

All Seasons Care Services Limited

All Seasons Alton

Inspection report

The Barn
10 Normandy Street
Alton
GU34 1BX

Tel: 01420590868
Website: www.allseasonscareservices.com

Date of inspection visit:
09 September 2022

Date of publication:
06 October 2022

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

All Seasons Alton is a domiciliary service providing personal care. The service provides support to younger and older adults who may be living with dementia, a physical disability, sensory impairment, learning disability or mental health diagnosis. At the time of our inspection there were ten people using the service.

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

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

People and their relatives were happy with the service. Their feedback included, "I could recommend them to anyone" and "We have positive relationships with the carers and management."

People were safe and safeguards were in place to protect them from the risk of abuse. Staff assessed a range of risks to people and there were detailed plans to ensure identified risks to people were managed safely. There were sufficient staff to support people consistently. People received their medicines safely from trained and competent staff. People and staff were protected from the risk of acquiring an infection. There was an open culture and staff were encouraged to report any concerns.

People's needs were comprehensively assessed and the delivery of their care was based on legislative requirements and good practice guidance to achieve positive outcomes for them. Staff liaised with people and external agencies to provide their care and meet their healthcare needs. The provider ensured staff were fully supported in their role and had the required skills and knowledge. Staff supported people to eat and drink sufficient for their needs.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

People and their relatives consistently told us staff treated them with kindness and compassion. People were encouraged and supported to express their views. Staff ensured people's privacy, dignity and choices about their care were respected and promoted. Staff were trained to support people who wished to receive end of life care in their own home, with input from community-based health care professionals.

People received personalised care which was responsive to their needs and regularly reviewed. Information was available to people in accessible formats if required.

There was a clear strategy to enable the delivery of people's care and support, underpinned by an open and inclusive culture. This achieved good outcomes for people. There was a clear governance framework, managers led the service well and staff at all levels understood their responsibilities. Processes were in place to ensure people and staff were able to express their views, including complaints and complements which were acted upon. The provider had robust quality assurance processes to monitor the quality of the service provided and to drive 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 28 May 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

All Seasons Alton

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed 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 and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service 24 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 5 September 2022 and ended on 14 September 2022. We visited the location's office on 9 September 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority. We used all this information

to plan our inspection.

During the inspection

Prior to the site visit we spoke with three people and seven relatives about their experience of the care provided. We also spoke with three care staff and three health care professionals.

At the site visit, we spoke with the registered manager who is also the provider and the deputy manager who manages the location day to day.

We reviewed three people's care records, two staff recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider's policies and processes safeguarded people from the risk of abuse. Staff had access to the provider's safeguarding and whistleblowing policies. Staff were also provided with information about external resources, such as the NHS safeguarding app.
- Staff had all completed safeguarding training and were able to demonstrate their knowledge and understanding of the actions they should take if they were concerned about a person's welfare.
- People were provided with safeguarding information within the service user guide. People and relatives reported they felt comfortable raising concerns. The provider had processes in place to protect people from the risk of financial abuse.
- During the inspection process, staff identified and reported a safeguarding concern. The registered manager took the appropriate actions to ensure the person's safety, review the incident and to identify if any further actions were required.

Assessing risk, safety monitoring and management

- There was a transparent and open culture within the service and staff understood their responsibility to report any concerns. Staff told us, "You inform the office of any changes, the care plan is then updated." A relative confirmed, "They [staff] are very vigilant." Information about potential risks to people was thoroughly assessed and shared through various means, to ensure staff were informed and updated about any relevant changes to people's risks.
- Where people used safety equipment which had the potential to restrict their movement or to cause a safety hazard, the risks associated with its use had been assessed and minimised. A person had bed rails fitted to their bed, so staff were instructed to ensure their bed was at the lowest setting for their safety. Staff maintained records of when safety equipment in people's homes had been serviced, to ensure it was safe for use.
- Staff completed relevant training to ensure they could provide people's care safely, in relation to areas such as the use of bed rails, moving and handling and skin integrity. A relative told us how their loved one was at risk from the development of pressure ulcers, so staff re-positioned them at their care calls and applied a barrier cream to protect their skin. Another relative said how their loved one was at risk from falls and used a falls bracelet to request assistance if required. Staff ensured they wore their bracelet.
- The provider had a contingency plan which identified which people's needs were the most critical to be met in case of an emergency. A relative told us, when a staff member's car had broken down, the provider had supplied a replacement car, which had enabled the staff member to still complete the care call. There was an on-call number for use out of hours if required.

