

BNR Agency Ltd

# BNR Manchester

## Inspection report

Express Networks  
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21 January 2019

22 January 2019

23 January 2019

28 January 2019

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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:

BNR Manchester provides domiciliary services to people living in their own homes and supported living services to people with learning disabilities, autism and complex physical health needs so that they can live as independently as possible in their own homes. People who use the service are tenants in their own right and live with support in various types of accommodation provided by different landlords, or in their own family accommodation.

At the time of the inspection the service was made up of two homes, providing support for four people who live in the Wirral area and who require 24-hour support. The head office is based at the Express Networks building in Manchester.

People's experience of using this service:

There was a warm and relaxed atmosphere in the properties we visited; a thorough pre-assessment process was undertaken to ensure people who lived in the same property were compatible and transition visits were undertaken prior to people moving in.

People participated in activities that met their individual choices and preferences. People's independence was promoted, which was confirmed by people we spoke with.

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

People's health needs were well managed and staff had positive links with professionals which promoted wellbeing for people. People were supported to attend their health appointments.

Equality and diversity was promoted and responded to well, and there was no evidence to suggest anyone was discriminated against.

The service supported staff in providing effective care for people through detailed person-centred care planning and people were involved in regular reviews of their care plans.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences and likes and people were observed to have good relationships with the staff team.

The service worked in partnership with the community, other services and organisations. We saw people had multi-disciplinary team meetings to discuss their needs and wishes. People had links with other organisations to access services, such as adult learning courses.

People were encouraged to share their views about what they wanted to achieve and their support was built around these goals to help them achieve them.

People using the service and staff knew each other well and efforts were made by the service to ensure people were supported by the same staff to ensure familiarity and continuity of care provision.

The service met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection:

The service has not previously been inspected and this was the first inspection undertaken at BNR Manchester since it first registered with the Commission on 03 August 2016.

Why we inspected:

This was an announced, planned comprehensive inspection. The provider was given 48 hours' notice to ensure managers were available in the Manchester office to facilitate the inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

## 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.

# BNR Manchester

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care inspector from the Care Quality Commission (CQC).

Service and service type:

BNR Manchester provides services to people with learning disabilities and complex physical health needs so that they can live as independently as possible in their own homes.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 January 2019 and ended on 28 January 2019. We visited the office location on 21 and 23 January to see the manager and office staff; and to review care records and policies and procedures. We visited four people in their own homes by arrangement on 28 January 2019 and spoke with people's relatives on 22 January 2019.

What we did:

Before the inspection visit we reviewed the information we held about the service, including information we had received since the service registered with the Commission. We asked the service to complete the Provider Information Return (PIR), prior to the date of the inspection, which we received. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the care and medication records of four people who used the service and records relating to the management of the service. We looked at four staff personnel files, policies and procedures and quality assurance systems.

During our inspection we went to the provider's head office and spoke with the registered manager and one office manager and four members of care staff. We also visited two properties by agreement and spoke with two people who used the service, two relatives and two health and social care professionals as part of the inspection; this was to seek feedback about the quality of service being provided.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- ☐ People were protected from the risks of abuse and harm.
- ☐ There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority. Staff were required to read the policies prior to providing support.
- ☐ The staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One member of staff said, "Types of abuse could be verbal, mental, financial; if I was concerned I would tell the manager and follow up with the manager and if nothing was done I would go to the local authority or CQC. I would email the manager about the issue and I have the number of CQC. I've done whistleblowing training; I was once concerned about the environment of one person so I told the manager and they sorted this out straight away."
- ☐ Another staff member said, "I've done safeguarding training face to face and on-line. If I was concerned I would contact the safeguarding team at the local authority and would write down what the concerns were. I've also done whistleblowing training recently. Signs of abuse could be a change in behaviour or the way a person presents themselves, a change in habits or unusual behaviour."
- ☐ Staff had received the appropriate safeguarding training and also received refresher training.
- ☐ People had access to a 'service user guide' which included safeguarding information.
- ☐ BNR Manchester followed the safeguarding procedures and understood their responsibility to make referrals to their local authority, as well as to notify the Care Quality Commission.

