

Milford Del Support Agency Limited

Stoneleigh Residential Care Home

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

Stoneleigh Residential Care Home is registered to provide accommodation and personal care for up to seven people and predominantly supports people living with a mental health condition and learning disabilities. At the time of the inspection they were seven people living at the service.

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

People told us they liked living in the service and felt safe and cared for. Staff had received training in safeguarding and understood their responsibilities. People were protected from abuse and there was an open culture, where staff supported people to have regular conversations where they could express any concerns.

People received their prescribed medicines and medicines were managed safely. The service was clean and hygienic. COVID-19 government guidance was followed by staff.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks. There were enough staff deployed to provide the care and support people needed.

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 underpinning principles of right support, right care, right culture. People were given choices which were appropriate to their needs and level of understanding and ability. People were supported and encouraged to achieve positive outcomes. For example, some people had been supported to increase their skills so they could plan moving onto more independent living. Care was person-centred and promoted people's dignity, privacy and human rights and the management team led by example and promoted an open and supportive culture.

Staff supported people to manage their own health and wellbeing and to seek advice or guidance from healthcare professionals as needed.

Staff demonstrated a commitment to providing person-centred care based on people's preferences and wishes. The staff team knew people well and had built trusting and meaningful relationships with them.

People were treated with kindness and their privacy was respected by staff. People were enabled and encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

The registered manager, deputy manager and staff had a clear vision about the service and support they offered to people. A range of audits and spot checks were completed to ensure a good quality service.

The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. There was a complaints procedure which provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The provider and management team welcomed suggestions on how they could develop the service and make improvements.

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 18 February 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 March 2019.

Why we inspected

This was a planned inspection, so we were able provide a rating for the service under a new provider.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Stoneleigh Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Stoneleigh Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we had received about the service, including previous

inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager, quality assurance manager and care workers.

We reviewed a range of records. This included three people's care records and four people's medicines records. We looked at staff recruitment records and a variety of records relating to the management of the service, including accident and incident records and safeguarding.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies and procedures. We had feedback from one external professional who regularly visit the service. We spoke to three relatives.

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

- There were appropriate policies and systems in place to protect people from the risk of abuse.
- People told us they felt safe, and that they would talk to staff if they had any concerns. One person said, "I feel very safe, nothing is worrying me." A relative told us, "I do not have any concerns, [person] is very safe there."
- Staff knew people living at the home well and understood how to protect them from abuse. For example, this meant they were able to recognise if people were unusually quiet, anxious, upset or angry and provided the right support at the right time for each person.
- There were no ongoing safeguarding investigations at the time of our inspection. However, records demonstrated the registered understood their responsibilities to report events to the local authority and CQC.
- Staff had received training in safeguarding, understood their responsibilities and told us they would report safeguarding concerns in line with the provider's safeguarding and whistle-blower procedures. One staff member told us, "If I thought people were at risk of harm and nothing was being done, I would report to the local authority safeguarding team."

Assessing risk, safety monitoring and management

- Risks to people had been assessed, managed and were regularly reviewed. Staff supported people in line with the risk assessments in their care plans. For example, people who went out on their own had missing persons protocols, so staff would know what to do should the person not return at the agreed time.
- Staff and the registered manager were proactive when people's needs changed. Discussions were had with people and risk assessments reviewed and updated when needed.
- The provider had an action plan that identified any environmental risks that required resolving with clear timescales. For example, they had identified that upstairs rooms did not all have window restrictors. Although the risks to people living in the service were assessed as low, they took prompt action to ensure window restrictors were in place or repaired as needed.
- People had a personal evacuation plan in place, to describe what support they required in the event of needing to evacuate the building in an emergency.
- Staff had a handover at the start of each shift, which meant they were up to date with any important information they needed to meet people's needs. For example, information in relation to people's health, medical appointments or any professional visits.

Staffing and recruitment

- Staffing levels were based on the needs of the people living at the service which meant people were

supported by enough staff who could safely meet people's needs. We observed staff had time to support people and to provide emotional support, talking to them about any of their needs or wishes to assist them in achieving personal goals.

