Harmony Care Homes (2003) Limited

# The Innovate Building

## Inspection report

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Date of inspection visit:
31 July 2018
07 August 2018

Date of publication:
07 September 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

We undertook our comprehensive inspection of the Innovate Building Domiciliary Care Agency (DCA) between 31 July 2018 and 07 August 2018. We visited the services' office on 31 July 2018 and 07 August 2018. The visits to the Innovate building were announced at short notice, as we needed to be sure there were the appropriate people available for us to speak with.

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after this inspection was 'requires improvement'. There were no breaches of regulations at this previous inspection. At this latest inspection we found the provider had improved the service sufficiently for us to rate the service as 'good'.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Dependent on people's needs carers may 'live in' to provide support throughout the day and night. The service may provide personal care to children from four years old to 18 years old and adults (younger or older) living with dementia, learning disabilities/autistic spectrum disorder, mental health, physical disability or sensory impairment. At the time of our inspection there were 22 people receiving personal care. Not everyone using the Innovate building receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

Some of the people receiving personal care live in a 'supported living' setting, so that they can live in their own home 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service does not currently have a registered manager as they had deregistered during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was an acting manager in place though, and they were looking to apply to us to become the registered manager.

People told us deployment of staff had improved with people allocated staff they knew who were part of a smaller team. This meant they received the same staff more consistently. People were protected from abuse as staff knew how to respond to allegations of abuse, and people were aware of how to raise concerns.

People were happy with the way their medicines were managed. There were appropriate checks on new staff to ensure they were safe to work with people.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were well trained and people expressed confidence in staff's ability to meet their needs. People were supported to access community healthcare as needed. People had the support from staff need to ensure they had sufficient food and drinks of their choice.

People received support from staff who were kind and caring. Staff treated people with dignity and respect. People's independence was promoted. People could express their views and make choices regarding their daily living. Advocates were sourced for people when needed.

People's individual care plans reflected their needs, wishes and preferences, and people, and/or their relatives were involved in their care planning. Staff knew people's needs, likes, dislikes and personal preferences. People felt able to raise complaints and were confident these would be responded to by the provider.

The service had a manager at the time of inspection but they had not applied to be the registered manager. Whilst the previous registered manager had only recently deregistered they had not been managing the service for several months, and the new manager was yet to apply for registration. We saw the provider had made improvements to their systems for governance, which were improving the service people received. There was a need to ensure these improvements were sustained. People, relatives and staff knew the management team and felt they were approachable. The manager understood their legal responsibilities and used systems to keep them up to date with changes in the law. Staff told us they were now well supported by management.

## 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

People told us there was sufficient staff available, and the staff that visited them were usually the staff.

People felt safe with staff and staff were aware of how to respond to allegations of abuse.

People told us they were happy with the way their medicines were managed.

The provider carried out appropriate checks on new staff to ensure they were safe to work with people.

### Is the service effective?

Good

The service was effective

People's told us their right to consent was consistently sought by staff.

People were confident staff were trained to meet their needs.

People accessed community healthcare as needed.

People were involved and supported in choosing and preparing their meals where able. People who were at risk of poor nutrition or hydration were given appropriate support.

### Is the service caring?

Good

The service was caring

People were supported by staff who were kind and caring. People were treated with dignity and respect. People's independence was promoted.

People were supported to express their views and make choices regarding their daily living.

People were supported to access advocates where needed.

## Is the service responsive?

Good

The service was responsive

People's care plans reflected their needs, wishes and preferences, and people, and/or their representatives were involved in their care planning.

Staff understood people's needs, likes, dislikes and personal preferences.

People could raise complaints and these were responded to by the provider.

## Is the service well-led?

Requires Improvement

The service was not consistently well-led, because there was no registered manager in post, therefore the service is limited to a rating of requires Improvement. There was also a need for evidence of sustained improvement.

The provider had made improvements to their systems for governance so people were protected from potential risk, and the quality of the service was well monitored.

People knew who the manager and the wider management team was and felt they could approach them.

The provider understood their legal responsibilities and used systems to keep them up to date with changes in the law.

Staff felt well supported.

# The Innovate Building

**Detailed findings**

## Background to this inspection

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

The inspection was planned as a scheduled comprehensive inspection based on the rating the service was given at our previous scheduled comprehensive inspection and any current risks that we were aware of.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on the 31 July 2018 and ended on 07 August 2018. We visited the office location on 31 July and 7 August to see the manager and staff and to review care records and policies and procedures. We contacted people who used the service, relatives and staff on and between the above visit dates.

