

AMJ Care Ltd

# Heathfield Care Home

## Inspection report

Main Road  
West Wittering  
Chichester  
West Sussex  
PO20 8QA

Tel: 01243511040

Website: [www.heathfieldcarehome.co.uk](http://www.heathfieldcarehome.co.uk)

Date of inspection visit:

24 April 2019

25 April 2019

Date of publication:

16 May 2019

## 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: Heathfield Care Home is a residential care home that provides personal and nursing care for up to 23 older people, some of whom are living with dementia. At the time of the inspection, 22 people were living at the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

People's experience of using this service:

People and their relatives felt the home provided a safe environment. Staff knew how to keep people safe. Risks to people were identified, assessed and managed safely; staff supported people to be as independent as possible. Sufficient staff were on duty to support people to stay safe and meet their needs. Medicines were managed safely. The home was clean and smelled fresh. Learning had taken place when things went wrong. For example, barriers had been installed on the main staircase to prevent people from falling.

People's needs and choices were met by staff who knew them well. A relative said, "I am totally reliant on staff and can't thank them enough for what they do". Staff had the skills, knowledge and experience to deliver effective care and support and had completed a range of training. Staff had regular supervisions and appraisals.

People were happy with the food on offer and told us they particularly liked roast dinners. A relative said, "At Easter and Christmas they do a good spread, which is very nice". People had access to a range of healthcare professionals and services. The home was comfortable and people could bring in their own furniture and decorate their rooms if they wished. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were looked after by kind and caring staff. Staff were patient and warm and provided reassurance if people became anxious or distressed. People were encouraged to be involved in all aspects of their care. They were treated with dignity and respect.

Care plans were personalised and reflected people's preferences. Activities were planned based on people's interests and hobbies. There were outings into the community and external entertainers visited the home. People's diverse needs were met. A relative referred to their family member and said, "Staff dance for her and sing for her and it makes her smile".

People and their relatives were asked for their feedback through questionnaires; all results were positive. Residents' meetings took place and suggestions were listened to and acted upon. Staff felt supported in their roles and were complimentary about the management of the home. A range of audits were effective in identifying any actions needed to drive improvement.

Rating at last inspection: At the last inspection, this service was rated as Requires Improvement (published in April 2018).

Why we inspected: We were required to inspect this service within 12 months of the last inspection because of the rating of Requires Improvement. The provider sent us an improvement plan after the last inspection which outlined the actions they proposed to take to address the issues of concern. This inspection took place to check on the improvements made and in line with CQC scheduling guidelines for adult social care services.

Follow up: We will review the service in line with our methodology for 'Good' services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Heathfield Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Heathfield Care Home can accommodate up to 23 people in one adapted building.

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:

This was an unannounced, comprehensive inspection.

What we did:

Before the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. The provider completed a Provider Information Return. This is key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with four people and spent time observing the care and support people received. We also spoke with three relatives of people living at the home.

We spoke with the provider, the registered manager, deputy manager, activities co-ordinator and a senior care assistant.

We reviewed a range of records. These included two care records, four staff files and records relating to the management of the service.

# Is the service safe?

## Our findings

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

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

### Using medicines safely

- Medicines were managed safely. We looked at the Medication Administration Records (MAR) for people living at the home. There were no gaps in these records and people received their medicines as prescribed. All the MAR contained relevant information about people, such as photographs for identification purposes and any allergies to medicines.
- Where medicines needed to be recorded by hand on MAR, the entries were hand-written by one staff member and checked by a second staff member; this ensured medicines were recorded accurately in line with National Institute for Clinical Excellence (NICE) guidelines.
- We observed one member of staff administering medicines to people at lunchtime. The staff member explained to people what their medicines were for and also asked people if they were experiencing pain and needed pain-killers. Medicines to be taken on an 'as required' (PRN) basis were managed in line with PRN protocols. These outlined how, when and why medicines should be given and the dosage over a 24-hour period.
- There was clear information for staff about the management of topical creams and medicines. Staff who administered medicines had received relevant training and their competencies were checked.
- Medicines were ordered, stored and disposed of safely. Medicines were dispensed from a medicines trolley which was stored in a separate room when not in use. The temperature of the room had not been recorded. Medicines should be stored in line with manufacturer's recommendations, so it is good practice to record the temperature of the area where medicines are kept. Fridge temperatures were checked and recorded as needed. The registered manager told us they would buy a thermometer to enable daily temperature readings in the room to be taken. The provider told us there were plans to revamp the area where medicines were stored and thought would be given to the installation of an air cooling system.
- Medicines audits were completed and records confirmed this. Any actions arising were taken.

