

Sanctuary Home Care Limited

# Sanctuary Home Care Ltd - Gloucester

## Inspection report

Middleton House  
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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

Sanctuary Home Care Ltd - Gloucester provides extra care housing where people live in ordinary flats in one building called Middleton House. A range of communal facilities are also available for people's use, lounges, a restaurant, outside space and car parking. People can receive support with their daily living activities, cleaning and shopping, where needed. Some people receive support with their personal care needs, personal hygiene and eating. CQC only inspects the care service provided to these people. In these cases, we also consider any wider social care being provided. At the time of the inspection 19 people received personal care support.

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

People were complimentary about the service they received. Comments included "The staff are very nice", "I am really honestly very happy, I haven't got one thing I am concerned about", "Carers are considerate of my needs", "Best move of my life, staff are very helpful and caring", "It's not like living at your own home but it is the next best thing. I am quite content" and "It's very nice here. Lovely and warm."

There had been an improvement in how the service was managed and monitored. The registered manager had introduced additional monitoring processes. These enabled them to ensure actions were taken so the service met with the required standards and regulations and, so the provider's actions for improvement were fully met and could be sustained. There had been a change in approach which people told us felt more inclusive of their views and feedback.

People told us they found the registered manager to be "Very approachable" and "A very nice person." One relative confirmed there had been an improvement in their relative's health since they had moved into Middleton House. Staff told us the service was more organised since the registered manager had been in post. They told us they felt well supported, communication had improved, and senior staff were there to support them when needed.

People told us they felt safe. People felt reassured that they would receive their care as planned. People confirmed that staff responded quickly if they pulled their call bell for support, in between their planned care visits. People had control over who they let in to visit them. Arrangements were in place to reduce the risk of 'unknown visitors' entering the building and accessing areas where people lived.

People told us staff were caring and knew how they liked their care to be delivered. People told us the registered manager had acted when staff had not performed to the standard expected and they felt reassured by this. People told us there had been an improvement in the quality of care staff and in the quality of the care provided, since the registered manager had arrived.

There were arrangements in place to ensure staff received the training and support they required to deliver people's care safely and in line with best practice and current legislation. People's care was provided in line

with their protected characteristics and people's specific cultural and religious preferences.

People who required support with managing their medicines received the level of support they required. This included, for some people, ordering their medicines, getting them delivered, storing them safely and administering them.

People were supported with their healthcare needs by staff liaising with GPs and community nurses where appropriate, about people's health requirements. Staff used the emergency services where needed.

Support was provided to people with their eating and drinking, where this was required. This support could be provided wherever people chose to eat, in their flats or the service's main restaurant.

People's care was planned with them and people had access to their individual plans of care. Information about people's care was kept secure. People's privacy and dignity was maintained, and staff were expected to maintain professional boundaries and confidentiality. Action had been taken where this had not been the case in the past.

The provider had a complaints process which some people had used, and we saw evidence that these complaints had been investigated and addressed. People we spoke with had either not needed to raise a complaint or where they had raised an area of dissatisfaction, this had been addressed and resolved to their satisfaction. The registered manager told us they took a proactive approach when communicating with people and seeking their feedback, so that any areas of dissatisfaction or "niggles" could be addressed immediately.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (last report published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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 ●

# Sanctuary Home Care Ltd - Gloucester

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Two inspectors carried out this inspection.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or the registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed all the information we held about the service, which included information shared by local commissioners, feedback from members of the public and notifications from the service. These included information about events and accidents and incidents which involved people who used the service. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who received support with their personal care needs, including two relatives. We reviewed three people's care records which included a range of risk assessments and care plans. We reviewed records relating to these people's medicines. We inspected two staff recruitment files and records relating to staff support and training. We spoke with four members of staff and the registered manager.

We reviewed a variety of records relating to the management of the service which included complaints records, accident and incident records, staff training record and monitoring audits. We reviewed the services continuous improvement plan.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 procedures for safeguarding people were followed by the staff. Staff had received training on how to recognise potential abuse and how to report any relevant concerns.
- Managers liaised with appropriate professionals and agencies to help safeguard people.

