

## Carewatch (Lewisham)

# Access Offices

### Inspection report

160 Bromley Road  
London  
SE6 2NZ

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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

This announced inspection took place on 31 January 2017. Access Offices is a domiciliary care service and provides care and support to people in their own home. There were 90 people using the service at the time of our inspection. This is the first inspection of Access Offices since their registration with the Care Quality Commission in August 2016.

The service had a registered manager. 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.

Staff knew how to keep the people they supported safe. They had received training in protecting people from abuse and understood their responsibility to report any concerns. There were processes to minimise risks to people's health and well-being. Risks were identified and managed well. The provider used appropriate systems to carry out checks of the suitability of staff to work with people who use the service. There were sufficient numbers of staff to support people.

People received the support they required to take their medicines. Staff were competent to manage and administer people's medicines safely.

Staff described the registered manager as approachable and supportive. They received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Staff received regular supervisions and an appraisal and used feedback to improve their practice. People were supported to access healthcare services as required. They received the support they required with eating and drinking.

People were placed at the centre of decisions made about the care and support they received. Staff knew people well and understood how to respond to their individual needs. Information about people and assessed risks was available for staff to refer to in their care plans. Care plans were person centred and written with the person's involvement. There were support plans in place to guide staff on how to support people in line with their needs and identified risks. People were involved in the regular reviews of their care. People were supported to remain as independent as they were able.

The registered manager and staff understood and supported people in line with the principles of the Mental Capacity Act 2005. People who may lack mental capacity were given appropriate support to understand and make decisions relating to the care and support they required. People's consent was sought prior to care being provided. Staff demonstrated kindness and compassion towards the people they supported.

People and their relatives knew how to raise concerns or make a complaint if needed. Records showed complaints were investigated and resolved in a timely manner in line with the provider's policy.

The registered manager had a clear vision for the service which staff understood and shared. There were systems to monitor and review the quality of service people received and to understand the experiences of people who used the service. This was through regular communication with people and their relatives, annual quality surveys and audits undertaken at the service. Suggestions for change were listened to and actions taken to improve the service.

## 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. Staff knew how to protect people from harm and abuse. Staff had received training on safeguarding to help to keep people safe.

Risks for people who used the service were identified and comprehensive risk assessments were in place to ensure known risks were mitigated against.

There were sufficient numbers of trained staff deployed to support people with their needs. Staff were safely recruited to work in the service.

People received the support they required with their medicines. Systems were in place for the safe management of medicines.

### Is the service effective?

Good ●

The service was effective. Staff had relevant training to keep their skills up to date. Staff received regular supervision and observations of their work practice.

People were supported to eat and drink and encouraged to make healthy choices about their food.

People had access to health care professionals to ensure they received effective care and treatment.

### Is the service caring?

Good ●

The service was caring. People received care in a kind and compassionate manner. Staff treated people with respect. People's privacy and dignity was respected.

People were involved in making decisions about the care and support they received.

Staff knew people's likes and dislikes and how they wished to receive their support. People received care that reflected their preferences.

### Is the service responsive?

Good ●

The service was responsive. People and their relatives, where appropriate were involved in planning care and support with staff.

People's individual needs and preferences were understood and acted on.

People knew how to make a complaint. The registered manager investigated and resolved complaints raised about the service.

**Is the service well-led?**

**Good** ●

The service was well led. The service had a caring and supportive culture focused on meeting people's individual needs.

Staff were supported by the registered manager and felt valued at the service.

People were supported by a motivated staff team and an accessible and approachable management team.

Quality assurance systems were effective in monitoring and promoting the standards of service provision.

# Access Offices

## 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.

This inspection took place on 26 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure there would be somebody available to speak with us.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service including previous inspection reports and notifications sent to us by the service. Notifications are information about important events which the provider is required to send us by law.

During the inspection, we spoke with 15 people and five relatives. We spoke with the registered manager, a director, three care coordinators, a supervisor and 10 members of care staff. We looked at 10 people's care records. We looked at records relating to the management of the service and systems for monitoring the quality of the service. We looked at 10 staff files which included recruitment checks supervision, training records and duty rotas.

