

Lifeways Community Care Limited

Lifeways Community Care (South London)

Inspection report

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13 January 2023

16 January 2023

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Lifeways Community Care (South London) (South London) provides care and support to people living in their own flats or houses in various supported living settings. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

At the time of this inspection 33 people were using the service, many of whom had a learning disability, autism, complex health or communication needs. Not everyone using Lifeways Community Care (South London) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Culture:

Some records held by the service required improvement. This included information around how people liked to take their medicines. Following our inspection however, the registered manager was able to provide us with evidence to address some of the shortfalls we found.

Some staff did not always feel supported by their manager or senior management and they felt isolated in their roles. The registered manager had identified this as an issue previously and was working to address this.

Right Support:

Despite a large number of staff being employed by the service, some people told us they were not always supported to go out as much as they wished. People said they used to access the community more than they do now. Although we did receive positive feedback as well and saw that some people had active lives. We have issued a recommendation to the provider in this respect.

Some people were not always provided with the opportunity to be involved in the day to day running of their supported living service through tenants meetings.

Right Care:

People were happy with the way staff prepared their meals and drinks and they told us they chose what they

wished to eat and drink.

People felt safe in the hands of Lifeways Community Life (South London) carers. They said staff looked after them well and made them feel confident that they would be at a reduced risk of harm.

People said staff were kind and caring. They had good relationships with staff and had built up a good rapport.

Staff received the training they required and were given the opportunity to meet with their line manager through supervision. Staff had undergone infection control training and there were no concerns in this respect.

People were supported to access healthcare professional input when needed and staff worked with other agencies to help provide the most appropriate care to people.

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

People had support plans in place which recorded specific information about them to help staff provide the most appropriate care.

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

Rating at last inspection

The last rating for the service at the previous premises was Good, published 4 October 2018.

Why we inspected

We inspected this service as, following the last inspection, the service registered with us at a new location.

Enforcement and Recommendations

We have also made a recommendation to the provider in relation to staff deployment.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Lifeways Community Care (South London)

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 carried out by 2 inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in 14 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 11 January 2023 when our Expert by Experience made phone calls to people and relatives and ended on 16 January 2023 when we visited people in their own homes. We visited the location's office/service on 11 January 2023.

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 reviewed other information we held about the service, such as statutory notifications of safeguarding incidents.

During the inspection

We spoke with 10 people and 9 relatives to obtain their views on the service they received. We also spoke with the regional operations director, the registered manager and 8 staff (this included managers at individual supported living settings as well as support workers).

We reviewed various documents related to the running of this service. This included the support plans in varying detail for 8 people, numerous medicine administration records, 10 staff recruitment files, accident and incident information, training and supervision information and governance processes.

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.

Staffing and recruitment

- People supported by the service were living in their homes with a private tenancy. However, it is the responsibility of the provider to ensure they are able to fully support the person in their chosen accommodation and in line with their assessed needs. As detailed within the summary section of the report, when reviewing regulated activity of personal care, we also consider any wider social care provided in line with people's support plans and assessments.
- Most people were funded for one to one hours, however some people did not always receive dedicated one to one, despite 198 staff being employed by the service. Some people told us, "I haven't been able to get out for a long time", "I'd like to go out more" and, "I get bored. I haven't been out." We reviewed the daily records for 1 of these people and saw little social engagement outside of their supported living setting. Another person used to go out with 2 staff on a daily basis, but this was no longer the case as this person was limited to going out only twice a week as there was insufficient staff to support them.
- Relatives also felt people were not as stimulated as they could be, telling us, "They need more activities and social interaction; something to engage them", "It's not clear what they are doing or for how many hours, it all seems lumped together with all the others (people)" and, "He used to get out more, but it takes 2 carers to go with him and that happens less often."
- We noted in the minutes of a staff meeting that the lack of activities for people was raised and staff told us, "At times the one to ones are neglected. Tomorrow we have 2 people with appointments and people who have one to one hours, but only 3 staff on duty", "Most shifts there are 2 (for 4 people), sometimes we have 3 (staff)" and, "We put one to one hours together so people can go out."
- We raised this with the supported living services managers who told us, "COVID has left a dent, people do not want to go out as much, they need much more persuading" and, "[Person's name] is limited to going out in the afternoon when staff are not supporting other people. If we are short staffed, the deputy will work on shift." They told us that they were actively encouraging people to start going out again and a referral had been made for a wheelchair for one person to enable them to go out.

We recommend the registered provider reviews staff deployment to meet the requirements of people's funded hours.

