nice [staff]." Relatives were also positive about the care and support staff at Medstar provided. Comments included, "[Person] is very safe. He is very calm, and his mental health is better than it's ever been" and "[Person] needs 24-hour care to keep him safe. They [staff] are very good at looking after him."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were assessed, and staff were provided with clear guidance on how to minimise risks.
- Risk assessments provided information on the risk, 'proactive strategy' on how staff could help minimise the risk and 'reactive strategy' around what to do if the risk occurred. Risks assessed included, activities, positive behaviour, swallowing difficulties and epilepsy care.
- Risk assessments were reviewed regularly and immediately if any risks occurred.
- Accidents and incidents were documented with actions taken and outcomes. Where an accident or incident occurred, the service used this to review what had happened and learn from the issue to improve the quality of care.

Staffing and recruitment

- There were enough staff to ensure people's care and support needs were met. A relative said, "The company has over and above in staffing levels."
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Relatives told us people usually had the same staff and were able to build a good working relationship with them. Comments included, "[Person] has enough staff to look after him" and "[Person] has the same staff all the time."

Using medicines safely

- People received their medicines safely and on time.
- People were encouraged to understand their medicines and why they were taking them. Staff went through people's medicines and explained what they were for. A staff member said, "[Person] understands all his meds and [another person] too. We discuss it in key working meetings."
- Each person had a 'Medication Passport'. This documented all of the person's medicines, what they were for and what side effects the person may experience. This meant staff were able to understand why people had been prescribed certain medicines and gave them an awareness of what to do if a person began experiencing any side effects.
- Where people had been prescribed 'as needed medicines' there was clear guidance in place for staff to explain, in what circumstances these medicines should be given. 'As needed' medicines are medicines that can be given for things like pain relief and to help anxiety.
- People had locked medicines cabinets in their own flats. Staff supported people to manage their medicines ordering, delivery and administration. A relative said, "All [Person's] medications are on time. Sometimes [Person] is on the phone to me and he has to go to take his meds and he has to ring me back!"
- Staff had received medicines training which was refreshed regularly. Following training, staff had competency assessments to ensure they were able to safely administer medicines.

Preventing and controlling infection

- People were protected from the risk of infection by robust infection control processes. The infection control policy supported this.
- Staff had received training in infection control and knew how to use Personal Protective Equipment (PPE) appropriately. Relatives said, "During COVID the staff wore masks and aprons" and "During lockdown the staff wore all the right PPE."
- Staff were encouraged to be vaccinated against COVID-19 and flu.
- When we visited people in their own homes, and the supported living service we saw people were supported to keep their environments clean. People's homes were clean and smelled fresh.
- Relatives were positive about people's environments. One relative said, "The place is kept spotlessly clean."

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 our last inspection we rated this key question good. The rating for this key question has remained 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's care and support needs were assessed in line with standards, guidance and the law.
- The service understood its responsibilities in planning care according to current guidance and legislation. This included the Mental Capacity Act, NICE guidance and the Health and Social Care Act. We saw this was reflected in people's care records.
- When people were referred to the service there was a robust referral process. People and, where appropriate, relatives were fully involved. People were able to visit the supported living service before moving in to support their transition and help them feel comfortable with a new environment.
- Information gathered during the assessment process, was used to create a person-centred care plan that met people's care and support needs.

Staff support: induction, training, skills and experience

- Staff were suitably trained and supported to carry out their role and effectively work with the people they cared for. A relative commented, "The staff are well trained, they know what they are doing, they look professional."
- Staff received a robust induction when they started work which included completing The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also completed numerous training courses as well as shadowing more experienced staff before working alone. A relative commented, "When new staff join the company, they shadow an existing member of staff for a while. They introduce them to [Person] slowly and gently. It's very good the way they do it."
- Staff received regular training in mandatory subjects such as safeguarding, the Mental Capacity Act and health and safety. Staff also attended learning disability and autism awareness courses. Staff had also completed epilepsy training and how to administer a certain medicine if required. There were systems in place to monitor when staff training needed to be refreshed and we saw staff had refresher training booked for epilepsy awareness the week following the inspection.
- Where a person with specific needs was referred to the service and staff required specialist training on the administration method of their medicine, this was provided. For example, a person who had severe allergies used a specific medicine administered via an EpiPen. Before the person moved in, staff were trained on how to administer the EpiPen and a clear risk assessment was completed.