Staffing and recruitment

- There were sufficient competent staff with the right skills to provide people's commissioned care. Staff were recruited from diverse backgrounds. A person reported, 'they [staff] all have good English'.
- People confirmed they had consistent staff who provided the amount of care agreed. Staff were required to 'log in' electronically to each care call, which enabled the provider to monitor the duration of the call and staff's location as lone workers. People could access their staffing rosters either online or request a copy to be sent to them if required.
- The provider had an ongoing staff recruitment programme. They used values-based recruitment to enable them to recruit staff who shared their philosophy of care for people. The provider was also able to supply any additional staff required from their second location.
- The provider had safe recruitment practices. They ensured required pre-employment checks were completed, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We noted the provider's recruitment policy required updating in relation to staff's references. This was discussed with the registered manager who took immediate action.

Using medicines safely

- The deputy manager was qualified to train staff in medicines management. Staff had completed medicines training annually and had their competency assessed. Staff had access to the provider's medicines guidance.
- People were encouraged to administer their prescribed medicines for themselves, as per good practice guidance. If people required support this was documented in their care plan. Staff recorded the administration of people's medicines on an electronic medicine administration record (MAR). This ensured office staff had 'real time' oversight of the administration of people's medicines.
- Staff documented the administration of people's prescribed topical creams on a MAR. The fire risk from prescribed emollients, used to moisturise people's skin had been assessed. Staff had not recorded the administration of a person's cream which they had purchased, 'over the counter' on a MAR, or considered if there was a fire risk. The person's relative confirmed staff had applied the person's cream as required. We discussed this with the registered manager, who immediately took action, to ensure this was recorded on a MAR and the product was checked for any fire risk.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were encouraged to be open and transparent about safety. Staff understood how to report incidents and complete body maps for any damage to people's skin.
- The registered manager told us, any concerns raised by staff were logged and escalated. Incidents were then investigated to consider if any further action was required. There had only been one medicines incident, which had been investigated and relevant action had been taken to reduce the risk of repetition.

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

- Senior staff completed a comprehensive assessment of people's care needs prior to the provision of a package of care, which people and their relatives confirmed. The assessment was informed by professional's assessments, so people's needs were understood. Staff ensured any required referrals to external services were made. People's care plans were detailed, person centred and focused on the individual's needs and their preferred outcomes.
- People's care plans reflected legislative requirements and staff applied best practice guidance to ensure risks were managed and to achieve good outcomes for people. For example, a person was prescribed oxygen, staff applied good practice guidance within the risk assessment to ensure its safe use. The provider's policies reflected both legislative requirements and national guidance.
- The provider had policies, processes and training in place to ensure both people and staff were not discriminated against in relation to their protected characteristics under the Equality Act. They applied a human rights approach to their work, based on the principles of Fairness, Respect, Equality, Dignity and Autonomy (FREDA). People's needs related to their protected characteristics were identified and met, for example, in relation to their physical health, diet, language and religion.

