

Ms K A Rogers

Dulas Court

Inspection report

Dulas
Ewyas Harold
Hereford
Herefordshire
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Tel: 01981240214

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Dulas Court is a residential care home that can provide personal care and support to a maximum of 31 people. The service was providing personal care to 20 people aged 65 and over at the time of the inspection.

People's experience of using this service: The provider and management team were extremely good at planning and delivering care that was tailored to people's individual needs and preferences. People's care plans truly reflected their individual needs, interests, wishes and aspirations. There was a thoughtful and inclusive approach to organising interesting and meaningful occupations and activities for people, which enhanced the quality of their lives. The provider employed a physiotherapist to support people enhance their mobility and an Admiral Nurse to provide support and guidance to people living with dementia.

The provider had developed a culture of continual improvement and learning to ensure people received a quality service. They placed great emphasis on staff development and introduced creative ways to achieve a positive, learning experience for them. There were good monitoring systems in place to ensure the provider and senior management team had full oversight of the service. However, there were some management issues that were raised and addressed during the inspection. These were the replacement of locks on the sluice and store rooms, and cupboards that were accessible to people; one cupboard was used to store information that was confidential.

People felt safe and were able to raise concerns. The registered manager and staff team provided safe care for people. They knew how to safeguard people from abuse and managed risk in ways that ensured people continued to follow their lifestyle choices as much as possible. There was sufficient staff available to meet people's needs and they had been recruited in a safe way.

People received their medicines as prescribed and were supported to access health professionals when required. People's nutritional needs were met and they received a varied and nutritional diet. People told us they enjoyed their meals. People were supported to make their own choices and decisions as much as possible. When people lacked capacity, the provider and registered manager worked within mental capacity legislation and consulted with relevant people on important decisions made in their best interest.

The care staff respected people's privacy and dignity. The approach of staff was caring and considerate. Staff received training, supervision and support that helped them to feel confident when supporting people. The environment was very clean and tidy and was suitable for people's needs.

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

Rating at last inspection: Outstanding (report published 31 August 2016).

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Outstanding ☆

The service was exceptionally 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.

Dulas Court

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service, that is caring for older people.

Service and service type: Dulas Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did: Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events, which the service is required to send us by law. We sought feedback from the local authority contract monitoring team and safeguarding team before our visit. We used this information to plan the inspection.

During the inspection, we spoke with five people who used the service and four of their relatives. We spoke with the provider, a team leader, two care workers, the administrator, the activity coordinator and the chef. We also received information from a visiting health professional. We looked at a range of documents relating

to people's care and the management of the service. These included care records for three people, medication administration records for 12 people, staff training and supervision, staffing rotas, audits and quality assurance reports. After the site visit, we spoke with the registered manager over the telephone as they were not available on the day of the inspection.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff had completed training in how to safeguard people from the risk of abuse. They were knowledgeable about the different types of abuse and knew what to do if they had concerns.
- People who used the service said they felt safe and could raise concerns with staff. Comments included, "Yes, I feel safe; I know I'm not here on my own" and "We all feel quite safe and secure here." The person went on to show us their pendant alarm and call bell beside their bed.
- Relatives said, "I like the fact that they have a fire drill every week" and "The security lock on the door works a treat and there's a permanent receptionist. [Name] is happy here and that's all I ask." A health professional told us the service was safe they were not aware of any issues.

Assessing risk, safety monitoring and management.

- People had risk assessments in place. These helped to guide staff in the measures to take to minimise risk.
- Staff had completed personal emergency evacuation plans for people; these provided guidance on the level of support people needed to exit the building in an emergency.
- Equipment used in the service was checked and maintained, which helped to ensure it was safe to use. There was a system for staff to identify repairs or maintenance issues; maintenance personnel completed these tasks quickly and recorded any further required action.
- During a check of the environment, we noted the sluice and storage cupboards were accessible, which posed a risk to people. The provider advised locks had been removed due to recent redecoration; these were replaced during the inspection.

Staffing and recruitment.