The inspection was carried out by one inspector. We reviewed other information we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR) prior to our inspection; this is a document that told us how the provider was maintaining and improving the service as well as providing other data. We also contacted other agencies such as commissioners and safeguarding teams. We used this information to help us plan our inspection.

We spoke with three people who used the service, three relatives, the manager, the deputy, the training manager and five support staff. We reviewed four people's care records; four medicine administration records (MARs), and three staff files. We also looked at other records relating to the management of the service, for example audits and complaints records.

Good

# Is the service safe?

## Our findings

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after that inspection for this key question was 'requires improvement'. Whilst there had been improvement in staffing levels further improvement was needed. At this latest inspection we found the provider had improved the service sufficiently for us to rate them 'good' in respect of this key question.

People who used the service told us there was enough staff available when they needed help and to keep them safe. One person told us they received staff support when needed and said, "Better consistency of staff, but do get some new ones sometimes". A relative told us they had provided care for their loved one for many years and there had been, "Ups and downs" with staffing but, "Its settling down, the service, its good, we do get the same staff". They told us improved staffing had led to the same carers visiting more, which was important for people with complex needs. Another relative said, "At one point always different carers, now it's more settled". Other relatives told us staff visiting were known to people, and the service received was better as a result. Although there was some concern from one relative that while improved, they had some reservations as to whether the staffing changes would be maintained long term. Staff told us they were positive about recent changes. One staff member said the work "Can be heavy but that's just care" and reflected the complexity of the work they did. Another member of staff told us their work allocation, "Its working ok, its do-able". The only issues they said arose were if there were unexpected delays due to traffic or sudden changes in people's health, which were difficult to plan for. People told us they were informed if unexpected delays occurred. All staff we spoke with were confident there had been improvement in staffing levels and one member of staff told us, "The consistency of rotas has improved".

People who used the service said they felt safe with staff. One person explained how they were made to feel safe and said, "Main thing is they look after us lot". Another person said the reason they felt safe was that, "The staff are lovely and I trust them". A relative told us they were confident their loved one was safe with staff and said, "They are told if they don't do things right and will tell them you can do it this way, and they take this on board which is respectful". People and relatives told us they knew how to contact their social services if they were concerned, although had no current concerns about their, or their loved one's safety with staff.

We found the provider's safeguarding and whistleblowing policies reflected local procedures and contained relevant contact information. The provider told us in their provider information return that, 'We follow clear process and take immediate action when an alert is raised making sure that we safeguard both staff and service users'. Based on review of the provider's safeguarding records, and notifications of allegations of abuse we saw this was an accurate statement. All staff, including management and care workers were aware of what abuse may look like and what they should do to escalate concerns to ensure people were protected. We saw from review of some people's records that any identified concerns had been escalated appropriately.

We saw people were protected by the provider's use of detailed risk assessments. We saw these covered any identified risks the manager or senior staff found through assessment. One person we spoke with

understood why there were risk assessments in place for them, and why, with agreement on their part. We spoke with the provider's training officer who was a qualified behaviour management trainer and a learning disability nurse. They told us how they were involved in working with staff to draw up positive behaviour plans for people that reflected their individual needs, this confirmed through risk assessments we reviewed and discussion with staff. We saw there were also risk assessments in place to identify how to minimise other risks to people, for example where there was the risk from financial abuse, people's health issues, or the risk of a person falling. One member of staff told us, "We have had behaviour support and there has been a total turnaround, there was a financial risk [for some people] now we have two signatures and money handover its safer".

We found systems were in place to consistently and safely manage people's medicines. One person said, "I'm happy with how staff manage my medicine". One relative told us staff, "Sort the medicines our for [the person]". Another relative told us, "Staff give medicines to [the person], I have no concerns". The provider had notified us of some medicine errors earlier in the year. While there had been no harm to people, we saw the provider had introduced a new audit system that involved checking on how people' medicines were managed. We also saw staff were checked for their competency in administering medicines, and there was a detailed medication administration competency check now in place. One member of staff told us, "There was blister packs spot checks two weeks ago and competency checks". Staff could tell us how to administer medicines safely, this including medicines that were 'as required'. They knew of protocols that were in place to inform staff under what circumstances the medicines should be given. For example, those medicines for people who may have epileptic seizures. Staff told us, and we saw they had received specific training for administration of these medicines.

We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. Staff we spoke with confirmed these checks had been completed before they commenced employment.

Staff we spoke with were aware of how to provide care to maintain good infection control and avoid cross infection. They told us they had an ample supply of personal protective wear, such as gloves and aprons. We saw the provider had introduced infection control audits, and had identified where improvements could be made with set actions identified. The manager told us they were considering the use of infection control leads from the staff team to monitor and drive these improvements.

