

AMG Consultancy Services Limited

AMG Nursing and Care Services - Nottingham

Inspection report

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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

AMG Nursing and Care Services - Nottingham is a domiciliary home care service providing personal and nursing care to 132 people at the time of the inspection. This included adults living with complex health needs, people coming to the end of their life and people who required short term care following a stay in hospital or who had become unwell at home.

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

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

Improvements had been made since the last inspection on the way risk was assessed, acted on and mitigated. Procedures for ensuring people consistently received medicines safely had also improved.

The provider had processes and policies in place that reduced the risk of people experiencing avoidable harm. There were enough staff in place to meet people's care needs. People told us calls were carried out on time and by a consistent team of staff.

Robust infection control and COVID-19 policies meant the risk of the spread of infection was reduced. The provider ensured staff learned from mistakes with increased training and supervision where needed.

People received care and treatment that protected them from discrimination. Staff were well trained and received supervision of their role and assessment of their competency. People were supported to maintain a healthy lifestyle and balanced diet. Staff worked in partnership with other health and social care professionals to provide timely and effective care.

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 praised the approach of staff. Staff were respectful, caring and treated them with dignity. People were offered choices about how their care was provided, this included whether they wanted male or female members of staff. People's independence was widely promoted with many people improving their health to an extent where care hours could be reduced or cease altogether.

People received care that was personalised to their needs, choices and preferences. The provider had systems in place to enable them to provide documentation in alternative formats; making information accessible for all. The provider responded to formal complaints in accordance with their complaints policy. Processes were in place to provide people with the care they wanted as they approached the end of their life.

People praised the office-based staff and management. People and staff felt listened to and their issues and concerns were always acted on. People and relatives told us they would recommend this service to others.

Robust quality assurance processes were in place. The registered manager worked with the provider to continually assess and improve the quality of care people received. The registered manager was knowledgeable about the regulatory requirements of their role and they were supported by the provider to carry out their role effectively.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 July 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for AMG Nursing and Care Services - Nottingham on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

AMG Nursing and Care Services - Nottingham

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector, assistant inspector and two Expert by Experiences (EXE). An EXE 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because due to Covid-19 restrictions we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2021 and finished on 19 May 2021. We visited the office location on 12 May 2021

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and 25 relatives about their experience of the care provided. We spoke with four care staff, a care coordinator, clinical lead, field supervisor, registered manager and a representative of the provider.

We reviewed a range of records. This included eight people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection we had concerns that people did not always have medicine administration records (MARs) in their homes. Staff did not have sufficient guidance in place to administer 'as needed' medicines consistently. Where people lacked the ability to consent to staff managing their medicines, paperwork was not always in place to ensure their rights were respected. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- All of these concerns had now been addressed and people's medicines were managed safely.
- People told us they were happy with the way staff supported them with their medicines. One person said, "They come to prompt me with my medication. I am very satisfied."
- The introduction of electronic medicine administration records (EMARs) have helped to reduce the risk of people not receiving their medicines in accordance with the requirements of their assessed needs.
- If a staff member failed to administer a person's medicine, an alert was sent to the location's office and office-based staff could alert the staff member. This meant any omissions/errors could be rectified within minutes. The registered manager told us this had significantly reduced medicines errors, ensuring people received their medicines safely.
- Robust procedures were now in place that ensured there was a consistent approach for people who needed 'as required' medicines. Staff had guidance to follow to inform them of the appropriate time to administer these medicines. This included individualised signs of pain, agitation and anxiety.
- Staff received regular assessment of their competency to administer people's medicines safely and in accordance with best practice guidance.