After the inspection, we received feedback from three healthcare professionals.

# Is the service safe?

## Our findings

People told us they received safe support and care. A person said, "I've never come across a member of staff I didn't like or trust. I definitely feel safe, they are amazing, and they always ring the bell before they come in, there is a key safe and they shout out to let me know they are in the house." Another person told us, "I feel comfortable. My regular member of staff is very trustworthy and I feel safe with them." Relatives told us they had no concerns about the service. One relative said, "I feel the care [person] receives is very good and has resolved a lot of my anxieties regarding [person's] health and welfare." Another relative said they felt their family member was safe when supported by staff who knew them well. They said, "Yes [person] feels safe, they have gained her trust. I know I can trust the staff to care for them properly."

People were protected from the risk of abuse and neglect. There was a safeguarding policy in place which staff were aware of. Staff had received training in safeguarding and had a good knowledge of safeguarding procedures. They told us how they would recognise if a person was being abused and the actions they would take to keep them safe. Staff had no concerns about any of their colleagues' practices. One member of staff told us, "I would not hesitate to report something if I had any worries about my team members." Staff were confident the registered manager would deal with any concerns to ensure people were protected. Care records showed that staff had appropriately reported concerns about people's safety to the local authority and had followed their safeguarding policy.

People had their finances managed appropriately. Staff told us and records confirmed they followed finance procedures to reduce the risk of financial abuse. For example, when staff supported people with their shopping, they obtained receipts and kept a record of money spent. The registered manager carried out regular audits to ensure staff followed the provider's policy on managing people's finances.

Staff understood the service's whistleblowing procedures and what to do if the service was failing to protect people from harm. Staff were aware that they could report their concerns to the local safeguarding team and the Care Quality Commission (CQC). Whistleblowing posters were on display at the provider's offices which provided staff with guidance and steps to take if they had any concerns about poor practices that they may have witnessed.

People received the support they required to keep safe. Risks to people were assessed and managed appropriately. Assessments identified the level of risk, the potential harm and procedures in place to mitigate the risk. The registered manager and staff were able to tell us about the risks to people. Risk assessments were individualised according to each person's health needs in areas such as community access, mobility, behaviour that challenged, epileptic seizures, managing medicines, nutrition and hydration. For example, staff had guidelines for supporting a person with limited mobility with moving and positioning. These included information on the task of a transfer from bed to chair and the equipment staff should use such as a hoist or sliding sheet. Staff explained that the person used a wheelchair and when transferring from this they used a sliding sheet. This corresponded with the information recorded in the person's care file. Environmental risk assessments for each person's home were in place which included access for staff, a check of services and equipment and a confirmation that there was a smoke alarm in

place. Risk assessments were reviewed regularly and kept up to date to ensure they remained effective. Staff told us they were aware of the emergency response services to call should they recognise sudden changes in a person's health which required immediate action.

People were protected from emergencies that could arise at the service. Staff had received training about how to respond to emergencies and how to ensure people were safe. One member of staff told us, "We have been told what action to take if there is 'no reply' when we go out for a support visit." Staff told us this ensured that if a person was unwell, or had experienced a fall, they received appropriate help. People's needs were met safely because the service deployed sufficient staff. People told us their support visits and care were delivered as planned and the office staff contacted them to notify of any delays. One person told us, "There are enough staff. They've never missed a call. Always on time and stay for as long as they should." Another said, "I have four [staff] altogether, I know them all, they rotate and help me with my strip wash, getting me dressed and ready too." A relative commented, "Yes the [staff] are the same, they are great. They are very consistent; [relative] needs that, as she can be forgetful. The agency has been good at maintaining this." The service had experienced two missed visits in the last 12 months which the registered manager had acknowledged. The registered manager told us they had reviewed and improved the system of monitoring visits to minimise the risk of people not receiving care as planned.