Staff support: induction, training, skills and experience

- Staff completed an induction to their role and shadowed more experienced colleagues. They undertook The Care Certificate, an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider supported staff with their professional development, which included training related to the needs of the people they supported. In areas such as, catheter care, bed rail safety and dementia care. People and their relatives confirmed staff had the required skills and knowledge to provide effective care.
- The service had not supported anyone with a learning disability or autism. Staff had completed learning disability awareness as part of The Care Certificate and some staff, such as the deputy manager had completed further training. The registered manager was also a registered learning disability nurse and advised staff would receive further training prior to supporting anyone with a learning disability.
- Staff had regular supervision. They also had spot checks of their work, which a relative confirmed. Staff told us they were well supported in their work. Staff had personal development plans and an annual appraisal of their work.

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

- People's dietary and hydration needs, risks and preferences including any cultural or religious or

requirements were documented within their care plan. Staff were also informed of who was responsible for the provision of people's meals, the person, their family or staff.

- If people had any risks associated with their eating or drinking, there was written guidance about how these were managed within their care plan. Staff were instructed for example, about the position people should be seated in, to ensure they did not choke when eating or drinking. Staff had completed training on fluids and nutrition and some had also completed training on dysphagia and choking. There was guidance for staff about when to refer people to the Speech and Language Therapist for assessment. Relatives confirmed their loved ones were well supported by staff.

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

- The provider had systems to ensure staff promptly escalated information internally to enable any further required actions to be taken for people.
- Staff liaised across a range of agencies to deliver effective care and support. This included, liaising both with hospital discharge teams and continuing healthcare to facilitate people's safe discharge and making referrals to obtain equipment for people, or arrangements for people's equipment to be serviced or repaired. People's records showed staff had spoken with them or their representative about their wishes and views prior to contacting services on their behalf.
- People had emergency information sheets, in the event of a medical emergency. This ensured staff were able to hand over critical information relevant to people's care.

Supporting people to live healthier lives, access healthcare services and support

- People had detailed information about how their health might impact upon the provision of their care. If they were living with chronic pain, there was guidance for staff about how they wanted their care to be provided to minimise the impact.
- People had oral health care plans and staff were trained in oral health care.
- Staff completed a range of training to enable them to understand people's health conditions, such as, Parkinson's disease and Motor Neurone Disease. They also completed training in health conditions people might experience such as, diabetes, epilepsy and acute conditions such as sepsis. To ensure they understood the signs and symptoms of this medical emergency. A relative confirmed staff, 'alert us to any issues'.

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

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

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

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

We checked whether the service was working within the principles of the MCA.

- People were involved in decisions about their care and treatment. Staff ensured when they were assessing if people lacked the capacity to make a decision, they supported them to participate wherever possible and their wishes were respected. If the person lacked capacity staff involved relevant people when determining

what was in the person's best interests.

- Staff had checked the legal documentation, where people had appointed a power of attorney to make welfare decisions on their behalf. The provider's consent form did not demonstrate the legal authority of the person who had signed it, when it had been signed by their power of attorney. When one person signs for another, they should be able to demonstrate they have the authority to do so. We spoke with the registered manager, who amended the form, in order to demonstrate the representative's legal authority to sign for the person.
- Staff had completed MCA training and had access to relevant guidance. They understood the application of the MCA to their role and were able to explain how they supported people to be involved in decisions about their day to day care.

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

- There was a person-centred culture. Staff were motivated to provide kind and compassionate care. The registered manager told us they personally enjoyed getting up in the morning, as they knew they would be spending their day helping people. A person said it was, "Wonderful care. They come on time. Nothing is too much trouble. Staff are kind and have a bit of banter. The care is not rushed." A relative commented, "Carers are excellent. They are kind and caring. They always speak with [person] upon arrival before they approach him. We are very lucky and we appreciate the staff and their kindness." People were positive about the caring attitude of staff.
- People's care plans documented their communication needs and preferences and how these could be met by staff. If the person required an interpreter this was noted and who else could support staff if required. There was a record of any topics the person did not like to discuss, to ensure staff were aware. It was also noted if people were particularly anxious or nervous and how staff could reassure them.
- When people were not keen on aspects of their care, relatives reported staff worked well with the person to enable them to provide the care required. A relative said, "They [staff] have worked hard to build a relationship" and another relative told us how staff could persuade their loved one to work with them.
- Staff had the time to read and understand people's care plans. Staff had completed training in areas such as, equality and diversity and person-centred care. Staff had the required skills. People and their relatives told us they felt staff cared about them. A relative said, "They [staff] always ask after me," this made them also feel supported.