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

- The home provided a safe environment for people. People told us they felt safe living at the home and a relative said, "I feel my mum is safe here, absolutely".
- Staff had completed safeguarding training and understood safeguarding procedures. One staff member explained, "For vulnerable adults who can't take care of themselves, regulations come into place for their safety. I think of how I would want my mother to be treated and how to keep her safe. We have procedures in place". The staff member then talked about the different types of abuse. For example, if unexplained bruises were found on a person, they would complete a body map and report their concerns to the registered manager or to CQC.
- The registered manager demonstrated a good understanding of safeguarding procedures and when to raise any concerns to the local safeguarding authority.

## Assessing risk, safety monitoring and management

- Risks to people were safely managed.
- Risks in a variety of areas had been identified and assessed as needed. Care records provided information and guidance for staff on how to support people and mitigate risk. For example, one person had difficulty with their mobility and was at risk of developing pressure areas. This had been assessed using Waterlow, a tool specifically designed for this purpose.
- When asked how they would manage risks to people, one staff member told us, "Every morning we do a risk assessment before we start personal care, because we do an automatic risk assessment when we enter a person's room".
- Where accidents or incidents had occurred, these were recorded and analysed to see whether any further action was required, such as a referral to a healthcare professional for advice and support.
- Risks in relation to premises were assessed and managed safely. These were all satisfactory.

## Staffing and recruitment

- Staffing rotas confirmed there were sufficient numbers of staff on duty to support people and keep them safe. In addition to care staff, the registered manager told us she tried to work on the floor when possible as this helped her to observe staff and the way they supported people.
- The registered manager said they had used agency staff recently to cover some night shifts. Agency staff were appropriately vetted and they tried to use the same staff. The registered manager told us she was recruiting to two night staff posts.
- A staff member said, "Staff can come very quickly when needed. Staff know residents' needs and move quickly when a room bell goes".
- Relatives commented on how helpful and welcoming staff were and said they were prompt in attending to people when required.
- New staff were recruited safely. Staff files showed that all appropriate checks had been made before new staff commenced employment. These included checks with the Disclosure and Barring Service which considered the person's character to provide care. References were obtained and employment histories verified. Where staff came from overseas, their ability to speak and communicate in English was checked. The registered manager told us that where staff needed additional help with their English, she would support them to access relevant on line and college courses.

## Preventing and controlling infection

- People were protected by the prevention and control of infection.
- The home was clean and smelled fresh. We saw staff used personal protective equipment (PPE) such as disposable aprons and gloves, when delivering personal care and when serving meals.
- Staff completed training in infection control. One staff member explained their understanding of infection risks if people became unwell and the action they would take.

## Learning lessons when things go wrong

- Lessons were learned when things went wrong.
- The home had been the subject of a safeguarding incident and investigation by the local authority. As a result, they had installed barriers on the stairs, which people could easily operate, but which mitigated the risk of people falling on the stairs. Best interests decisions, for people who lacked capacity to consent to the barriers, had been taken and recorded where needed.
- Closed circuit television cameras (CCTV) had been installed in communal areas as an additional measure so staff could monitor people's movements around the home. People and relatives were aware of the CCTV.



# Is the service effective?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection in April 2018 when we rated this key question as Requires Improvement. The concerns related to the implementation of the guidance under the Mental Capacity Act 2005 and Power of Attorney held by relatives. We found a breach of Regulation 11 in relation to Need for consent. Staff were not always respectful of people at mealtimes. We found a breach of Regulation 10 in relation to Dignity and Respect. Following the inspection, the provider sent us an action plan describing the steps to be taken to address the issues. Sufficient improvements have been made and the breaches of Regulations have been met. This key question has improved to Good.

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

People's outcomes were consistently good and people's feedback confirmed this.

