

Angel Approved Ltd

Angel Approved - Care at Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Angel Approved - Care at Home is a domiciliary care agency providing personal care to people living in their own homes or specialist housing. The service provides support to older people, often who live with dementia. Some people require support with their mobility. At the time of our inspection there were 14 people receiving personal care.

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

We found some areas for improvement regarding audit processes, people's documentation, partnership working and understanding of reporting incidents. We also discussed concerns around closed culture and personal relationships between staff and the registered manager.

Although we identified these issues, staff and professionals spoke highly of the registered manager. One staff member said, "Management are really responsive, very easy to talk to and willing to listen." Other staff talked about a strong team working ethic. One staff member said, "We all get on and are comfortable discussing things with each other. We worry about the same things."

The registered manager was aware of current concerns within the care sector and sought external links with other services to improve quality of care.

There were enough staff to meet people's needs and staff knew people and risks to their wellbeing. One relative told us, "They always arrive within times, apart from the odd occasion which is unusual. I think they are very reliable." Staff had all received training in safeguarding, could recognise signs of abuse and tell us actions they would take if they had concerns. Medicines were given safely.

Staff were trained and knowledgeable. They engaged with professionals in the community, to ensure individual needs had been met. One professional said, "They always listen and take on board my professional recommendations." Staff felt well supported in their roles with an induction and regular checks on their wellbeing.

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.

Feedback about staff from a person and relatives was positive. Staff were described as kind, caring and compassionate. People's dignity, privacy and independence was promoted and respected.

People received personalised care. Their views, choices and preferences were at the centre of all support. Staff knew and understood how to communicate with people in line with their support needs and preferences. People knew how to complain if there were any issues and received a timely and effective response. People supported at the end of their lives were cared for with compassion. Their choices were respected by staff and action taken to ensure a comfortable and pain free death.

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

This service was registered with us on 4 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified 1 breach of regulations in relation to auditing processes, partnership working and lack of transparency at this inspection.

There was also a breach of the Care Quality Commission (Registration) Regulations 2009 where the provider had not consistently reported incidents to us.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Angel Approved - Care at 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.

Inspection team

The inspection was conducted by 1 inspector with support from an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

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

At the time of our inspection there was a registered manager in post. They were also the provider and sole director of the company.

Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because we wanted to get consent from people and

relatives to be contacted by an inspector for feedback. We also needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 January 2023 and ended on 25 January 2023.

What we did before the inspection

We reviewed information we had received about the service since they were registered. We sought feedback from the local authority who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 4 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the deputy manager, the care consultant, the relationship executive, the roster coordinator and 7 health care assistants. We also spoke with 4 professionals.

We reviewed a range of records. This included 8 people's care records. We looked at 3 staff files in relation to training, recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Inspection activity started on 5 January 2023 and ended on 25 January 2023 with a visit to the office.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- People were kept safe from the risk of abuse because staff had a good understanding of people's needs and how to respond to risks.
- A person and relatives told us they thought people were safe. A person told us, "I feel quite happy and comfortable with them. They definitely make me feel safe." A relative said, "They (relative) is 100% safe in their care."
- Staff had all received safeguarding training. This gave them understanding of how to recognise different types of abuse and how to respond to concerns. One staff member said, "If I heard or saw anything, I wouldn't hesitate. I would speak to the registered manager."
- Staff told us that they had a whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation, they work for is doing something illegal or immoral. A staff member said, "If I had concerns about management I might go to the police, or CQC or social services."

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed and monitored to ensure people were kept safe. People had assessments for risks such as moving and handling, choking, skin care and their environment. One relative said, "Staff are personable, professional, working within safety perimeters, as in they are aware of environment and keeping my relative safe."
- Relatives spoke highly about the care staff provided in reducing risk. One relative said, "My relative has had sore skin for as long as I can remember but they've managed it and it's now clear. They are really on top of it and aware of what to look for."
- Another relative told us about recommendations made about equipment which had improved a person's mobility and reduced the risk of falls. They said, "The Zimmer frame is a really big help - carers recommended this and put this in place."
- The registered manager had completed risk assessments for the event of an emergency, such as adverse weather conditions. This risk assessed and prioritised which people would need care calls and how business would continue.

Staffing and recruitment

- There were enough staff to meet people's needs. A person and relatives told us they had the same staff visit regularly which meant they knew people and their care needs well. A relative said, "Same staff come in, so we always know them, and they know us."

- There were minimal late or missed calls to people. A person told us, "No missed calls. They have been late sometimes, but they call." A relative told us, "Very rarely late calls and they let us know. When short staffed, managers cover so always someone to help." Another relative said, "No late calls - no sick staff - we talked about Christmas cover 2 months before so it could be planned in advance and make sure people have all support they need."
- Staff were recruited safely with references and other checks completed. 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.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character.