- The provider had a safe recruitment system and full employment checks were completed before staff started to work in the service.
- There were sufficient members of staff to meet people's needs safely. There was a range of ancillary staff, which meant care staff could focus their attention on delivering care to people.
- People told us staff answered call bells in a reasonably quick time. Relatives said, "Call bell response times are sometimes a little slow; it's usually the residents upstairs. I don't think people have to wait that long; I don't see anybody in any danger." One relative reported that staff attended an emergency call within seconds when they rang the bell for assistance; they reported being very pleased with this response. One person who used the service told us they thought call bell response times could be quicker but did not wish to go into detail about this. We mentioned this to the provider and they told us they would discuss call bell response times at the next resident's meeting.

Using medicines safely.

- People received their medicines as prescribed. There were systems in place for the safe management of medicines including the storage, ordering, administration and return of medicines.
- There were some minor recording issues such as missing counter-signatures when changes to medicines were made mid-cycle and clearer directions for staff were needed when people were prescribed medicines 'when required'. This was mentioned to the provider during feedback to address.

Preventing and controlling infection.

- The service was very clean and tidy. Staff had access to personal protective equipment such as gloves, aprons and hand sanitiser to help prevent the spread of infection.

Learning lessons when things go wrong.

- Any accidents that occurred were analysed to look for patterns or trends and to ensure action could be taken to prevent a reoccurrence.

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.

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; Staff working with other agencies to provide consistent, effective, timely care.

- Systems were in place to assess people's needs and choices in line with legislation and best practice.
- People had assessments of their needs completed, which provided information about whether those needs could be met in the service, the level of support people required and how this was to be delivered.
- The registered manager and staff team worked with other agencies to ensure people's needs were met. A health professional said, "Staff are positive and helpful" and "Staff are very professional and supportive on our visits." They also told us staff contacted the district nursing service quickly when required.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support.

- People's nutritional needs were met. The menus provided people with choices and alternatives. People were offered a range of pre-lunch drinks as an appetiser such as sherry, brandy, wine or a soft drink.
- Most people ate their meals unsupported; where staff supported people to eat, they did so discreetly and at the person's own pace. Staff offered encouragement to people when required. The meals were served in calm and pleasant surroundings.
- A relative said, "The food is very good; we're invited for lunch if we're visiting at that time. There is choice and individual residents are catered for."
- Staff supported people to access health professionals when required.

Staff support: induction, training, skills and experience.

- Records showed staff had completed a range of training. This included mandatory care specific training and courses relevant to their role such as 'safe leadership' and 'working at height'. Staff confirmed they had appropriate training, supervision and support. They had annual appraisal.
- The staff had 'champion lead roles', which enabled them to gain knowledge about specific conditions issues as continence and end of life, and cascade this to the staff team.
- Staff had access to an 'Admiral Nurse' employed by the service who provided support, advice and guidance in relation to people living with dementia. The Admiral Nurse also provided support to people who used the service and their relatives.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider assessed people's capacity to make specific decisions and had made DoLS applications where required. When people lacked capacity and restrictions were in place to promote their safety such as sensor mats, the decision to use them had been made in consultation with relevant people.
- Staff were clear about the need to gain consent before carrying out care tasks.
- People told us they could make choices and decisions about areas of need, for example, what activities to take part in, meals, times of rising and retiring, and where to spend their day.

Adapting service, design, decoration to meet people's needs.

- The home had plenty of communal space for people to choose where to sit and there was lift access and stair lifts to the upper floors.
- There was some consideration of the needs of people living with dementia, although signage could be clearer; this was mentioned to the provider during the inspection. People had access to mobility aids and adaptations.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives gave positive feedback about the care and support they received from the staff team. Comments included, "I would recommend it; the staff are very good and they will sit and chat if they have the time" and "In the main the staff are pretty good." Some people said they would like staff to sit and chat to them more often.
- Relatives said, "I'm very happy that [Name] is here; the care is exceptional and I can't fault them [staff]" and "It's the safest and best place for them to be because the staff are very attentive and family and the neighbours can visit any time; we're all made incredibly welcome."
- Staff had developed good relationships with people; they knew them well and could talk to them about their interests, families and friends.
- Staff supported people to keep in contact with relatives by using technology such as 'Skype'.
- Staff had completed training in equality, diversity and human rights, including awareness of sexuality and intimacy when living with dementia. In discussions with staff, they described how it was important to respect other people's beliefs. The registered manager told us a local priest visited the service for Holy Communion.

