

G P Homecare Limited

# Radis Community Care (Redwood House)

## Inspection report

Coldharbour Road  
Hungerford  
Berkshire  
RG17 0HR

Website: [www.radis.co.uk](http://www.radis.co.uk)

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Radis Community Care (Redwood House) is a service which provides support to people living in specialist 'extra care' housing. Not everyone using the service receives 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. Whilst the service does not provide care and support to everyone living at Redwood House, staff respond to all the residents if they activate their personal pendant alarms seeking assistance. At the time of this inspection 18 people were receiving personal care.

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

The governance structure of the service had not always ensured there were robust measures to monitor quality, safety and the experience of people within the service. Recent audits, including a baseline audit by the new manager, identified that some staff supervisions, appraisals, competency assessments and care plan reviews were overdue. However, the manager had risk assessed the deficiencies and prioritised completion of the necessary work in September/October 2021. The provider has produced evidence to demonstrate this work has been completed.

The management team promoted a caring, person-centred culture where people and staff felt valued. The manager understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. The manager had developed effective partnerships to ensure people experienced the best possible outcomes.

People experienced safe care, protected from avoidable harm by staff who had completed safeguarding training and knew how to recognise and report different types of abuse. Staff assessed risks to people, which were managed safely. There were enough staff deployed with the right mix of skills and knowledge to deliver care and support to meet people's needs, in line with their risk assessments and support plans. Staff had completed a robust recruitment process which explored gaps in their employment history and conduct in previous care roles, to assure their suitability to support people living in their own homes. People received their prescribed medicines safely from staff who had been trained and assessed to be competent to do so, in accordance with recognised guidance. Staff demonstrated high standards of hygiene and cleanliness whilst delivering care and support.

Staff holistically assessed aspects of people's physical, emotional and social needs and ensured these were met, to consistently achieve good outcomes for them. Staff were enabled to develop and maintain the required skills and experience to support people effectively. Staff were aware of the importance of eating and drinking well and reflected best practice when supporting people to maintain a healthy balanced diet. Staff collaborated closely with community professionals to ensure people received appropriate care and treatment to meet their changing needs. Staff supported people to make choices and worked effectively with other partners, to ensure specialist or adaptive equipment was made available to enable improved care and support.

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.

People experienced caring relationships with staff, who treated them with kindness and compassion in their day-to-day care. Staff supported people to make decisions about their care and respected their choices. Staff promoted people's independence and encouraged them to direct their own health and care support.

People received personalised care, which achieved good outcomes for them. People were provided with information in a way they could understand, allowing for any sensory impairment. People were supported to keep in touch with family and friends, which had a positive impact on their well-being. People knew how to make complaints and were confident the management team would listen and address their concerns. The service worked closely with community professionals and had sensitively explored people's end of life care wishes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

Due to our inspection methodology during the pandemic, the first inspection of this newly registered service only inspected the key questions of safe and well led. Although the service was not rated overall (report published 11 January 2021), we found there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

#### Why we inspected

This was the first comprehensive inspection of Radis Community Care (Redwood House) covering all key questions since the location was added to the provider's registration in October 2019.i

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Radis Community Care (Redwood House)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors 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 also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service did not have a manager registered with the Care Quality Commission. This means the provider alone is legally responsible for how the service is run and for the quality and safety of the care provided. The manager who was appointed on 1 September 2021 was completing the CQC process to become the registered manager. They are referred to as the manager throughout this report and together with their two team leaders as the management team.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or manager would be in the office to support the inspection.

Inspection activity started on 28 September 2021 and ended on 18 October 2021. We visited the office location on 29 September 2021. On 18 October 2021 we met with the manager and area manager to review quality assurance audits.

#### What we did before the inspection

We reviewed information we held and had received about the service since the last inspection. We sought feedback from the local authority, safeguarding team and other health and social care professionals who work with the service. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media, and we looked at the content of the provider's website. We asked the manager to prepare some documents in advance of visiting the service's office. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

#### During the inspection

We spoke with three people and eleven relatives about their experience of care and support provided by the service. We spoke with the manager, area manager, two team leaders and three care staff. We reviewed a range of records, including three people's care records and medicines administration records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and spoke with three community health and social care professionals who engage with the service. We requested and received further records, quality assurance documents, and were provided with a variety of additional evidence for consideration.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and community professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "The carers [staff] are great and usually arrive about the same time every morning, honestly they are brilliant and I have no concerns."
- The manager operated systems and procedures to protect people from the risk of poor care. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to report any concerns, both internally and externally.
- The provider managed safeguarding concerns promptly, in accordance with local authority guidance and government legislation. The manager completed thorough investigations in response to any allegation of abuse, to keep people safe from harm.

