

# United Response London DCA

## Inspection report

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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

London DCA is a domiciliary care and 'supported living' service and is registered to provide personal care and support to people who have a learning disability or complex needs in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of the inspection there were 19 people receiving personal care in five different supported living settings on 24/7 hour support. We visited some people who lived in self-contained flats and adapted or purpose-built houses where people had their own bedroom and sometimes individual or shared bathrooms and communal areas.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and their relatives told us they were happy with the care and support provided. Comments included, "We know [person] feels safe even though communication is difficult"; "[Staff] go out of their way to make things as safe as possible for [person] from checking her daily for sores to managing her feed and keeping her clean" and "[Person] feels safe and is happy with everyone and anyone there who looks out for him."

People were protected from risk of avoidable harm. Comments included, "They look after me so well, I couldn't ask for better"; "The staff support me good, always take me where I need to go" and "The staff help me to lock the doors and windows as I get a bit forgetful". Staff knew how to identify and report abuse to protect people from harm. Risk assessments were carried out and management plans put in place to ensure people received care in a safe manner.

Sufficient numbers of staff were deployed to meet people's care and support needs. People's medicines were managed safely and administered when required.

Infection control and prevention practices at the service were in line with best practice guidelines including those associated with COVID-19.

People were supported by staff who were recruited safely and undertook an induction before they started providing care. Staff were trained and supported to ensure they met people's needs. Staff provided care safely in manner that reduced the risk of spread of infection.

People told us they had developed positive and meaningful caring relationships with staff, most of whom had provided their care for several years. Comments included, "[Staff] genuinely care, they see [person] not as a set of difficult behaviours. He trusts them, they have a good relationship" and "[Person] is always well cared for and [staff] provide her with the help she requires."

People's care delivery maintained their dignity, confidentiality and privacy. Staff sought people's consent before they supported them. People were encouraged to be as independent as possible and to make choices about their daily living.

People's needs were assessed and met. People accessed healthcare services in a timely manner. Care and support plans were updated to reflect changes to people's health which ensured staff provided appropriate care to each person. People felt confident to make a complaint when they were unhappy with any aspect of the service.

Checks and audits were carried out on the quality of care to drive improvement. People, staff and relatives were involved in the management of the service and their views were considered. The provider worked in partnership with other agencies, health and social care professionals and external organisations to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture for those people who use the service and had a learning disability.

Right support: Model of care and setting maximises people's choice, control and Independence; Right care: Care is person-centred and promotes people's dignity, privacy and human rights; Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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

This service was registered with us on 09/01/2020.

The last rating for the service at the previous premises was good, published on 23 May 2019.

Why we inspected

We inspected this service in line with our inspection methodology and because the service did not have a rating at their new location.

#### Follow-up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# London DCA

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of one inspector, an inspection manager and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

This service provides care and support to people living in 'supported living' settings, so that they can live 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

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

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

Inspection activity started on 18 May 2022 and ended on 8 June 2022. We visited the supported living settings on 18 May 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

We used all this information to plan our inspection.

During the inspection

We visited five supported living settings to meet with people who used the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who used the service, 11 relatives and 15 staff members including the registered manager, service managers and care staff.

We reviewed a range of records. This included 10 people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A member of staff told us, "I am pretty confident the manager would deal with things appropriately, he does tell us things, does not keep anything from us."
- Staff understood their responsibility to identify and report potential abuse to keep people safe. Staff told us, "Always make sure the person is safe and help them if they are distressed, that's the first thing. Then report it to my manager and safeguarding" and "Reassure the person, then report, then document. I can report to safeguarding myself if I need to." Systems were in place to minimise the risk of abuse, for example staff followed processes to ensure people's day-to-day spending money was managed safely.
- Staff received training in safeguarding and demonstrated detailed knowledge of the provider's processes of reporting concerns.
- Safeguarding concerns were reported to relevant authorities to be investigated and resolved. There were no current safeguarding concerns at the time of our inspection.

Assessing risk, safety monitoring and management

- People's care delivery took into account the risks posed to their health and wellbeing. Comments from people's relatives included, "[Person] is kept safe and out of harms' way"; "Everything, every detail for his safety and well-being seems to be thought of" and "The staff are fully aware of the risks and have pointed things out to her to help her keep herself safe and away from harms' way but also keep an eye on things so not to stifle her."
- Risk assessments were carried out on people's needs and support plans developed, reviewed and updated regularly which enabled staff to deliver care safely. Risks identified included the support people required with managing their finances, medication, nutrition and hydration and environment.
- Staff understood the various risks to people and followed the guidance when providing care.