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

- People's care plans detailed their preferences for care and support and evidenced they or their relatives had been involved in providing information for them. People had reviews of their care plan to check they were still accurate and up to date.
- Relatives had been involved in supporting staff to develop a regular routine. A relative said, "Staff have been very patient with [Name] and didn't try and force them to do things they didn't want to." They went on to say, "Their care plan was reviewed at the end of November; the family were involved and are satisfied with it."
- One person who used the service had recently been involved in staff recruitment decisions.
- The service had an electronic 'person-centred software'. This enabled relatives with lasting power of attorney to access their own relatives care plan and daily notes, and communicate with the registered manager and team leaders about them.
- We observed staff encouraged friendships and asked people if they would like to sit together and share outings. One person who used the service said, "Yes, I do like it here; there's a gang of us here and I like the company."

Respecting and promoting people's privacy, dignity and independence.

- During the inspection, we noted a cupboard used by district nurses to store clinical records was not secured. This was mentioned to the provider and addressed during the inspection.

- People's privacy, dignity and independence was respected and maintained. A relative said, "The girls are invariably kind. They are very discreet about personal care; [Name] always looks nice."
- Staff were clear about how they respected people's privacy and dignity and gave us examples. They said, "We always knock on doors and during personal care we keep people covered up" and "We discreetly ask people if they want to go to the toilet and use screens if someone has a fall or if the district nurse comes in and the person wants to stay in the lounge."
- Staff supported people to maintain their independence as much as possible.
- All the bedrooms were for single occupancy and all had en-suite showers and toilets, which afforded people privacy.
- A health professional said that on all visits to the service, they had observed staff promoting core values of privacy and dignity.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. At the last inspection in 2016, the service was rated as Outstanding in this key question. We found the service had sustained this rating and remained Outstanding in responsive.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs. The assessments were very thorough; the information was used to write care plans, which provided guidance to staff on how to meet people's need in the way they preferred.
- There was a culture within the service of putting people at the heart of care planning and delivery. Staff knew people's needs, likes and preferences well and could describe them to us during discussions.
- Those people living with dementia were supported by an 'Admiral Nurse' who had specific expertise in dementia and was employed by the provider. The Admiral Nurse was involved in working with people, their relatives and staff to develop strategies and care plans to support people living with dementia. The registered manager told us the Admiral Nurse made a significant difference for people who used the service, their families and staff. For example, they supported people when making the transition from home to a residential setting.
- People living with dementia had care plans, which identified their specific needs. They also described the tasks staff were to complete and the appropriate language to use to help people and not confuse them.
- The provider and registered manager ensured information was accessible to people. For example, there was a service user guide in an audio format.
- There were meetings for people who used the service and records showed they were consulted about care within Dulas Court.
- A relative told us of the improvement they had seen in their family member since living in the service. They said, "They are like a different person, sleeping better, more outgoing, and has formed a friendship with another resident." People told us they had reviews of their care plans and changes were made quickly when required.
- There was also a one-page profile which contained very individualised information about what was important to the person and how best to meet their needs. The section of the care plan on lifestyle was very personalised to each person. For example, they detailed people's passions, interests and previous hobbies and how these were to be continued whilst in the service. They described what activities were important to people and we saw these had been arranged for people in practice. There were two activity coordinators who had developed a creative variety of meaningful activities for people daily, and planned outings, which had meaning to specific people.
- One person told us about their carpentry interest. They had a workshop within the service with tools and space to complete projects. This had made a huge impact on their quality of life; the person could continue with their interest and make items such as bird tables for people, which could be sold to family, friends and the public. The person had been involved in the design of the room and risk assessments for the tools. The person was to attend a local primary school to provide woodwork activities. This was recognition that their

life skills still had meaning and importance, and could be shared with younger generations. They said, "I've got my own workshop here. Do you see that birdhouse there? I made that. During the day we've got art and garden clubs."