Systems and processes to safeguard people from the risk of abuse

- The risk of people experiencing abuse and/or neglect was reduced because the provider had processes in place to protect people from harm. Staff had completed safeguarding adults training.
- People told us they felt safe when staff cared for them in their own home. One person said, "I feel safe, that gives me stability to live my life." Another person said, "The carers are very good and are keeping me safe by just knowing they are coming in and making sure I have had my medication."
- Processes were in place to ensure that the local authority safeguarding team were notified of any concerns. Thorough internal investigations were completed where required to ensure any concerns were acted on to reduce the risk of people experiencing abuse or neglect.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were assessed, monitored and care provision amended when people's needs changed.
- People and relatives told us staff provided safe care and treatment. One person said, "My care is very complex, and they handle it without fuss or error." A relative said, "They always make sure [family member] is ready before moving them with the rotunda. They talk through what they are doing all the time and keep [family member] steady. I am totally happy [family member] is safe with the staff."
- An assessment was completed prior to the commencement of care to ensure that each person's needs could be safely met. Care plans and risk assessments were written and in each of the records we looked at these were thoroughly completed and addressed people's individual risks to their health and safety.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- People told us staff usually arrived on time and stayed for the full length of the call, unless they instructed them otherwise. One person said, "They are rarely late but if they are going to be a few minutes late, they will let me know."
- The registered manager told us unless people had a 'time critical' call, i.e. for their medicines, then people were provided with a 'time window' for staff to attend. This was so people with the most complex needs could be prioritised. However, analysis of the call arrival times for the two months prior to this inspection, showed 95% of all calls were provided within the agreed time period. This helped to reassure people and to keep them safe.
- Staff were recruited safely. New staff shadowed more experienced staff until they were assessed as being able to carry out calls alone. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. This ensured people's and other staff's safety was always respected.

Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and Covid-19.
- People told us they felt assured that staff understood how to reduce the risk of the spread of infection. One person said, "They all wear masks and gloves and aprons; they dispose of those as they are leaving the property." A relative said, "They put all the stuff on before entering the property and they wash their hands and make sure they keep their masks on."
- We were assured that the provider was preventing visitors to their office from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a clear focus on ensuring when things went wrong, all staff learned from these mistakes to reduce the risk of recurrence.
- Accidents and incidents were appropriately recorded, investigated and reported to the relevant agencies. The provider supported the registered manager to address any areas for improvement to reduce the risks to people's safety.
- Staff felt able to report concerns to the registered manager and were confident they would be acted on.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection we had concerns that the systems used to assess the risk to people's health before they commenced using the service were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- Records showed that people received a comprehensive assessment of the care and health needs prior to starting with this service. This enabled the provider to assure themselves that they were able to provide effective care and treatment, reducing the risk to people's health.
- Improvements had also been made to assessments of people who required care for a short period of time; this could be a few days or weeks. Records showed immediate, short-term care plans and risk assessments were in place. If it became apparent that the person would require care for longer than six-weeks, then comprehensive care plans were formed. This helped to ensure that all people received the care and treatment they needed, no matter how long they remained with the service.
- Where people had specific health conditions that required specialist care or treatment; the provider had ensured that care plans and risk assessments were written in accordance with recognised best practice guidelines.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

At our last inspection we made a recommendation to the provider that they review their procedures and provide further training to staff to ensure they understand their responsibilities within the MCA. At this inspection we checked to see that the provider had acted and whether the service was working within the principles of the MCA.

- The provider had taken action. They had ensured staff had completed training relevant to the Mental Capacity Act 2005 (MCA). Staff spoken with showed a good understanding of the requirements of the MCA and how to incorporate that knowledge into the care they provided.
- People told us they were able to make decisions and did not feel decisions were forced upon them by staff.
- Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.
- The registered manager and staff had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

Staff support: induction, training, skills and experience

- Staff were skilled, experienced and had received the training required to provide people with effective care and treatment.
- People praised the care and treatment they received from staff. One person said, "They just got it right from the very beginning and I was kept in the loop about care and what routine would work best." A relative said, "I'm happy with the carers skill levels. The main carer seems to understand [family member's] needs more but I think that may be a maturity thing. They understand dementia and I am happy with everything they are doing and that [family member] is safe."
- Staff received regular supervision of their role and assessment of their on-going practice. Where any areas for development were identified, staff were supported with extra training or support from more experienced staff. This helped to ensure people continued to receive effective care from competent staff.
- We did note few staff had completed nationally recognised qualifications such as diplomas in adult social care. The registered manager told us this was an area they were looking at developing with staff. We noted a recent staff newsletter offered staff the opportunity to complete this qualification.