Using medicines safely

- People received their medicines safely from staff who were trained and competent. All staff had medicines training and were observed by a member of the management team during induction.
- Staff told us that medicines training was very thorough, which gave them the confidence to give medicines safely. A staff member said, "Recently we did meds and medication errors which was really useful. We watched a video and had discussions. It really sunk it doing it this way."
- From medicines records and audits, we saw that people received their medicines as prescribed. Medicines audits were completed daily so that any errors could be picked up quickly and acted upon in a timely way.
- People's care plans reflected how people preferred to take their medicines, what they could do independently and what support they required. This included the use of 'As required' medicines such as pain killers when they were feeling unwell and how a person might show they are in pain.

Preventing and controlling infection

- We were assured that the provider was using Personal Protective Equipment (PPE) effectively and safely.
- Staff told us there was always enough PPE and the office held additional stock if needed.
- The registered manager had completed additional risk assessments for people to determine whether they were at higher risk of contracting infections, such as Covid-19.
- The registered manager told us that they provided free PPE and continence aids to people receiving end of life support. They said, "We are proud that we do this. It is just something we like to do to support the person and their family and take away a potential worry for them during a difficult time."

Learning lessons when things go wrong

- When things went wrong, the registered manager reflected on this and put learned lessons into practice.
- For example, during the inspection, we identified areas for improvement in people's files and in reporting to CQC in a timely way. The registered manager responded immediately as to why things had gone wrong and actions they were taking to improve.
- Even when things went well, there was evidence that this had been reviewed in line with policies and therefore no changes needed to be made. For example, the adverse weather and business continuity plans were used during bad weather and had been reviewed afterwards to measure their success.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Before people received care, assessments were completed with them, their relatives and professionals to determine support needs and preferences for care. These needs were continually reviewed with people and changes made if required.
- The registered manager talked to us about guidance they frequently used such as the National Institute for Health and Care Excellence (NICE). Assessment tools such as Waterlow assessments for risks to skin had also been used to determine people's support needs.

Staff support: induction, training, skills and experience

- Staff received a full induction and training to ensure they had the skills and knowledge to meet people's needs. This included shadowing experienced members of staff to understand people and their routines.
- Staff told us training was regular and informative. One staff member said, "We don't just sit there watching a video, we have questionnaires and group discussions - talk about current issues like the NHS and it keeps us up to date with current affairs as well." The training matrix showed that training was monitored, and updates given when required.
- The registered manager told us about a training session they had introduced following an audit that identified some dignity of language issues when writing care notes. The staff had attended a training refresher created by the registered manager which included discussions and practical examples. Audits showed an improvement in this area following the training.
- In addition to training and induction, staff were supported with supervisions by the registered manager. A staff member said, "We have 1-1 meetings, but they also do lots of welfare checks. They phone us every week to see how we are. We are encouraged us to talk about work or personal issues if need to."

Supporting people to eat and drink enough to maintain a balanced diet; 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 have access to a variety of health and social care professionals to improve their wellbeing. This included GPs, specialist consultants, social workers, district nurses, physiotherapists and occupational therapists.
- Where people were at risk of choking, professionals such as Speech and Language Therapists (SaLT) had been consulted and part of any risk assessing.
- Care plans detailed the support people needed with eating and drinking and their preferences. Staff were aware of these and relatives fed back needs regarding food and hydration were always met.

- One staff member told us about support given to a person receiving end of life care. "We used to make the person lovely things to eat. Sometimes they couldn't eat properly but they loved sweet things. So, to support with eating, we made lots of lovely sweet things for them."
- We received mixed feedback from professionals regarding partnership working. Some professionals were positive and fed back, "They phoned with any concerns immediately when they thought the person was deteriorating and concerns about swallowing as well," "A lot of communication which is always really helpful" and, "They understand people's needs and offer good support."
- Other professionals gave constructive feedback and we have discussed this further in the well-led section of the report.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, 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.

- Staff had received MCA training and understood its principles. They gave examples of how they supported people to make choices.
- One staff member said, "Communication can be difficult. But you can still help people make choices. Repeat things and ask for simple answers. When you know the person, you can tell from body language whether they are comfortable, happy etc as well." Another staff member said, "At lunch a person said they wanted breakfast. I said it was lunchtime - they still wanted breakfast so of course I did that. Why not?"
- Relatives told us that staff overcame communication obstacles to ensure people's choices were heard. One relative said, "Staff understand my relative very well. I hear them asking them about choices all the time." A person also told us, "They always ask me what I want."
- There were no DoLS in place at the time of inspection. However, we discussed this with the registered manager, and they were knowledgeable of what actions to take and how to complete best interest decisions if required.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people and relatives was that people were treated with kindness and compassion by staff they described as, "Caring" and, "Patient." A person told us, "They're caring, they don't mind what they do for you, no trouble at all, they genuinely want to help. They stay the whole time. Sometimes they stay later."
- Relatives were very complimentary of the support staff provided. Comments included, "They are brilliant at what they do," and, "I absolutely love them, every single one that comes in."
- A staff member told us about one person they had supported with end of life care. They said, "It's not always big things, it's the little touches that show you care. The person used to speak German. My relative was German so we had lots of chats about Germany and places we both knew. I think this is so important, as it was important to them. I think that's why the registered manager put us together - they knew we had something in common."
- The registered manager discussed the company ethos of, "It's your life so it must be your way" and, "We care like family." They said it was important that this is what people experienced with the service. Feedback received was that this ethos was promoted by staff and reflective in the way they cared for people.