Assessing risk, safety monitoring and management

- Staff assessed and managed risks to people effectively. Needs and risk assessments were reviewed regularly in response to people's changing needs, to ensure they were met safely.
- People experienced safe care from staff they trusted, who were aware of people's individual risks. The management team ensured people's care plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown.
- Staff actively promoted people's independence, whilst ensuring they were safe. Staff worked closely with people and their families to understand how to manage their risks safely, in the least restrictive way.
- People and relatives told us the manager and team leaders had fully involved them in the needs and risk assessment process.
- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.

Staffing and recruitment

- People experienced good consistency and continuity of care from regular staff who were familiar with them and understand their needs.
- People and relatives told us there were sufficient suitably qualified staff to meet their needs safely. However, people had identified an increased usage of agency staff, particularly on the weekends. One person told us, "I feel safe with the regular carers [staff], but a lot of the agency staff I can't understand and they can't understand me." This information was passed to the manager to explore further.
- Staff told us they often had to work additional shifts to cover shortages, particularly on weekends. This did not impact on the safety of care experienced by people.

- Rotas demonstrated the service deployed enough staff, with the right mix of skills, to support people safely, in accordance with their support plans.
- The manager explained how the recruitment of new staff will relieve the necessity to rely on the willingness of staff to work extra hours or the use of agency staff.
- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to support people living in their own homes. These checks included prospective staff's conduct in previous care roles, gaps in their employment histories and their right to work in the UK.
- Records did not always demonstrate the checks that had been completed. The provider sent us evidence to show records now accurately reflected the checks that had been made.

#### Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency to do so checked every six months by supervisors.
- Staff were enabled with clear guidance about how to manage people's medicines safely.
- The manager and team leaders completed regular observations to ensure staff managed medicines in practice, and in accordance with their training, current guidance and regulations.
- The management team completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken when deficiencies were identified.
- Staff were able to demonstrate they understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

#### Preventing and controlling infection

- Staff adhered to the provider's infection control policy and procedures and told us the provider and manager had ensured there were ample supplies of personal protective equipment (PPE).
- People and relatives were reassured by staff, who used PPE in line with government guidance.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- Staff had completed relevant training in relation to infection control and consistently followed good food safety and hygiene practice when preparing or handling food.

#### Learning lessons when things go wrong

- Staff told us they had no concerns reporting any incidents that took place and these were treated as a learning opportunity in order to improve people's care.
- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff had received feedback about incidents and events in handovers and were kept up to date with information relevant to their role, such as changes in people's support plans.
- The management team analysed incidents and accidents to enable action to be taken to reduce the risk of further incidents and accidents.



# Is the service effective?

## Our findings

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

At the last inspection this key question was not inspected. This is the first inspection of this key question at this service, which 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 consistently told us they were confident that their care was effective, promoted their independence and improved their quality of life.
- People's needs assessments were person-centred and considered all aspects of their lives. Staff ensured people's care was delivered in accordance with their support plans to achieve good outcomes for them.
- Staff effectively used recognised assessment tools to anticipate people's risks and needs, to support them to maintain their health and wellbeing. The service arranged specialist equipment and accessed support to manage risks to people's skin integrity and to support them to mobilise and transfer safely.
- Relatives told us they had been actively involved in creating and developing people's care plans.

Staff support: induction, training, skills and experience

- The manager operated an effective system of training, competency assessments, supervision and appraisals. This enabled staff to develop and maintain the required skills and knowledge to support people according to their needs.
- The registered manager left the service at the end of July 2021 and the service was managed on an interim basis by a team leader, overseen by the area manager. The new manager, appointed on 1 September 2021, quickly identified that some staff supervisions, appraisals and competency assessments were overdue and scheduled these to be completed as soon as practicable.
- New staff completed a thorough induction process that equipped them with the necessary skills and confidence to carry out their role effectively. A new staff member told us their comprehensive training and support of experienced colleagues made them feel confident they were and able to meet people's needs safely.
- The manager and team leaders ensured that staff delivered care in accordance with their training, through a framework of observed spot-checks and one to one supervision.
- Supervision and appraisal were used to develop and motivate staff, whilst assessing and monitoring their performance and practice during delivery of everyday care and support.
- Staff consistently told us they received effective supervision, appraisal, training and support, which prepared and enabled them to carry out their roles effectively.