Staffing and recruitment

- Sufficient numbers of staff were deployed to ensure people had the support they needed to keep them safe and undertake the activities of their choice. Rotas were covered and sickness and absences managed to ensure people always received care when required.
- People and their relatives were happy a permanent staff team was consistent and had worked with people for a very long time, ensuring that staff knew people's needs very well. The provider used some regular agency staff when to cover absences.
- People were supported by staff who were safely recruited. The provider carried out checks on staff's employment history and obtained references including Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.



The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received the support they required to manage and take their medicines when needed and also to manage their medicines independently when this was possible. A relative told us, "[Person] is not up to organising her medication so they have all that in hand"; "[Person] gets her medication on time" and "Medication is always checked and provided without fail." Medicine Administration Records (MAR) were completed, checked and audited to identify and resolved in a timely manner any concerns.
- Staff received training in medicines management and had their competencies assessed.
- The provider ensured staff had access to an up to date medicines policy and procedures for guidance when required.

#### Preventing and controlling infection

- People were supported by staff who followed infection prevention and control processes to minimise the risk of infection.
- Staff were trained in IPC procedures including those related to COVID-19 and followed good hygiene practices. Staff supported people to clean and to undertake daily cleaning chores. Staff told us they used Personal Protective Equipment such as aprons and gloves when preparing food or carrying out personal care to prevent contamination and spread of disease. Regular spot checks, team meetings and communication were undertaken to ensure consistent compliance in the use of PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- People benefitted from lessons learnt when things went wrong with any aspect of the care they delivered. Staff reported and recorded accidents and incidents.
- The service managers had oversight of the accidents and incidents which enabled them to identify patterns and trends. They held team meetings to support staff's learning and minimise the risk of a recurrence.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People's needs were assessed and met. Staff involved people's relatives where appropriate in the assessments and review of each person's needs.
- People told us they received care when needed in line with their needs and preferences. Care plans showed people's health conditions, the support they required and their preferred times to receive care and support. Care plans were reviewed and updated to reflect people's current care and support needs.
- Staff followed the provider's guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received care appropriate to their needs from staff who were supported to undertake their roles. Comments included, "Yes indeed [staff] are all very good and look after him splendidly" and "I feel they are very reliable, and we could not do without them."
- Staff received support through an induction, training and supervision to ensure they met people's needs.
- Records confirmed staff received supervisions and training in areas such as safeguarding people from abuse, infection control, Mental Capacity Act 2005 and moving and handling.

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

- People were supported to access healthcare professionals and other agencies to ensure they received appropriate care. Staff were in close contact with psychologists, learning disability nurses, occupational therapists, speech and language therapists as well as people's GPs and medical specialists to ensure people received prompt support when they needed it. One person had been diagnosed with a serious health concern which staff were helping them navigate.
- Care records showed staff followed guidance recommended by healthcare professionals to meet people's needs. For example, by ensuring a person had access to their mobility aids when walking.
- The provider and service managers planned admissions to the various supported living settings to ensure people were a good fit to live together, with relatable support needs and interests. There was a transition programme for people when they decided to move into the settings, to ensure they were a good match with their prospective housemates as well as ensuring the staff could meet their support needs.

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

- People were supported to prepare their meals where appropriate, and to eat and drink sufficient amounts for their health and wellbeing. Comments included, "Carers do all my cooking for me" and "[Staff] prepare all of [person's] food and do all her shopping."
- People told us staff encouraged them to include fresh food, vegetables and fruit in their diets.

- Some people had pictorial resources to assist them to plan their meals. Staff supported people to learn cooking skills.
- Staff had supported a person to lose a significant amount of weight through learning about portion size, purchasing food products in a manageable size and going to the gym.
- Care records indicated people's preferences for food and drink and the support they required with eating and drinking.
- We observed people preparing their own lunch and snacks with staff support and guidance.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People gave consent to staff to provide their care. Staff worked within the principles of MCA and supported people to make decisions about their care.
- Staff received training in MCA and knew their responsibility to provide care in a way that promoted people's rights.
- Care records contained information about what decisions people could make for themselves and where they may require more support, for example to make decisions about managing their finances, medicines and personal care.
- The provider had a policy on MCA and Deprivation of Liberty which staff had access to for guidance on how to uphold people's rights to make decisions about their care and support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. Comments included, "[Staff] could not be more helpful and caring" and "I am just so happy and humbled by how great they are." One person had been supported to work through personal issues with kindness and compassion and to access the therapies they needed to process some of what happened to them. A member of staff told us, "[Person] have come so far and are always full of joy. It is so lovely to see how happy they are with the right support, living their best life."
- People were happy with the caring relationships they had with staff. Comments included, "We are very confident that they have her best interests at heart"; "[Person] has been there for ages and [staff] know her well" and "We are so pleased with the way she is living and all the help and kindness she receives."
- Care plans detailed information about people's life history, likes, dislikes and preferences. Staff understood people's diverse needs including their cultural backgrounds and what mattered to them. People enjoyed access to facilities, access to community and aspects of daily living because staff did not discriminate against them and provided care in a caring way.