Assessing risk, safety monitoring and management

- Risks to people were assessed and action taken to reduce or mitigate harm to people. This included potential risks associated with the delivery of care, such as the moving and handling of people and the use of specialised equipment, such as hoists. Potential hazards in people's flats were identified and action taken, to maintain a safe care environment. This included reducing risks related to clutter and arising from people's personal items such as unsecured floor coverings (rugs) which could pose a trip hazard.
- Staff were aware of people's potential health risks. They observed and reported to healthcare professionals any changes in people's skin condition, appetite, ability to swallow and mental health. Any subsequent advice or recommended changes to people's care following review by a healthcare professional were followed.
- As people lived in one building and had access to communal facilities, the provider had maintenance and servicing arrangements in place which helped to maintain people's safety.
- Additional security arrangements were in place to help keep people safe. People had their own entry phones in their flats and could control who visited them. Access to areas of the building where people lived, was restricted by the use of technology. This meant members of the public could not enter these areas unless invited.

Staffing and recruitment

- The registered manager maintained appropriate staffing numbers so people's care could be delivered as planned. Agency care staff, familiar with people's needs, were used to maintain safe staffing numbers. It was anticipated however, that in early 2020 the usage of agency staff would reduce following what had been a successful staff recruitment campaign.
- Staff recruitment records showed that safe recruitment processes were followed. Checks were completed on staff before they worked with people. These included clearance by the Disclosure and Barring Service (DBS) against the list of people barred to work with vulnerable adults, a police check, a review of staffs' previous employment history and employment references.

Using medicines safely

- People were provided with the level of support they required to ensure they took their prescribed medicines. This included, for some people, the ordering, delivery, secure storage and administration of

medicines. Some people just required a reminder by staff to take their medicines but administered these independently.

- A member of staff showed us how staff managed one person's medicines to help reduce risks associated with their medicines. Medicines were kept secure in this person's flat and were only accessed by the staff. Staff kept a record of all medicines they administered to this person (as they did with others they administered medicines to) as was required by best practice guidelines.

#### Preventing and controlling infection

- Staff had received training on how to prevent the spread of potential infection when moving between delivering different people's care. Staff followed the provider's procedures and wore protective gloves and aprons when delivering care and removed these before moving to the next person. Staff also segregated soiled laundry from other items of laundry, so it could be laundered safely.
- People were supported to plan for their Flu vaccination if they required help to do this. The registered manager was looking into the possibility of a Flu vaccination clinic being held in Middleton House for next year, making access to this much easier for people.
- A recent inspection by the Foods Standards Agency of the service's main kitchen had resulted in a rating of '5' meaning the standard of food hygiene was 'very good'. This supported the reduction of potential risks to people who received personal care support and used the restaurant to help meet their eating and drinking needs.

#### Learning lessons when things go wrong

- The registered manager promoted an open and transparent culture within the staff team when it came to the reporting of things which had not gone to plan or where errors had occurred. In 2019 there had been several medicine recording errors (repeated missed staff signatures on people's medicine administration records). Open discussions had been held about this in staff meetings, with individual staff and some staff had received additional training and support. A collaborative approach had been taken with the staff so that checking and monitoring each other's record keeping had become normal practice. Additional audits of medicine administration records by senior staff had also been introduced and as a result medicines errors had reduced.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Where it was indicated that people may require support with their personal care, the registered manager had completed an assessment of these needs, prior to the person moving into Middleton House. This was to ensure the staff could meet these needs and, if needed, personalised care equipment could be organised.
- When the health or abilities of people already living at Middleton House altered, and a need for personal care support was indicated, an assessment of need was also completed. Where funding for this was required, this was done in collaboration with adult social care commissioners and healthcare professionals (where needed) to ensure, people could access necessary funding for this support. On-going assessment of personal care support was also completed to ensure the support being provided, remained appropriate and, if needed, the assessment could support the need for additional care time.
- When assessing people's needs, personal preferences and wishes were listened to and taken into account. People's equality and diversity rights were respected.
- Spot checks were completed on the delivery of people's care and on staff practices generally to ensure people's care was in line with practice guidelines and the law.