Assessing risk, safety monitoring and management

- ☐ The service received detailed information about the person from their previous placements which included any clinical needs and identified risks.
- ☐ People had pre-admission assessments before they moved into the service. This meant the service knew that they could cater for people's care needs. We saw other professionals were involved in these assessments, including social workers and other relevant health and social care professionals such as speech and language therapists (SaLT) and doctors.
- ☐ BNR Manchester enabled people to have trial visits to properties they intended to potentially live in which identified if the location was acceptable to the person concerned and if the potential placement suited others living in the same property; this allowed the service to manage people's needs and assess risk prior to their admission. One person told us, "I feel safe in the hands of my staff and I wouldn't change anything at the moment."
- ☐ For another person, their care records a detailed transition period into their existing property that had

been followed from their previous place of residence.

- Admission assessments were completed with detailed care plans to meet people's needs.
- People's care files included risk assessments in relation to their specific care needs. The risk assessments were person centred and covered areas such as people's physical health, mental health and medicines.
- People's assessments set out the risks and control measures in place to mitigate the risks. For example, one person's plan related to situations that could cause behaviours that challenged and their records documented how staff should manage in these situations.
- Each person had a positive behaviour support plan in place. The positive behaviour support plans included detailed guidance about the possible behaviours each person may have when they were agitated. This included a description of interventions that could be used by members of staff, if necessary, to keep the person and staff safe.
- BNR Manchester had procedures in place to promote people's safety. During the inspection we saw people informing staff they were going out so staff knew where they were.
- The environments we visited were well maintained and records we looked at identified equipment was serviced at the required intervals.
- Detailed fire risk assessments were in situ, which covered all areas in the person's home. People also had Personal Emergency Evacuation Plans (PEEPs) in place to ensure they were supported in the event of a fire, which were specific to people and their individual support needs.
- Premises risk assessments and health and safety assessments were in place which included gas, electrical safety and fire equipment.

### Staffing and recruitment

- We looked at four staff personnel files and there was evidence of robust recruitment procedures. All potential staff were required to complete an application form and attend an interview so that their knowledge, skills and values could be assessed.
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service. People we spoke with and their relatives told us they felt staffing levels were sufficient to meet their needs. One relative said, "The staff are very pleasant and [my relative] is happy and he smiles away all the time so I know he is happy and that's the main thing. He is in a safe place definitely and its regular staff who support him."
- Staff rotas we saw confirmed staffing levels were consistent which meant the provider had systems in place to monitor staffing levels and ensure continuity and familiarity with people who used the service.

### Using medicines safely

- People's medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- We saw that all staff who administered medicines had the relevant training.
- Staff received regular medicines competency checks to ensure they continued to administer medicines safely. We asked people and their relatives if they had any concerns regarding their medicines. One person said, "I always get my medicines on time." A relative told us, "I've never had any concerns about medicines since [my relative] has been living here. "
- There were no controlled drugs (those subject to stringent control) being used by BNR Manchester at the



time of the inspection.

- ☐ There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- ☐ People were promoted to self-medicate and appropriate risk assessments were in place for this. There were lockable boxes for people's medicines which were stored safely.
- ☐ During our home visits we observed people received their medicines in a person-centred way, for example one person preferred to take their medicines in a particular way and we saw a best interest meeting had been held for this and medicines were being given as described in their medication support plan.
- ☐ Regular audits regarding medicines were undertaken.

## Preventing and controlling infection

- ☐ People's homes we visited were clean and free from malodour.
- ☐ Staff were required to complete training in infection control and food hygiene, so that they could safely make and serve meals and clean up after preparation.
- ☐ Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- ☐ Staff supported people with daily cleaning.
- ☐ We saw environment checks and room checks being carried out to ensure infection control was maintained.

## Learning lessons when things go wrong

- ☐ Strong relationships and agreed working protocols had been established with other relevant professionals in order to update any changes in current practice and provide guidance to staff regarding any changes. This helped the service to sustain good practice and improvements over time and any learning from incidents was discussed with staff and based on a thorough analysis which resulted in better outcomes for people.