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

- People were supported to express their views and be at the centre of decisions about their care. A person told us, "Staff make me feel respected. They always ask me what I want - you want more care from them as they do it so well."
- Relatives confirmed that they regularly reviewed care with staff and the person to ensure everyone was working in the same way. One relative said, "We are extremely lucky to have found them - they do everything they can to keep our relative at home which is their choice. My relative really likes them. Staff also pay attention to detail and know all the little things that make my relative who they are."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted by staff.
- Staff gave us lots of examples of how they promoted people's privacy and dignity when supporting them. One staff member said, "Treating others with respect and dignity is how I would want to be treated. Make sure they are covered appropriately, talk to them about each stage and ask permission to support."
- Another staff member described how they maintained privacy during calls and within the office environment. They said, "We don't talk to people about other people. We respect people's information and have a confidentiality policy. The offices are well thought out as well as there are additional rooms to have

private conversations."

- Staff also discussed with us how important promoting independence and maintaining life skills was for people. One staff member said, "I encourage them to do themselves and only support if needed. We have to respect people and their homes, which we are guests into." Another staff member said, "I always ask if they want to do something themselves, even if it says they need help." They gave an example of how happy a person was when they had completed an element of their personal care independently.
- We saw examples of how staff had supported people in maintaining skills, for example providing mobility equipment to enable someone to keep walking independently. Another person was supported to receive adapted cutlery so they could eat without staff support as much as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

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

- Before receiving care, people, their relatives and professionals worked together to create a personalised care plan that put people and their choices at the centre. A relative told us, "The social worker helped, as did the registered and deputy managers, myself and my relative. Lots of questions were asked and we worked together well."
- One person required their care to be followed by a structured routine and staff were all aware of this and how to reduce the person's anxiety. There was information about the routine in the person's care plan and staff did not work with the person until they had met them, understood their preferences and the person was comfortable.
- Staff knew the importance of personalised care when supporting people. One staff member said, "It's about talking to the person, finding out about them, what they like and what's important. For example, what music they like, books, television, talk about photos, especially clients with dementia. You go into a person's world to really get to know and understand them. You may even be the only person they have seen during the week, so you have to make that count."

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.

- At the inspection, no-one had any specific communication needs in line with the Accessible Information Standards, however staff demonstrated knowledge of people's needs and preferences with communication.
- One staff member said, "Not everyone communicates verbally or they may be a bit deaf, so you need to speak clearly, make eye contact, make sure they can see your face and mouth and check understanding from both sides."
- Staff knew about, and care plans reflected, any aids or equipment used for communication, such as how to maintain hearing aids or ensure people had their glasses within easy reach. Communication was also discussed with people during initial assessments and reviews to assess what support was required.

Improving care quality in response to complaints or concerns

- People were aware of the complaints policy, how and who they should report to with any concerns. A

person told us, "I know I can raise a complaint and I'm happy to speak if any problems."

- People had copies of the complaints procedure in their home care plans. They were also reminded of the process during reviews.
- Although few complaints had been received, relatives confirmed they were managed well. One relative said, "My relative has raised issues with the agency and they always respond appropriately, changing practice or explaining why they can't do things which is professional and clear."
- We also saw evidence of the registered manager reflecting on complaints and taking action to make improvements. An example of this was when a person didn't want a specific staff member providing them with calls and prompt action was taken to change this on the rotas.

