

Collaborative Care Solutions Limited

61 Langley Road

Inspection report

61 Langley Road
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05 November 2018

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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

What life is like for people using this service:

- The service met characteristics of Good in all areas.
- The service demonstrated a person-centred approach and aimed to meet people's diverse needs.
- People and their relatives spoke positively about the leadership of the service and felt they were included.
- People told us that staff were caring and respected their privacy.
- The service had processes to measure, document and evaluate the quality and safety of the service effectively. This information was used to development and improve experiences of people using the service.
- There was a positive working culture at the service. Staff we spoke with said they felt valued and enjoyed their job.
- More information is in the full report.

Rating at last inspection:

The service was registered by CQC on 13 October 2017. This was the first inspection visit to the service.

About the service:

61 Langley Road is a domiciliary care agency providing supported living services. The service delivers personal care in two shared accommodation settings to people with mental health conditions and associated needs, and to people with a learning disability. The service also provides treatment of disease, disorder or injury for people carried out by or under the supervision of the registered manager who is a qualified mental health nurse. At the time of the inspection eleven people were using the service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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.

61 Langley Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out the inspection.

Service and service type

This service is registered to provide regulated activities for personal care and the treatment of disease, disorder and injury in supported living settings. Supported living services involve a person living in their own home or in shared accommodation. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living.

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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We inspected the service on the 1 November 2018 and the 5 November 2018. The inspection included speaking to people using the service, staff and a relative at a shared accommodation location. The office was located at one of the services where we spoke with the manager and office staff and reviewed care records and policies and procedures.

What we did:

Our inspection was informed by evidence we already held about the service. We checked records held by Companies House and the Information Commissioner's Office (ICO). We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We did not ask the service to complete a Provider Information Return (PIR) This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people during our visit, and one relative. We received feedback in questionnaires from two more relatives.

We spoke with four staff throughout the course of our visit. We received feedback from the safeguarding authority and three other health and social care professionals.

We reviewed people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of care workers.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- People told us they felt safe with comments such as; "Staff are safe and keep me safe and protect me" and "my personal belongs are secure, there are efforts made to help me feel safe and secure."
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. Staff told us where to find the safeguarding number if they needed to report a concern directly, which we saw displayed in the office.
- Some staff had not attended safeguarding training at the time of our visit. The registered manager was addressing this, and we saw timely plans for staff to access online training. The service had also arranged to access classroom training with the local authority as soon as dates became available. One member of staff had a high level of safeguarding training before he commenced with the service. The registered manager had received up to date safeguarding training proportionate to their role.
- The service followed a safeguarding policy and procedure which was under review. We saw that it was in line with current legislation and national guidance.
- The service kept a log of safeguarding referrals to the local authority but had not received outcomes for all. The registered manager had recently followed this up and we saw correspondence between the service and the safeguarding authority regarding outcomes of investigations. There was one outstanding referral that was still being investigated by the local authority. We asked the registered manager to update us once they received the outcome.
- We contacted the safeguarding authority who confirmed the service had submitted referrals appropriately. We were told they were currently investigating one safeguarding alert. We also spoke to Healthwatch (an independent champion for health and social care users) who were liaising with the safeguarding authority about this.

Assessing risk, safety monitoring and management

- The service risk assessed people's individual and complex needs and there was a clear triangulation of identified risks and needs, care planning and evaluation process. We saw that risk assessments were reviewed regularly and in response to people's changing needs.
- The methodology for specific risk assessment did not always define the outcome of associated hazards. For example, the risk of 'challenging behaviour' was not explained in terms of specific hazards or outcomes i.e. harm to self or others and type of harm. The provider could further develop risk assessments by including specific information that is clearly defined in people's needs assessments and care plans.
- People's risk assessments included clear management strategies that mitigated risk. Staff referred to strategies as being effective and said they and the registered manager were always reviewing and adapting to meet people's needs.

- The service had a general health and safety risk assessment for staff and the premises. We saw that a health and safety consultant was arranged to review this in December 2018. Arrangements were made with the landlord to repair utilities where required. There was a system for an external contractor to manage maintenance issues and safety checks.