# 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

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

- ☐ We saw staff applied best practice principles, which led to good outcomes for people and supported a good quality of life.
- ☐ People's needs were comprehensively assessed and regularly reviewed, this included the progress people had made since the start of their placement. Care plan reviews took place at least every two months, or as and when required.
- ☐ People's preferences, likes and dislikes were acknowledged and recorded.
- ☐ People's past life histories and background information were also recorded in the care documentation.
- ☐ People continued to be involved in their care planning and the people we spoke with and their relatives confirmed this. One person told us, "I get involved in planning my care and it's my choice what I want to do. I was involved in the transition process." A relative said, "We're involved in care planning and so is [my relative]. Staff do a good job here and we visited several times prior to [my relative] coming here."
- ☐ People's relatives spoke positively about the effectiveness of the service. One relative said, "We've never had any concerns since [my relative] has been here and we've noticed [my relative] is a lot calmer now than before." A healthcare professional said, "They are an effective service."

Staff support: induction, training, skills and experience

- ☐ Staff had regular training to ensure they had the right knowledge and skills to carry out their roles. Staff training included safeguarding adults and children, moving and handling, physical intervention, medicines, health and safety, infection control, food hygiene, dignity and inclusion, fire safety.
- ☐ Staff training records reflected the information provided by the registered manager.
- ☐ The staff we spoke with were positive about the training sessions they had received. One staff member told us, "I feel training is suitable and I can suggest any training needed." A second staff member said, "I feel the training I get is relevant and enough, and we can discuss it with the manager afterwards."
- ☐ Records showed regular staff supervision took place and an annual supervision planner was in place; the staff we spoke with felt well supported by the registered manager.

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

- ☐ During the inspection we observed the breakfast meals being prepared at one house we visited, where three people were living and being supported. There was a calm and unrushed atmosphere, people took as much time as they liked to prepare and eat their meal of choice and staff were available to provide any assistance to people.

- We saw people had a choice of when they would like to eat their meals. We also saw people had access to snacks which they accessed themselves as they pleased.
- People's dietary needs and preferences were identified and met. We saw people were supported by staff to do their own shopping.
- There were appropriate risk assessments and care plans in place for nutrition and hydration.

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

- We saw evidence that the staff and management worked with community professionals and other relevant health and social care organisations in order to meet people's needs, for example one person was supported to access college regularly.
- BNR Manchester ensured joined up working with other agencies and professionals to ensure people received effective care. We saw evidence of multi-disciplinary team meetings to discuss people's needs and wishes.

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

- A range of multi-disciplinary professionals and services were involved in assessing, planning, implementing and evaluating people's care, treatment and needs. This was clear from the care planning documentation and the professional visiting logs we saw.
- People were assisted with access to appointments and the people we spoke with also confirmed this. One person told us, "I get district nurse and occupational therapy visits to check my skin is okay and I have all the equipment I need to get by." A healthcare professional said, "I feel the service is proactive at meeting [person name] needs, any worries or concerns about the package they have been good at contacting me as well. They have been responsive and [person name] has felt the staff team has been consistent and their approach has been positive."
- People had health passports in place (which is a piece of documentation that details people's health needs and contains other useful information) that can be referred to if the person had to go to hospital.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We were told that no one being supported by the service was subject to a DoLS.
- We saw any best interest's meetings were held involving the person, the support worker who knew them best and if appropriate the person's family. The service knew how to contact Independent Mental Capacity Advocates (IMCAs) if there were no family members.
- Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The staff we spoke with confirmed this. One staff member told us, "DoLS is because we may be stopping people from doing something or we may lock the door to ensure the person's safety so we have to have a deprivation authorised in place and a best interest meeting is needed." A second staff member said, "This is about recognising each person is an individual and we assume capacity always unless proven

otherwise. We may need a best interest meeting to discuss this."

- ☐ Records showed people had consented to their care and treatment.

# 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

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

Ensuring people are well treated and supported; equality and diversity

- ☐ We saw good positive interactions between staff and people. Staff had good relationships with people, and appeared to know them well, including their likes and dislikes. Staff were seen to be caring towards people, and respected people's wishes.
- ☐ People were observed to be treated with kindness and were positive about the staff's caring attitude. One person said, "The staff are good and I have no concerns." A relative told us, "Staff come over very nice and you can't fault them and [my relative] would tell me if he was worried at all."
- ☐ We observed people conversing with each other and they enquired about each other's welfare.
- ☐ Equality and diversity was promoted and responded to well and we found no evidence that anyone was discriminated against.

