Hawthorn Manor Limited

Hawthorn Manor Residential Home

Inspection report

369 Maidstone Road
Gillingham
Kent
ME8 0HX

Tel: 01634263803

Date of inspection visit:
13 July 2022
14 July 2022
21 July 2022

Date of publication:
14 October 2022

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hawthorn Manor Residential Home is a residential care home providing personal care to up to 37 people. The service provides support to older people, some of whom were living with dementia and frailty. At the time of our inspection there were 33 people using the service. The service accommodated people on two floors of a large building, built around an enclosed garden and an attractive inner courtyard. People had their own room with en suite facilities and call bells if required.

People's experience of using this service and what we found
People told us they felt safe living at Hawthorn Manor Residential Home, and that staff knew how to support them. A relative of a person living with dementia told us, "(Person) is happy and content at the moment. They like being looked after and thought this was a hotel."

People told us there were enough staff to keep them safe and they did not have to wait long for help from staff when they called on their call bells.
People received their prescribed medicines when they needed them and staff offered people any 'as required' medicines when administering medicines. The service was clean, well presented and during our inspection and people and their relatives confirmed this was usual for the service.

Staff were trained to do their jobs and received regular supervision and appraisal. People had enough food and drink to maintain good health and people told us a new cook had recently improved the food. People were supported to attend health appointments and maintain good health and staff were responsive to people's changing needs.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were encouraged to decisions for themselves.

Staff were kind and caring and people and their relatives spoke warmly about their staff. People were supported to be as independent as they were able to be, and staff protected people's dignity. There were activities for people to do, either in groups or one on one with an activities co-ordinator. People were supported to maintain friendships and relatives were welcomed to visit without prior appointment.

The management team consisted of a new manager, a deputy manager and a regional manager, who worked together to ensure the service delivered good care and support. The provider was known to people and regularly visited the service to audit people's experiences and support the manager.

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 this service was good (published 11 October 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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? 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**

Hawthorn Manor Residential Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors.

Service and service type
Hawthorn Manor Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Hawthorn Manor Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

At the time of our inspection the manager was applying for registration and has since been registered with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection.

During the inspection
We talked to nine people who lived at the home and five relatives about the care their family members received. We spoke with members of the management team including the provider, the registered manager and the deputy manager. We talked to seven staff including carers, activities and catering staff.

We spoke to four visiting professionals, looked at care records for seven people, including their care plans and risk assessments. We checked four staff recruitment files, training records, checked the arrangements for managing medicines, quality checks and audits.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had a good understanding of how to keep people safe and the action to take should they suspect a person is being abused. Staff described action they had taken to keep people safe and explained what safeguarding training meant to their roles.
- One staff told us about an incident where they felt a family member was neglecting their loved one. The staff explained how they had raised this with their manager and reported it including working with social services to ensure the person was safe.
- Staff were competency checked following safeguarding training and had to complete a safeguarding test before being signed off as competent. We checked safeguarding referrals and these had been made correctly to the local authority, and in line with the providers policy.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were being protected from the risk of preventable harm. Known risks were being managed safely. For example, some people were prone to skin breakdown. People had skin care plans that identified steps staff needed to take to keep people safe. We spoke with a visiting nurse who told us they had never had any concerns with skin and had not seen any problems when treating people in the home. One staff commented, "People that need to be turned because of their skin are repositions at certain intervals, whatever the district nurse has said."
- Some people were at risk of falls. The management team had completed a thorough audit around falls to reduce the risk of falls reoccurring. The management met following an analysis of a fall and this resulted in a reduction in falls. For example, it was identified that one person was more likely to fall at a certain time, so was supported to take extra precautions. The falls team were referred after one fall, so if a person repeatedly fell the falls team already had their details and could visit them sooner.
- General risk management was good and people told us they felt safe. One person said, "I feel safe here and am happy here." Risks, such as those with the storage of fluid thickeners, were managed safely.
- Environmental risks, such as around fire and gas safety, were being managed well and people had detailed emergency evacuation plans. These plans set out the staff support and equipment each person needed to evacuate to a safe area in case of an emergency.
- Following incidents or accidents the management team conducted reviews to establish if there were any lessons to be learned and shared with staff. We saw that there were meetings held, such as a 'seniors' staff meeting to discuss any medicines errors and lessons that could be learned from these. Any lessons were then shared with staff at handovers and staff meetings.

Staffing and recruitment

- There were enough staff to support people safely. Managers used an NHS dependency tool to work out

the hours the service required. We checked the monthly submissions and people's individual scores had been updated to give current dependency levels. The provider was researching how to include support for mental health on the tool.