We saw the provider was introducing new systems to respond to any risks to people, this prompted by learning from for example recently introduced audits, feedback from people or staff and any incidents. This showed the provider had used learning to improve people's safety.

Good

# Is the service effective?

## Our findings

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after that inspection for this key question was 'good'. At this latest inspection we found the rating for this key question remained 'good'.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found staff promoted people's rights, and consent. choices. One person told us, "Staff say, would you like to have a shower, say can you, don't tell me what to do". They said they were always able to make their own decisions. Another person told us how they could make decisions about the care they received, and staff always supported them to make their own decisions. A relative told us their loved one, "Knows her own mind" and staff support their decisions. Staff understood the MCA and the need to gain people's consent. One member of staff said the MCA was about, "A person having the capacity to make decisions whether right or wrong, you give the choice to have their say. If they have capacity they should make their own decisions". Another member of staff told us they, "Always assume person has capacity". We saw in people's records that capacity assessments were in place where needed that showed what choices people could make and where they may need support, with the manager telling us they would refer people for a capacity assessment through their social worker if there was any doubt.

The manager told us when they involved relatives in the decision-making process they were conscious of the need to ensure relatives making decisions on behalf of their loved ones had the appropriate legal powers to make these decisions about their health, for instance an agreement giving them lasting power of attorney. Relatives we spoke with confirmed they would look to let the person make decisions, and would only make these on their behalf when they had the appropriate lasting power of attorney.

We saw there were assessments in place to detail people's needs at the point of commencing a service and we saw these informed people's risk assessments and care plans. People we spoke with confirmed they were involved in these assessments and the staff sought information about their needs, choices and any reasonable adjustments that may be needed due to any personal characteristics protected by law, for example age, gender, race, sexuality and disability.

People told us staff were skilled, knowledgeable and well trained. People told us this was helped with care received from a more consistent group of staff. A relative told us some staff were, "Excellent", another relative telling us, "The support staff themselves are very good". One member of staff told us they were well supported with training but said, "Some training could be more practical". They did tell us that they received training specific to the people they supported however, such as epilepsy training with the training manager, which they said was, "Good". Another member of staff said the training provided was "Pretty good to really good and [the training manager] is really nice and understanding". We saw the manager monitored training

provision so staff had regular updates in core skills and knowledge and staff confirmed if updates were not completed the managers would remind them. The training manager told us staff complete a range of basic training prior to commencing work at which point they would go on to complete the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector. The training officer said for new staff, "Our standards, starts at the beginning". A newer member of staff confirmed this and said they had a grounding in basic skills before shadowing other more experienced staff. They said this, "Did help as I was quite nervous, and shadowed staff with service users I was to work with". They also told us they had an induction workbook to complete. They said they had access to more specialist training after, for example they attended, "Workshops for Makaton" that were jointly led by a person using Harmony Care day services, this open to people and staff.

People we spoke with told us they could choose their own food, usually when supported to shop, and would be involved in preparing this food, again with the chosen amount of support from staff. One person told us staff just supported them, "So I know what temperature to cook". Where people needed assistance with preparing meals we saw this was clearly set out in people's care plans. Where there were identified risks with people's nutrition and hydration we saw staff completed fluid and food charts so this could be monitored. Staff had a good knowledge of the support people needed with nutrition and hydration, one member of staff telling us, "We encourage healthy eating, to prepare own food, do own shopping with support etc.".

People told us they had access to community healthcare service they needed, usually with support to visit for example their G.P. A relative told us, "Staff come and support [the person] with me at the hospital for appointments". The provider told us in the provider information return that 'We liaise with other stakeholders for example health professionals, Occupational Therapists, physiotherapists, district nurses and GPs to ensure that service users can live their life to the fullest potential'. We saw from reviewing people's health care records that the provider worked in conjunction with other services, for example a person at risk of skin breakdown had regular checks from district nursing services, and advice given had been incorporated in the person's care plan.

Good

# Is the service caring?

## Our findings

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after this inspection for this key question was 'good'. At this latest inspection we found the rating for this key question remained 'good'.

People told us staff were kind and caring. One person said the staff were, "Awfully kind, I can't fault any of them, I love to see them". A relative told us staff, "Have been with [the person] for a long time and they understand, take on how they are feeling, they are very good". Another relative said, "Staff are kind and caring, especially the ones that visit now".