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

- ☐ People and families were involved in reviews. One relative told us, "They always involve me in care planning and I discuss this with staff."
- ☐ Regular meetings were held with people and their relatives or friends had opportunities to attend.
- ☐ We saw staff supported people in a caring way to promote their health and wellbeing.
- ☐ We saw multi-disciplinary meetings being held and people and their relatives were involved in these meetings to discuss their needs and make decisions about their care, where possible.
- ☐ People's relatives confirmed they were involved in planning [their relatives] move to the service and we saw detailed records of the transition process for one person, which had taken place over several weeks to ensure suitability of the placement.

Respecting and promoting people's privacy, dignity and independence

- ☐ People were encouraged to be as independent as possible. Clear plans were in place to allow people to exercise their independence whilst remaining safe.
- ☐ Information about people was kept securely and daily care records were kept confidentially.
- ☐ Staff we spoke with were clear about the importance of confidentiality and good data protection practices.
- ☐ People's right to privacy and confidentiality was respected. We saw staff talking discretely on a one-to-one basis with people about what was happening that day.

- We asked people if staff promoted their independence, one person told us, "Staff promote my independence and I can do as much for myself as I can." A second said, "I go shopping with staff and I choose my own food."
- We observed staff treated people with dignity and respect and provided support in an individualised way.
- We asked people if they felt staff were competent. One person said, "Staff are respectful when speaking to me and I'm happy with the way things are." □

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident from all the staff we spoke with.
- ☐ People's transition into the service from other services was bespoke to the individual and done in a way to best meet their needs and help them cope with the change.
- ☐ The culture of the service was to be creative to find solutions to meet the needs of the person.
- ☐ People's interests were supported and encouraged. People were encouraged to take part in activities in the community and staff identified ways people's interests could be extended, for example through arranging college placements that would interest the person and maximise the person's independence and control over their lives.
- ☐ Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted, for example people were encouraged to follow their hobbies and interests.
- ☐ Written feedback received from a healthcare professional following a scheduled appointment with one person who used the service one week prior to the date of the inspection stated, "Both the learning disability nurse and the psychologist said how wonderful [person's name] relationship was with the worker who attended with them. They said it was the best relationship they had witnessed between service user and support worker."
- ☐ The service was meeting the accessible information standard. People's care plans included easy read symbols to assist the person to understand what they and the staff team would do. Easy read versions of the service user handbook and complaints policy were available. Each person had their own 'communication passport' and systems in place to help them communicate, understand and be involved in what they did each day. Staff followed a 'Total Communication' approach using symbols, objects and technology to help people to communicate.

Improving care quality in response to complaints or concerns

- ☐ Processes, forms and policies were in place for recording and investigating complaints. We saw no formal complaints had been received by the service.
- ☐ There was a satisfactory complaints policy.
- ☐ People also had access to a 'service user guide' which detailed how they could make a complaint.
- ☐ People and their relatives told us they knew how to make a complaint. One relative said, "I got information on how to make a complaint at the beginning." A person told us, "I have the information on how to make a complaint but I have no complaints."
- ☐ We saw concerns were very minimal. The service had received one concern from a relative regarding the

environment in which [their relative] lived and the registered manager had acted on this by liaising with the relevant other social care professional involved in order to ensure funding was in place so the person's needs were met.

#### End of life care and support

- ☐ The registered manager told us, and we could see for ourselves that the service was not supporting anyone with end of life care. If people's needs changed, the service would liaise with the local authority and other professionals involved in people's care.



# 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ The service had an appropriate statement of purpose which set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service. A statement of purpose is a document which includes a standard required set of information about a service
- ☐ BNR Manchester had submitted all relevant statutory notifications to CQC promptly; this ensured we could effectively monitor the service between our inspections.
- ☐ A good range of audits were used by the service to measure health, safety, welfare and people's needs.
- ☐ Staff told us they felt listened to and that the registered manager was approachable. One staff member said, "I think [manager name] is a good manager and he is very supportive of me; he does care for us all and we share ideas."
- ☐ The provider and manager encouraged feedback and acted on it, for example, by asking people about what activities they would like to have arranged.
- ☐ The registered manager understood their responsibility regarding duty of candour.