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

- Staff supported people to express their views about their care. People's care choices and options were discussed with them, such as their preferred gender of care staff. Staff ensured people's representatives were involved in decisions about their care where they wished them to be.
- Staff told us they had the time to provide compassionate care. A staff member said, "We spend time chatting with people" and "There is adequate time to provide people's care." People and their relatives confirmed care was not rushed. A relative told us, "There is proper travel time [for staff] between the calls."
- People were provided with relevant information about the service. They were provided with a welcome letter, detailing essential information and a copy of the service user guide.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed staff treated them with dignity and respected their right to privacy. Staff had completed relevant training and described how they maintained people's privacy. There were dignity champions to guide and mentor other staff.

- People's care plans also supported staff in this aspect of their work, by providing detailed information about how to ensure individuals care was provided in a manner which maintained their dignity. A person was living with pain and there was detailed guidance for staff, to enable them to ensure the person was as comfortable and as relaxed as possible during the provision of their personal care.
- Staff supported people to have as much choice and control over their daily lives as possible. People's care plans noted what decisions and choices they could make and whether and how they communicated their needs. Any factors which could impact their ability to make choices was also noted, such as if they tired easily.

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 and their families were involved in developing their care plans. A person confirmed, "There is a care plan. I have a copy." A relative told us, "They [staff] do the care the way I provide his care."
- People's care plans were personalised and contained a detailed pen picture about them. This documented their personal history, family, occupation, personal achievements, things which worried them and how staff could assist them. There was information about what was important to them and their personal daily schedule. This enabled staff to understand people as individuals and provided relevant information they could use when speaking with them.
- People's needs related to their protected characteristics were identified and their choices and preferences about how they wanted their care to be delivered. People told us staff were flexible in their approach to the delivery of their care. A relative told us how their loved one's care call was scheduled to ensure they could attend a social group they participated in one day a week.
- People's care plans focused on their whole life and identified what they could do for themselves and how staff could support their independence. A person confirmed staff encouraged them to be independent and to participate.
- Staff reviewed people's care with them regularly. They were supported to increase or decrease their care as required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff identified people's information and communication needs. Information for people such as the complaints policy was available in an easy read format if required.
- People's communication needs and any requirement for an interpreter was noted on the critical information section of their care plan, to ensure this information was known and shared with other services if required. The provider was also aware of how they could access information for people in audio and video formats and use technology to support people's communication if required.

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's care plans noted the members of their family. There was information about how people spent their day and how and when they liked to spend time with their family. This ensured staff understood who was important to people and how they could support their relationships.
- Where commissioned to, staff also provided a 'sitting service' to enable carers to have a break. Staff were able to use this time to chat with people and to engage them with their interests, such as plants and gardening.

Improving care quality in response to complaints or concerns

- The provider welcomed any complaints as an opportunity to review their practices and processes. People were provided with information about how to raise any issues or complaints. The provider's policy set out how any complaints received either verbally or in writing would be investigated and acted upon. The provider audited any complaints received, in order to identify any potential areas for improvement.
- We saw when an issue had been raised, a new care plan task had been added for staff, to act as a prompt to them and a reminder was also sent to staff.

End of life care and support

- People were supported to express their preferences for their end of life care where required and their wishes were documented within their care plan. People's views about their care and religious needs were noted and respected.
- Staff had completed end of life care training. Staff also worked with relevant health care professionals to ensure people were provided with the end of life care they required.
- Staff had received compliments from people's relatives, thanking them for the care they had provided to their loved ones at the end of their life. One family had publicly expressed their thanks to the staff in their loved one's funeral service programme. This demonstrated the value they placed on the care provided.