- We received positive comments as well from people in the supported living settings we visited as well as others who we contacted by telephone. We were told, "We have regular staff", "I insist on a rota, so I know who to ring if I need to contact them. There is enough staff", "We have 6 staff today. No people require 2 staff. All 6 have one to one for certain hours of the day", "I think there is enough staff" and, "At present there is enough staff, if one (staff) is off, others can fill it (the shift)."
- Prospective staff went through a robust recruitment process. This included providing a full employment

history and references and demonstrating their right to work in the UK. All staff underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People said they received the medicines they required. People told us, "They do my pills for me" and, "I get my tablets in the morning, at 12 o'clock and at nine o'clock." A relative said, "They do his medicines alright."
- However in one supported living setting, we found some people's allergy section on their medicine administration record (MAR) was blank. This meant staff may not know if the person had any allergies. There was also a lack of information on how people liked to take their medicines which was particularly important for people who were non-verbal.
- We reviewed medicine administration records for several people and found no gaps or recording errors.
- Where people had 'as required' medicines, protocols accompanied these to let staff know when a person should have these medicines. Body maps were used to show where topical creams should be applied to a person. Topical creams are medicines in cream format.
- Weekly medicine checks were carried out and each person had a log-in sheet for medicines received in their medication folder.
- People's medicines were stored securely in a locked cabinet in their individual flat. Temperature checks were taken daily to check the medicines were being stored in line with the manufacturers guidance.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to recognise potential abuse and put this training into practice. Staff said, "If there is a safeguarding, I will raise that straight away, report to my manager and refer to the local authority."
- Safeguarding concerns were reported appropriately and staff worked with the local authority safeguarding team to investigate concerns.
- People told us, "I am safe here, they (staff) talk to me, they help me" and, "I feel safe because there is nowhere else I would want to go." Relatives told us, "I think she is safe enough and the staff have improved lately" and, "I'm sure [relative's name] is safe there. She has been there for a while."

Assessing risk, safety monitoring and management

- Staff were aware of the risks to people and knew what to do in order to reduce the person being harmed. One person said, "They (staff) make sure I am safe. They love me. If I'm going out on my own I tell them where I am going and when I will be back, so they don't worry."
- Staff talked about some people with poor mobility telling us, "We make sure he is seated in a good position when eating and when he has a shower, he sits down" and, "When giving personal care you have to watch him getting in and out of the bath. He might slip or fall. He isn't too steady."
- Another person was at risk of choking and staff said, "There are on 2 weeks' trial with smooth food because we noticed him coughing. We made a referral to the speech and language therapy team and had a best interests meeting."
- Where people had specific health conditions, there was sufficient information for staff. For example, people with epilepsy had dedicated care plans for this. Other people had allergies and these were clearly recorded throughout their support plan as well as on their medicine record.
- The provider had an on-call system available to staff, which could be used during the night if there were any issues.
- Each individual supported living setting was checked for its fire safety and people had personal evacuation plans in place.

Preventing and controlling infection

- Staff had received training in infection control. A staff member said, "It's through the Lifeways training portal."
- Staff were seen wearing masks when it was necessary and people were happy with how staff kept their premises clean.

Learning lessons when things go wrong

- There were few accidents and incidents across the individual supported living setting and, of those that did occur, few resulted in an injury.
- Action was taken to help prevent incidents, such as 1 person moving to a ground floor flat when their mobility deteriorated.
- Staff told us they had to fill in incident forms and forward these to their manager within 24-hours should an incident occur. Incident information was stored on a central system, so it could be reviewed by the registered manager.

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 of this newly registered service. This key question has been rated Good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- Funding authority assessments were seen in people's support plans, and the provider had an assessment manager who completed assessments prior to people moving into settings.
- People's support plans were reviewed. A relative said, "The social worker does the care plan, but we did do a review last year." A second said, "We get a yearly review and do the care plan."
- Staff made people feel welcome when moving into a supported living setting. We saw staff had put banners up for someone new moving in.
- Staff said consideration was given to where a person lived and we heard how 1 person had improved in their health and wellbeing since moving into a different supported living setting. People told us they got on well with those they lived with.

Staff support: induction, training, skills and experience

- Some staff felt they had not received the support they would have liked from their immediate line manager or senior management. Staff said, "I was thrown into the deep end and expected to work on the floor and manage", "There is no consideration (from senior management) for front line staff", "I wasn't getting the support I needed" and, "Sometimes I feel valued; sometimes not. More could be done by the provider to appreciate their staff." Following our inspection, the provider sent us evidence to demonstrate they had and were continuing to strengthen the support systems for staff.
- There was evidence of induction, probation and training as well as supervision in staff recruitment files. One staff member said, "My first week was at Sevenoaks, meeting the manager. Then I was doing online training. I spent a week getting familiar with the systems, and then started working at the (supported living) service to introduce myself." They added, "I went through the support plans to learn about people. I have prioritised team meetings and now am focusing on supervisions (with staff)."
- Other staff told us, "The training, it's good", "We do online training and face to face manual handling. I have done training in mental wellness", "The epilepsy training really helped me a lot" and, "The training is always on-going."
- Staff confirmed they received supervision which gave them the opportunity to meet with their line manager on a one to one basis to discuss their role, training or any concerns. Staff said, "The policy is to do 3 a year", "I had a supervision last year" and, "I find them (supervision) useful. The way the questions are asked and objectives."