Staff support: induction, training, skills and experience

- Staff told us that the support they received had improved since the current registered manager had been in post. This had included additional guidance and support for senior care staff, so they could better lead and support the care team.
- Training was provided by the provider in subjects they considered necessary for staff to meet their responsibilities and to work safely. They also provided additional re-training when staff lacked confidence or needed to improve their performance. Since being in post the registered manager had identified the need for some additional learning, in areas of care more relevant to people's specific needs. They had either used their own knowledge and skills or sourced additional learning support from visiting healthcare professionals, as they had in relation to improving dementia care and the use of meaningful activities or applied for more specific training through the provider's training department.
- An example of this was a more in-depth training in medicines management for senior staff to help them better monitor and support staffs' administration practices.

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

- People's eating and drinking support needs varied. Some people needed staff to help eat and drink and others needs help in preparing a meal or being reminded that it was time to eat and drink.
- People confirmed that their choices in what they ate and drank were respected by the staff who also always ensured they were left with drinks and snacks, near to hand, in between care visits.

- Changes in people's appetites, their swallowing ability or their weight ( if staff were monitoring this as part of the person's care) were reported to the person's GP for further assessment.

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

- Staff worked collaboratively with local care commissioners to ensure people could access the support Middleton House could provide, when needed. Where appropriate staff liaised with people's GPs and other healthcare professionals such as dentists, physiotherapists, occupational therapists and continence care practitioners to help people organise or attend health appointments and assessments.
- Where people required support from emergency services such as the ambulance service, staff had helped people access this or had organised this support on behalf of people where they had been unable to do this independently.

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. 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. During the inspection no-one had been deprived of their liberty and no applications to the Court of Protection had been needed in respect of this.

- People told us that staff sought their consent before they provided them with support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff treated them well and their personal preferences were respected. One person told us staff treated them with respect and they had never experienced being treated differently because of their personal beliefs. Another person told us they felt they were treated equally and had never experienced any bullying from staff. When discussing the same topic with another person they said, "I am treated really well here." Another person said they had never seen anyone being treated badly by staff and felt everyone was treated equally by the staff.
- One person told us that there had been previous problems with some staff who had not treated people well and who had behaved in a disrespectful way towards people. However, this had been addressed by the current registered manager and some of these staff no longer worked at the service. They said, "I think [name of registered manager] is really getting it together on this, I have every confidence in [name of registered manager]." We spoke with the registered manager about the action that had been taken to ensure there was a caring staff culture and this had included further training and discussions with staff on confidentiality, equality and diversity and professional boundaries. The processes for monitoring staff practice had also been improved.
- People felt reassured that there was help available if needed. Two people who had needed to ring for help in between their planned care visits, told us they had never been made to feel bad about this. One of these people described staff as being "kind and caring" and said, "Nothing is too much trouble. They just care for me. They are wonderful." The other person said, "They [staff] are comforting and nice."

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

- People told us they were able to express a view about their care and make choices about how this was delivered. People also confirmed that staff took their time to talk to them and explain what they were doing. One person had requested not to have intimate personal care delivered by a male member of staff and they confirmed this preference was always respected. Another person said, "They [staff] are always asking me how I like things to be done."
- One relative told us they had been present when care visits had taken place and had witnessed staff listening to their relative's views and preferences and taking these into account when providing their support.
- Another person told us the staff always listened to them and did things the way they liked things done. This person confirmed they had been involved in developing their own care plan. Another person told us staff had spent time with them developing their care plan and, staff had explained why changes were needed to their care plan to meet their needs. Another person told us the staff had "worked hard" to adjust

their care visits to accommodate the person's preferred routine which suited them better.