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

- The manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being.

- People were supported to have enough to eat and drink to remain healthy by staff who knew their personal preferences and individual dietary requirements.
- People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions because staff consistently followed guidance from relevant healthcare professionals.

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

- Staff worked well with other agencies to ensure people had access to the support they needed for their healthcare and wellbeing needs. The service made prompt referrals and liaised with other healthcare professionals when the need arose.
- Visiting community professionals told us that people they supported consistently experienced successful outcomes, due to the diligent way staff had followed their guidance. For example, visiting healthcare professionals told us, "I have had a good experience when working with Radis [provider] and individual staff at Redwood. They have contacted our team appropriately and in a timely manner should they have any concerns for their clients [people]" and "After assessment and visit, the staff have implemented any advice on moving and positioning plans for their clients [people] effectively. They [staff] seem to know their clients well and this has been of huge benefit when working with people with more complex needs."
- People's care plans contained detailed information about their healthcare needs, and the support they required to access healthcare services. Staff maintained detailed records of people's healthcare appointments and confirmed information was shared between staff during handovers and through communication books.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The manager and staff understood the principles of the MCA and the culture of the service was to provide people with positive experiences, which promoted their independence and enabled them to lead a fulfilling life.
- Staff were able to demonstrate their understanding of mental capacity and how this impacted people. People's capacity to consent to their care had been assessed and accurately recorded. Where people lacked capacity to make decisions, staff followed effective best interest decision making processes.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

# Is the service caring?

## Our findings

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

At the last inspection this key question was not inspected. This is the first inspection of this key question at this service, which 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 experienced meaningful relationships with staff who treated them with kindness in their everyday care. One person told us, "The carers [staff] are great, they do a grand job and nothing is too much trouble, and they always make time for a little chat."
- Relatives made positive comments such as, "[Family member] is treated like a person and given the respect we all deserve."
- People received good continuity of care from regular designated staff, with whom they shared a strong personal bond. People and relatives consistently reported staff were focused on caring for them and were not task driven.
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures and protected them from discrimination.
- People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. The manager allocated staff in line with people's preferred choice of gender.
- Visiting health and social care professionals told us that they observed staff treat people with dignity and compassion.
- The management team assessed and monitored the delivery of care and support by staff to ensure it was delivered in a kind and caring manner.

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

- People and their representatives could make decisions about all aspects of their care and their choices were respected by staff.
- Care plans were developed with people, their relatives, where appropriate, relevant professionals and enhanced with staff knowledge gained from working closely with them.
- Care plans and risk assessments were reviewed to ensure they were accurate and reflected people's current needs and preferences. Some care plans and risk assessment reviews were overdue. However, the manager had completed an audit and those requiring a review had been scheduled for completion in October 2021.
- Relatives consistently told us they were fully involved in decisions about all aspects of people's care and support.
- People received quality assurance visits and surveys where they were able to share their experience about the quality of their care and suggest areas for improvement.

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

- People received care which promoted their independence and respected their privacy. Care plans were written using respectful language, promoting people's dignity and choice.
- People and relatives consistently told us staff encouraged them to be as independent as they could be.
- Staff encouraged people to be independent. Care plans included information on how people can be supported to be independent such as supporting people to choose their clothes and dress themselves.
- People's needs were regularly reviewed and focused on any change in their independence. People told us staff encouraged them to be as independent as possible. For example, one person told us, "I am given great support, without taking away my independence. I really appreciate that."
- All staff were able to tell us about people's needs and how they promoted people's dignity and independence.
- Care plans contained information about respecting and promoting people's dignity and staff described how they supported people to maintain their privacy, whilst ensuring they remained safe.
- Staff had completed training and understood their responsibility to maintain the confidentiality of people's care records to protect their privacy.
- The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was not inspected. This is the first inspection of this key question at this service, which 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 experienced care which was responsive to their needs and consistently achieved good outcomes. People and relatives told us the care provided by staff met their needs and enriched the quality of their lives.
- Staff planned and delivered individualised care to people. This covered the physical, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives.
- People told us that they felt staff listened to them and supported them in the way they wanted, which made them feel valued.
- Personalised support plans contained all the relevant information to enable staff to deliver care in the way that people preferred. Each care and support plan was organised in a consistent format and included people's likes and dislikes and any particular communication methods they used.
- Staff told us that they felt there was enough detailed information within people's written plans to support them in the way they chose.
- Support plans reflected things that were important to people, as well as their support needs and clearly demonstrated effective engagement with other organisations.
- When people's needs changed, staff quickly liaised with health and social care professionals to seek their guidance, which they implemented effectively.
- Staff told us they were encouraged to listen to people and feedback ideas discussed to the management team.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and communication support plans detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people.
- People were provided with information in a way they could understand which helped them make decisions about their care.