- One person who used the service held a bible group with afternoon tea for their local friends to attend. This was something they used to do before they lived in Dulas Court and staff felt it was important for them to continue. Staff knew the person enjoyed the theatre and were planning a trip to Stratford upon Avon as a birthday treat.
- There was a gardener's club and participants were involved in choosing flowers and planting them in boxes. The gardener also held a monthly 'Men's Club' where those who wanted could have fish and chips and a beer.
- The service had developed strong community links. Local priests and ministers visited to provide Holy Communion. There was an emphasis on volunteers from the local area supporting the service; currently there were four volunteers who visited the service three times a week. The Hereford Courtyard Trust visited the service with drama and poetry sessions. Staff said, "Some residents like singing and have been in choirs in the community so we invite the choirs in and we visit the village for community singing; we take turns."
- Links had been made with local schools and over the last several years, children visited the service to participate in arts and crafts with people. There was a session with local children held during the inspection where themes from a story book had been brought to life with art and craft work. It was clear the children and people who used the service knew each other well and both generations took great pleasure in the interaction. The teachers who accompanied the children were aware of one person's previous occupation as a teacher and included them in discussions about how the session was going. There was a choir made up of people who used the service; the local children joined in the singing and performed for people.
- One person's profile stated involvement with livestock had been a large part of their life. We saw the service had three sheep and the activity coordinators took three people out to feed them during the inspection.
- Volunteers and staff worked with people to make pancakes in the afternoon of the inspection.
- The service has a large reception area with seating arranged around windows so people could look out at the gardens or meet relatives there for a quiet chat. Some people were sat reading magazines and newspapers. Technology was used in the reception in the form of a voice activated music speaker system. People could request music of their choice. There was also a large grand piano that some people used. The registered manager and provider told us music played a large part in life at Dulas Court and concerts were arranged at intervals. The atmosphere in the reception, and the service, was calm and pleasant. One person said, "I enjoy the musical entertainment." They then joked, "But don't show me anything with raffia."

Improving care quality in response to complaints or concerns.

- There was a policy and procedure on display, which explained to people how to make complaints. There was a 'Stand-Up' poster displayed, which gave people the opportunity to contact a member of the management team should they have a concern.
- People who used the service and their relatives told us they felt able to raise concerns and complaints, and they were listened to. One person said, "I would complaint to the staff or management." A relative told us they had raised an issue once and this had been addressed. This showed us action had been taken when people raised concerns.
- Staff recorded any complaints so that improvements could be made. The registered manager spoke of using complaints as a way of reflecting on issues raised and improving care. The service received very few complaints and those concerns that were raised were dealt with swiftly.

End of life care and support.

- The provider had a policy and procedure to guide staff in providing end of life care.

- Staff had received training and guidance in how to support people sensitively at the end of their life.
- People had end of life care plans, which covered whether any wishes had been expressed, whether an advanced care plan had been produced and where people's preferred place of care was to be. One person's care plan showed family had been involved in discussions about what treatment and investigations the person would want and that familiar surroundings at the end of their life was important to them. Another care plan indicated the person did not wish to talk about detailed end of life plans but they had decided on funeral arrangements.
- People could remain at Dulas Court for end of life care with support from health 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Whilst there were outstanding elements in well-led, there were some management issues relating to the replacement of locks to store rooms, the sluice and specific cupboards. There were also some minor recording issues relating to medicines; when highlighted, these were addressed during the inspection.
- The provider had an excellent quality monitoring system, which helped identify shortfalls, lessons to be learned and the quality of care to be improved. The provider had a proven track record of sustained improvement and high-quality services. There are six services in the provider's organisation; five are rated Outstanding and one rated Good by the Care Quality Commission.
- The provider's organisational structure included a quality manager who completed monthly audits of the service and hospitality checks with people who used the service. They also completed focused audits, for example on people's skin condition. Any areas for improvement were included in an action plan for the registered manager to complete. The registered manager told us the provider and senior managers were very supportive and consistently involved in the service.
- The provider and registered manager continued to follow current evidence-based practice such as National Institute for Care and Excellence (NICE) Guidance.
- The provider won West Midlands Employer of the year at the Great British Care Awards 2017, which was awarded in 2018. The provider and Dulas Court specifically had won the National Association of Providers of Activity (NAPA) award three times in a row. In 2015 for Best Volunteer, 2016 for Best Project and 2017 for Carry on Singing. The service was a finalist in the National Care Awards (Chef: Nutrition and Hydration) section.
- A falls analysis was completed and records were seen for January and February 2019. The records evidenced that action was taken following analysis to ensure risk was minimised. For example, one person had a rail in their wardrobe lowered to make it easier for them to reach their clothes and to avoid stretching and overbalancing. Another person had a sensor mat to alert staff when they started to walk about their bedroom.
- The local authority told us, "The provider takes a lessons-learned approach to safeguarding outcomes."