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with felt their privacy and dignity was maintained during delivery of their care.
- We observed staff knocking on flat doors or ringing people's door bells before entering and people we spoke to confirmed this was normal practice. If there was no answer staff opened the door and called out first introducing themselves before they entered the flat fully.
- People enjoyed the balance the service gave them of being able to live independently but knowing help was close at hand when it was needed. One person told us they considered this to be the service's "biggest strength" and described themselves as being able to live an active and fulfilling life at Middleton House.
- One person had wanted to improve their mobility, so they could be more independent and told us how staff had arranged for a physiotherapist to visit and support them.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 representatives had been involved in planning their care. Written care plans were kept in people's flats, so staff could reference them as well as in the registered manager's office. Care plans were reviewed with people and adjustments made to them when needed.
- People's care records clearly recorded the number and time of care visits, per day, which had been funded or agreed with the person. We were therefore able to cross reference these records with the daily care records which showed people were receiving the care visits which had been agreed with them. Prior to the inspection we had been aware of one incident where a care visit had not been fully completed. This had been investigated by the provider and action taken in response to this. During the inspection people told us their care visits were never missed.
- Care plans gave detailed guidance to staff on how people's care should be delivered in line with best practice guidelines. People's protected characteristics and personal preferences were well recorded. Care plans also made it clear where support was not required and where people wished to remain independent.
- People's care plans were individualised to meet their specific needs. In one person's case care plans gave additional focus on supporting the person's distress and anxiety which they experienced when living with dementia. For another person there was a focus on maintaining the person's mental health and for another person, supporting them with an on-going life changing physical condition.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager informed us that they would ensure information could be provided for people in a format which best suited them. This included written and verbal format, large print, audio and easy read.
- People's care plans flagged up people's communication needs, how they personally communicated and what support they needed when staff were communicating with them.

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

- People were supported to take part in activities which were meaningful to them and which helped to reduce the risk of social isolation and loneliness.
- The provider employed staff to co-ordinate and deliver activities for people who lived in Middleton House. In some cases, the support being given to people who received personal care, was an integral to helping to

maintain their wellbeing and had been incorporated into their care plan.

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

- The provider had a complaints policy with procedures which anyone living in Middleton House could use. The registered manager confirmed that they had not received any "formal" complaints but had received some areas of dissatisfaction. Some of these did not relate to the regulated activity of personal care that we were inspecting, but we saw that these had been acknowledged and action had been taken in response.

- Two people who received personal care, had raised areas of dissatisfaction which related to how their care had been provided. Both these had been discussed with the individuals who had raised the concerns and action had been taken to address these. Part of the work completed by the registered manager, in relation to changing the staff culture, was included in this action.

- All people spoken with during the inspection knew how to raise a complaint and told us they felt confident the registered manager would listen to their complaint and address and resolve it.

- People were also aware of regular 'residents' meetings' which were currently chaired by the registered manager and some had attended these. People explained these were another opportunity to give feedback on anything they felt unhappy about, however, people told us if they had a concern or a complaint, they would prefer to raise this on a one to one basis with the registered manager.

#### End of life care and support

- People's end of life wishes and information relating to their funeral was gathered and recorded in their care records for staff reference, if, people wished to share this information.

# 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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had been managing the service since May 2019. They had worked with the provider to improve the quality monitoring of the service.
- The provider's quality monitoring team had completed a full quality audit of the service and had produced an action plan in response to their findings, just prior to the current registered manager starting in post. The registered manager had therefore inherited an action plan with several identified areas for improvement. Since May 2019 the provider's quality team has continued to visit and monitor the progress made against the action plan. We also reviewed the good progress made on this action plan by the registered manager. Actions had included successful staff recruitment, a review of staff training and improvements in the management of medicines.
- To support a more effective monitoring system where actions completed could be sustained the registered manager had introduced some new processes. These gave the senior staff team clear guidance as to when various actions should be completed and made it easier for the registered manager to monitor the completion of on-going actions. An example of this was a newly developed record giving senior staff clear guidance as to when people's risk assessments and care plans were due review. This process ensured these records were reviewed on a regular and planned basis rather than just being event led; incident, accident or change in people's abilities or health. This ensured guidance for staff, about people's risks and care, remained person-centred and up to date.
- The registered manager ensured the provider's program of audits was completed and we saw examples of completed monthly audits. A new improved audit, covering all aspects of infection control, was due to be implemented soon. The completion of these audits and the actions arising from these was monitored by the Nominated Individual (a representative of the provider responsible for supervising the management of the service on behalf of the provider).