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

- People were supported to eat and drink according to their needs, likes and dislikes.

- In the supported living house, meals were usually a communal. People had chosen to eat together following a discussion in a house meeting. People felt this created a family atmosphere. People got together each week to decide what meals they wanted and what to put in the shopping list.
- Where people lived in their own flats alone, we saw people were supported to make healthy choices according to their likes, dislikes and cultural needs. A staff member said, "We show pictures of different meals and they can point. Or we show them items from the cupboard so they can have a choice."
- People's care plans clearly documented what people liked to eat and drink as well as the level of support they needed around shopping and preparing meals.
- Relatives were positive about the support people received with their nutrition needs. Comments included, "[Person] is gluten and wheat intolerant and the staff are very good dealing with her dietary needs. If they have any queries, they call me for clarity" and "[Person] eats well, good healthy eating. He gets plenty, plenty of veg!"

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

- Staff understood the importance of encouraging people with a learning disability to access routine healthcare.
- People were supported to access healthcare in a timely manner. People had consistent staff who had built a relationship with them and knew them well. This meant staff were able to quickly recognise when a person was not feeling well and take timely action.
- Where necessary, staff accompanied people to appointments. Relatives said, "[Person] goes to the GP when he needs to, I take him supported by a keyworker."
- There were detailed records of when people accessed routine healthcare such as doctors, dentist and chiropodists. Other appointments such as psychiatry and occupational therapy was also documented. Where there were any outcomes or changes in people's care and support needs, care plans were immediately updated, and staff informed.

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. We checked whether the service was working within the principles of the MCA.

- People received care and support in line with the MCA.
- Staff understood it was important to ask people for consent. When we notified the service of the inspection, the regional manager contacted people to gain their consent for us to visit them in their own homes.
- Staff had received training in the MCA and understood how the MCA impacted on the care and support they provided to people. Staff said, "We have to assume people have the capacity to make decisions unless proven otherwise. Letting people make their own decisions and supporting them if need be" and "I need to help someone maintain maximum choice and control. Even if sometimes it is an unwise decision, we need to respect that."

- Where relatives had legal authority, such as Court of Protection, this was documented in people's care plans. Relatives were fully involved in these people's care and support planning. People's care plans were signed by relatives that had legal authority or people had signed to say they were happy for their relatives to be involved. One person had signed their care plan, "My family [are involved] and that's okay with me'.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 were well treated and supported, respecting equality and diversity.
- We observed kind and caring interactions between staff and people throughout the inspection. People often joked and chatted with staff, with one person occasionally reaching out to touch a staff members arm. For this person, staff told us this showed how the person trusted them as they had not previously allowed any physical contact.
- One person proudly showed us their room with staff support. The person was unable to communicate verbally, and the staff member told us how their room was very private to them but felt comfortable showing us with staff supporting them. This was evident by the smile on the persons face.
- Staff understood people's individual routines and how to support them. For example, people's specific morning routines. Routine can be important for people with autism / learning disability and forms a large part of them feeling safe and supported.
- Relatives were universally positive about the kind and caring nature of the staff. Comments included "The staff are kind and very good at what they do", "The staff look after him well, he definitely gets what he wants!" and "The staff have a really good understanding of him. They know him and understand him well. He is spoilt!"
- Special events and milestones in people's lives were celebrated. People's birthdays were celebrated, and people asked what they wanted to do. A relative said, "They [staff] are very caring and thoughtful. They always have a party on [Person's] birthday with cake and presents and they get presents at Christmas."
- Staff were committed to supporting people, so they had meaningful and enjoyable lives. Staff commented, "We do have a laugh with people! We have a good team. The clients are great to work with. It's nice to see they are happy and enjoying their day. You feel fulfilled when they have a good day" and I get a bit of joy knowing I have helped that client. When my client phones her mum and says [staff name] has done this for me and I had a good day, that makes me really happy!"