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

- People received effective care and support in maintaining a healthy, nutritional lifestyle and diet.
- People told us where they received support from staff with their meals staff did so in accordance with their wishes and the requirements of their assessed nutritional needs. A relative praised the support staff had given to their family member with their diet, ensuring they always followed guidance from health care professionals.
- Records showed where people had conditions that could affect their health, such as diabetes; robust care plans and risk assessments were in place to guide staff on how to prevent, or to react to responses that could cause people harm. For example, if a person was showing signs of a diabetic seizure due to too high or too low blood sugar levels. These care plans were regularly reviewed to ensure they met people's changing dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were supported to receive effective, timely care with other agencies where needed.
- Records showed referrals to other health professionals were also made where people's health had deteriorated and risks to health and safety had increased.
- The provider had ensured that people maintained good oral health. Care plans contained guidance for staff on how to clean dentures and to encourage people to brush their teeth. Referrals were made to dentists if people required them.
- People were provided with information about how to access other healthcare agencies. Staff attended appointments with people if they needed support.
- Care plans were amended to reflect guidance and instruction from other health and social care professionals.
- The provider had nurses in place to ensure that people received the nursing care required following stays in hospital. Nurses consulted with health care professionals, enabling them to continue to provide the treatment required to help with rehabilitation and a return to good health.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 treated with kindness, respect and were well treated by staff.
- People and relatives praised the approach of staff. "They are all very caring and look after me well. They all know what they are doing, and we have set up a nice rapport." Another person said, "They are absolutely without fail, kind and extremely caring." A relative said, "They are all 100% caring, you just couldn't fault them, they're so kind. Honestly it's humbling how kind and caring they all are."
- Care plans contained reference to people's protected characteristics such as disability, race and religion. Where people required care to be provided in a specific way that protected their rights, the provider had the policies and processes in place to ensure this.
- We noted there a specific focus on people's mental wellbeing. Care plans contained individualised guidance for staff on how to identify the signs of a deterioration in people's mental health, such as depression. Also included were tips for staff to help improve people's mental health such activities and specific topics of conversation. The registered manager told us the continual monitoring of people's mental health was a key aim of the provider.

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

- People were involved with decisions about their care; people felt able to discuss their care needs and were confident staff would respect and act on decisions they had made.
- People received a 'Welcome Pack' and a 'Service User Guide' when they first started with the service. This gave them information about who they needed to contact if they wished to discuss their care.
- Details of local advocacy services were provided for people. This informed people of the process of how they could assign an independent person to represent their views when decisions were made about their care. The registered manager told us they welcomed open, honest dialogue with each person and their representatives to ensure the best and most appropriate outcomes for them.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity.
- People and relatives spoke positively about the staff who cared for them or their family members. One person said, "I never feel embarrassed because they are so very professional and caring in everything they do to help." A relative said, "[Family member] has never complained about the staff, so I take it they are happy with their carers. They don't rush [family member], and they treat them with respect. They talk through what they are doing. I have no concerns about the care."
- Most people told us they had been given the option of having male or female care staff to support them

with their personal care. All told us staff always made them feel reassured and comfortable. Many praised the dignified and respectful approach of the staff; ensuring their privacy was respected at all times.

- People and relatives praised the way staff promoted their or their family member's independence. A person said, "They let me do as much as I can for myself and will wash and colour my hair if I ask them. They are really good; it is all about me. I love my carers."

- Care records contained detailed and individualised guidance for staff to help promote and encourage people's independence. This included personal care but also expanded to other aspects of care/support such as; making meals, getting dressed and domestic tasks around the home.

- We spoke with people who had finished using the service and they praised the support they received from staff in helping them to regain their independence,

- Staff had a clear understanding of how to promote people's independence. The aim of the provider was not just to provide care but also to help to enable people to regain the confidence to care for themselves; normally following a stay in hospital. The registered manager described many success stories of people receiving care from staff and then hours reducing as people's confidence and abilities improved.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 received care that was personalised, considered their care needs and their choices and preferences.
- People who received longer-term care told us they had a care plan in place, and they had contributed to the content. Some people who received short-term care; for example, who need supporting with the transition from hospital to independent living told us they not always aware that a care plan was in place.
- The registered manager told us people who received care for a few days or weeks had short-term care plans in place that had been agreed with the hospital, considering people's immediate health needs and risks to their safety. If it was clear that these people would require longer-term care, then their care needs were discussed with them in more detail to ensure care was provided in the way they wanted.
- The registered manager assured us that all people received care in the way they wanted.
- In each of the care records we looked at there was detailed guidance for staff to follow at each call. This included the support people wanted with their meals, medicines, personal care, choices of clothing and domestic tasks. People's care needs were regularly discussed with them and/or an agreed appropriate person, and changes were made in consultation with them. We saw examples of changes to calls times, the number of calls and the care to be provided had been discussed with people before changes were implemented.