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

- The registered manager said, "I want the residents to feel in control of their destiny and fulfil their hopes and plans." They went onto say, "I believe in people being given respect and an opportunity to drive their own lives as they wish to."
- To support changes in working culture and establish a more inclusive and collaborative way of working with people, the registered manager had met with people and staff regularly and made themselves visible and available. They had reiterated to people and staff that they could always also talk with them in

confidence if needed. When asked people gave positive feedback about the registered manager's approach. One person said, "The manager (registered manager) is very nice, very helpful, very friendly and is a very nice person." Another person confirmed the registered manager was visible and approachable and could be spoken with when needed. They said, "They (the registered manager) are a new manager and is very approachable." Another person reported the same but also said, "[Registered manager] will spend time talking to people; sits with people during lunch time." Another person told us the registered manager will seek their views to ensure everything is going well for them. They also told us the registered manager would also provide a quick response to any issues raised.

- Feedback from staff was also positive in terms of changes in the working culture. One member of staff said "[ Name of registered manager] is strict but the changes have been for the better."

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

- The registered manager had planned monthly residents' meetings with people to gather their feedback and to communicate information. People told us they were aware of these meetings and some had chosen to attend, whilst others told us they preferred to talk with the registered manager on a one to one basis. Minutes of these meetings were made available to people. The registered manager told us they preferred to reflect and consider the feedback they received from people and if this required some sort of action, to find a practical and favourable solution. A recent example had been feedback from people and discussion about whether the building's courtyard lights should stay on or go off at night. A decision about this had been made by the registered manager after taking into consideration, everyone's views and by considering people's needs in relation to their protected characteristics; age and disability.

- Staff confirmed that communication with them had improved and they felt listened to by the registered manager when they made suggestions or voiced an opinion.

- The registered manager told us the provider sought feedback from people annually by using questionnaires. They had not experienced this process yet but were aware this was due to happen in 2020. Actions arising from this feedback would be added to the service improvement plan.

- The provider also worked with an independent group who visited the service annually to gain feedback from people who lived in and used a service like Middleton House. Feedback was shared with the provider who could then use this feedback as part of their quality monitoring process.

- Plans for further improvement to the service, gained from engaging with people, included, more opportunities for trips out for those who would normally not be able to do this independently and adjustments to the outside space, so people could walk a complete circuit safely, around the building to increase their exercise.

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 registered manager understood their responsibilities and the responsibilities of the provider in relation to duty of candour. There had been no incidents which had required a formal response under duty of candour, however, when mistakes had been made or things had not gone to plan an explanation had been given to people and people informed of the action taken to rectify the situation.

Continuous learning and improving care

- The registered manager told us lessons had been learnt which had led to a need for a more inclusive and collaborative way of working with people who used the service and the staff who worked there. They told us this approach had enabled change to happen which ultimately resulted in improvements to people's care and experiences.

- Through better monitoring and supervision of staffs' care practices, staff had felt better supported in

improving their knowledge and skills. Improvements in care, resulting from better learning opportunities, was seen in the dementia care provided to people.

#### Working in partnership with others

- The registered manager liaised with local commissioners of adult social care to ensure people were assessed in a timely way and could access the support they needed quickly.
- By working in partnership with another of the provider's service's the registered manager had been able to access transport for the next planned trip out for people.