People told us their privacy and dignity was respected. One person said staff asked, "Do you mind if I pop in? I tell staff not to pop in my bedroom and they respect that". Another person told us staff, "Do call out when coming in", so they knew the staff were there. Staff understood what was important in respect of promoting people's privacy and dignity. One member of staff said," If a person has not made the toilet in time you would talk discreetly, take them somewhere private, calm down and be aware it's embarrassing so not to make a scene". Another member of staff told us, "If there are new workers shadowing we need to ask a person's permission and consent, as well as ensuring doors are shut, using towels to cover people after showering".

People were offered and allowed by staff to make their own choices. We saw people were offered choices by staff during our time at the provider's office, and staff gave people time to decide and ensured they had understood the person's choice. A relative told us how staff talked through the personal care as it was offered by staff, so the person was aware of what they were doing. They said staff, "Were good at picking up things, use a bit of Makaton, they [staff] know what [the person] wants for example, a drink, music etc". Makaton is a language designed to provide a means of communication to individuals who cannot communicate efficiently by speaking.

People told us they were supported to have independence where ever possible. One person told us, "Staff ask if I want a sandwich but they understand when I want to make my own". Another person said when asked about medicated creams, "I do these myself". One member of staff said how they let a person, "Do their own personal care, we listen, talk and wait and let them do it step by step so they do not get anxious".

Staff understood how their work should reflect one of the provider's aims which was, 'To provide support which enables individuals to be part of their community'. Some people told us they spent time in the community with staff who supported them to be independent as possible, and we saw this was reflected in their care plans and records.

Some people told us they had access to an advocate and the manager confirmed that if they identified a person needed independent support they would raise a referral for an advocate or have a discussion with the person's social worker.

We saw people's records were kept securely with the provider' s office and staff were aware of the need for confidentiality by ensuring the safety of written records of verbal information about people.

Good

# Is the service responsive?

## Our findings

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after that inspection for this key question was 'good'. At this latest inspection we found the rating for this key question remained 'good'.

The provider told us in their provider information return (PIR) submitted prior to our inspection that 'Each service user has a comprehensive care plan that identifies their personal information and needs'. We found this to be an accurate statement after reviewing people's assessments, care plans and talking to people.

People told us they were involved in their care plans and staff knew their needs and preferences. Discussion with people about their individual care plans confirmed they were accurate and reflected what people's needs, choices, and risks to their safety were. One person told us, "Plan fits "in respect of their needs, choices, risk to their wellbeing and preferences. They did say that they would prefer a pictorial plan when asked. The manager had told us how they were planning to review people's plans so they were able to present them in the formats that best suited people's communication needs and they told us on our second visit to their office that they were working with this person to explore what pictorial formats were best for them. We did see that there had been some progress in some care plans we looked at in the way that they were presented so that information was easier to understand and where written, this was in plain, simple language. The manager, and staff confirmed that they would talk people through their plans, and we saw they were written from the person's perspective. The manager and deputy understood the expectations of the Accessible Information Standards (AIS) and how this should be implemented, and was one reasons behind improvements in the provider making care plans more accessible to people, and staff.

We found staff had a good understanding of people's needs and preferences including those where they needed to consider characteristics protected under the Equality Act 2010, for example people's sexuality. One member of staff told us they thought, "Acceptance and being open, everyone is different" was important. Another member of staff said, "Have had to support a person that is a little unsure of their sexuality, they have spoken with me in depth, the person was comfortable". Staff told us that the care plans were understandable, and helped build on the knowledge of people's needs that they had from handovers between staff. They also said the improvement in building smaller teams of staff to work with people meant they had a better understanding of people who they carer for.

We saw there was a complaints procedure available to people, this seen to be available in a pictorial format, which some people told us was easier for them to understand. People and relatives told us they knew how to complain about the agency. One person told us, "Some staff were impatient, I spoke with [the manager] and I never got them anymore. It was sorted". They told us they were satisfied with the carers they received now. A relative told us they, "Have no complaints with staff, there had been issues when staff were not there when [the person] returned home from centre but got an apology". They told us they were satisfied with the response and there had been no reoccurrence. We saw the manager had documented all complaints received and the action taken to resolve them. We discussed with the manager having a summary sheet to identify any trends but also noted the provider, in their quality audits had already identified the need for

checking complaints for any trends at least bi – annually.

Requires Improvement

# Is the service well-led?

## Our findings

We previously inspected the service between the 08 March 2017 and 09 March 2017 and the rating after that inspection for this key question was 'requires improvement' as improvement was needed in respect of the governance of the service. At this latest inspection we found the rating for this key question remained 'requires improvement' as the service did not have a registered manager as required under their conditions of registration. Whilst the previous registered manager had only recently deregistered they had not been managing the service for several months, and the new manager was yet to apply for registration. We did see improvements in governance but we needed to see a period of sustained improvement.