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

- People were fully involved in planning their care. Staff understood what level of input each person was able to have and this was documented in their care plans.
- Staff supported people to make day to day decisions about what they wanted from their care and support. This included, what to wear, eat and do.
- Each person had a keyworker. A keyworker is a member of staff that has responsibility and oversight of an individual's care and support needs. Keyworkers work with people to help set goals, understand people's support needs and how these can be achieved. This also allows people to build a rapport with staff and feel

supported. The key working process was one way of involving people in their care and help people make choices and decisions.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and staff promoted and understood what dignity and independence meant for them as individuals. A staff member said, "Not undermining what people say! Making them feel that what they are saying is important, allowing people to express their views and what they think."
- Where people requested specific genders of staff, the service ensured this need was met. A relative said, "[Person] has requested female staff and she has female staff!" and "[Person] has a male carer which is great. It's what he wants."
- Relatives told us they felt people were treated with respect and staff ensured they were able to have privacy when they wanted. Comments included, "[Person] likes to go to bed early, so he goes up to his room and sleeps with no trouble, they respect his wishes. He also goes for a lie down in the day if he wants to" and "[Person] has their own room and their privacy is respected in their room."
- People's independence was encouraged. Staff knew people well and understood what they were able to do and what they needed support with. Staff told us it was important to consistently encourage people to achieve their goals, however small. This gave people a sense of independence and wellbeing.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 care was planned in a person-centred way that met the people's individual care and support needs.
- People had care plans they were able to understand and were tailored to meet people's different levels of understanding. Care plans used a lot of pictures to illustrate what was being talked about and simple language.
- Each person had a one-page profile which was pictorial and documented what and who was important in people's lives. The registered manager told us people were involved in creating this profile and their care plans and said, "[People] are involved in making this and chose the pictures!"
- People had tailored Positive Behaviour Support plans (PBS). The registered manager told us these were written in conjunction with a psychologist with input from the person and staff. Staff had also received training in how to effectively use PBS plans. PBS plans look at when people may experience periods of distress, triggers and how staff could effectively manage and deescalate situations.
- Care plans were reviewed every six months or updated where there were any changes in people's care and support needs.

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 at initial assessments when people began using the service. Additional information was added when staff got to know people and communication needs were further understood.
- People's care plans clearly documented their communication needs and provided staff with guidance on how people effectively communicated.
- There was a wide variety of communication needs of the people using the service. This ranged from people who were unable to communicate verbally to people who were quite vocal.
- Some people used the Picture Exchange Communication System (PECS). This allowed people with little or no communication abilities to communicate using pictures. These encouraged people to make requests, show how they were feeling or choose activities and food.
- Relatives were positive about how staff communicated with people. One relative said, "They [staff] talk to

him in his own language. [Person] speaks some English and some Greek. They have learnt some Greek words just for him!"

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 had choice and control and were supported to take part in activities that were meaningful to them.
- Staff had received training and information on how activities positively impacted on people. The service recognised people with autism / learning disabilities benefitted from a wide variety of activities. Activities were person-centred, helped improve inclusivity, communication, language skills and quality of life.
- People had choice over what activities they wanted to do. Each person had a weekly activity plan that had been created in collaboration with people. During our inspection two people had gone on a day trip to the seaside with staff.
- People in the supported living service got on well and chose to do activities together. We observed two people deciding on what they wanted to do that day. One person said, "We could go to the pub, lay on the grass and listen to music!" The other person laughed saying "We like to lay on the grass!" Staff readily agreed to accompany them going out.
- Staff recognised there was a danger of social isolation during the COVID-19 pandemic. The service had purchased electronic tablets and taught people to use them to make face to face calls and stay in contact with their families and friends. A person told us whilst grinning, "I talk to my sister on the phone, yap, yap, yap!"
- People were supported to maintain contact with family and friends. Care plans documented who was important to people and how they should be supported to maintain these important links. For example, a relative told us, "They [staff] take [Person] to see her Nan every four to six weeks, as her Nan can no longer go and see her. It really is above and beyond."
- Relatives were positive about people's access and support to have full lives. Comments included, "I feel they work incredibly hard to take her out to do different activities with her and introduce her to new things", "He likes to go in the car for a ride, he likes to go out in the country and he has done some horse riding. He's happy!" and "He loves going out. Last week he went to Buckingham Palace. He loved it!"