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

- People received the support they required to share their views and to make decisions about the support they required.
- People using the service and their relatives where appropriate were involved in planning and developing their care and support plans.
- Care records showed people received care in the manner they wished and in line with their preferences. Staff were flexible around people's daily routines which ensured each person lived their life as they preferred.
- A service manager and staff advocated on people's behalf when this was necessary, with the landlords of the properties as well as other agencies in people's circle of support.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff upheld their privacy and dignity. Comments included, "I have nothing to report other than the care is exceptional."
- People lived independent lives as far as practicable. Staff supported people to develop new skills and to maintain existing abilities to do tasks they were capable of doing for themselves.
- Care records indicated tasks and activities people were able to do independently such as some aspects of their personal care, managing their finances and attending social activities in the community.
- We observed a meeting between day centre staff and a service manager, where the service manager supported the person's right to take positive risks to enhance their independence. We also saw where staff

had advocated on a person's behalf to secure funding to add an en-suite bathroom to their room, which allowed them the space to pace and move around at night without disturbing their flatmates as this had been a cause of tension within the house.

- Staff treated people's information with confidentiality and respected their privacy by sharing information with health and social care professionals as appropriate.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their individual needs and preferences. People and their relatives were happy with the care provided by staff. Staff involved people and their relatives where appropriate in planning for their care and support. This enabled people to have choice and control about how they wished their care delivered. People told us and records showed staff provided care to people in line with their needs and preferences as planned. Care plans highlighted each person's individual needs, what was important to them, their daily routines and preferences.
- Staff had nurtured positive relationship with people and knew how to support them.
- Care plans detailed people's needs, health conditions and the level of support they required and were kept under regular review and updated to ensure staff met people's needs.

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.

- People were supported in a manner that met their sensory impairments and preferences on how they wished to communicate. Assessments were carried out on people's communication needs and support plans put in place to ensure staff communicated with people appropriately. People were provided with information about their care in a manner they understood.
- People and their relatives were happy staff communicated with them well and knew how they wished their care to be provided.
- The provider ensured people were provided with information in line with AIS, for example, support plans, menus, questionnaires were in easy read or pictorial format and or large font.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities to reduce social isolation and to live fulfilling lives. People took part in personal development activities such as attending college, acquiring new skills and

volunteering to organisations in the community.

- Each person had a comprehensive timetable of activities and some had been supported to develop their independence in relation to these. For example, one person had been supported by staff to learn to travel independently on the London underground to and from their drama club. We saw many pictures of people enjoying themselves making popcorn for a cinema night, with a film projected on to a big screen; gardening; going to church; attending a pantomime; hosting birthday parties; having spa nights; going to concerts; and making pancakes.
- Staff supported people to build meaningful links with the local communities. We observed a group of people who use the service in a local café, enjoying lunch and laughing and joking with the café staff.
- Staff supported people in ways that were responsive to their needs. The service manager told us, "It's really important that we listen to the people we support, they will tell you how they want to be supported. They let you know exactly what they want, or don't want."
- Each person had a keyworker who was responsible for coordinating all aspects of their support, finance checks and maximising their benefits, supporting people to try new activities and arrange special events. A member of staff told us, "[Support is] all aimed at ensuring it benefits people's lives and the keyworker system really gives you the opportunity for that 1:1 focus."
- Staff supported people to maintain relationships with others who were important to them. One person told us about how staff had assisted them to shop for and purchase a tablet computer so they could have video calls with their loved ones when they couldn't visit in person during the COVID-19 lockdowns. They said, "I love my [tablet], for video calls and also now for watching videos."
- Staff had also supported a person to sign up to a matchmaking service, to increase their potential for meeting people with a view to a romantic relationship. The person told us, "I love it, I really, really want a [partner] and the staff are helping me to meet people."