Staffing levels

- People we spoke with told us staffing levels were appropriate to meet their needs. One person said, "there are enough staff who know what they are doing" and another person said staff were always with them at key times of the day, which is what they had asked for as a form of occupation and distraction to meet their needs. A relative told us they were "reassured" by staffing levels and that the registered manager was flexible with a gradual transition to help their family member settle in.
- The registered manager explained that staffing levels on shift were in accordance with individual's needs assessment. There was an understanding of people's direct contact hours and when people needed support to stay safe at key times of the day.
- We checked two weeks of the staff rota and saw that enough staff were deployed to meet people's needs. The rota was flexible depending on individual's needs and activities. For example, staffing increased at key times to support people one to one and day staff were rostered on shift until 11pm which enabled people's safe integration into the community.
- Shift leaders were clearly identified on the rota for day and night shifts. Only more experienced members of staff were allocated this responsibility. The registered manager told us other staff would have the opportunity when they gained more experience and were assessed as competent.
- The service did not use agency staff but had an arrangement with one agency and specific agency staff who were inducted at the service in the event of an emergency. This was in place to avoid people being supported with unfamiliar agency staff. We looked at agency profiles and background checks which met requirements.
- Safe and robust recruitment procedures were used when people were employed. We checked two staff personnel records and saw required checks and information were sought before new staff commenced working for the service.

Using medicines safely

- People's medicines records confirmed they received their medicines in line with directions and this was checked by two staff. We observed staff prepare and administer medication in line with the service procedure and prescription directions.
- The service did not have a system to document stock reductions as medicines were administered. We discussed this with the registered manager who agreed it would be a useful early warning system to identify and rectify discrepancies. This was implemented the following day and we were sent an electronic record of completed documentation after the inspection.
- Medicines were stored securely, and a temperature monitoring system was followed for refrigerated medicines. Medicine cabinet keys were kept secure on the nominated staff member's person.
- A healthcare professional and a relative fed-back that the service supported a person's complex medicines needs well.
- Staff received medication training and we saw competency assessments were completed before staff were authorised to administer medicines, and then annually in between medication training.
- The service arranged for a pharmacy audit on the 6 November 2018 and we received this electronically after the visit, which did not highlight any concerns.
- The service was aware of national guidance to prevent the over-medication of people. We looked at one person's medicine reduction plan which was reviewed by the prescribing clinician and implemented by the

service, with the person's consent.

Preventing and controlling infection

- Staff received infection control training annually and we observed the use of personal protective equipment.
- The home was free from malodour and there was specific guidance and information for staff to follow to prevent the spread of infection.
- All staff attended food hygiene training. We observed the kitchen facilities to be clean.

Learning lessons when things go wrong

- We looked at investigation records that documented facts, findings and outcomes. One allegation could have been managed by the service better; the investigation was led by the safeguarding authority however the service had not completed their own records. The registered manager agreed to record a chronology of events as well as the involvement of other agencies (and their outcomes). This audit trail would help to evidence and clarify agreed interim actions pending the outcome from the safeguarding authority.
- The registered manager identified that they planned to develop their approach to investigations further and implement root cause analysis training that they had attended.
- People we spoke with said the service made changes to the ways they worked and supported people in response to when things went wrong.
- Staff we spoke with demonstrated a clear understanding of their responsibility to raise and record incidents and concerns. We saw there was a system for recording accident and incident reports which were regularly reviewed by the registered manager to inform people's care plans and risk assessments.
- Staff told us they were regularly involved with reflective meetings when things went wrong and felt confident to discuss this openly with the registered manager and other colleagues.