People received support from staff vetted as suitable to meet their needs. One member of staff told us, "I had to wait for my references and DBS checks to come through before I started delivering care." Records showed new staff had completed an application form detailing their skills and experience and had demonstrated their suitability for their role at interview. Records confirmed all staff had a Disclosure and Barring Service (DBS) check, photographic identity, evidence of the right to work in the UK and reference checks carried out before they started working with people. The DBS assists employers by checking applicant's backgrounds to protect people from the risk of receiving support from unsuitable staff. Staff told us and records confirmed necessary employment checks were completed before they started work.

People received the support they required to manage and take their medicines. Care records showed people's needs were assessed in relation to this and the involvement of family in managing people's medicines was clear. A person told us, "They asked me about medicines and I said I just manage that on my own." Another said, "My daughter sees to the morning [medicines] and the [staff] do the tea [medicines]." Another person said, "It's the staff. They manage my medicines. It's all written down. I have no concerns about that." Medicines administration records showed staff followed procedures for administering and recording of people's medicines in line with the provider's policy.



## Is the service effective?

### Our findings

People and their relatives told us they received care and support from staff who had the knowledge and skills to carry out their roles effectively. One person told us, "Yes, the staff manage well. They do a good job." Another said, "They are well- trained, they know what to do." A relative said, "[Relative's] needs are met in a personalised way. Staff know how to look after him/her well." Another said, "The care is great. They [staff] all seem experienced and competent. I have confidence that the care provided is of high standard."

People were supported by suitably qualified staff. A member of staff told us, "If I had not had the induction and training I would not be able to do my job well." New staff received an induction before starting work at the service and regular training to ensure they had the skills and knowledge to carry out their role. This included completing mandatory training courses considered mandatory by the provider, reading care plans, familiarising themselves with risk assessments and company policies and shadowing the more experienced members of staff to ensure they were competent to support people. Staff received practical training in using equipment such as hoists to assist people with moving and positioning. A trainer evaluated each member of staff's competence to use such equipment through written tests of their knowledge and through observation of their skills in the classroom. The managers routinely checked that new staff were competent to support people with moving and positioning in people's own homes and records confirmed this.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People received support from staff whose knowledge was current which enabled them to meet their needs. Records showed staff received regular updates to their training in the MCA, safeguarding adults, infection control and managing people's medicines. There was also person specific training on managing challenging behaviour, epilepsy and managing pressure ulcers.

People received suitable care from staff who were appropriately supported in their roles. Staff received regular supervision from the managers and supervisors to ensure they provided effective care. One member of staff told us, "It's [supervisions] about how to improve our work practice to support people achieve their goals." Staff files included records of supervision sessions and observations of how they delivered people's care and support. Staff used supervision sessions to highlight areas of concern, where they required additional support and training in their role. They said they felt listened to in supervision and this was important for them to carry out their role. Staff had an annual appraisal when the registered manager reviewed their work and how they supported people. Records showed they had discussed what staff needed to do to develop in their role. Staff told us the registered manager was always available to them for advice. The registered manager told us and staff confirmed there was an on call system in place to support staff. Staff told us they called the on call manager when faced with situations they required guidance with.

People received care with their consent. A person told us, "Staff do what we discussed and agreed to. They wouldn't do anything I don't want them to." Staff understood the MCA and how they used it to support people to make decisions. A relative told us "Staff always ask [person] what they want, how they want it and when they want it." A member of staff told us, "We involve people in making decisions that affect them." Staff told us they sought consent from people on a daily basis when they provided care and support for example if they wanted to be supported with a wash. Another relative told us, "Staff explain the care they want to provide in a manner that [person] can understand to lessen worries and help them decide." Care records showed people were always asked for their consent in relation to the care and support they received and that staff respected their decisions.

People were supported to eat and drink where appropriate and to maintain a healthy diet. One person told us, "They [staff] help with my evening meal. They will heat it up for me." A relative said, "I manage the meals, but they [staff] will give [relative] a sandwich for lunch." People chose what to eat and drink from the food they had in their home. Staff assisted some people with shopping and meal preparation if the person requested support. One person told us, staff encouraged and told them to choose a healthy diet. Where a person required support with eating the assistance they needed was detailed in the care plan. Records showed staff had received specific training in food hygiene, nutrition of people with complex needs and older people. Staff told us and records confirmed they shared concerns about a person's eating and drinking to their family and GP to ensure appropriate action was taken to support them meet their needs.