- Recruitment procedures were robust, to help ensure only suitable staff were employed. This included disclosure and barring service (DBS) checks, obtaining up to date references and investigating any gaps in employment. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- People received their medicines safely and each person had a detailed medicines care plan. There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely and in accordance with best practice guidance.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- Protocols were in place for medicines prescribed to be administered on an 'as required'(PRN) basis. PRN medicines were regularly reviewed to monitor how much of the medicine was being administered and to ensure they were being taken appropriately.
- Safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager and any themes or patterns were identified. Where action was needed to address any issues, these were carried out promptly.
- Staff were informed of any accidents, incidents and near misses. These were discussed and analysed during handovers between shifts and at staff meetings.

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.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Most people living at the service were free to come and go on their own if they wished to. However, one person's care plan described they were at risk if they went out alone and needed staff support. A DoLS authorisation had been requested from the local authority but had not been agreed. We discussed this with the registered manager, who clearly understood their responsibilities. As a consequence of our discussions, a new MCA assessment was completed and a review of the person's needs requested with external social care professionals, so if a DoLS was appropriate this could be re-assessed.
- Staff had knowledge of the MCA and how this impacted on the people they supported. This ensured people's rights in relation to decision making was protected.
- Care plans were developed with people, and we saw that people had consented to their care where possible. Staff confirmed they always asked people's consent before delivering care.
- Where people could make decisions, they were fully involved and supported to understand information. One staff member said, "People can make their own choices, but we support them to understand any risks and if needed [if they lack capacity to], we can make a best interest decision."

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

- Prior to new people moving into the service, their needs were assessed, and consideration was given to if they would get on with people already living in the service. The registered manager described the importance of getting it right for people, ensuring they understood people's needs well and the staff team had the skills and knowledge to be able to provide good quality support. In order for this to work well, the provider and registered manager supported an extended assessment period. This enabled key staff to spend time with people at their home prior to moving into the service. For example, one staff member had spent a

week staying near where a person was previously living and visiting each day to be able to really get to know them and carry out in depth robust assessments of their needs. This meant the provider and registered manager felt confident they could meet people's needs prior to them moving in.

- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. There was a holistic approach towards ensuring person-centred care was delivered.
- People were involved in care planning to ensure their choices and preferences were considered and their needs were met effectively.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- Staff received an induction into their role, which followed the provider's induction programme. They worked alongside more experienced staff until they felt confident and were assessed by the management team, before they could work directly with people.
- The provider's induction programme enabled staff to achieve the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- Staff understood their responsibilities and what was expected of them. Records confirmed, staff had received training that was relevant to their roles and to the specific needs of the people they supported. For example, staff had training in safeguarding, equality and diversity, mental capacity and specific mental health needs such as bi-polar and anxiety.
- Staff received regular supervision and an annual appraisal, which enabled the registered manager to monitor and support staff in their role and to identify any training opportunities. One staff member told us, "I feel very supported, I can go to any manager and speak freely, they are all very approachable."

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

- People had been supported to make choices about what they wanted to eat and drink. Some people found this overwhelming, however staff knew them well and assisted them to have discussions and their likes and dislikes to increase their ability to make choices over time.
- People were supported to be involved in preparing food and drink, with the support of the staff team, who had received food and hygiene training. One person told us, "We get to decide what we want to eat and it's good, the staff always support us."
- There was plenty of food available to people and their choices respected. For example, one person told us they did not like the sausages that had been purchased, so the registered manager ensured the sausages they did like were purchased for them.

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

- The registered manager, deputy and staff had developed strong links and worked with local healthcare professionals including a GP surgery, community mental health nurses, occupational health workers, and speech and language therapists.
- People's health care needs were kept under review and were documented in their care plans. People were supported to understand their health needs and to attend external health care appointments when needed.
- Information about people's personal and health needs was recorded within a hospital passport. This meant information could go with the person to hospital, to help ensure their needs could be consistently

met.

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

- Adaptions had been made to the home to support the needs of the people living there. For example, there was a new downstairs shower room, flooring had been replaced and the service had been re-decorated throughout, to improve the environment for people living there.
- People's rooms had been adapted to their personal preferences. People told us they were happy living in their homes.