Improving care quality in response to complaints or concerns

- There were systems and processes in place to manage any complaints the service may receive.
- People had easy read information on how to complain. Keyworkers regularly went through this with people to ensure they knew they were able to tell staff if they were not happy with something, and that any concerns would be taken seriously.
- Relatives we spoke with told us they knew how to complain and had been provided with information on how to complain. Relatives said, "Yes, I know how to complain but no, I have never had to" and "I have the managers number and Head Office if I wanted to complain but I never have done."

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- There was a positive and open culture at the service which promoted good outcomes for people.
- The service worked collaboratively with people to empower them in making decisions about their care and support. This included care planning, reviews of care and key working.
- People were positive about living at the service. We observed people smiling and laughing and they appeared to be comfortable with staff. A person said, "Yea, staff are lovely. I like it here."
- Relatives also told us they felt people were encouraged to have meaningful lives which empowered people. "I would give them 10/10 I cannot fault them. The service they supply is incredible for people" and "I am very satisfied I have definitely found the right place [for their relative]."
- The registered manager understood that encouraging staff development had a positive impact on staff as well as the people they worked with. Staff told us of an exceptionally supportive and committed registered manager saying, "She's [registered manager] a very calm and caring person, We work as a team, she always checks our wellbeing, makes sure we are fine and we have everything we need", "I have gained so much through training and she has encouraged me go learn and progress, she is a very good manager!" and "She is very helpful and supportive and understanding. She wants you to learn she wants you to learn from everything you do! She is very accessible."
- Relatives also felt the registered manager worked well with people and communicated with relatives effectively. Relatives commented, "The manager is excellent she goes above and beyond her duty. When I was very unwell during COVID they facetedimed me so I could see how well [Person] was doing" and "The manager is amazing, she thinks nothing is trivial, everything is worth getting back to me over. She is approachable."

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

- There was a clear staff structure in place and staff were aware of how to report concerns and understood the service's management structure.
- There were multiple audits which ensured the registered manager had good oversight of the service. Audits included, monthly medicines audits, infection control, activity log and progress notes audits. Where there were any issues identified, these were documented and addressed.
- The company had also engaged an external company that completed visits to look at the quality of care and produce a report. Where there were any recommendations, these were addressed immediately. We saw the last report was very positive with minor suggestions which had been actioned.

- The registered manager had good oversight of staff recruitment and training. There were systems in place to ensure robust staff recruitment and training was refreshed regularly.
- The registered manager understood their responsibilities and regulatory requirements and when notifications needed to be submitted to the CQC and the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the service and their individual needs and equality characteristics recognised. The registered manager told us this was people's service and they needed to be responsive to what people needed.
- The registered manager understood that using surveys with people was not necessarily the best way to get feedback. Staff gained regular and on-going feedback from people through key working meetings, feedback from activities and daily chats.
- There were regular staff meetings and staff supervision, where staff were able to give feedback. Staff and relatives also took part in surveys where they were able to express their opinions.

Continuous learning and improving care; 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 the importance of learning to improve the quality of care for people and said, "There is always something to learn that can make things better."
- The area manager told us they analysed accidents and incidents to identify patterns and trends. For example, one person who experienced several periods of distress which were always related to the person being told something [by external people] that then failed to happen. Analysing the incidents meant staff could put strategies in place to decrease the person's periods of distress.
- Learning was shared in staff meetings. The area manager told us, "We listen to the staff as they know people well." For example, purchasing the wrong shower gel caused a person some distress. This information was shared with staff, and their care plan was updated to reflect their preference.
- The registered manager understood their responsibility to be open and honest with people and relatives if something went wrong.