

St. Matthews Limited

# St Matthews Limited - The Avenue

## Inspection report

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26 November 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Matthews Limited – The Avenue is a residential care home providing personal and nursing care to 29 younger adults and older people with dementia and mental health needs at the time of the inspection.

St Matthews Limited – The Avenue, accommodates up to 33 people in one adapted building, across two floors.

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

Improvements had been made to quality assurance systems and processes which enabled the registered manager to identify areas for improvement. The registered manager had identified where further improvements needed to be made and had plans in place to action these. People knew the management team by name. The registered manager sought feedback from people about their care experience to ensure any issues were promptly addressed. People, relatives and staff told us they would recommend the service.

Improvements had been made to the safety of medicines systems and processes. People received medicines on time and as prescribed. People were supported by staff that had been safely recruited and who kept them safe from harm and abuse. The registered manager checked nurses were appropriately registered with the Nursing and Midwifery Council (NMC). Staff had a good knowledge of risks associated with providing people's care and had received adequate training to meet people's individual care needs.

Staff were kind, caring and compassionate. Staff enjoyed their work and treated people as if they were a family member. People and staff had built positive relationships together and enjoyed spending time in each other's company. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected, and their rights upheld.

People were supported by staff who knew their preferences, wishes, hobbies and interests and supported them to engage in these. A variety of home-based and community activities were available for people to choose from. People knew how to raise a concern or make a complaint and felt confident concerns would be addressed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before they moved to the service to inform the development of their care plans. People were supported to eat and drink enough and received healthcare support as needed.

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

The last rating for this service was requires improvement (published 14 December 2018) and 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Matthews Limited - The Avenue

## **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 an inspector, assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Matthews Limited – The Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced. We visited the service on 25 November 2019 and made telephone calls to relatives on 25 and 26 November 2019.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, registered manager, deputy manager, quality lead, nurse, activities co-ordinator, cleaner and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including but not limited to quality assurance, accident and incident data and safeguarding records were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information such as training records, meeting minutes and management audits.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, we identified concerns with the safe administration of medicines, infection control practices and staffing. Enough improvement had been made at this inspection.

Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe receiving care from the service and records showed staff managed risks associated with people's behaviour and kept people safe. One person said, "I feel safe here, I would speak to the staff and the top one [registered manager] if I wasn't happy." A relative said, "It's ever so safe here, I speak to other visitors when I come in and they all say the same." Another relative said, "There's nothing that concerns me."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us they would report concerns to the management team, who would investigate and make the required referrals to the local authority. Records confirmed this.
- The accident and incident reporting system enabled staff to raise concerns. A staff member told us, "I read about whistle-blowing when I joined."
- The service supported people with behaviours that presented risks to the health and safety of others. Staff had received 'break away' training to keep themselves safe. Measures had been put in place to reduce risks to people living at the service, for example, providing one-to-one staffing and ensuring people's whereabouts were known.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to ensure staff were appropriately managing people's individual risks, such as falls, skin damage, not eating or drinking enough or moving and handling. Assessments outlined people's risks and how to mitigate against these. One staff member gave an example of the measures in place to minimise the risk of people choking.
- Staff confirmed they had received training about using equipment to assist people to move safely.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people in the event of a fire. These were up to date and reflective of people's current needs.
- Health and safety checks had been undertaken in line with best practice guidance.

Staffing and recruitment

- There were enough staff available to meet people's needs. People told us they did not need to wait long to have their needs met and we observed staff respond to people's needs promptly. One person said, "There are plenty of staff about and I don't think we wait too long for anything."
- People were supported by a consistent team of staff who knew them well.
- Safe recruitment checks had been undertaken to ensure people were protected from being supported by

unsuitable staff. This included seeking suitable references and undertaking checks with the disclosure and barring service (DBS).

- The registered manager undertook monthly checks to ensure nurses were registered to practice with the Nursing and Midwifery Council (NMC) and there were no restrictions on their practice.