Meeting people's communication needs

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

- The provider had a good awareness of the AIS. They had ensured staff were provided with a document that explained what the AIS was and how this needed to be implemented in the care provided.
- The provider was able to amend care plans to each person's individual needs. This included larger fonts for the visually impaired. The provider told us they would also consider audio records or braille for people who were fully blind.

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

- People were supported to lead active lives, follow their interests and to meet others to reduce the risk of social isolation.

- Care records showed numerous examples of people being supported with activities that interested them. Promoting these activities also formed part of the reablement process for people regaining the confidence to live on their own and also to access their local community, firstly with the support of staff, but then independently.

- One person said, "We have a good routine of keeping me entertained and well equipped with anything necessary to stop me getting bored." A relative said, "They bring [my family member] magazines that [my family member] is interested in and they really listen."

- Another person praised the staff by saying; "I can have a chat and just be me they help me to believe in living a real life."

Improving care quality in response to complaints or concerns

- Complaints were reviewed, responded to and acted on in accordance with the provider's complaints policy.

- People knew how to contact the office to raise concerns and felt confident in doing so. People told us office-based staff were polite and dealt with any issues promptly.

- People were provided with a complaints policy via the service user guide. We noted the guidance incorrectly stated that if the complainant was not satisfied with the outcome of a complaint, they could raise this with the CQC. Whilst the CQC will consider people's complaints about providers; we do not have the statutory powers to investigate these complaints. This role is carried out by the Local Government and Social Care Ombudsman (LGSCO). The registered manager told us they would amend this process to avoid misleading people.

End of life care and support

- End of life care was not currently provided.

- End of life considerations and people's last wishes should they require it, were included in care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection we had concerns that the governance systems used to identify, assess and monitor the risks were not effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- A new registered manager was in post. With the support of the provider together they have made significant improvements since our last inspection. This meant that the risks to people's health and safety had reduced.
- The governance systems that were now in place helped the registered manager to identify risks quicker, enabling action to be taken sooner, reducing the risk to people. For example, the introduction of fully electronic care records and medicine administration records has meant the number of medicine errors has significantly reduced. This has had a positive impact on people's health.
- The registered manager received support from the provider to assess care plans, risk assessments, staff performance and competency. These new and improved procedures helped staff have a clearer understanding of their role. It also enabled the registered manager to work with staff to aid continued learning and development with the ultimate aim of improving the quality of care people received.
- Staff spoken with understood what was required of them. They felt confident to carry out their role effectively, knowing they had the support of the registered manager. Regular supervisions and staff meetings were held to ensure that if there were any concerns with performance, this could be discussed directly with the staff member involved or to the staffing team.
- The registered manager had a good understanding of their regulatory requirements of their role. They had ensured the CQC were informed of notifiable incidents.

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

- People received care from a stable and consistent team of staff who were supported to provide person-centred care, achieving positive outcomes for people.
- People and relatives praised the staff who cared for them or their family members; they also praised the

office-based staff and the management. A person said, "The manager and the office staff will check in with me and I can contact them whenever I feel I need to discuss anything." A relative said, "The manager is really nice, and I am sure would sort out any issues, although I've not had any."

- Staff felt supported by the registered manager and the provider. Many commented on the registered manager being approachable and welcomed the fact they listened to them and acted on any concerns. This increased staff confidence and contributed to the consistently high-quality care people received.

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

- People, relatives and staff all felt involved with decisions made by the provider and felt their views mattered.

- Some people and relatives told us they had received a questionnaire asking for their opinions on the quality of the care they or their family members received. We saw the results of this questionnaire, with positive responses in all areas.

- People and relatives told us they would recommend this service to others. One person said, "I honestly don't think that there is an area that they could improve on. I would absolutely recommend this service without a shadow of a doubt." A relative said, "They have been brilliant, anything we have asked for they have done. I would definitely recommend them."

- Staff found this an enjoyable place to work. Exceptional performance was rewarded with 'Carer of the month/year awards'. A content and stable workforce was in place, which in turn, ensured people received consistently high-quality care and support from staff that knew them well and understood their needs.

- The provider ensured this was an inclusive place to work. Policies and training were in place to ensure that people using the service and staff were not discriminated against.

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

Working in partnership with others

- The provider worked in partnership with a variety of health and social care professionals from several different agencies. These included social workers, occupational therapists and GPs.

- Whether people received short-term or longer-term care or treatment, records showed there was continual dialogue with other professionals to ensure care or treatment was provided in accordance with people's changing needs.