People were supported to maintain good health. They told us they trusted the staff who supported them to recognise when they were unwell and ensure they accessed appropriate healthcare. A person said, "Staff contact my [relative] if I am unwell so that they can check on me." Another said, "Staff have contacted my GP before and made an appointment for me." Records showed that the service had liaised with a person's GP for a suitable appointment to ensure they were able to attend. The registered manager had worked and followed healthcare professional's advice to ensure people received effective health care services. For example, staff had received training in the prevention of pressure ulcers to ensure they were able to appropriately obtain and follow advice from a community nurse or GP in relation to any concerns about damage to people's skin.

## Is the service caring?

### Our findings

People and their relatives told us staff were kind and caring. A person said, "[The staff] are polite, they are sympathetic and gentle. They are not abrupt. I haven't had problems with any of them." Another said, "[The staff] are very good, they are always there for me, they always look after me well. They are polite, they are number one." A third person said, "I would be lost without them [staff], they are very helpful." A relative said, "[Relative] is happy with their care. They always look forward to their [staff] next visit." The registered manager explained they provided a caring service by taking time to get to know each person they supported and understanding how they wanted the support provided.

People received their care and support from staff who knew them well. This enabled people to build positive relationships with the staff who supported them. A person told us, "I have had the same [staff] which makes life a lot easier. They know what help I need." Another said, "They are the same staff most of the time. We have a chat and a good laugh when they come round." Staff told us and records confirmed each person had a team of staff that they got to know so when unplanned sickness or holidays occurred people received support from staff they already knew. People knew the different staff who supported them which helped reduce anxieties about who would provide their support. People told us the registered manager introduced them to new staff before they started providing them with care and support.

People received care and support in line with their wishes. One person told us, "They [staff] are caring, they don't take liberties, they always ask and check with me first." Staff had a good understanding of what was important to people and provided support in line with people's social and cultural values. A relative told us, "They are respectful and professional. [Person] has dementia, they talk to her and encourage her. They are very helpful, will chat to her and make an effort with her." Care records confirmed staff had asked people about their preferences and delivered their support as they wished. For example, a person's records stated, "I prefer to have my breakfast after my shower." People received the support they required to follow interests and hobbies and maintain contact with their local community when required as part of their care.

People were supported to express their views about their care and support. Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received. A relative told us, "[Relative] is fully involved in making decisions about their care." Another relative said, "Staff do everything with the agreement of [relative]. We have access to the support plan and discuss regularly any changes we wish to see." People's care records showed staff had asked them about their preferences and life histories. For example, a person's records read, "I like to have a cup of tea before a bath." Records showed staff had supported the person as they wished. People were involved with the review of their health and this enabled staff to understand what was important to them to provide their support well.

People's confidentiality was respected. Staff understood the importance of maintaining people's confidentiality. They told us they only discussed personal information with healthcare professionals and other people authorised to share it with. Care records kept at the office were secure and only accessible to staff authorised by the registered manager.

People told us staff treated them with dignity and respected their privacy. One person said, "Nothing is too much for [member of staff]. They are very pleasant and respectful." Staff were able to describe how they supported people in a way that respected their privacy and dignity. Another person told us, "The staff close the door when I am having a wash, they keep me covered when necessary and never talk over me." Another person said, "[Staff member] is very nice. They give me privacy when needed." People told us staff asked them what they preferred to be called and used the names they liked. Staff told us and records showed that supervisors and managers checked how they treated people during their observations of home visits and promoted respect of people.

