Johnson James Care Limited

Home Instead Senior Care

Inspection report

54 Church Gate
Loughborough
LE11 1UE

Tel: 01162165306
Website: www.homeinstead.co.uk/charnwoodloughboroughandcoalville

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Home Instead Senior Care is a domiciliary care service. It is registered to provide personal care to younger and older people with a physical disability; learning disability or autistic spectrum disorder; dementia; sensory impairment and mental health needs.

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. At the time of the inspection 41 people were receiving personal care.

People's experience of using this service and what we found
The service had two registered managers. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We could not be assured the registered managers fully understood the regulatory requirements in relation to notifying CQC of police incidents.

Multiple Quality assurance systems and processes enabled the registered managers to identify areas for improvement. However, these had not identified a potential failure to notify CQC of a police incident or a system issue for the recording of as required medicines.

The impact of the COVID-19 pandemic on staffing meant at times some people received care from staff they had not previously met. Some people and staff felt there were not enough staff. However, we found everyone received care at the time they needed it, no care visits were missed and changes to care staff had been agreed in advance with people. The service was actively recruiting new staff.

The registered managers were passionate about providing person-centred care. They knew people well as they were involved in care delivery. The service regularly sought feedback from people about their care experience to ensure any issues were promptly addressed.

People were supported by staff that knew how to keep them safe from harm or abuse. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care and received training relevant to people's needs. They were empowered to develop their knowledge and skills.

The service supported people to express their views, preferences, wishes and choices. The service ensured staff supporting people had similar hobbies and interests, this contributed to the success of the care delivery. Staff supported people to engage in their hobbies and interests, while promoting people's independence. The service was flexible and responsive to people's individual needs and preferences. People knew how to raise a concern or make a complaint and felt confident this would be addressed.

People and staff gave many examples of the care they received that was kind, caring and compassionate.

Staff we spoke with were committed to ensuring people's health, emotional and social wellbeing needs were fully met. People and staff had built positive relationships together and enjoyed spending time in each other's company. People's diversity was respected and embraced. Staff were open to people of all faiths and beliefs and people's privacy and dignity was respected.

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

People were supported to eat and drink enough and to attend healthcare appointments as needed.

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

Rating at last inspection
The last rating for this service was Outstanding (published 05 July 2018).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Home Instead Senior Care

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 undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

One inspector visited the office location on 02 August 2021. Both inspectors made telephone calls to staff after visiting the office location.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers 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 inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection-
We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered managers, care coordinator, quality and compliance leads and care staff, we also received feedback via email from one staff member. One of the registered managers is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and related medicines records where applicable. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at a variety of compliance records, not limited to, but including training data, meeting records, surveys, policies and procedures and quality assurance records.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Some people and staff told us they felt there were not enough staff. One person said, "They are short staffed and struggling at the moment with people isolating and on annual leave." A staff member said, "Sometimes I go to people I would not normally go to as there are just not enough staff." At the time of inspection and in differing periods during the COVID-19 pandemic, there had been a disruption to the services normal delivery due to staff isolating. However, records showed, and people told us there had been no missed calls, calls were delivered at people's preferred times and staff stayed for the full duration.

● Safe recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking suitable references and undertaking checks with the disclosure and barring service (DBS).

Using medicines safely

● Audits of Medicines Administration Records (MARs) were undertaken, action had been taken when issues had been identified. However, we found one person's, 'as required' medicine had on occasion been recorded as administered on the MAR when they had not received it. We discussed this with the registered managers who took immediate action to make changes to the record keeping system to prevent this from re-occurring.

● People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. One staff member told us they had identified a person was having grapefruit for breakfast which would impact the effectiveness of their medicines. They raised this with the service who worked with the person and family to identify alternatives for their breakfast.

Systems and processes to safeguard people from the risk of abuse

● Most people we spoke with told us they received safe care. One person said, "I am absolutely safe as they [staff] are totally reliable. It's reassuring knowing someone will be here at eight o'clock every day to do the tasks I can't do." Another person said, "Staff are always checking I'm ok. They have a list of jobs they need to do, tick them off and check windows and doors before they go."

● Staff we spoke with were aware of the signs of abuse and knew how to report safeguarding concerns. They had access to the NHS safeguarding application on their mobile devices.

● Staff knew how to 'whistle-blow' if they felt they were not being listened to or their concerns acted upon.

Assessing risk, safety monitoring and management

● People were supported to take positive risks to maintain their independence. The service worked alongside the local authority and police to minimise the risk of people with dementia becoming 'lost' in their local community. Personalised 'protocols' were in place detailing people's care needs and places they may

wish to visit. These were regularly reviewed and updated by the service to enable staff to locate people if they were not at home when they attended for calls.

● There was a strong focus on risk management to prevent untoward incidents occurring and people's risk assessments were personalised to reflect their individual needs. People felt confident with staff supporting them with their mobility. One person told us, "I'm hoisted all the time, staff are very good with this." Risk assessments and care plans prompted staff to check equipment safety before use.

● Staff knew about people's risks and how to support them safely. One staff member told us how a person had fallen prior to them attending to support them. The staff member told us whilst the person appeared uninjured, they called an ambulance as the person's medicines put them at an increased risk of harm.

● COVID-19 risk assessments had been completed for people and staff. These provided a comprehensive overview of the support needed to reduce their individual risks.

Preventing and controlling infection

● Everyone we spoke with told us care staff wore the correct Personal Protective Equipment (PPE). Staff told us, and we saw there was adequate stock of PPE. A staff member said, "I always wear the relevant PPE, wash my hands regularly, change gloves and wash hands between tasks." Regular checks were made to ensure staff were following government guidance for the use of PPE. Staff had received infection control training.