● Staff had been safely recruited and staff files contained ID checks, interview notes, 2 references and all staff had received enhanced DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● People showed us their call bell and told us they did not have to wait long for a response. Another person commented, "I don't wait too long (for staff help), I am very happy with the way they treat me." One relative said, "There's always someone if I need to speak and whenever I ring up, I can speak with mum straight away. Mum seems to be well looked after and they talk to her and know her." A visiting professional told us, "Every rime we've buzzed a call bell, or stood on a pressure mat by mistake, they've been quick in responding."

Using medicines safely

● People received their prescribed medicines when they needed them. We observed several medicines administration rounds. Staff offered people pain relief when it was prescribed 'as required' and followed best practice when administering tablets and liquid medicines to people.

● People's care plans outlined the medicines they took and the reasons they had been prescribed. People who had patches for their pain had these recorded on a body map to ensure they were placed on a different part of their skin.

● One person had been prescribed a nutritional supplement but this was not being recorded on a medicines administration sheet. We raised this with the provider and this was rectified immediately. The person had received their medicines as instructed by their doctor.

● People told us they had their medicines when they needed them. One person said ""They give me my tablets every day, no problems." Staff had been trained to administer medicines and had been competency checked by a manager.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

People were free to have visitors to their home. One relative who regularly visited said, "We live local so we can just pop in when we can and its never a problem."

Good

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were trained in a range of areas that enabled them to carry out their jobs. For example, we saw that staff had been competency checked after completing training courses. There was a wide range of training courses and staff completion of courses was being tracked by the manager.
- Staff had received supervision and appraisal. There was a supervision and appraisal matrix and staff told us they were supervised and found these supportive. One Staff said, "Yes we have supervisions and the manager is supportive." Staff told us about how they raised a staffing issue in their supervision and it was addressed by managers positively.
- People and their relatives told us they felt staff had the skills and training to do their jobs well. A person told us, "They (staff) look after me so well and sit with me while eating. I can only eat certain foods." One relative told us, "The staff do know (person's) needs and how she needs supporting." A second relative said, "The staff are on point: staff know (person) well."

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

- During our inspection a person showed signs of being unwell. Staff identified signs of a possible seizure and called a 999 fast responder, as the person had no history of seizures. The paramedic who treated the person told us that the person was well, but that staff had been responsive and reacted correctly.
- Two visiting professionals told us that the management and staff team were responsive to their requests and treatment plans and ensured people had the right care. One professional said, "Staff continue to carry on with the therapy we outline, and they know the patients well and tell us if there are any worries." A second professional told us that on their advice, the manager had recently purchased a special stand aid hoist for a person to help their mobility.
- A nurse who conducted weekly visits to the service told us, "Clinically (the service) are astute they report any symptoms, so they're on the ball."
- We reviewed care plans for people with specific health conditions, such as dementia and the plans outlined the support people needed, and how the condition may affect the person.

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

- People had enough food and fluid to maintain good health. Some people required their drinks to be thickened to swallow them safely. Where this was the case the thickening powder was stored safely and staff had training and access to information about how each drink should be thickened. We saw staff making thickened drinks for people correctly.
- People told us they were able to get foods they liked or were able to eat, if they had restricted diets. One

person said, "Food is all specially prepared as I can't eat meat so if I can't have the evening meal, they'll make me spaghetti or beans with mash as I can't eat bread." One Relative commented, "The food is very nice even though (person) is a picky eater, they told me it's nice." We saw mealtimes were calm and people were supported in their rooms to have meals if they chose to. The new chef had good knowledge of people's nutrition and hydration needs, and people's food preferences.

● Staff used food and fluid charts to track people's intake and take action if they were at risk of not eating or drinking enough. One visiting professional told us they regularly checked people's weights and they felt it was good they had not had to raise any concerns around people being underweight.

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

● People's needs were assessed before they moved to the home to ensure staff could provide their care. Relatives told us they and their family members had been an active part of the assessment. One relative said, "We made appointment to come here and (person) fitted in here; an assessment was done and this was very suitable."

● Staff carried out a range of assessments to establish people's needs and monitor any changes. For example, assessments around oral health, pain, and moving and handling amongst others were carried out and regularly reviewed to identify people's needs.

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

● The home was well kept and met the needs of people living there. Any defects or repairs were swiftly put right. The building was decorated in a homely way. The home was wheelchair-accessible and adaptations and equipment were in place where necessary.

● The home had spacious and comfortable communal areas, and people had access to attractive and well-maintained gardens. There was a garden courtyard with planters and a large fishpond. We saw people actively using the garden area and watering plants.

● People were able to decorate and personalise their bedrooms and have their own furniture if they wanted. People told us they were happy with their rooms and the accommodation.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People had been assessed under the MCA and where they lacked capacity for decisions a best interest meeting determined the least restrictive measure for them. People with capacity that may fluctuate had this explained in their care plans and were supported to make day to day decisions for themselves.