People and their relatives told us that there had been a turnover of managers over the last few years that had impacted on the service. One person told us, "Managers come and go, big change, staff have left. Before it was going down but since the new manager it's really good now, service and staff, its slowly getting there". A relative told us, "Only complaints over years is the amount of managers which has made it a lot worse. There has been improvement recently, over the past three to five months but there have had periods before where it has run smoothly". They said they did not have full confidence that improvements would be sustained. We did hear from people and relatives that the allocation sheets, that would tell them which staff were coming on set days, were not always accurate. We mentioned this to the manager who said they would review these, as well as continue to look at better ways to keep people informed. Staff we spoke with, whilst recognising the inconsistency created by turnover of managers in the past, were very positive about the new management and the changes they could see happening. One member of staff said, "The management team is fairly new to us so quite unsettling for staff, but it's a better management team at moment. [The manager] has very good leadership qualities, previous managers did not understand compromise with staff, they do get that now". Another member of staff said, "We now have a management team that understands what good looks like".

We found the provider had developed their auditing processes so that they were able to improve how they monitored, identified trends and responded to risks for people using the service. This included improved monthly monitoring of the service, for example, incidents and accidents, people's records, staff records, staff training, infection control, medicines. We saw the provider had drawn up monthly action plans identifying areas for improvement based on the outcomes of that month's audits, and these would be reviewed the following month to check that these action points had been addressed or not. We also found there were regular spot checks on staff to observe their practice, these confirmed to have taken place by the staff we spoke with. These spot checks we saw were documented. A relative told us, "Seniors come out and do spot checks".

We asked people how they could share their views with management. One person told us the manager, "Will come here if no one available" and they could talk to her. The manager told us that on occasions, where staff were not available the manager would cover the call, rather than allocate other staff, so they had chance to meet people and have a discussion with them. Another person said they saw the managers at the agency office. They told us they had, "Interviewed new staff" as part of the provider's informal interview process. Relatives also confirmed they could contact the manager or deputy. One told us they were,

"Speaking to manager quite a lot, they are doing their utmost for us". A second relative said the manager, "Does want to listen, I think they are doing well". The provider told us in the provider information return, 'We take pride in listening to and feedback provided by our service users, families and stakeholders. We carry out an annual survey that provides valuable data on the strengths and weaknesses of our service that we can use to improve over time '. We saw survey forms had been sent out to people recently. These showed most people were happy with the service, with some issues identified, that we saw were actioned through discussion with staff.

Staff we spoke with told us they were well supported and were happy in their work. One member of staff told us, "Management we have now are one of the best, although still work in progress. They are approachable, they listen". One member of staff told us, "I have just had a meeting with management, and I am feeling very positive, they have changed paperwork, this a positive outcome". A third member of staff said, "I have a good relationship with the managers". All staff we spoke with confirmed they had received one to one supervision, and these sessions were documented, agreed and signed by staff. They also told us they could contact management if they needed time for discussion. One member of staff did tell us the frequency of staff meetings could be better, this was something the manager was aware of. The manager said they were looking at how to organise meetings so they could get good attendance as the workforce were based over a sizeable geographical area.

Staff said they could raise any issues with the manager or senior care staff and were aware of how to 'whistle-blow'. A 'whistle-blower' is a person who informs on a person or organization who may be regarded as engaging in an unlawful or immoral activity.

The provider was aware of their legal responsibilities, for example submitting notifications in respect of any incidents to CQC, as we saw had happened. The provider were also able to explain what their responsibilities were in respect of their duty of candour, and told us it was being, "Open and honest if you make a mistake then put action plans in and move forward. Also, to apologise". We did here from people and relatives, where they had raised issues that the manager or staff they had been open about what went wrong and apologised.

The law requires the provider to display the rating for the service as detailed in CQC reports and we saw the rating for the service as given following our last inspection was clearly on display in the reception area of the provider's office. The provider did not have their rating on display on the website but was working with us and our web team to resolve some technical issues that was preventing them from ensuring the rating was displayed.

We found the provider worked in partnership with other agencies, this including for example social workers, specialist nurses and behaviour management teams. This benefited people by providing a more seamless service. Any issues the provider was unable to resolve on behalf of the person were quickly communicated to the relevant professionals. For example, where there was a need for the involvement of the local authorities' social care services we heard the manager had established good working relationships with them.