

Complete Home Care Sussex Ltd

Complete Home Care Sussex Ltd

Inspection report

164 Ifield Road
Crawley
RH11 7HZ

Date of inspection visit:
03 December 2019

Date of publication:
20 December 2019

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

Complete Home Care Sussex Ltd is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults some of whom were living with dementia. At the time of the inspection the service was supporting 35 people who were receiving personal care in Crawley, Horsham and the surrounding 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 were protected from avoidable harm and abuse. Safeguarding policies and procedures were embedded within practice and were consistently followed. Staff had recognised signs of abuse and had reported any concerns.

People told us they were happy with the care they received, and that staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and in the way the person preferred. There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. Staff supported people to have their prescribed medicines safely.

People were supported to ensure their healthcare needs were met. People were encouraged to live healthy lives and received support to purchase and cook their food when they needed it.

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

People received kind and compassionate care. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care. One person said, "I just think it's excellent, I can't fault them. I would definitely recommend them."

People received personalised care that was tailored to meet their individual needs, preferences and choices. Care plans were detailed and guided staff about people's needs and how to meet them. People's concerns and complaints were listened to and used to improve the service they received. Staff had training and experience to provide end of life support when people needed it.

People were complimentary about the registered manager and how the service was run. One person said, "Oh yes they know what's going on and what needs to be done." Systems and processes were in place to

ensure the safe running of the service and to drive improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 03/12/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the timescales set out on our registration programme.

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.

Complete Home Care Sussex Ltd

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 one inspector.

Service and service type

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 November 2019 and ended on 4 December 2019. We visited the office location on 3 December 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 looked at other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

We spoke with care professionals and the local authority who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with six members of staff including the registered manager, care manager, office manager, one senior care worker and two care workers. We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided.

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 for 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 told us that staff made them feel safe when providing care. One person said, "They're always close to me so that gives me a lot more confidence." One relative said, "It's perfectly safe for him. You have regular carers which is nice as the person gets to know the carer and the carer gets to know the person."
- People were consistently protected from abuse. Staff told us that they received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. Staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice. For example, one staff member said, "We will look at different types of behaviour that we don't normally see."
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. One staff member said, "Any concerns I would discuss and report to the office. I would look for signs of neglect and any unexplained marks." The registered manager had made appropriate notifications to CQC and the local authority to report incidents of concern.

Assessing risk, safety monitoring and management

- Risks to people were identified and comprehensive assessments were in place. For example, some people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred. One person needed support with the use of a hoist. A manual handling assessment described how to position the sling to ensure the person's comfort. Another person lived with a neurological disorder which caused pain to their body and their risk assessment guided staff in supporting them to move carefully to reduce their pain.
- When asked if staff supported them safely to move, one person said, "Yes they do. They're really good girls. We have one special girl who comes in and she really looks after me. I can't give her more praise."
- Risk assessments had been completed according to people's individual needs. One person had Motor Neurone disease and required a constant supply of air to manage their condition. An assessment identified specific risks to their breathing associated with the disease and guided staff in how to support the person and mitigate risks, such as not wearing strong perfume or deodorant.

Staffing and recruitment

- There were enough suitable staff to provide the care visits. Staff told us that they had to cover for each other occasionally but described how office staff supported care visits when needed. Staff told us that they had sufficient travel time in between calls and that this benefitted the people they supported. One staff member said, "Yes we get enough travel time, which means you get more time with these clients. It never feels rushed."
- People told us they were receiving a consistent and reliable service. One person said, "They come at times

I prefer. The times fit in well with what I want. If there's a problem they will ring me up for any delays, but this doesn't happen very often." One relative said, "If they are ever late, only a couple of times, they would always call to inform me or my mother of the delay and when they expect to arrive."

- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Using medicines safely

- Some people needed support with medicines. There were safe systems in place to ensure that medicines were administered safely. We do not inspect how medicines are stored in people's homes. Staff had received training in administration of medicines and had regular checks to ensure they remained competent.
- People and their relatives told us that staff supported them to manage their medicines. One person said, "Yes, they also get my prescription when it's ready. They put my creams on for me which they do well."
- People sometimes required their medicines at specific times and they told us that staff ensured call times reflected these. One relative said, "Yes, I have spoken to (the registered manager) who has accommodated times to suit my mother. Especially as my mother takes eye medication, so a certain amount of time is needed between the morning and lunch calls."
- Records were completed consistently and there were systems to monitor recording and check that people received their medicines safely.