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, relatives and staff told us the service was consistently well-led. A relative said they enjoyed a, 'positive relationship with both the carers and management'. A person said, "We feel assured, we know they will come, I could recommend them to anyone." A member of staff told us, they could, 'call the office about anything.'
- The provider's statement of purpose set out their ethos and philosophy of care. The values of the service which underpinned the care provided were outlined for people in the service user guide. These included dignity, respect, privacy, equality, independence, safety and compassion.
- There was an open and person-centred culture, focused on achieving good outcomes for people. A relative told us, "The team enable me to keep him at home" as per their wishes. The registered manager and the deputy manager regularly engaged with people, their relatives and staff to enable them to monitor if staff's practice reflected their values.
- The provider had a diverse workforce whom they respected and valued. Staff were supported in their work, with the provision of company cars to complete people's care. Staff's cultural and religious beliefs were respected. A staff member had their roster adjusted to ensure they could attend church on a Sunday. Staff felt appreciated and were well motivated. Staff's feedback included, "I look forward to going to work" and 'others have said how well I look since working here.'

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

- There had not been any incidents which were reportable under the duty of candour. The registered manager and the deputy manager had both completed relevant training and understood this duty.

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

- The registered manager who was one of the providers and the deputy manager who managed the location day to day had the required training, skills and knowledge to manage and lead the staff team effectively. They understood their roles and responsibilities and the current challenges for the service. They welcomed any feedback as an opportunity to reflect and identify further areas for improvement.
- The deputy manager had been promoted from within the company and supported to develop and progress. There were clear lines of accountability at all levels of the service. There were systems in place to identify and address any risks to the quality of the service. The service improvement plan drew together all

of the identified areas for improvement with timeframes and whom was accountable.

- Staff worked collaboratively with staff from the provider's second location. Staff worked across the two locations if required to support each other. There were regular management team meetings across both locations, which enabled shared learning.
- The registered manager and the deputy kept their knowledge updated through training and professional updates from both the local authority and the Social Care Institute for Excellence (SCIE).

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

- People and their representatives feedback on the service was regularly sought through spot checks on staff's practice, reviews of care and questionnaires. Results from the annual survey, showed people were positive about the quality of care provided.
- People and their relatives were encouraged to use the provider's electronic care planning app to enable them to see and review what care had been provided. A relative said, "It's reassuring. You can see what has been happening."
- The deputy manager regularly provided people's care, so they knew them and their relatives well. A relative commented, '[deputy manager] always has an answer to ease my mind'.
- People were provided with information letters about issues such as COVID-19, which ensured they were kept updated and informed about developments within the service.
- Staff were able to provide their views through speaking with the registered manager and the deputy manager, at staff meetings, secure social media apps and through their supervisions and appraisals. The registered manager told us that some staff had on occasions experienced racism during their work. These staff had received additional support from the provider and work had been completed with people and their families. Staff were also provided with details of an external organisation they could contact if they needed to raise an issue outside of the service or to whistle blow.

Continuous learning and improving care

- The provider had robust quality assurance processes in place. Each day a member of staff was allocated to work across the provider's two locations, to electronically monitor staff had logged into people's calls for the correct duration and delivered their care. This ensured any issues were identified as they occurred and could be addressed immediately. A relative confirmed, "They [staff] log in on arrival using a QR code - this takes them to the care plan. They also log out."
- The provider had an audit schedule, which ensured various aspects of the service were audited across the year. Any required actions arising from the audits, were then added to the service improvement plan which was kept under regular review. Audits were also used to monitor if there were any potential emerging trends across the service.

Working in partnership with others

- Staff worked openly and collaboratively with stakeholders and external agencies to support the delivery of people's care. The registered manager told us, although the service was still relatively new. Staff had worked to establish working relationships with the key local health care professionals. Professionals reported there were good levels of communication.