We recommend the service consistently records responses to incidents and allegations in line with best practice.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- The registered manager told us they aimed to employ "therapeutic workers" who were qualified and experienced in supporting complex needs, although they said finding the "right staff" was sometimes a challenge.
- One healthcare professional we spoke with believed the service provision could improve further if the registered manager invested and recruited specifically qualified staff, to meet complex needs associated with mental health conditions. Another healthcare professional felt staff had the right mix of skills to meet individual's needs and reported people benefitted from a stable staff team. They also said it would be helpful to have more clinical staff as be a point of contact for new assessments in the absence of the registered manager to help speed-up the process.
- We discussed with the registered manager whether the staffing structure facilitated the recruitment of clinically trained staff. The service had experienced some staff turn-over earlier in the year and a deputy manager position was vacant for nine months. The registered manager was actively recruiting a clinically trained deputy manager and to assist with general and clinical management oversight of people's care as well as staff support and performance.
- The registered manager was a mental health nurse and delivered specifically tailored training to staff to meet people's individual needs. We were shown the content for classroom-based training, which was in line with national evidence-based approaches. Staff confirmed they had received specific training which they said supported them to feel confident in their role to provide the appropriate support to people. The service had also set-up on-line training with an external provider and we saw plans to recruit an external training facilitator to help deliver service specific training.
- We were provided with a clear training pathway for staff based on their roles and people's needs. We saw training certificates in staff personnel files, but this information was not organised into a training matrix which made it difficult for the provider to monitor and for us to check.
- One person using the service told us they agreed that staff could shadow the registered manager when providing a specific therapy, as part of their training so they could also support them when required.
- Staff we spoke with had several years' experience supporting people with mental health conditions and demonstrated knowledge to meet people's complex needs. They told us they were rostered on with newer and less experienced staff to provide support and guidance.
- Staff told us their inductions were thorough and they shadowed experienced staff until they were assessed as competent to support people alone. We checked induction documentation and saw that it covered areas of care and support and service specific procedures comprehensively. We were shown staff questionnaires that covered the domains of safe, effective, caring, responsive and well-led. The registered manager used this to identify gaps and knowledge which we saw were followed-up in staff supervision and performance

records. The induction process did not clearly map topics covered to national minimum standards which made it difficult for us to check how the service assessed staff competencies. We saw the service had arrangements to commence care certificate induction standards with an external training provider.

We recommend the service clearly maps the staff induction process for existing new staff to national minimum standard. We also recommend the service develops a system to record staff training attendance in accordance with best practice.

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

- The service gathered as much information as possible about people and completed a detailed needs assessment before a new care package commenced. This included people's backgrounds and diverse needs, choices and assessments from the commissioner and other healthcare professionals.
- A healthcare professional told us the registered manager was "very good with assessments which were thorough."
- People's physical, mental health and social needs were thoroughly assessed and the information used to develop clear care plans. People's short, medium and long term goals were also identified with them and in collaboration with other healthcare professionals.
- The needs assessment identified specific hazards and level of risk from low to high based on likelihood and severity.

Healthcare support

- People told us that service supported them to access a range of healthcare professionals and other agencies to meet their individual holistic needs.
- Healthcare professionals told us the service provided people with appropriate care and treatment and supported people to attend their healthcare appointments. They said the service provided "excellent follow-up" which was effective in meeting people's physical and mental health needs. This meant that people had not needed prolonged stays in other healthcare facilities as they were stable and settled at the service.
- People's hospital discharge summaries and the appropriate treatment guidance were recorded in people's files and referenced in people's care plans. We saw that staff supported people to follow treatment plans.
- Staff supported people to monitor and record their weight where this was identified as individual's need, and this information was shared with the dietitian.
- People's medical appointments were recorded in their daily notes. The registered manager was developing a medical appointment log to make access to information more effective. They had also spoken to the GP practice manager who had agreed to provide a log of people's healthcare appointments and outcomes. We were told the aim of this was for the service to have a holistic oversight of people's healthcare needs and medical history.

Supporting people to eat and drink enough with choice in a balanced diet

- The service provided people with information to help them make choices about a balanced diet. Where there were concerns about people's nutritional intake advice was sought from the GP or dietitian and shared with other healthcare agencies involved with people's care and treatment.
- People were supported to purchase their own food choices. We saw a variety of drinks, this was labelled so people were clear about what belonged to them.
- Where people needed support to prepare meals this was identified in their care plan. One person told us "I really enjoy cooking and staff help to prepare nice meals."
- Staff told us that daily notes included the monitoring of eating habits and nutritional intake where this had

been identified as a need in the care plan.

Staff providing consistent, effective, timely care

- People were allocated keyworkers who coordinated their care. People spoke positively of their keyworkers and had a say in who they were which the service respected.
- A healthcare professional told us the service collaborated well with other agencies to help people attend appointments that were beneficial for their care and clinical treatment.
- The service worked proactively to coordinate appropriate support from other services which aided people's timely discharge from hospital.