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

- People were happy with staff support in preparing their meals. One person told us they liked the food staff made for them and that staff knew their favourite lunch. Other's said, "They're (staff) kind and do my

breakfast", "They make my meals. I tell them what I want and they make it" and, "Staff do my cooking depending on what I want."

- Relatives were happy with this aspect of their family member's care, telling us, "His meals are alright", "She has a very good diet and they help her with her meals" and, "He can't cope with dentures, so they make sure he has a soft diet and everything cut up small. He manages really well."
- Staff ensured they provided sufficient food and drinks for people. Staff said, "Staff will cook and have had food hygiene training" and, "During the course of the day, we encourage him to have liquids. I made him some sandwiches and a drink for lunch. He loves his mashed potato and mince. I do beef and such like."

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

- There was clear evidence of staff working together across agencies, particularly in respect of 1 person who required an operation. And, following a referral by staff, 1 person received a new mobility aid.
- Relatives said staff were good at keeping them informed about their family member's health. They told us, "They let me know if anything is wrong", "My relative is non-verbal, so communicates by signs and smiles. Staff are very good; they ring and tell me what is going on; if they are changing medication or she is ill" and, "They take [relative] to the doctors and the hospital appointments, they let me know if they take him."
- There was evidence of people accessing health services, such as the dietician, occupational therapist, dentist or optician.
- People had individual hospital passports which gave detailed information about the person should they need to attend hospital. There were also health action plans for people.

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.

- We found services were working within the principles of the MCA. Capacity assessments were seen for people in respect of decisions such as finances.
- Staff were aware of the MCA and what they needed to do to ensure they were complying with its code of conduct. A staff member said, "We assume a person's capacity, until we find out otherwise."

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 of this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were very happy with the care they received from the staff of Lifeways Community Care (South London). We received many positive comments which included, "I like it, I am a sardine in a tin; cosy", "It's good here. Staff are nice to me, they help me", "They (staff) are nice to me. I like them", "She talks to me and makes me laugh" and, "They are so kind."
- We were able to see from the interaction between staff and people in the supported living settings we visited, that good relationships had been formed between staff and people. One person told us, "I have all my furniture here. I have my own room. My support worker is king and he gives me food – he cooks it for me. He took me on holiday." It was clear this person had a strong bond with their carer.
- Relatives were also happy with the care provided by staff. They told us, "[Relative's name] is looked after alright", "He is lucky to have such a lovely flat and he is well looked after", "I think it is excellent", "There are 2 new young men (carers) and they chat to him and he likes them. I am happy he is well looked after" and "The staff are all nice and polite. [Relative] is happy."
- Staff spoke kindly of people. They told us they knew people well having worked with them for many years. They were able to tell us about people's individuality. A staff member told us, "We have a good rapport."

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

- Staff acknowledged people's individual wishes and choices. One person asked for only female staff to provide their care and this was adhered to. A staff member said, "If he (person) wants to go to bed. I give him his freedom and respect."
- One person was religious and a staff member said, "We are going to start going to church. It means a lot to her." A relative said, "They do everything for [relative]. She stays in, but that is her choice."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. A relative said, "She is much more independent now than when she was at home."
- Staff were mindful of ensuring people had privacy during personal care. A staff member said, "When I give him personal care, I make sure the doors are closed."
- Staff enjoyed working in their individual supported living settings. A staff member said, "Taking him (person) out makes him so happy."
- Staff demonstrated respect towards people as they checked with each person they were happy to speak with us before we went into their flat. Staff told us, "We respect their space and don't impose on them" and, "I'm not here to tell them what to do, I'm here to support them."

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 of 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; End of life care and support

- Staff knew people well as many people had lived in the supported living settings for many years and there was some longstanding staff members. One person said, "They (staff) have known me for a long time." A second person told us, "You have your own life here, that's the best thing."
- People had support plans which contained information about the person including their health conditions, personal care needs, mobility, communication and nutritional requirements.
- The registered manager said the care provided to people in supported living settings was provided in various ways. They told us, "Some services are staffed 24-hours a day. Some staff pop in and do checks. Staff support people to access the community, do their shopping or go to religious events."
- No one was receiving end of life care from staff and staff had yet to have conversations with people about any end of life wishes they may have.

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.

- Where needed, people's support plans were in easy-read format. People were also provided with the provider's complaints policy in a way they would understand.
- Some people required visual prompts, or objects of reference to communicate with staff and others needed staff to speak in low tones, or clearly and slowly. One person was noted as making vocal sounds to seek the attention of staff. A staff member said, "I know their responses by their body language."