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

- 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Consent to care and treatment was gained lawfully.
- The registered manager had a thorough understanding of the MCA and DoLS. Where relatives or others had been appointed to make decisions on people's behalf, the relevant documentation confirmed this. The registered manager had set up a system which was effective in showing where authorisations for DoLS had been requested.
- Records relating to power of attorney showed where relatives or others could make decisions for finances and property or health and welfare.
- The front door was kept locked. Where people had capacity and wished to go out independently, they were given the code to open the front door.
- Staff completed training in relation to MCA and DoLS and records confirmed this. One staff member told us about the MCA and said, "It's a legal framework that works for the person who lacks mental capacity. It helps to make decisions in their place if they are unable to make decisions. There are five principles. We always assume the person has capacity and there are varying levels". The staff member explained how best interests decisions were made such as when sensor mats were needed if people were at risk of falls.

- Before people came to live at the home, their care needs were recorded and pre-assessments were completed. The registered manager told us that the local hospital would telephone every week to enquire after any vacancies for people who were ready to be discharged from hospital.
- People's needs were continually assessed in line with best practice. Advice had been sought from the Living Well with Dementia Team for one person who attempted to bite or kick out at staff when they were providing personal care.

#### Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to support people effectively. They demonstrated their understanding of the training they received and we observed this in practice.
- The registered manager said, "The owner does training all the time. She is an ex-nurse and has training qualifications. All staff come in for training". We were given a copy of the training log which showed staff had completed training in areas such as falls prevention, food and hygiene, health and safety, infection control, moving and handling and safeguarding adults. Additional training was available in areas such as dementia, mental capacity, challenging behaviour, record keeping and death/bereavement. Some staff had completed first aid training.
- New staff studied for the Care Certificate, a universally recognised, work-based award. New staff also shadowed experienced staff and had their competence checked as part of their probation.
- Staff were encouraged to study for additional vocational qualifications in health and social care. One staff member told us they had completed their National Vocational Qualification (NVQ) 2 and had commenced NVQ3.
- Staff told us they felt supported in their roles. They received supervisions every three months and an annual appraisal; records confirmed this.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- We observed people eating their lunchtime meal. There was a relaxed atmosphere and people ate independently. Where people were reluctant to eat, staff encouraged them in a kind and patient way. One staff member said, "You don't have to eat all of it, can you just try some?" Staff explained to people what the menu choices were. One person had chosen chicken, but asked for something different when their meal was brought. This was done. The food looked tasty and appetising. One person was asked by a staff member if they would like their food cut up for them as this enabled them to eat independently.
- Tables were laid attractively with cloths, fresh flowers and serviettes. A menu on the wall of the dining room showed choices for the day. Vegetarian options were also available. People had a choice of squashes or water to drink and 18 people sat together for lunch in the dining room.
- Menus were varied and catered for people's specific dietary needs and preferences. Coloured trays were used to differentiate people's dietary needs. For example, a brown tray indicated a normal diet, a blue tray for people on a soft diet and a red tray for people being monitored and who needed more calories.
- A relative said, "Mum will eat the food and will purse her lips if she doesn't like it. They know here what people don't like or who have special diets. They go out of their way to make sure people get what they want to keep them happy. It's all home-cooked with fresh vegetables. People like their roasts. That family feeling here is very strong and the more able residents look out for each other".
- People told us they enjoyed their meals. One said, "It's good, but some meals I like better than others".

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

- Staff worked with other agencies to ensure people received the care they needed.
- Records showed that advice was sought from healthcare professionals such as district nurses and the

local authority dementia team.

- People had access to a range of healthcare professionals and support.
- A staff member told us, "If I believe somebody is unwell I can ring the doctor. I would share their vital signs, symptoms and they would then decide what treatment is needed. I can ring 'One Call' if needed or the ambulance if it's serious". One person said, "They would get a doctor if I needed one" and added that they had regular support from their dentist, optician and chiropodist.
- A relative said, "Mum had a chest infection and they were very prompt in calling out help".

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

- The service had been adapted to meet people's needs.
- A lift aided people to move between floors. Gardens were level to provide easy access. People were able to move freely around the home.
- The registered manager told us that people could bring their own furniture when they moved into the home. We saw that rooms were comfortable and personalised. Memory boxes were installed outside people's rooms. These contained items of importance to people, such as wedding photos and knick-knacks. The memory boxes helped people to find their way to their bedrooms.