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

- The provider and management team considered the range of needs people had when planning and delivering consistently high quality care. For example, the provider employed a physiotherapist who visited the service twice a week to provide opportunities for people to enhance their physical ability through exercise.

- The provider also employed an 'Admiral Nurse', who had specific expertise in dementia care. They completed visits to potential residents in their own homes prior to admission to support a good transition into life in a care home. They continued to support families after the move and for as long as necessary, which ensured they received support to understand how people could live well with dementia. Records showed the Admiral Nurse provided group learning sessions for staff and assisted in the development of care plans for people living with dementia. A relative told us how the support had really helped them and their family member to settle into the service.
- The provider used an Early Warning System (EWS) to predict when people could potentially develop infections such as chest infections and urinary tract infections. They worked closely with GPs to ensure people at risk had assessments and anticipatory antibiotics prescribed for use when out of usual working hours. The collaboration and quick response at the start of infections had led to a reduction in the need for hospital admissions.
- The provider had introduced 'Red to Green' days within the service and advertised this through national radio. This was in response to recognition that when people spend lengths of time in bed they quickly develop muscle wastage. A Red day was described as when a person does not receive support to achieve their personal goals and a Green day when intervention was received to enable those goals to be met. All staff within the service followed this initiative to ensure people achieved Green days. The staff worked well together as a team.
- The provider demonstrated exceptional leadership and was very proactive within the service. They visited the service regularly and read handover reports and quality monitoring returns to ensure they had oversight. They knew the staff team and people who used the service. The registered manager and staff team confirmed they saw the provider during their visits and said they were very approachable and supportive.
- The provider told us they continually sought ways improve the experience of care for people who used the service and staff skills for the delivery of care. They invested heavily in staff training and development. To this end they had recently arranged for managers of their services to experience what it would be like to be admitted to a service. The managers went through the assessment process, introduction to the home and staff, and spent the day as a person who used the service. There was a training day arranged following this for management, team leaders, catering staff and activity coordinators to participate in the feedback session. The session was recorded and used as a training exercise for all staff. Catering staff used the training day to explore the expansion of menus to include more culturally diverse foods. Activity coordinators explored the provision of meaningful occupations and how to support people to participate in activities of their choosing.
- The service had a 'resident of the day' initiative. This included staff discussing the person's care plan with them and updating it when required. It also involved the person being supported with specific activities and menu choices.
- The provider and registered manager were aware of their responsibilities in notifying the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- The local authority told us, "The provider is viewed as an organisation with good practice who employs and sources their own physiotherapists, Admiral Nurse and occupational therapists. The provider is at the forefront of national initiatives, which are then transferred into practice within each setting."

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

- Staff had received training in equality characteristics and 'Safe to be me' training to ensure they were aware of how to support people with diverse needs. The registered manager said, "Our aim is to provide a culture that supports people irrespective of age or disability, gender reassignment, race, religion, belief and sexual orientation ensuring that Dulas Court is a welcoming and safe home, that demonstrates days that are

meaningful and of value."

- The service held meetings for people who used the service and their relatives. There was also an annual survey; the last one was held in November 2018.
- There was a range of meetings for staff at all levels and documentation showed staff could make suggestions and raise their views.

Working in partnership with others.

- When people were admitted to hospital, the staff printed an electronic 'hospital pack'. This was an information guide for ambulance crews, nursing and medical staff. The hospital pack was extremely comprehensive and included observations, risk summary, recent falls, staff handover record, the care plan, a week of daily notes and person-centred profile, which included an action plan. This enabled relevant people to have a full picture of the person's needs and how they were met. The provider told us they had received very positive feedback about the hospital packs from ambulance crews.
- A health professional said, "[Name of registered manager] is very supportive and professional when dealing with district nurses. I can't think of any improvements."
- The local authority told us the provider engaged well with Commissioners.