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

- Despite some people not being enabled to go out as much as they wished, we found others led active lives and took part in a range of things they enjoyed, and which supported their independence.
- One person told us, "I go out. Not as often as I used to, but I go out though. I go to the café and church sometimes." A second person said, "I go out every day. I can take the bus. I go to the shops or the pub and a club."
- Some people went to college or day centres and many people were independent and could walk to the shops, clubs or visit neighbouring towns. One person had been supported by a staff member to hold an art

exhibition in Liverpool and another had some part time work.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy which was made available to people and relatives. People told us they had no complaints. One said, "I like it (here), I would say if I didn't. If I was worried, I would say so to [staff name] and they would take care of it." Relatives said, "I have no complaints", "I haven't had any issues and they let me know what is going on" and, "They sort out everything and we have never had a complaint."
- Staff took people's concerns seriously telling us, "I would ensure (the person) has their say and then make a note of it and forward it to my manager."
- One supported living setting manager said, "We've had no complaints. I address things with people at the time, so things don't escalate."

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 of this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leaders did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Record keeping required improvement as we found the records for people were not always well maintained. One person had moved to a downstairs flat due to their mobility deteriorating, however their support plan did not reflect this as it still recorded they were on the second floor. Following our inspection, the provider sent us evidence to show this information had been updated but had not been shown to us at our inspection.
- A second person would become distressed if staff mentioned their mother and yet this was not in their support plan. This same person was recorded as going out with their family 3 times a week in the evening, but this was no longer the case.
- None of the support plans we reviewed had any background history for people. Although we were satisfied staff knew people very well, past history is important to help new or agency staff get to know the person as an individual. Following our inspection, the provider sent us evidence to show some people did have life history information recorded in their support plans.
- We reviewed the accident and incident records for people across all the supported living settings for this service and found some notifiable incidents had not been reported to CQC. Following our inspection, the provider provided us with further detail about these incidents. They were able to evidence that only 1 of the 3 we had identified, should have been reported to CQC.
- Despite the registered manager sending us the outcome of relatives and staff surveys, some people told us they had not been invited to send in their comments. They said, "I haven't had a feedback form", "The area manager needs to come and visit all of these houses and get to know the residents" and, "I have had a feedback form in the past. I have filled them in, but I have never heard anything back."
- People were not always encouraged to give their views or to be involved in the day to day running of their home. People's tenancy agreements with Lifeways Community Care (South London) stated people would have regular tenants meetings, but in at least 2 of the supported living settings this was not happening and had not happened for some time.

We recommend the provider holds up to date and accurate information for people and supports people to express their views and give feedback on the care they receive.

- In comparison, we received positive comments from other people and staff. One person told us, "[Manager's name], he's nice." Staff said, "I feel supported. (My line manager) is always there for me. I get

compliments and I get thanked", "We have a brilliant manager" and, "Well supported by the team leader, but not as much from the manager." A supported living setting manager said, "I have a fantastic bunch of staff. I am also supported by my line manager. We have regular communication and he is always on the phone to guide me."

- There was evidence that some people were asked to contribute their thoughts on the type of staff they would like recruited to work with them.
- Staff meetings and staff surveys took place. In some supported living settings this was done remotely as there was no physical space for staff to meet. Staff told us, "We connect online", "We have staff meetings and supervisions and the manager supports me."
- Staff enjoyed working in their individual supported living settings. One told us, "For me, I enjoy what I am doing and see the benefit of it."
- Managers said they carried out monthly medication, finance and care plan audits and shortfalls were logged on a central system. This enabled the registered manager to have sight of areas that needed to be addressed.
- Other checks within individual supported living settings included staff training compliance, hot water temperature checks, smoke detectors and window restrictors.

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

- For the most part, people and relatives were happy with Lifeways Community Care (South London). Relatives said, "The manager has been superb and kept everything going (through COVID-19)", "It all seems to work", "It seems well run (house), as I say he is lucky to be in such a nice place."
- Staff liked their jobs and said, "We encourage people and give them a sense of belonging. We try to support people in every way possible", "We are close knit" and, "I like 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

- The registered manager was aware of their responsibility in relation to duty of candour and knew that if care did not go to plan, this would need to be applied.

Working in partnership with others; Continuous learning and improving care

- We had received feedback from people and relatives that improvements to their accommodation was needed. For example, a relative reported 1 person's bathroom light had not worked for 6 weeks and another said their family member's shower was broken. One person told us their flat needed a paint and we saw communal areas were scruffy with broken or worn furniture. A relative said, "They should be living in somewhere they are proud of." The registered manager told us they worked with the individual landlords of the premises to rectify issues as quickly as possible.
- Senior management and individual supported living setting managers worked with the local funding authorities to review people's needs.