Preventing and controlling infection

- People and their relatives told us that staff used protective equipment when providing them with care. One person said, "They wear gloves and uniforms. They definitely keep things clean." Another person told us staff sometimes wore shoe protectors to ensure that dirt was not transferred into their homes.
- Staff had access to personal protective equipment (PPE) including gloves. They had received training in the prevention and control of infection and food hygiene.
- The provider had appropriate policies to guide staff in how to provide care safely to avoid spreading infection.

Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents and incidents, while appropriate actions had been taken for each event.
- During the first year of providing care and support, the registered manager had worked closely with the local authority market support team to make changes in order to ensure that people received safe and effective care. Improvements had been made to staff recruitment processes to ensure that management had a more detailed history of potential new carers. The registered manager had also made changes to quality assurance systems so that audits were more accessible and demonstrated that safety and quality checks had taken place.
- There were effective arrangements to respond to emergency situations. A business continuity plan prioritised people according to risk, in the event of events such as untoward weather or systems failure.

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. 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; Staff working with other agencies to provide consistent, effective, timely care

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately.
- Staff worked effectively with others to ensure that people received consistent and person-centred care when they moved between services or were discharged from hospital. The provider had used continuing healthcare and local authority assessments to support their own initial assessments to ensure that important health and social care information was included.

Staff support: induction, training, skills and experience

- Staff had the skills and training to carry out their role and meet the needs of people they supported. Staff undertook a mixture of online and face to face training in courses such as safeguarding, moving and handling, medicines, first aid, health and safety and infection control.
- People and their relatives told us they had confidence in the skills and knowledge of staff. One person said, "They do know what they're doing. They're well trained. You do get some new ones but I'm quite impressed." One family member said, "They're very good. They go to the hospice and have training there so they can help Dad. It's nice for the family when you're relative gets unwell, you get carers you know and trust, I like that."
- Staff told us they received the training they needed and were well supported in their roles. One staff member said, "It's very good. (The registered manager) does it all here and asks random questions. If you're not sure of anything she's very helpful."
- When new staff commenced employment, they underwent an induction and shadowed experienced staff until they felt confident to carry out tasks unsupervised. One staff member said, "It's the best. I did a week in the office with (the registered manager). She is very thorough. We had a lot of questions on the spot and all of it was useful. We did an end of life course at the local hospice which was very useful."
- Staff told us that they felt well supported in their roles and were provided with regular supervision sessions. One staff member said, "They are down to earth and lovely. You can talk to them about anything and they'll always have the answer. I like the reassurance that I'm doing something right."

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

- People who required support with eating and drinking reported they were given choice and control over what they wanted to eat and drink. One person said, "They do my breakfast and evening meal how I want it. They leave me drinks before they leave."

- People's care plans recorded specific food that people had requested for each meal. People told us they were happy with the support they received. One person said, "I have a two-hour shopping call. They take me wherever I want to go. I can't stand long to cook so I get food from a company. They heat the food up for me. I struggle to eat so they encourage me to eat and stay until I've finished."
- When people were at risk of urinary tract infections care plans directed and prompted staff to leave drinks before they finished their calls. Drinking water helps flush harmful bacteria from the urinary tract. One person said, "They always leave me drinks before they leave."

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 by staff to access health care services if they needed to. One person said, "Yes they support me to ring the doctor sometimes but prompt me to do it."
- Records confirmed that staff spoke to relatives or the GP on behalf of people when they were not able to make contact themselves. Staff described positive working relationships with health care professionals including GPs, pharmacists, district nurses and occupational therapists. For example, the registered manager had established links with local district nurses to provide training in this area for staff.
- People were supported by staff who used guidance and information from specialists to inform the care they gave. For example, the registered manager would liaise with partners in continuing healthcare on providing care when people required prompt care following discharge from hospital.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead an application is made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff demonstrated an understanding of the MCA and could describe their responsibilities with regard to the legislation. One staff member said, "We always presume someone has capacity unless told otherwise."
- The registered manager confirmed that no one was currently under the Court of Protection. They stated that they assumed everyone had the capacity to make decisions and that staff were aware that people could make unwise decisions. The registered manager stated that staff would refer to the person's GP and work with the local authority if staff raise concerns about people's capacity to make decisions.