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 said staff were caring and knew them well. One person told us, "It is so much better than it used to be here. The staff are great and care about us." A relative told us, "They [staff team] have done so much with [person] and gone above and beyond, my whole family are astounded by the dedication, care and commitment they have shown to [person], they have changed their life for the better."
- The staff team clearly knew people well and they had built positive relationships with them. We observed staff spoke with kindness and engaged people in activities they enjoyed doing. For example, we observed a staff member dancing with a person and laughing together, singing along to the music. The person had a history of being quiet, withdrawn and unable to easily converse with people in their previous home. They were smiling and laughing as they danced, with what appeared to be pure joy in their eyes. This demonstrated there was a caring environment, where people could express themselves how they wished to.
- The registered manager, deputy and staff demonstrated a clear commitment to the service's values which were based around people and their life history being at the centre of everything they do and treating individuals with dignity and respect. People had been involved in deciding what the services vision and values should be. One person said, "I can talk to [registered manager] or [deputy] whenever I want to. They [staff] are all good to us."

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

- People told us they felt staff listened to them and were able to make decisions about their care. For example, one person was being supported to move on to more independent living and had been involved in meeting and deciding where and who they were going to live with.
- Staff respected people's choices and preferences. For example, they ensured people's choices were respected, such as decisions about their support, food and drink preferences, and what they wanted to do during the day. Staff gave people time to process information so that they were able to make decisions.
- Care planning documentation demonstrated that people were involved in making decisions about their own care and support needs. A relative told us, "They ask [person] and involve us if needed."
- People had regular monthly one to one discussion with the deputy or their keyworker so they knew they would always have time to discuss the things they wanted to.

Respecting and promoting people's privacy, dignity and independence

- People had keyworkers, who were key members of staff they could talk to and who would support them with appointments, maintaining contact with family and friends, reviewing care and support needs and supporting the person to access activities they may enjoy.
- Staff supported people to maximise their potential by supporting them to gain new skills, grow in

confidence and improve their wellbeing. This enabled people to work towards the attainment of their goals and aspirations. For example, some people had been supported to develop skills of independent living and had moved on to a supportive living environment and another person was being supported towards this goal. A relative told us, "All the staff at Stoneleigh have been so good and have gone above and beyond, it has made such a difference to [person's] life and future."

- People's privacy and dignity was respected. We observed staff knocking on doors before entering and that people's rooms or own private spaces could be locked, if they chose to do so.
- There were communal rooms people could spend time in together or with staff, but were able to choose what suited them, as some people needed to be able to have a quiet space away from others at times. This was respected by staff, whilst being mindful of people's emotional needs and wellbeing.

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 received personalised support that tailored to their individual needs and was inclusive for them. An external professional told us, "There is a good ethos in this provision [service] with person centred support available."
- People's care plans were person centred and contained information about people's life history. However, the provider's quality lead had identified they would benefit from further development to ensure information was presented clearly and there was a focus on maximising people's individual potential, so they could lead as full a life as possible. People, their families and external professionals, where relevant, were involved in developing them. Care plans were reviewed on a regular basis and reflective of people's current needs.
- Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

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 to have information presented in a way that met their individual needs. For example, people had access to a handheld computer and communication cards were used for people where needed. The staff had individual meetings with people to make sure they were involved and understood any information they needed to, such as an appointment letter or something about their finances.
- The management team demonstrated a good understanding of the Accessible Information Standards by ensuring information was available in a range of formats including easy read and pictures.
- People were supported to have regular conversations with staff that were recorded. This helped to shape the care that they received and for them to share any concerns they might have. One person told us, "The staff listen and always support us."

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 able to decide how they wanted to spend their time. Those that needed staff support to access activities, were able to do so and had allocated individualised support time. An external professional told us, "They [staff team] focus on the individual [person] and what suits them with an emphasis on person centred care, that is delivered in a holistic way."

- People's support focused on them having as many opportunities as possible to gain new skills and enjoy experiences in life. For example, the registered manager had supported people to participate in a competition where they prepared their favourite meal, with staff support. People then all voted for their favourite meal overall. People told us they had enjoyed this, and one person said, "I enjoyed that [meal competition] it was good and fun."
- The registered manager and staff team were proactive and arranged regular parties and social occasions for people to participate in. For example, they had arranged a football world cup party in the summer and each person was able to choose how they wished to celebrate their birthdays. This included the staff decorating communal areas with balloons and banners and the provider arranged for people to have a cake and a present. This meant people were valued and supported to celebrate occasions with their friends and family, if they wished to.
- In addition, the provider was proactive in supporting people who lived in their services to have leisure opportunities. Due to risks around Covid- 19 people felt unable to attend a local music festival this year. Therefore, the provider arranged a mini festival at another of their services, and everyone was invited to attend. Furthermore, when refurbishment work was being carried out on the service, the provider arranged for people to go away to a local holiday centre, where staff supported them to have a holiday. One person told us, "We had a lovely holiday, I loved it and want to go again."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain if they needed to. One person said, "I would tell staff or [deputy name] if I wanted to complain, but I've nothing to complain about." A relative said, "I can talk to them [staff and management team] if I was worried."
- The provider had a suitable complaints policy and procedure in place, copies of which were available to people, relatives and staff. Compliments received about the service were also recorded and monitored by the registered manager.