#### Using medicines safely

- The registered manager and provider had focussed on implementing measures to improve the safety of medicines systems and processes since the last inspection. We found medicines systems and processes were safe.
- An electronic system had been implemented. This had inbuilt systems which enhanced the safety of medicines administration. For example, the system would not allow a staff member to proceed with giving a medicine if the required time between administrations had not passed. .
- People told us they received their medicines on time and as prescribed. We observed nurses administering people's medicines in the way they preferred. For example, on a spoon with a drink of juice. Where people needed to receive their medicines covertly (given in food or drink without their knowledge) there were clear instructions for staff and these had been reviewed with the GP and pharmacy.
- Some people were prescribed 'as required' medicines. Protocols were in place, so staff knew when to give these. Where people were prescribed medicines for agitation and distress a relative told us, "[Staff] reassured me [name of medicine] was the last resort, I was worried it would be given too much."

#### Preventing and controlling infection

- At the last inspection we found concerns with the cleanliness and odour of the service. Improvements had been made and the service was fresh, clean and tidy. Any spillages were promptly attended to. One person said, "Cleaning is done regularly. The cleaners are nice to chat to."
- At the last inspection we found concerns with the use of personal protective equipment (PPE) by staff. Improvements had been made. Staff had a good knowledge of infection control requirements. One staff member told us, "Infection control is very important, we wear gloves and aprons, we remove everything before leaving a room and put on new set for each person."

#### Learning lessons when things go wrong

- Staff knew how to complete accident and incident reports and records confirmed this. We found they had been analysed by the registered manager and action had been taken to mitigate against risks. The registered manager also completed a tracker to identify whether they needed to notify the safeguarding authority or CQC. The provider monitored accidents and incidents for themes and trends and issued 'learning alerts.'
- Staff were able to track the progress of accidents and incidents they reported, and review lessons learned.



# 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 rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, social and wellbeing needs were holistically assessed before moving to the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. The provider had adopted NHS England's '15 step challenge', this challenge focusses on seeing care through a person or relative's eyes and exploring first impressions.
- The registered manager ensured all qualified nurses had a current registration. Nurses were given opportunities to keep up to date with their professional practice.

Staff support: induction, training, skills and experience

- New staff and student nurses received a comprehensive induction including shadowing more experienced staff. This gave staff the opportunity to get to know people and for people to become comfortable in their presence before they commenced care delivery.
- People received care and support from competent and skilled staff. Staff were supported with their development and accessed regular training. A relative told us, "Staff are skilled, they have all got a really good insight into the needs of people and what they must do to give them a decent quality of life". A staff member told us, "If I need more training or if I am not sure, I can always ask, and they [provider] will give me training. If you want to learn something new they will help you."
- Staff told us they had regular supervisions and felt supported by the management team.
- Staff were confident in meeting people's individual needs. One staff member told us, "When a person is confused, the dementia training said it's better to go along with it. One person used to say they would take us on holiday, we used to ask where, they enjoyed that."

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

- An external catering company provided frozen, nutritionally balanced meals. These were heated on site. Meals were available to cater for people's individual dietary needs such as diabetic, pureed, vegetarian and kosher. One person said, "The food is OK, and you get a good amount." Another person said, "The food is very nice, and you get choice via a menu."
- We observed people to be offered drinks regularly throughout the day. The registered manager told us a drinks station was being installed so people could help themselves to drinks.
- People's dietary needs were detailed in their care plans. One person had a health condition which meant they needed to eat regularly, we observed them to refuse their meal. Staff followed the care plan and fetched their preferred take away, which we observed them to eat. This meant the person's risk of becoming

malnourished or unwell due to their health condition was reduced.

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

- Staff received a comprehensive handover before they started each shift. This meant they knew when people's needs had changed and how to support them.
- Oral health assessments had been undertaken to ensure the service knew what support people needed to maintain good oral health. One person said, "I go out to the dentist."
- Referrals were made to healthcare professionals as needed. One person said, "I go to see a specialist every six months, the carer comes with me."
- Staff were knowledgeable about people's healthcare needs and passionate about achieving positive health outcomes for people. One person said, "Staff have learnt to manage my condition and keep a check of my blood sugar and remind to eat the right things."

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

- Many people living at the service had dementia. People's care experience had been enhanced by improvements to the décor since the last inspection. Each corridor had a street sign to help people identify their whereabouts. Bedroom doors had been painted the same colour as people's doors at home to assist them to easily locate their rooms.
- Memory displays had been created including photos from the local area. Interactive displays had been installed, such as a clothes line with pegs and clothes for people to use, and a window box with flowers in for people to arrange. These assisted in attracting people living with dementia to the areas, reducing them walking without purpose and becoming confused of their whereabouts.
- People could spend time in many areas of the service including the lounge, dining area, bar, cinema and garden. People were able to spend time with their relatives in private if they wished.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found that they were.