People were encouraged to be as independent as possible. People told us staff asked them what they could do for themselves and supported them when required. A person said, "I do what I can and staff support me with what I want them to. It was all discussed before and staff help me as I want." Staff told us that it was important that they did not complete tasks for people, instead encouraged them to do things, ensuring they maintained their independence. A relative said, "Staff have helped [relative] in becoming more independent in the last two years. They give him/her encouragement, he/she picks out their clothes themselves, and staff are very involved with her/him." One member of staff said, "Ours is just a supportive and caring role. We are eager for people to retain and develop their skills, not to disempower them." Care records showed people were supported according to their identified need in completing tasks.

## Is the service responsive?

### Our findings

People received care and support that was appropriate to their needs. Staff had a good knowledge of the needs and preferences of the people using the service. People and their relatives where appropriate were involved in the assessment and planning of their care. One person told us, "Yes I have a care plan." Each person's care plan was kept at the office and a copy in their home which was detailed and individualised to them. Care plans contained details about how each person wanted to receive their support as well as their preferences of activities they wanted to be supported with. A member of staff said, "We make sure care is person centred and the person is involved in the planning of their care or a relative if they are not able to." Care records showed other health care professionals were involved for guidance to ensure people were provided with the care and support they required.

People received care that was responsive to their individual needs. People, their relatives, advocates and health care professionals were involved in reviewing people's needs and records were updated to reflect this. One person told us, "I do have a care plan, it's reviewed regularly. [Member of staff] comes to go over it, they phone as well." A relative told us, "Staff regularly update all the paperwork with regards to care plans and medicines sheets. We have regular reviews to discuss ongoing care about [person]." Another relative said, "The care plan is reviewed regularly, I do feel I am listened to." Staff told us of a person whose needs had changed in relation to their mobility. Records confirmed what staff told us and showed they had updated the person's care plan and ensured they delivered care and support to meet their current needs. Staff told us they were kept up to date with changes to people's health needs and knew the support they required.

People were able to give feedback about the service and their views were acted on. One person told us, "Someone rings from the office to check if I'm happy with the service and the support provided." A relative told us they were able to contact the registered manager when they wanted and that their family member was regularly asked for their feedback on the service. Care records showed that people's feedback was sought by means of a telephone call or a home visit. Records of telephone calls made by office staff to people showed they were asked if they were happy with the service they received and whether they got on well with the members of staff who supported them. The registered manager had taken action on concerns raised such as ensuring staff changed the visit times to accommodate a person's changing needs.

People told us the service was responsive to complaints and concerns they raised. People were encouraged to use the complaints, compliments and customer feedback forms to tell the provider how they felt. They were aware of how to make a complaint when needed. One person told us, "I haven't made a complaint as such. I talk about any niggles with staff and they are sorted out there and then." Another said, "The manager is on the ball. All it takes is a phone call and everything is put right." Another said, "I have made a complaint. We have had a missed call, so we called the office. The manager herself came out to care for [person]. They dealt with it promptly, it wasn't an ideal situation but it had to be done." A relative told us, "We have worked out issues with the manager and staff. They have listened when we have raised an issue." People and their relatives told us they had complaints forms available in their support plan in their home in a format they understood. The provider had an appropriate policy and procedure for managing complaints about the

service. This included agreed timescales for responding to people's concerns. Records showed that people's complaints were investigated thoroughly and detailed written reports were sent to complainants.

The registered manager shared compliments received at the service. One relative had commented, "I'm happy with the service overall. They are very responsive, the supervisors deal with things promptly. I would recommend it. I have used another care agency and I was not impressed. Care watch was recommended by a family member, overall they are good. They provide [relative] with consistency."

## Is the service well-led?

### Our findings

People and their relatives told us they felt they were supported by a team that was well led. One person told us, "[Member of staff] is lovely in the office, I have got all the numbers, and they keep in contact. They let me know everything. The office are well organised, they are easy to get hold off." Another said, "I have good communication with the office. They helped me get the extra care I needed promptly. They called social services for me and we worked together quickly. I called the office and they coordinated everything with the social worker." The registered manager was supported by a small team of staff who said there were clear lines of responsibility. Staff told us they had easy access to care coordinators to share concerns and seek advice. Care coordinators worked as part of the team, which enabled them to monitor people's well-being on an on-going basis.