End of life care and support

- People were provided with kind and compassionate care at the end of their lives. This included working with nurses and the hospice in respecting people's choices and wishes and ensuring they were comfortable and pain free.
- People receiving this support had end of life care plans which documented any wishes and funeral plans. We saw evidence of discussions had with people to ascertain their preferences.
- One person who had recently died had no next of kin and so requested that staff plan the funeral with solicitors. The registered manager had written the eulogy and a lot of staff attended, which they described as, "Emotional" and, "Humbling to have been trusted with such a thing."
- The registered manager described another person's support in promoting their social awareness. They said, "The person was prominent in the community. It was important to them to be presentable, to have their colourful glasses on and to keep being them until the end. So that's what we did." Support was also given by staff in the form of free care calls to a relative who was struggling emotionally.
- We saw several testimonials from relatives who had had support from the agency with their loved one's end of life care. These were positive and spoke of the compassion and love staff demonstrated to people and their relatives during a difficult time.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- An open culture was not always promoted. When collecting evidence for the inspection, we found that the registered manager was not always honest and transparent. We received conflicting information as to what we had found and what the registered manager was telling us.
- We discussed concerns about closed culture due to personal relationships between staff and the registered manager. Some members of the management team were also not open and transparent during the inspection, which furthered our concern about personal relationships and supporting one another.
- The registered manager agreed that this was an area for improvement. They were not only the registered manager, but the provider and sole director for the company. They had thought about conflicts of interest and were not immediately line managing family or friends. However, they had not fully considered additional unbiased oversight to ensure the service was well-led.
- Audits looked at a variety of documentation related to the running of the service such as people and staff files, medicines, complaints and safeguarding. The registered manager had support from a care consultant to complete this.
- Although there were regular audits of people's documentation, we found that some records lacked detail and needed updating, to be reflective of people's current support needs. This suggested that the audit process required some improvement and more time to fully imbed.
- We received mixed feedback from professionals regarding working in partnership and clear communication. An incident had occurred at the beginning of December 2022 and a month later, the provider had not provided further information to the safeguarding authority.
- Some people had care that included funding for 2 staff to support them. For 2 people, the registered manager had assessed that this was no longer necessary to keep the person safe. However, they had not informed the commissioner responsible for allocating people and funding. When we discussed this with the registered manager, they immediately contacted the appropriate professionals.

The provider had not ensured good governance had been maintained and records were not all up to date and accurate. The provider had failed to assess, monitor and mitigate risks, including risks of a closed culture developing. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not always understand their responsibilities regarding reporting incidents.
- Providers are required to notify CQC of any incident of abuse or allegation of abuse in relation to a person, incidents reported to the police and other incidents and events. This enables CQC to monitor types and numbers of incidents at the location and take appropriate action as needed. The provider had not reported all notifiable incidents to CQC.
- When we discussed this with the registered manager, they immediately submitted a notification to us and advised they would review their responsibilities under reporting.

Failing to notify CQC of reportable events is a breach of Regulation 18 Notification of Other Incidents of the Care Quality Commission (Registration) Regulations 2009

- Although we found areas for improvement, relatives spoke positively about the registered manager and how the service was managed. One relative said, "The registered manager understands the sector and who to call and has contacts - very knowledgeable." Another told us, "The registered manager is not detached from care – they know people and staff well too - it's the speed they deals with things – they're passionate about their business and it shows.
- Staff were also complimentary of the support they received. One staff member told us, "They are very helpful and always answer the phone. They cover if someone is off sick." Another said, "They are brilliant. They really do things properly, deal with it privately and professionally."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duties in being open and honest with people following incidents or accidents. They reflected on what went wrong and introduced further actions to improve.
- A relative told us, "Communication is excellent. The registered manager and staff team communicate when anything happens. They've also implemented an app so family can go online and see how people are."

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

- The registered manager had engaged with people, relatives and staff to gain their views and experiences of care provided. This was done in the form of reviews, phone calls and questionnaires, which could also be submitted anonymously if the person preferred.
- Surveys completed were reviewed to pick up themes and trends and how this could be improved. For example, staff feedback was that there wasn't always enough time during care calls, and this was amended on the rota.
- Staff also spoke positively about the amount of team meetings, supervision and welfare checks they received. One staff member said, "We do monthly staff meetings and we go over all sorts of things - struggles, changes in need, feedback to managers about how things are going. Its team orientated here. We try to see each other as being cared for too as well as clients."
- Other staff agreed that they were communicated with and cared for, as well as the people they supported. They told us the registered manager had implemented a financial incentive for those that couldn't drive which supported with bad weather. Staff were also given vouchers for Christmas and thanked for their support.

Continuous learning and improving care;

- The registered manager was proactive in building community links to improve care. For example, they had attended several secondary schools to support students with knowledge about the care sector and

interview skills.

- A people carrier vehicle had been purchased. The registered manager said, "In the future, we want to use it for people. We want to have some modifications to make it accessible for wheelchair users. We'll have to risk assess it all. We're hoping to have it ready for summer. We did some feedback to see if people would be interested, lot of them are. Even if it's just to have the opportunity to go shopping for a day."
- The registered manager had established links with local job centres, free transport services and food delivery partners to support people to have a freshly cooked meal every day.
- They had also linked up with 'People Matter'. This is a service that supports people with learning disabilities, autism or from Ukraine to find jobs. The registered manager said, "We are planning to do a talk for them, about what our jobs are and what availability we have."
- The registered manager was knowledgeable of struggles within the care sector and planned to use these community links to support with sourcing care staff and providing activities to people in the community, who may be experiencing loneliness.