- Staff had received training about the MCA and knew how to support people in the least restrictive way possible. We observed staff offering people choices and respecting their decisions. One person said, "I have freedom, I often go out and the staff discuss this with me." Another person said, "I stay up late in the evening, that's my choice."
- The registered manager ensured applications to deprive people of their liberty had been made by the service in a timely way and that DoLS authorisations were kept in people's care records.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken. These were under review at the time of our

inspection.

# 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 rated as Good. At this inspection this key question has remained the same. 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 continued to be supported by staff who were kind and caring in their approach and knew people well. One staff member said, "I know what people like, it keeps them calm."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time.
- People's cultural and religious needs were detailed in their care plans. Staff were respectful to people of all faiths and beliefs. One person recently living at the service was supported by staff to practise their faith. A staff member said, "We talked a lot about [Name's] faith. It was in their care plan and was what [Name] needed and liked. The [faith leader] came and we would call them for [Name] to speak to."
- We observed staff to respond to people patiently and with empathy when they were distressed. People were not rushed. One person said, "I sometimes have a lovely soak in the bath rather than a shower, it's a lot of work for the staff but it's a real treat for me." A relative said, "Staff are very patient and calm with [relative] and with the others living there."
- A pledge tree was displayed in a communal area. Every staff member had made a pledge to the people they cared for, such as; 'I pledge to always help you when you need it', 'I pledge to always offer you the care you need and treat you with dignity and respect' and 'I pledge to respect everyone's choices and wishes'.

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

- There was a relaxed atmosphere and people were free to choose where they wished to spend their time.
- People were involved in planning their care and support, and made decisions about their care.
- People's preferences and wishes had been sought when developing the activities available to people.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided. One staff member told us how they had met with a person's advocate to discuss their preferences and wishes in relation to eating and drinking to inform a best interest assessment.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocking on people's bedroom doors and seeking permission to enter. One person said, "Staff respect my privacy. I stay in my room a lot, they always knock. I only have a female carer, they asked me and that's what always happens."
- Staff spoke to people politely and referred to people by their chosen name. One person said, "They treat me as an individual, always call me by my name. I appreciate them getting to know me."

- People's independence was promoted. Care plans instructed staff how to support people to maintain their independence. One person's care plan stated, 'I can independently brush my teeth and can shave myself.' A staff member told us, "We don't need to do everything for people, they might just need some help."
- People were encouraged to exercise. A staff member told us, "We've done armchair exercises this morning. [Name] did not want to come out of their room, so I took the activity there."
- Staff had received training about privacy and dignity and gave us examples of how they respected this. Staff knew how to keep information confidential and secure.

# 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 rated as good. At this inspection this key question has remained the same. 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

- Care plans were personalised and contained information about people's histories, preferences and wishes to enable staff to provide more personalised support. Staff told us they had time to read people's care plans. These were reviewed regularly and as people's needs changed. One person told us, "I have a key worker, she's great. We discuss and review my care plan." A nurse told us, "I evaluate care plans three monthly, or more often if needed."
- People and staff had built positive relationships together and enjoyed spending time with each other. One staff member told us, "It is like a family here." When English was not people's first language, where possible, staff who spoke people's native language were allocated to provide their care.
- A wish tree had been introduced. We saw people had written their wishes on leaves on the tree. Such as, 'to drive a nice car' and to 'go to the seaside'. Staff were committed to 'granting' people's wishes. One person had expressed a wish for an alcoholic drink, this had been purchased for them. A staff member told us, "[Name] wanted to go swimming. At first, I thought it was impossible, but [registered manager] told me to try it and now [Name] goes every two weeks."

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.

- The registered manager was aware of the accessible information standard.
- Staff knew how to communicate with people effectively as this was detailed in their care plans.
- The nominated individual told us they were exploring the use of assistive technology to further enhance how they supported people's communication needs.

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

- The registered manager was passionate about ensuring people could participate in activities they enjoyed and had implemented many improvements. A staff member told us, "Activities have improved a lot. We encourage people to play games, take them out for meals and shopping. I enjoy activities and yesterday I gave about 12 hand massages."
- An activities organiser was employed. They had spent time finding out the things people liked to do and used this information to plan the activity timetable. The activity timetable included many community-based activities such as going to the bookies, out for meals and walks. One person told us, "I have been out with a

carer this morning to the shops. It's great to do that and I've stocked up on books."