The registered manager had a clear vision for the service, which staff understood and shared. They explained they wanted to develop a service, which had the possibility to empower people, and the ability to manage what came with that. This meant listening to people, learning and reflecting on what they said. One person said, "I'm very pleased with the service. The office staff are organised. The carers are well supported; the [staff] tend to stay with the service." Another said, "Nothing to improve on, girls help if they can with whatever they can. I can't praise them enough, I am so happy." People's records and other information were well organised, readily available to us and easily accessible to staff.

The culture of the service was person centred. One person told us, "The service is very good. They can't do more than they do." The registered manager promoted person centred care through staff training programmes to give them the confidence and skills to meet the specific needs of the people who used the service. Staff told us this was emphasised in regular meetings and one to one staff supervision sessions. They said that their supervisors asked them to make improvements to their work when necessary. Staff told us they were clear about their roles and responsibilities and understood how they should treat people and respect their choices. The provider's policies, procedures and operational practices were designed to support each person in a person centred way.

Staff told us the registered manager was supportive and motivated them to provide a high standard of care. A member of staff told us, "[Registered manager] is very approachable and flexible. If there is any information I want she gets back to me very quickly. She is very passionate about care and wants the very best of care for [people]." Staff were able and confident to raise concerns with the registered manager or provider. A member of staff said, "The manager is available to discuss any concerns I might have and will make sure I work things out." Staff records showed they had regular contact with the management team. Staff said the registered manager supported and encouraged them to develop good team effort and share best practices. Staff told us they contributed to improve the service and the registered manager considered their ideas and valued their work. Records of staff meetings held with the registered manager showed they had discussed ways to improve the service.

The registered manager understood their responsibilities to CQC and what events they had to notify us of. All notifications were made as required by legislation. The registered manager had completed a provider

information return prior to our inspection and the information they included reflected what we saw during our inspection visit.

People benefitted from effective quality assurance systems to monitor care and plans for on-going improvements. Quality assurance questionnaires asked people, their relatives and staff about their views on the service and the support and care they received and took appropriate action. The registered manager, supervisors and the staff knew the people they supported well with the supervisors regularly providing support to people. They told us that this gave them the opportunity to monitor the quality of care provided in an informal manner. Survey results of 2016 showed positive comments from people and a high rate of satisfaction with the service and by their relatives who had responded.

People were assured of appropriate support as the registered manager made follow ups if there were any issues which required improvement and acted on them. The management carried out regular spot checks to ensure people received effective care. A member of staff told us, "The manager checks with people and reads our daily records to check if we are providing their care as planned." Another member of staff said, "The spot checks make us aware of the need to be up to date on our understanding of people's needs and to keep the eye on the ball when we make home visits." Staff told us and records confirmed the registered manager and supervisors conducted spot checks and regular visits to monitor how they supported people to meet their needs. Staff told us they received feedback from the registered manager on their practice and got the support they needed.

The provider promoted continuous improvement at the service. They updated policies in line with changes to legislation. The registered manager participated in various forums for exchanging information and ideas and fostering best practice in care provision. These included support provided by the provider by way of manager's meetings and external support from health and care organisations. This ensured that the management team was aware of any new requirements introduced by the provider and development in the care sector.

The service worked in partnership with other organisations to improve the service people received. The registered manager ensured staff sought specialist support and advice from external healthcare professionals when needed. Feedback from social care professionals about how the service worked with them was mixed. One healthcare professional told us the service worked effectively with them to ensure people received the support they required to remain independent. However, another healthcare professional did feedback and said, "The response has somewhat been slow to deal with changes in people's needs." However, the evidence we reviewed showed the registered manager and the provider responded immediately when they or other healthcare professionals identified areas of improvement. For example, all staff had been enrolled for in-depth pressure ulcer management training within days of an issue having been identified by a healthcare professional in the community. The service had also continued to provide one person with care whilst they waited for a healthcare professional to complete their assessments to move them on to a 24 hour supported care.