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

- People had private rooms with en-suite facilities which were decorated and personalised according to their taste and needs. There were roomy communal areas including a separate TV room. The registered manager told us some furniture was being replaced.
- The service made adaptations to the environment to improve access to and from the premises and outside space for people with physical and mobility difficulties. Consideration was given to the whereabouts of people's bedrooms to improve accessibility.
- The kitchen hobs were not at the right level for a person who used a wheelchair, to access and use independently. Staff provided support to the person to use the hob, and other kitchen appliances to cook with were accessible for the person to use independently.
- The service had in-house activities available to people including a pool table which one person told us they particularly enjoyed. We were shown a vegetable plot and photos of people harvesting home-grown vegetables from earlier on in the season.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The service had a clear understanding of mental capacity requirements and followed the mental capacity code of practice to assess individual's capacity to consent. People told us they were made aware of their rights.
- We saw that people's capacity to consent was clearly recorded in their care planning documentation. People signed their own care plan to indicate their consent.
- People told us that they only signed their care plans when they were fully understood and agreed. People said they had opportunities to adapt their care plans before they agreed and gave their consent.
- We saw people were provided with service user guides which clearly stated what people could expect from the service and included statements about people's rights and responsibilities.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us that management and staff treated them with kindness and respect. One person described their keyworkers as "amazing human beings. I like them to pieces. They know when to be quiet and when to be loud and spot my warning signs even before I do." Other people said "I trust staff. I can talk to them and they listen and understand mostly, or they try their best to understand" and "Staff are caring, everyone has their own personality but they all help me to feel more positive about my future life."
- Staff told us they had time to build-up trust with people and demonstrated empathy. One staff member said "I understand that people are not always well. I try to find out from the person if they are worried about something and how I can help." A relative stated about staff, "They are caring and good at what they do, they treat [my family member] with respect and listen to [them] all the time in a fair and firm and consistent way which [the person] needs to give structure to [their] life."
- The service had developed a peer mentoring support system for people joining the service if they wanted support from the perspective of another person using the service.

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

- People told us they were involved in planning and making decisions about their care and treatment. The registered manager was described by one person as "being reasonable" when "negotiating" flexibility with care and support. One person said when they first moved into the service, management and staff were open to them changing their care plan to get it right.
- People checked their own care plans with staff support once a month. We looked at care planning documentation and saw that, where people chose to, they wrote their own care plan reviews.
- Staff spoke about the importance of communicating well with people which they said avoided the need for restrictive interventions. When people were distressed staff would try and coordinate the staff with the best rapport with the person to support them until they were feeling calmer. One person said, "staff help me to cope, we chat one to one" and, "[the registered manager] listens to me."
- A healthcare provider thought that one person would benefit from a greater staff insight into the person's complex emotional communication. The registered manager delivered this specific training to staff who felt it gave them a better understanding of the person's needs.
- A relative said "[the registered manager] has been very helpful. Very welcoming and explained what the service could do. The assessment was inclusive, and they understood [my family member's] needs."

Respecting and promoting people's privacy, dignity and independence

- All staff attended dignity and respect training. People told us staff respected their privacy with comments such as "staff never go in my room without knocking and waiting for a reply", and "I feel I can manage my independence and my privacy is respected."
- Care plans included individual's abilities and staff support strategies to encourage people's independence. For example, particular skills and support were identified with an individual to develop, to increase their independence in the long term.
- People's care records were kept secure in locked cabinets in two offices. We observed the registered manager and staff to ensure cabinets were locked and keys kept secure on their person.
- The service had installed CCTV cameras in some of the communal areas. This was in response to previous incidents to provide a greater sense of safety and security for people using the service. There was a policy and procedure in place addressing the use of overt CCTV which referenced relevant legislation and regulations. There was not a detailed assessment of how this may affect people's right to privacy but we saw documentation where people had been consulted with and consented to this.

We recommend the service completes a privacy impact assessment for the use of CCTV in line with best practice.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- People using the service, healthcare professionals, and relatives told us the service was effective in meeting people's individual multiple and complex needs, and people were the most settled they had been compared with other providers.
- People said they were treated as individuals and staff supported them to access their interests. For example, one person told us staff helped them to research future education opportunities and another person was supported to gain work experience. When a staff member was asked what they thought the service did best they said "we provide individual care, and we follow people's care plans carefully. We're flexible and always look at alternatives if one thing doesn't work."
- Staff we spoke to knew people very well. We checked what staff told us against people's identified needs and saw their knowledge was accurate. A staff member said, "each person is unique, and we need to learn things their own way" and a person using the service said, "staff have made the effort to get to know me."
- A person using the service told us "I am happy with my freedom" and described a variety of events and activities staff supported them to access, including friend's social occasions, and hobbies. We looked at an activity planner which included varied leisure and therapeutic activities, and integration into the community in line with people's identified interests and goals.
- People's protected characteristics were assessed and identified and the service worked hard to meet people's diverse needs. We saw that one person was supported to attend a group at a local church intended for "older adults." Another person was supported to regularly access a social group for people with a specific physical disability.
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. People's communication and sensory needs were assessed, recorded and shared with relevant others. We saw that "easy read" literature was available, such as welcome information and the service user guide although no one using the service required this.