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

- ☐ We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment, complaints, equality and diversity, moving and handling and infection control. These policies were all up to date.
- ☐ There was an up to date certificate of registration with CQC and insurance certificates on display as required.
- ☐ The service had a business continuity plan that was up to date and included details of the actions to be taken in the event of an unexpected event such as the loss of staff or office power failure.
- ☐ The registered manager, and other managers, were very visible in the team and proactive throughout the inspection in demonstrating how the service operated and how they worked to drive improvements.
- ☐ Strong and visible leadership was demonstrated at BNR Manchester. Our discussions throughout the inspection demonstrated that there was an open culture which empowered people to plan and be involved in the care provided at this service. This positive and inclusive management approach resulted in people receiving a tailored inclusive service which focused on them receiving individualised care.

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

## characteristics

- ☐ There was a positive culture at BNR Manchester. It was evident that staff worked well together, and there was a shared spirit of providing a good quality service to people that promoted their independence. One staff member told us, "The registered manager is brilliant, I don't have anything negative to say, he is supportive, listens to me, involves me and this is important. We have held 'culture in the workplace discussions' with the manager and the culture is very good here." A second staff member said, "I enjoy working here. [Manager name] considers all of us as individuals and this small team feels better for me."
- ☐ The service involved people in their day to day care and supported them to make their own decisions. Our observations confirmed this, for example we heard discussions between people and staff about where they wanted to go that day or what they wanted to eat.
- ☐ Regular staff meetings were held and there was evidence that actions from the meetings were dealt with accordingly. Staff told us meetings were undertaken regularly. One staff member said, "Meetings are held and this includes all staff, and these are every other month or so." A second staff member told us, "I enjoy working for BNR, the management are easy to reach when you need to discuss things they are always there to help and support me. Very supportive of me and I feel valued in my work. I get supervisions with [manager name] and we have staff meetings."
- ☐ People, relatives and visiting professionals were issued a survey of their views and the feedback received was positive. Feedback we received from two healthcare professionals stated, "The managers are receptive and the service is doing a good job and following care plans," and "The service follows my assessments and they engage well with parents."
- ☐ Regular meetings for people and their families and friends were held and the registered manager was involved in these meetings.
- ☐ Our discussions with the registered manager and the staff team indicated they knew people well which enabled positive relationships to develop and good outcomes for people using the service.

## Continuous learning and improving care

- ☐ Our discussions indicated the manager had a commitment to continually look to improve the service.
- ☐ Regular audits and reviews were undertaken to ensure the service was continuing to best meet the needs of people they were supporting and identify any areas of improvement.
- ☐ Investigations into incidents were thorough and the results were used to improve service practice, for example debriefing staff on using de-escalation techniques.
- ☐ Staff told us the registered manager promoted continuous learning to improve the quality of service. One staff member said, "The manager will listen to all people without prejudice and has good work ethic. [Manager name] is willing to learn from others." A second staff member told us, [Manager name] visits the homes or sometimes spends the day observing us and he gets involved in our work and talks to us about questioning practice. He asks us to think about things when we do them and reflect on our practice."

## Working in partnership with others

- ☐ The manager had built good relationships with the local authority and other organisations involved in supporting people to ensure the best outcomes for people.
- ☐ Staff worked in partnership with local communities, other services and organisations to ensure people maintained a connection with their local area.
- ☐ We saw multi-disciplinary team meetings (MDT's) were held to discuss people's needs and wishes. A comment recently received from a social care professional stated, 'Thank you for attending the meeting

today; it was very helpful to have you there and the MDT felt it was very positive and reassuring. I just wanted to let you know.'

- ☐ People had links with other organisations to access services, such as adult learning courses.
- ☐ Prior to our visit, we contacted the local authority safeguarding and commissioning teams which BNR Manchester work with and no concerns were raised about the care and support people received from the service.