● People's care and supported was provided in line with the MCA. However, we found some inconsistencies in how some documentation had been completed for some mental capacity assessments. We shared this feedback with the provider who took immediate action to ensure this was put right.

Good

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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 being supported by caring staff who treated them with kindness. One person told us, "They're so good to me and treat me very well. They make a fuss of me and love me and treat me so well: no complaints whatsoever. I have a new bed and a nice view of the courtyard and I am very happy." A second person commented, "The girls are lovely here very kind. I had a bath today the girls are very kind and they stay with me and make sure I'm dry and I feel very safe."
- People's relatives told us they were happy with the care their loved ones received. One relative said, "Because I know mum is safe and looked after I feel like I've got my life back and have peace of mind." A second relative told us, "When we went to visit before she moved in, as soon as we saw how friendly and kind the staff were we knew we wanted her to go there."
- People staying at the service for respite care were well looked after and staff knew their needs. We reviewed the care plans for one person on a respite stay and they set out clearly how to care for the person. One person said, "The staff are all very kind. I am here temporary and I said to my son I wouldn't mind staying on here." A relative commented, "(Person) had been there for two week's respite then decided they wanted to go back: the staff do know their needs and how they need supporting."
- We saw kind and caring support being provided. For example, one person living with dementia was patiently shown how to use a device to occupy their hands. Staff encouraged them to use the object whilst they went to make a cup of tea. When the person changed their mind and wanted coffee and staff brough this to them without any comment.

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

- People were able to make decisions about their care. Some people living with dementia were not able to make some large decisions, such as consenting to an operation; however, they were supported to make as many day to day decisions as possible.
- We saw people being given choices as to how they wanted to spend their time and staff allowed them to change their minds when engaged in tasks or activities. Staff used humour with people to engage them in decisions. Staff reminded a person why they could choose to keep their feet elevated or not, and the person joked with their staff they were a 'fusspot', but agreed it was for the best so they would 'rest up for a while'.
- People were encouraged to manage parts of their care they were able to. Staff explained that they offered people the chance to do things for themselves, such as getting dressed, and other parts of their care routine. Where people needed help, staff knew how to support them.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to engage with interests remain independent in the things they enjoyed doing.

One person told us, "I like gardening and have been doing the pots outside; they were happy with me doing that."

● People's independence was encouraged. For example, people were encouraged to be mobile, and any risk of falls was mitigated by good falls analysis. This allowed people to be more mobile and have safe access to different areas of the service. People told us they were supported to use the lift or to use hoists when needed.

● People were spoken with in a respectful manner and staff treated people in a way that upheld their dignity. One relative told us, "All the staff seemed very friendly and they show a lot of respect for me and mum."

● Staff were mindful of people and showed respect when providing care. People's privacy was respected and staff were discreet when needed. We saw one staff quietly and tactfully support a person living with dementia when they required additional care. This ensured the persons dignity was upheld.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's care plans were individualised and person-centred. They contained information about people's needs, and preferences about their care, their life histories, and interests.

● Staff and managers took a personalised approach to people's care and support. One person we spoke with mentioned their mattress was a little too hard for their preference. We passed this on to the provider who ensured the mattress was changed for a softer one that day. The person told us as a result they were much happier with their softer mattress.

● People's care plans contained information about their histories and personalities and reflected their preferences and current lives. For example, one care plan set out a person liked a ham sandwich and particular cake for their evening meal. Another care plan explained how staff should approach a person to assist them with eating a meal.

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.

● People's communication needs, including any needs in relation to eyesight and hearing, had been assessed and recorded in care plans. For people who did not communicate verbally, care plans included information about their individual methods of communication, such as gestures and eye movemnts, so staff could gain their consent to care.

● Staff we spoke with had a good understanding of people's communication needs. People had Accessible Information Standard care plans setting out the support they required to communicate. Staff were able to explain what one person's communication meant when they were distressed and how to safely support the person.

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 had access to a wide range of activities that were appropriate and relevant to their interests. There were two activity co-ordinators employed who worked with people to find out their interests and provide stimulating activities. One co-ordinator told us they had used a template for a poem and fill this in with people to find out about their lives, such as what makes people happy or nervous. We saw one person had completed this and displayed it on their wall.

● Some people preferred to stay in their rooms and chose not to be a part of group activities. For these people activities staff would visit them and spend time. One person told us, "When I'm in my room the girls come up and see me with things to do."
● Activities were discussed at weekly resident s meetings and people could request different past times. Some of the activities we saw had taken place were group games, such as hangman, 'casino' afternoons, and wellbeing walks. Activity co-ordinators had considered what activities worked for people living with dementia and had got feedback on these. One co-ordinator told us, "We're doing a Hawthorn 'bake off'. There's an application form, with which recipes people would like to bake, what ingredients are needed and a special guest judge with a prize for the winner." People showed us certificates they had received for doing different activities such as hat decorating.