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 and their relatives spoke positively about the caring attitude of staff. One person said, "They've almost been like friends, that kind of relationship. I trust these girls they're good." One family member said, "Fantastic, the girls are so lovely they look after Dad really well. They treat them like they're your family."
- People and their relatives told us that staff were skilled in providing emotional support when it was needed. One relative said, "They're really nice. Two regular carers and they have a joke with him. The other one is brilliant and blows him a kiss when he leaves. It makes a difference to elderly people. They spend time having a chat because some people have nobody. It makes a real difference."
- Staff told us how they respected people's diverse needs. The registered manager told us that they supported one person from the travelling community and respected their cultural preferences. The registered manager said, "They are very house proud. The carers can't go in with shoes as its offensive to the culture of the travelling community, so carers wear socks or protectors."
- The registered manager told us that while they have supported people from different cultures, their priority was providing a consistent service to everyone they supported. The manager said, "It's not about their religion or culture, it's about their preferences and respecting these."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff were respectful and supported their dignity. When asked if staff promoted their dignity, one person said, "Definitely. They call me the Queen and bow down to me!." One comment seen from a completed survey said, "My carer is always friendly and polite to me, greeting me warmly with a smile and hug I love."
- Staff understood the need to preserve people's dignity when providing personal care. Staff told us they would ensure people's blinds and doors were closed to ensure people's privacy and would cover people discreetly when undertaking personal care. One staff member said, "It must be daunting to have people in their homes. If I need to keep someone safe by staying in their room, I'll turn my back to give them privacy. For one lady I would always place a towel across their front to maintain their dignity."
- Staff understood their responsibility to encourage people to complete tasks as much as possible for themselves. One staff member said, "I try to support everyone to be independent unless there's a specific reason. I try and encourage as much as possible with personal care."

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

- People and their relatives told us that they could express their views and be involved in their care. One person said, "I guide them and tell them what I want completed. They listen to what I want and are very good." One relative told us, "If I ask them to do something for me or Mum, they'll do it."

- People had been involved in decisions and changes to their support through reviews of their support. Records showed that people had contributed to decisions about their care. For example, a person had asked at their review for different timings to their calls, which staff had then put in place. One person said, "I have two calls a day. If there's a problem they will ring me up for any delays, but this doesn't happen very often. They come at times I prefer. The times fit in well with what I want."
- People told us that while they do get some new carers, they received a core of carers that visited them regularly. One person said, "They are three or four carers I see regularly." Another person told us, "I have regular ones more or less. I have three that are very special."

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.

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

- People were receiving a personalised service that was responsive to their needs. Staff knew people well and could tell us in detail about people's needs and about what they wanted to achieve. Two staff members told us of a person they supported with complex health needs that required careful and sometimes responsive action. One staff member said, "There's a lot of risks with his breathing. It's very complex. You have to be concentrated. For example, you check through everything before you move him off the chair. Everything you do for him is specific."
- Care plans were detailed and provided personalised information for staff. For example, one care plan guided staff on how the person should be supported to mobilise into the bathroom, what support they required with continence care, and how creams should be administered. Regular reviews had ensured that information was kept up to date, identified changes in people's needs and reflected the care that was provided.
- People and relatives told us that the management team were responsive to people's changing needs. For example, one person suffering from insomnia benefited from calls later in the morning and records showed that they were receiving this. When the person's circumstances changed, staff ensured that their calls were delivered earlier and at their preferred times. One family member said, "They're quite responsive at short notice. Dad has just come out of hospital and I've been calling them a lot." One person said, "Yes, they are. I have a list of what needs to be done and they do that well. They ask if there's anything else I need."
- Technology was used to support people to receive timely care and support. For example, staff told us that the electronic devices they used allowed them to record care more effectively, as all people's information was instantly accessible. One staff member said, "It's the best. Before people have come out of hospital and their needs have changed, it's already been updated on the system before they are discharged." Another staff member said, "It's absolutely brilliant. The care plan is there step by step, so you know nothing will get missed. It's very easy to record and it syncs back to the office for them to pick up. It's idiot proof."

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 AIS and had ensured that each person's communication needs had been assessed prior to them receiving care. Assessments determined whether their communication need was linked to a health issue, such as a stroke or whether they lived with a sensory impairment.
- The registered manager confirmed that no one receiving personal care required alternative formats to

ensure they understood the care they received. However, they told us that the service was able to provide alternative formats should people require them in order for them to meet the standard.

- People told us that staff had good knowledge of their needs and could respond accordingly. One person said, "They are quite understanding. I struggle to talk on my bad days and they know exactly what they need to do if I can't."

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 a range of activities and told us about their hobbies and interests such as going to the garden centre. One person said, "They take me wherever I want to go. They take me to the café or garden centre. They support me in my wheelchair. It's nice they tell me all about themselves when I ask. It's really lovely. It's a really good positive relationship I have with them which is lovely."
- The registered manager and staff were aware of the risks of social isolation and emphasis was placed on the promotion of people's emotional well-being and encouragement of outside activities. For example, staff had recently supported a person living with dementia to the local museum. The person had asked staff to show them what it was like to be a teenager, so they took the person to a local fast food restaurant which the person loved.
- Care plans identified where people might be at risk of social isolation and encouraged staff to have meaningful conversations with them. One person, who used to be a sports instructor, was supported to take a walk around the block while their food was being heated.