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 maintain relationships that were important to them.
- Care plans contained details about people's life histories, hobbies and interests. This enabled staff to learn about them and informed the manager as to which staff may have interests in common with people using the service.

#### Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys.
- The service had an effective complaints procedure in place. The manager treated any complaint or concern as a learning opportunity to drive continuous improvement.
- Complaints had been dealt with in accordance with the provider's policy and regulations. For example, one person told us, "When I had a problem with a carer [staff], they listened to me and sorted the problem out straight away."
- Most people knew how to raise a complaint or concern and told us when they had, these had been resolved swiftly by the manager and staff.

#### End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care.
- People had been given the opportunity to discuss their end of life care preferences but had chosen not to engage with this process at the time of inspection.
- The manager had identified this as an area for continued work and had scheduled reviews by team leaders to explore people's wishes further.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection this key question had remained the same.

This meant the service was well-led and managed, but some improvements were still needed. The manager was clear on improvements that were still needed and had well thought out plans in place to address them.

At our last inspection the registered person had failed to operate assessing and monitoring processes effectively, to ensure compliance with the requirements and to improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At this inspection we found the team leader had effectively completed audits of MAR and daily notes. However, these audits had not been reviewed since April 2021. An area manager's audit on 1 September 2021 identified other deficiencies which should have been completed by 31 July 2021. These included staff supervisions, appraisals, competency assessments and reviews of people's care plans. The manager had risk assessed and prioritised this outstanding work to be completed by 31 October 2021. We met the manager and area manager on 18 October 2021 who were able to demonstrate most of this work had been completed and have now confirmed completion.
- However, at the time of inspection we could not be assured that the new management team quality assurance processes and training had become embedded.
- Since the arrival of the manager, the governance framework within the service ensured that staff responsibilities were clearly defined and understood. Staff told us that they understood their roles and responsibilities and were confident the current management team had the skills and experience needed to lead effectively.
- We received positive feedback about the management of the service. People said they received a good response if they pressed their pendant alarms. Some people told us there had been a significant improvement recently. One person told us, "Things have changed for the better, and that is positive feedback from me."
- The manager understood their role and responsibilities to report significant events to the Care Quality Commission and other agencies. Notifications had been received in a timely manner, which meant that CQC could check that appropriate action had been taken.
- There was a clear management structure within the service. The new manager was visible and provided

clear and direct leadership, which inspired staff. The new manager had the skills, knowledge, and experience to lead effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's and their representative's views were sought through their regular reviews and meaningful interactions with the staff team.
- Annual quality assurance reviews sent to people, relatives and professionals produced positive feedback.
- The manager understood their responsibilities under the duty of candour. The provider's policy clearly identified the actions the manager and staff should take in situations where the duty of candour applied.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- Staff told us they placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised.
- People experienced personalised care from a stable staff team who knew them well and were committed to delivering high quality care, which was individual to them. The manager and staff were focused on ensuring people came first and experienced good outcomes.
- At our last inspection we found staff morale was low and some staff did not feel valued. At this inspection staff told us the new manager was approachable and supportive. Staff told us the atmosphere within the service and team spirit had significantly improved since the last inspection.
- Staff told us they felt respected, valued and well supported by the manager and team leaders.

Continuous learning and improving care

- Community professionals consistently told us the manager was open to their guidance and welcomed constructive advice.
- The manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.
- There was an emphasis at the service on improving staff skills and knowledge. Both team leaders and a new member of care staff spoke positively about the support and encouragement received from the manager and area manager in relation to their continued professional development.

Working in partnership with others

- The service had developed effective partnerships with healthcare professionals, which consistently ensured people had access to the right support at the right time to achieve good outcomes for people.
- Professionals provided positive feedback about the person-centred approach of the manager and the staff's dedication to follow their guidance to meet people's needs. Professionals described the manager as being open and receptive to their guidance.
- The local authority reported that the manager engaged with them effectively, seeking clarity and support when required.