End of life care and support

- The provider supported people to consider their wishes at the end of their life and we saw one person had completed care planning around this. However, most people felt they did not wish to discuss any plans for their end of life.
- Staff had supportive conversations with people which helped them to understand the importance of their wishes at the end of their lives and these were recorded informally. We discussed keeping these records within an end of life section of each person's care plan to demonstrate the proactive support and work that was being done to capture people's wishes and alleviate their fears.
- No one was receiving end of life care at the time of the inspection.

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

- The staff team focussed on providing support that met each person's individual needs. The management team and staff put people at the heart of the service, and they were involved in everything that happened in their home.
- Staff felt supported and they, people and relatives expressed confidence in the management team. A staff member said, "I have never worked for such a supportive company, they are brilliant at what they do, and everyone is so supportive. We are a good team." A relative told us, "If ever there was an award, they [staff team] would deserve them all, they are honestly amazing."
- People were supported by staff that knew them well and there was a positive culture in the service that empowered people to increase their independence and skills so they could aim for goals and aspirations. Relatives were very happy with the service provided and felt people received person centred care. One relative said, "They [staff] have all been so open and easy for [person] to talk to, honestly they [staff] are all great and support [person] to progress and achieve goals we never thought were possible."
- External professionals told us the service achieved good outcomes for people. For example, an external professional told us, "One of the things I appreciate about this service is that they are responsive [to people] and dynamic when required."

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

- The provider had a duty of candour or policy that required staff to act in an open and transparent way when incidents or accidents occurred. The registered manager understood their responsibilities to notify CQC about incidents, safeguarding concerns and events that were required.
- The registered manager and deputy were open with us and committed to ongoing service development for the benefit of people living there.

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

- The registered manager, deputy and the staff, were aware of their roles and responsibilities. Incidents were reported in a timely manner and any necessary action taken.
- There was a deputy manager who also took day to day responsibility for management of the service when the registered manager was not there.
- The provider had effective systems and processes to assess and monitor the quality of the care people

received. This included checks and audits covering areas such as staff observations, medicines audits, health and safety checks, care planning and risk assessments. The provider had a quality assurance manager who had recently reviewed systems in the service and developed an action plan, so that improvements and changes would be made where needed. This demonstrated a commitment to continual development.

- Effective communication between the registered manager, deputy and staff team supported a well organised service for people. A staff member said, "I can go to any of the management team and speak freely, they are all very approachable."
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, infection control, equality and diversity, complaints and whistleblowing.

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

- People were given the opportunity to give feedback via individual monthly discussions with staff. This gave them the chance to express their views and opinions.
- People were encouraged to be involved in decisions about the home and what they did. However, the registered manager told us some people had historically not been involved in making decisions about their everyday lives in previous care settings. The registered manager and deputy told us they supported people with decision making, but were mindful of each person's needs and individual coping strategies. One person said, "They [staff] ask us what we want to do, it's good."
- Staff told us they felt involved in the service and felt increased confidence in their skills and abilities since the provider took over. One staff member said, "Things have improved so much here, we have so much support and have done lots of training."

Continuous learning and improving care; Working in partnership with others

- We observed that people and staff were comfortable speaking to the registered manager and deputy. Conversations were friendly and wishes were listened to and acted upon. This meant the service had a positive culture of continual development.
- Regular staff meetings were held, which meant that any issues or learning and development needed could be shared with the staff team and their views listened to.
- Where people requested it or needed support, staff would communicate with external professionals on their behalf. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- The staff team worked well with external professionals to meet the needs of people living at the service. Support from external health and social care professionals was promptly sought when needed. An external professional told us, "People's mental and physical health are closely monitored, and the staff reach out effectively and promptly."