# Is the service caring?

## Our findings

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

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

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

- People were treated well and supported appropriately by staff who understood people's diverse needs; they treated everyone equally.
- For example, staff knew how to support people who required hearing aids, how to change the batteries and insert the aids in people's ears. Staff assisted one person who was blind and used talking books.
- People's cultural and spiritual needs were catered for. A member of a local church visited the home and met with people if they wished.
- We observed care given to people throughout the day. Staff were kind and caring with people and treated them with patience. If people became distressed, staff comforted them until they felt better. People and staff knew each other well and positive relationships had been developed. We observed the deputy manager assisting a person to the dining room; this was done in a patient and kind manner. The deputy manager rubbed the person's back gently, talking quietly and waited for the person to sit down in the dining room, without any rush or pressure. This was a positive experience for the person.
- One relative commented, "There's always that extra care provided to people by staff". Another relative told us, "Staff are all lovely and very caring. They give you any support you need". This relative added that because they lived abroad, they ordered gifts for their family on line which were delivered to the home. Staff would then wrap the presents before giving them to the person. One person said, "Staff are very caring and very polite". Another person told us, "The staff are very good and very nice".

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

- People were encouraged to express their views and to be involved in decisions about their care.
- Staff took time to explain what they were doing when providing care and support in order to minimise people's anxiety.
- A staff member explained the importance of consulting people with day-to-day decisions. They told us, "I give people a choice of clothing. I explain to people what I'm going to do for them and why. I always ask if they agree or if they want it done differently. That boosts people's confidence as they're involved". We saw that people were asked where they wanted to sit in the dining room at lunchtime.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were encouraged by staff to be as independent as possible.
- Whilst staff assisted people with their meals where needed, they also supported people's independence. For example, one person had a plate guard which helped them to eat their food independently without it tipping off the plate.
- Staff gave people the privacy they needed and knocked on people's doors before entering. We observed

one staff member bending down and making eye contact with a person when they spoke with them.

- A relative told us, "Staff treat Mum with total dignity. She has to be hoisted on to the commode. The curtains are drawn and I always leave the room. If she spills something on her clothing, it is changed. Staff show her such love".
- A staff member said, "Every person before they came here were somebody and they still are and have their own personality. I like to read people's stories and I already know stuff about them. I see that as respect as to who they are. When it comes to personal care, the door is shut, curtains are pulled and I make sure the person is covered. I always try and promote people's independence too".
- Information relating to people's care needs was kept confidentially.

# Is the service responsive?

## Our findings

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

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

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

- Care plans provided detailed information and guidance to staff about people's needs and how they wished to be supported.
- We looked at two care plans. Information was recorded electronically in a person-centred way.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for people. For example, as a result of a stroke, one person had information about how the stroke had affected their ability to communicate. Staff sat with the person and used the explanatory booklet which contained pictures. This booklet was used sensitively and as needed, to remind the person about their condition when they became forgetful, frustrated or confused.
- Care plans included information about people's physical and mental health, personal care, continence, night care, medicines and positive behaviour support.
- People had access to technology to enhance their lives. For example, people had access to wi-fi and could use laptops or tablets if they wished. One person who was registered blind had 'talking news' which enabled them to keep up with current affairs. A staff member said, "It's important to keep people stimulated to keep the brain alive".
- People's personal histories were recorded, including any hobbies or interests. This enabled activities to be planned according to people's likes and preferences. For example, one person enjoyed 'pitch and putt', so a kit had been bought which enabled them to practice in the gardens of the home.
- An activities co-ordinator had recently been appointed and activities were planned for people on a daily basis. The home received ideas for activities via a subscription to a company which delivered a newsletter. The monthly newsletter included quizzes, topics for reminiscence, pictures and photos which people could engage in. People also enjoyed the company of a pet Jack Russell and two rabbits who lived in the garden. External entertainers visited the home.
- Outings were also organised. The registered manager said, "We have use of a minibus which belongs to a charity. In the summer we take that out and go to the garden centre, or go for a coffee on the beach. Activities energises people's souls. Everyone has the opportunity to go out". A relative told us, "Whatever is happening, Heathfield celebrates it. There's enough to do if you want to do it".