Improving care quality in response to complaints or concerns

- The provider had a complaints system and people and relatives told us they were aware of how to make a complaint and would feel comfortable making one if needed. One person said, "Yes I would raise a complaint definitely. For sure it would be dealt with properly." Another person said, "I don't have any issues, they are all wonderful."
- Records showed that complaints were responded to in a timely way. People had been provided with a complaints policy within their service user guide when they were first assessed.
- The registered manager confirmed that they had not had to change their approach or improve support as the result of the few complaints they had received. However, they told us that the two complaints they had received had involved people requesting a change of carers due to the person's personal preference, rather than issues with the quality of support. This meant they managed people's expectations as well as the wellbeing of staff who were taken off calls.

End of life care and support

- Although no one was currently receiving end of life support at the time of the inspection, the provider explored people's wishes and preferences for end of life care.
- The registered manager told us that they would also speak to families and people about their preferences in terms of who they want contacted at the end of their lives. One staff member said, "We support the relative just as much as the client actually." They also told us they had access to people's end of life preferences from the assessments that had been completed by the continuing health care team.
- Staff told us they had received very useful training on support for end of life care from the local hospice. One staff member said, "We make sure they are as comfortable as possible. We give them the best of end of life treatment."

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, their relatives and staff all told us that the service was well run. One person said, "(The registered manager) is very efficient, and I'm surprised how well she's brought this company on because she started it from scratch. She's done remarkably well and covers always the various things. If you have a problem she will look into it. She's very reliable." One relative said, "Overall we are quite happy, we have a good rapport with the manager. They are good people."
- Staff told us that they were happy at work and described an open and inclusive culture. One staff member said, "They are down to earth and lovely. You can talk to them about anything and they'll always have the answer. I like the reassurance that I'm doing something right." Another staff member said, "It's the first home care company I've worked for and they are absolutely fantastic. The customers come first, brilliant really good. The setup is so good."
- Records showed that staff received appraisals to identify any training needs or areas for professional development.

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

- The registered manager was a qualified and skilled leader, who had previous experience in training and management of a service that provided care to people in their homes. The registered manager was supported by an experienced care manager and office manager. Staff were clear on their roles and responsibilities in terms of providing effective staff management and ensuring quality assurance systems were in place.
- The registered manager had implemented effective systems to ensure that care and support were of good quality and to drive improvements. Regular audits and monitoring were completed on areas such as medicines, staff recording, the timings of calls and care plans.
- Systems monitored and improved staff performance such as probationary review meetings, spot checks and competency observations. Spot checks were undertaken in people's homes and included areas such as staff approach and their communication with people. Checks also monitored staff competence in undertaking tasks or using equipment needed to move people.
- Staff told us that the registered manager was positive and patient in providing ongoing guidance and reassurance on their performance. Staff told us they felt comfortable seeking reassurance. One staff member said, "You couldn't ask for any better, she is so good at everything. I don't ever feel that I can't ring up. If you weren't sure about something, you can ring her, and she'll go through something even if you've

already done it. She's always there and helps you no matter what."

- People told us that the registered provider was continuously looking to provide good support. One relative said, "The managers are always willing to help, even if extra calls are needed; it's a new company but they seem to be hiring responsible carers."
- The provider had implemented technology to help drive quality and improve standards. Staff used electronic devices to record the care they carried out. This allowed them to focus more time on delivering care and less time completing manual care notes. For example, tasks were generated automatically allowing staff to quickly confirm when they had completed them.

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

- People and their family members told us that they had been asked for feedback about the service on a regular basis through reviews and quality assurance surveys. One person said, "We also did a review over the phone. They have been out a couple of times, both managers."
- People told us that staff communicated with them, and kept them up-to-date, about changes in their care. One person said, "They keep me informed if there's any issues with the calls, if there is a change of situation."
- Staff described feeling involved and part of a team. They told us that staff meetings were inclusive and proactive. One staff member said, "We work so well together. Staff meetings are useful. It's done in groups of four to six people. It's very helpful There's an agenda but if you've got any issues, feedback is taken seriously."
- The registered manager understood their responsibilities under duty of candour. They also understood their regulatory requirements and notifications which were required to be sent to us by law had been completed. The rating awarded at the last inspection was on display at the home. The registered manager said that they kept up to date with latest local authority guidelines and safeguarding thresholds.

Working in partnership with others

- Staff had developed positive working relationships with a range of health and social care professionals. The registered manager attended local authority led provider forums to build relationships and share knowledge.
- Staff had formed good links with professionals such as GPs, district nurses, continuing healthcare and the local hospice.