Improving care quality in response to complaints or concerns

- People using the service and relatives stated they felt comfortable raising concerns.
- There was clear information about how to make a complaint in the service user's guide.
- We saw a review summary of compliments and complaints by the registered manager. The service had received a thank you card from a person using the service and an acknowledgement and thank you from a person's case manager.

- We checked the service complaints records and saw documentation that people received written acknowledgement and investigations and responses were provided in a timely manner. People told us they were satisfied with the outcome and with the registered manager's professionalism.

End of life care and support

- The service was not providing care to people at the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service demonstrated a person-centred and inclusive culture where values of empowerment were evident towards people using the service, and also from management towards staff. One person using the service said, "there's nothing the service could do better."
- Staff were provided with equality and diversity training. The registered manager and staff we spoke with had a good understanding of people's diverse needs and their duty to uphold people's rights. The 'least restrictive principle' was a key concept and approach that the service believed in. One healthcare professional said, "the environment is lovely for people and the service always promotes the least restrictive options" and "They are much better than other providers."
- A member of staff said "the manager is attentive. He is on-call 24 hrs a day" and another said "[the registered manager's] observations are very insightful, and people's needs are captured in care plans."
- The registered manager understood their duty of candour responsibility and we saw a letter of apology to a person went support went wrong.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service valued sharing information and held regular team meetings to facilitate this. We saw records that staff received supervision once or twice a month and staff reported feedback was a two-way process.
- There were daily staff planning meetings to make sure the service was meeting people's needs and wishes.
- The registered manager completed quarterly reviews of accidents and incidents. Analysis was detailed, and information was broken down into incident types and responses. Conclusions were drawn, and relevant recommendations were identified, shared and followed-up.
- Monthly audits of people's care files were completed, and we saw that items identified for improvement were completed as met the following month. The registered manager also completed a comprehensive quarterly health and safety audits covering areas such as fire safety, emergency evacuation plans, first aid appointed persons and equipment.
- Identified areas for improvement were recorded in the service development plan and we saw these were progressing.
- An administrator was employed full time and came across as being clear about their role to support the manager to maintain records, and we noted they were diligent in ensuring confidential records were kept secure.

Engaging and involving people using the service, the public and staff

- We saw there was a genuine commitment from the service to try and engage and involve people using the service. The manager was also developing a survey for relatives, staff and other stakeholders to seek their involvement and feedback.
- The service asked people to complete surveys in April 2018 and we received result for the re-visited survey after our inspection visit. We saw that eight people had completed the survey previously and the majority had rated the areas surveyed positively as "likely" or "most likely." In answer to a question about whether people felt listened to one person said, "neither likely or unlikely" and one person said "unlikely." The registered manager analysed people's responses in a separate report and identified relevant actions to improve people's experiences.

Continuous learning and improving care

- Where people using the service provided feedback this was analysed and outcomes shared with staff and followed-up.
- People said they were satisfied with the outcomes of learning opportunities for the service. We saw documentation that the registered manager provided feedback and staff performance management where it was required.
- The registered manager showed us a self-assessment tool that the service had started to complete to submit in the new year for the "Enabling Environments" award with the Royal College of Psychiatrists. This included information about how the service thought it was meeting ten standards of essential human values such as "openness", "empowerment" and "structure" and would lead to an assessment by the awarding authority. This showed the service was looking for appropriate ways to develop in accordance with the type of service provision.

Working in partnership with others

- We heard from healthcare professionals that the service worked effectively with other agencies to ensure people were supported and encouraged to access care and treatment to improve their wellbeing.
- When required the service involved the Police to follow-up on people's safety.
- The service submitted relevant statutory notifications to us promptly and in line with requirements. This ensured we could effectively monitor the service between our inspections. When needed, the registered manager provided information to us to help with our enquiries into matters.