Improving care quality in response to complaints or concerns

- Complaints were managed in line with the provider's policy.
- No formal complaints had been made within the last 12 months. The registered manager explained that if people had any concerns, these would be raised with her or another member of staff and could be rectified quickly.

- One person told us they would talk with the registered manager if they wanted to make a complaint, but they had never had to do this since coming to live at the home.

#### End of life care and support

- People could live out their lives at the home if this was their wish and their needs could be met.
- People's end of life wishes were recorded in their care plans. The registered manager told us of one person who had passed away whilst their relative was away on holiday. Staff had sat with the person to provide comfort and reassurance in their last moments since their relative could not be there.
- The registered manager told us, "Whatever time people have got left, I want to make it the best for them".
- A relative explained their involvement for their family member's end of life plans. They told us, "We have discussed this as a family, the funeral service, etc".
- At the time of our inspection, no-one was receiving end of life care.

# Is the service well-led?

## Our findings

We inspected this key question to follow up the concerns found during our previous inspection in April 2018 when we rated this key question as Requires Improvement. Systems were not effective in identifying the issues we found at that inspection. An incident that had occurred in January 2018 had not been notified to the local safeguarding authority in a timely manner. We found a breach of Regulation 17 in relation to Good governance. Following the inspection, the provider sent us an action plan describing the steps to be taken to address the issues. Sufficient improvements have been made and the breach of Regulation has been met. This key question has improved to Good.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received a good standard of care from staff who understood how they wished to be supported. The provider's Statement of Purpose states, 'The philosophy of the home is to assist the client as an individual, to develop their optimum level of independence physically, psychologically and socially'. It was clear from what we found at inspection, that this philosophy was put into practice. A relative told us, "On the whole, it's very good".
- Staff had completed the training they needed to carry out their roles and responsibilities. One member of staff needed additional support with reading and writing and they demonstrated what they had learned verbally rather than writing it down. The registered manager had adapted the training material to meet this staff member's needs.
- The provider told us, "We tried to have a home from home, that's what we would like it to be. People can decorate their rooms if they wish, or their families can. We want people to be as comfortable as they can be. We've created a 'bug house' in the garden, we wanted something that was theirs. This will encourage people to go out more to look at what's in the bug house. One person who stays in bed all the time has the rabbits brought into them, that's really popular".
- The registered manager understood her responsibilities under Duty of Candour. She said, "As long as we're caring for people, we will always look after them. If anything goes wrong, staff come to me and I listen. I would contact families and we have good communication systems in place".

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

- A system of audits monitored and measured all aspects of the home and were effective in driving improvement.
- We looked at a range of audits in relation to food areas and kitchen hygiene, environment, accidents and



incidents, hot water temperatures and competencies for staff in moving and handling. Where actions were needed, these were recorded and implemented.

- The registered manager had a good understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display as required.

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

- Staff and people were involved in developing the service.
- Residents' meetings were organised and people's views were listened to. People had asked for pet rabbits at a meeting in August 2018 and their request had been granted.
- Questionnaires were sent to people and relatives to ask for their feedback about the home. In one response we read, 'We're so pleased with Dad's care. The staff are amazing and he's so happy'. Another relative had written, 'Not only are [named registered manager] and her staff very caring, but they go the extra mile looking after our loved ones. They're caring and very supportive of families too'.
- Staff felt supported by the provider, registered manager and deputy manager and there was an 'open door' policy. One staff member told us that any suggestions they had would be listened to and added, 'It's about having good team work'. They went on, "[Named registered manager] leads a tight ship and she does what she needs to do. She comes in the middle of the night if someone is ill. She really cares about the home and people".
- Staff were asked for their comments about the home through questionnaires and at staff meetings. Records confirmed this. A staff member told us, "It's lovely here. They help me a lot and staff became my family for a long time. I felt very welcome and I can easily approach [named registered manager and provider] for everything I needed".

Working in partnership with others

- The service worked in partnership with others.
- The registered manager liaised with outside agencies. For example, one person who had sustained falls was referred to the local authority falls team who provided advice and guidance for staff which was acted upon.