Improving care quality in response to complaints or concerns
● The provider had a robust complaints policy in place which included a reference to timescales to investigate a complaint and what action people could take if they were not satisfied with the resolution.
● There had been 5 complaints in the past year and all had been responded to in line with the policy. The provider had been open and honest with people and their relatives when dealing with complaints. One complaint from a relative had led to people having access to call bells in every toilet in the service.

End of life care and support
● People had end of life care plans in place that set out their preferences for care at the end stage of their lives.
● People were supported by a network of professionals, such as dieticians, district nurses and the palliative care team to ensure their needs were met and that they had the medicines they needed to control pain.

Good

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive culture at the service where the management team and the providers knew people and staff very well. During our inspection we saw people speaking with the provider and staff told us the provider was approachable and supportive.
- The manager kept the day to day culture of the service under review. The manager told us, "We're looking every day and seeing what's happening. We listen to each staff member and are open to new ideas." The provider described a flat structure in which each role is equally important in the staff team. The provider commented, "We are very open and laugh and joke with staff so they feel able to talk to us. We know the staff and residents well, so it's a team culture we promote by listening and asking."
- Staff told us they could speak up and worked in a good team. One staff said, "We have staff meetings and people do feel they can speak up If they have concerns." A second staff member told us, "Staff morale is good, we all work as a team and get on well."
- We discussed an incident with the manager and deputy manager who showed a positive attitude to whistle blowing and encouraging staff to come forward with any concerns.

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

- At the time of our inspection there was a manager in post who was applying for registration with CQC. There was a deputy manager in post and a regional manager who was supporting the service.
- Managers were responsive and took swift action to put any shortfalls right. During our inspection we identified a gap in assessment paperwork and this was put right immediately.
- A visiting healthcare professional told us about their confidence in the management team, "The manager addresses recommendations quickly, and (deputy manager) is on the ball, is 'hands on' with personal care, and her good philosophy is recreated through recruitment."
- The recently appointed manager felt they were supported well in their job. The manager told us, "Any time I need something everything is there. I am really glad I get the help. As a new manager I can ask them any time, which is really good support." There was an online group with managers from the provider's other services where managers shared achievements and any news.
- There was an on-call system that operated all hours and every day including all bank holidays, to ensure that the service ran smoothly if the manager was not on shift. We were told by the manager and deputy manager that the providers' phones were always on and accepting calls, and other managers from the

provider's other homes offered support.
● The registered manager had understood their responsibilities under the duty of candour, and the requirement to submit statutory notifications when necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their staff were able to engage with the service and make changes they wanted. People had monthly 'residents' meetings in which they were able to feedback their ideas about the service. For example, people told the provider's that they did not want the fish tank in the lounge area so this was removed.
● Staff fed back to the management team that they wanted to make the service 'like their own home' so not to have magnolia painted walls. The provider told us, "Staff wanted wallpaper like their home so two lounges have expensive wallpaper chosen by staff and residents to make it more homely."
● Staff felt able to speak up and request changes, new ways of working or new equipment. One staff said, "I raised a concern just about equipment, we needed more slide sheets and slings and the RM got those for us straight away, he was really responsive."
● There were links to the local community, such as the local church and shops. The service had linked with the local college to offer work experience placements. The provider commented, "We gave feedback to OFSTED about the college and we were able to offer some staff work."

Continuous learning and improving care
● The provider had been using an electronic care planning system but had experienced some technical issues. Although this had caused some information to be out of date on some care plans, staff knew people and the correct information, such as whether a person was using a pressure mattress. As a result of these technical issues the provider had committed to switching to an alternative system that had already been implemented in a sister home.
● Audits had been completed effectively to monitor the quality of the service. For example, falls audits had greatly reduced the number of falls and enabled people to have more independence. Audits were completed for areas such as medicines, call bell responses, and accidents and incidents.
● The provider and area manager completed separate audits to ensure there was good oversight of the standard of care delivered. Staff meetings were regularly held to discuss people's care and how each department, such as housekeeping, can improve and work for people in better ways.

Working in partnership with others
● The manager described a supportive and good working relationship with the local authority who visited the home to check on people's care. The manager told us, "There is no them and us it is a team effort and we have a good relationship with the council. We can call and they can call us and it goes to show we are working as a partnership and nothing gets missed."
● We spoke with professionals in the local authority and in the safeguarding team and they confirmed the positive relationship with the service, where the provider and managers were responsive to any requests.
● Other professionals told us they had a good working relationship with the service. For example, one nurse commented, "I had pre home visit arrangement, that explained what I expect and what they expect, and we've stuck to that arrangement well."
● The service followed security and confidentiality protocols to ensure people's personal information was protected when sharing information with other agencies. Managers used secure email addresses and encrypted mailing systems where necessary.