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

- People using the service and their relatives knew how to raise a concern if they were unhappy with any aspect of the service. They told us, "We feel confident that [manager] would deal with anything untoward appropriately and without delay" and "I have confidence with the managers. They listen to what I say. I complained that the garden furniture was dirty, and people were unable to sit outside, it was sorted out the same day." People were confident the registered manager would address any concerns they had.
- People and their relatives received the provider's complaints policy and procedure which provided guidance on how to make a complaint and what they could expect in response.
- The registered manager understood their responsibility to investigate and address complaints raised against the service. Complaints were recorded and monitored to ensure concerns were resolved in line with the provider's policy and procedures.

#### End of life care and support

- People were involved in discussing their end of their life care wishes. Care records had information about people's wishes where they shared these. At the time of this inspection, there was no one receiving end of life care and support.
- The registered manager understood their responsibility to ensure people received appropriate care at the end of their lives. The provider had a policy and procedure with guidance on provision of end of life care and how to collaborate with other health and social care professionals such as GPs and the palliative care team when needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were complimentary about the running of the service. The service managers ensured sound rota planning, allocation and flexibility of care staff which ensured people received care that met their individual needs and preferences.
- Staff told us they met with people daily to discuss their care and any changes people wished to make to their routine. We observed people approaching staff to discuss the support they received, for example going out into the community.

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

- People and their relatives told us the registered manager and service managers were happy to discuss with them any issues that affected care delivery. One relative told us, "The office staff are very good, the manager contacts me via email. I would be informed immediately about anything, nothing is withheld."
- The provider and registered manager understood their responsibilities under the duty of candour to be open and honest when things go wrong. For example, the provider had acknowledged an error made by a member of staff and reviewed their systems to ensure people received consistent high standards of care.
- Staff told us the service managers encouraged them to be open and honest when they delivered care below the expected standards to ensure issues were addressed.

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

- People received care in a manner that met regulatory and statutory requirements.

The registered manager submitted notifications to CQC and the local authority safeguarding teams of significant events in line with their legal responsibilities.

- Monitoring and audit systems were used effectively to assess and monitor the quality of the service. Checks were made on various aspects of the service such as finances, care planning, record keeping, medicines management, and staff training. The registered manager ensured they made improvements when needed.
- The provider ensured staff had access to up to date policies and procedures on how to deliver care appropriately and in line with best practice. For example, in response to the COVID-19 pandemic to ensure staff had sufficient guidance to meet regulatory functions.
- Staff were aware of their roles and responsibilities and knew where to get support to drive improvement.



Staff felt supported in their roles through regular supervisions, spot checks, and updates from the service managers in the settings they worked. The registered manager or service managers held staff meetings where they discussed the teams' roles in relation to meeting people's needs, managing risks, policies and procedures, medicines management, record keeping, supervisions and training.

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

- People who used the service and their relatives were happy about their involvement at the service. They told us, "We have six monthly carers' meetings. The office staff are approachable. There are no problems. We are getting good support" and "The manager visits to see how [person] is. He also phones me."
- People and their relatives were provided with opportunities to provide feedback and share their views on the care and support they received through questionnaires, care reviews, contact via the service managers and daily interaction with staff.
- Staff told us they had regular catch up calls, meetings and handovers where they discussed issues affecting the service and care delivery.
- The provider ensured there were opportunities for staff to develop within the organisation. A member of staff told us, "My manager has been fantastic, she has put me forward for a diversity staff leadership programme and training, which I am really enjoying, and I am excited about what the future holds." Service managers told us they received good support from senior managers.

Continuous learning and improving care.

- People enjoyed better outcomes to their health and well beings because the provider promoted continuous learning. Staff told us their managers encouraged them to be open about incidents to help the provider take action to improve their practice and to ensure continuous learning took place.
- Handovers and team meetings were used as learning opportunities to minimise problems before they arose. Staff felt happy the managers in their settings valued and considered their views about how to drive improvement.
- Incidents and accidents were reported and recorded. The managers discussed incidents with staff which ensured continuous learning took place and sharing of good practice across the team.
- Supervision notes and team meeting minutes showed staff had opportunities to learn and improve their practices.
- People and their relatives were happy about the communication with the staff at the various settings and felt listened to.

Working in partnership with others

- People received care in line with their needs and preferences. The registered manager worked in partnership with health and social care professionals including GPs, physiotherapists, pharmacists, occupational therapists and social workers to plan and deliver an effective service. For example, the registered manager liaised with agencies to help staff get a better understanding of people's conditions.
- The service had links with the local community which ensured people had access to resources and facilities they required to live fulfilling lives.