- We observed people engaging in activities such as reading the paper, knitting and chatting with staff.
- Relationships between families and friends were fostered, we saw many visitors coming and going throughout our inspection, all of whom were warmly greeted. One relative said, "It's a good home, I'm always made to feel welcome when I visit, and staff are open to chatting to me."
- Staff were skilled in engaging with people living with dementia. They knew what was important to people and encouraged them to talk about their memories and interests. The registered manager told us they were introducing a 'tools down' initiative for 15 minutes a day. This would be protected time for staff to spend with people talking about their hobbies and interests and engaging in individual activities.

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

- There was a policy in place to manage complaints. Complaints had been managed in line with this policy. There had been one complaint since the last inspection.
- People and their relatives told us if they had any concerns they would not hesitate to raise these with the management team. They felt confident concerns and complaints would be appropriately responded to. One person said, "I talk to staff about any concerns I have, and we sort things out. If I wasn't happy I'd go to the manager."

#### End of life care and support

- People were supported to remain at the service at the end of their lives if this was their wish.
- Advanced care plans were in place which considered people's preferences and wishes for end of life care.
- Where people had 'do not attempt cardiopulmonary resuscitation' (DNACPR), these were easily located at the front of their care plans. Staff knew where to locate these in the event of a medical emergency.

# 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 as requires improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection, improvements were needed to quality assurance systems and processes, reviewing of records, and to ensure care provided was not task focussed. 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.

- Improvements had been made to quality assurance systems and processes. Infection control issues had been identified and addressed. People were able to choose when they received personal care. Care was more personalised, with people able to choose from a wider variety of activities.

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

- New electronic care records had been implemented during the month of our inspection. The registered manager had started to audit these. We identified one person's catheter care plan was missing and their PEEP and mobility care plan had not been updated following a recent change in need. We raised this with the registered manager who promptly arranged for these to be reviewed and implemented. Following our inspection, the provider told us all care records had been audited, actions identified and a short timescale for completion set.

- Improvements were required to care plans for managing aggression to provide clear instructions for staff to follow. Records showed the nurses were in the process of further personalising people's care plans.

- The registered manager was clear about their role, had a good understanding of quality performance, risks and regulatory requirements. They had a vision for the service and were passionate about driving forward quality. Quality assurance systems had been implemented and audits were being undertaken regularly by the registered manager

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. A staff member said, "We have allocated tasks, but we help each other out and work as a team."

Continuous learning and improving care

- The registered manager had identified improvements were required to people's care records since transferring to the electronic record keeping system and had a timescale for completion of these. A staff member told us, "Transferring everything to the computer has been really good as we are assessing people



again. It is great as we are doing a bottom to top assessment."

- A recent project had delivered changes to the environment and better care to people living with dementia. This was part of a business improvement plan which encouraged the sharing of best practice across several locations.
- The registered manager and provider were committed to supporting staff develop in their roles and undertake further training.

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

- The registered manager and nominated individual were passionate about providing person centred care. Further improvements were planned to enhance people's quality of life and the registered manager had plans in place to grant more people's wishes.
- People, staff and relatives told us the service was well led and the registered manager had an open-door policy. A relative told us, "If I have had any concerns or wanted to speak to someone, the managers door is always open, and they will ask, 'what can I do to help?'".
- Staff felt well supported by the management team. A staff member said, "If I need something I can always go to the office. [Registered manager] always talks to me nicely."
- We received positive feedback about the care provided. One relative told us, "I think the standard of care is fantastic, it's always clean, the podiatrist comes to do [relative's] nails, their hair is trimmed. Anything I ask is done. I don't think they could do anything to make the care better, I would definitely recommend it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of, and there were systems in place to ensure compliance with, the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager understood the regulatory requirements and their legal responsibility to be open and honest. They displayed the CQC's rating of performance and submitted legally required notifications.

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

- People's feedback on their care experience was sought, through satisfaction surveys and meetings. A suggestion box had been introduced to give people the opportunity to provide feedback outside of these times. People's feedback was used to drive improvements such as enhancing activities.
- Regular staff meetings took place. A staff member told us, "Meetings are every month. We discuss and sort out any problems."

Working in partnership with others

- The service worked closely with local commissioners and the safeguarding authority. This meant people received joined up care and communication between services was effective.