● Checks were in place at the services office to ensure visitors did not have any symptoms of COVID-19. A risk assessment was in place for the office, this reflected current government guidance for COVID-19.

● People's care plans prompted staff to clean high touch points in people's homes and in their vehicles prior to travelling to the next visit.

● Staff were encouraged by the service to engage in the testing programme for COVID-19. Records showed and staff told us there had been a good uptake in the testing programme.

Learning lessons when things go wrong

● Staff knew how to report accidents and incidents. They told us they would report these electronically and call the office. There had been very few accidents and incidents due to the services focus on prevention.

● Accident and Incident records evidenced action had been taken to reduce risks. For example, one person had slipped during personal care. A health professional referral was made immediately for assessment and new equipment was put in place for the person. This resulted in a reduction of risk and no further incidents.

● Monthly meetings were held to identify themes and trends in accidents and incidents and to identify lessons learned.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. People and where appropriate, their relatives were fully involved in writing their care plan. One person told us, "When I first had them [service] we discussed what I needed. I can change this as I need." Another person said, "We discussed what was going to happen before I had the service."
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes. The service worked closely with the dementia alliance and other professionals to share best practice relating to dementia care.
- Government guidance relating to the COVID-19 pandemic had been shared with staff when changes had been made that impacted the delivery of personal care.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Prior to the COVID-19 pandemic an online training platform had been introduced. Staff told us and records showed they received regular training relevant to their role. One staff member told us, "The training is good, I feel confident enough to go anywhere and do anything". Another said, "In terms of training they are very good, if you want to do it you can do it."
- Staff told us they had regular supervisions and felt valued and supported by the management team. A staff member said, "We have formal appraisals twice a year. The manager asks you what your aspirations are in terms of your care career and whether you would like any more training to help you achieve your goals."
- New staff undertook a comprehensive induction that included undertaking the care certificate. The care certificate is an agreed set of standards for care staff to adhere to. Staff shadowed experienced staff to get to know people prior to supporting them on their own. One staff member said, "I had an induction that covered everything I feel I needed to know when I started."
- All 'moving and handling' training was person specific and tailored to the person's preferences, needs and equipment. This meant people were supported with their mobility in the way they wished and had confidence in the staff supporting them.

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

- There was a strong focus on people's mealtime being an enhanced experience. Records showed and people told us, they received personalised support with meals One person told us, "Staff do meal preparation and menu planning. I feed myself but when I get tired, they help me with this, and help steady my drinks." Another said, "Staff would prepare anything I needed."
- Peoples likes, dislikes and dietary preferences were fully detailed in people's care plans. Some people did

not eat certain foods due to their cultural and religious beliefs. Staff knew people's needs well, offered them choices and encouraged them to eat a balanced and varied diet. One staff member said, "I look at what's available and ask what people fancy."

● Where people had been identified as nutritionally at risk, care plans and risk assessments provided adequate guidance to staff to ensure they ate and drank enough. During the COVID-19 pandemic when food was in short supply, staff and the service booked online shopping deliveries, picked up people's groceries and amended call times to ensure people had adequate food and drink available to meet their needs.

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

● The service worked alongside local community and medical services to support people to remain healthy and safe. Records showed when people's health deteriorated, prompt contact was made with health professionals. Their advice was fully reflected in people's care plans.

● 'Grab sheets' had been completed for everyone receiving care. These contained important information about the person to support emergency services and health professionals to provide continuity of care.

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. The service were not supporting anyone with a Court of Protection order.

● The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Everyone we spoke with told us staff asked for consent before providing their care.

● Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken. The service ensured where people had a Lasting Power of Attorney (LPOA), they were engaged in decisions about people's care. An LPOA is a legally appointed person that can make decisions on a person's behalf when they no longer have capacity to do so.

● Staff had received training about the MCA and understood the principles. One staff member said, "MCA is around giving people the ability to make choices as independently as possible, and if necessary, assessing them to determine whether they have capacity to make those decisions and then making best interest decisions (if not)."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has changed 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 received kind, caring and compassionate support from staff that knew their likes, dislikes and preferences. All but one person told us without exception staff were caring. One person said, "Staff are very kind and caring. One stayed with me when I had a [health issue] the other week, while I was waiting for the nurse" Another said, "Staff are very caring people which is important because it makes you feel comfortable and I look forward to seeing them."
- Staff we spoke with were committed to people and often amended their work patterns in response to people's needs. One person told us a staff member missed a family event to stay and help them when a domestic appliance broke on a weekend, they made the person's home safe and ordered a replacement prior to leaving.
- People's cultural and religious needs were detailed in their care plans. Care plans ensured people received support to follow their religious beliefs.

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

- People's views regarding their care were regularly sought and they were empowered to make decisions about their care. One person when asked if staff gave them choice said, "Yes, they always do this." A staff member told us, "It's their home, everything is their choice."
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. Whilst no one was supported by an advocate, some people had a LPOA in place. This is a person that acts in the persons best interests when making decisions on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Respect for people and their privacy and dignity was at the heart of the provider's culture and values. People using the service, their families and staff felt respected, listened to and valued. People's care plans detailed how they wished for their privacy and dignity to be maintained. One person told us, "Staff respect my privacy". A relative said, "Staff talk to [person] rather than me which is good."
- People's skills and abilities were recognised by staff and people were empowered to be independent. A relative told us, "Staff support [Name] to try to do things like have a shave. If he doesn't finish it, they offer to help him. They ask if he wants any help and if he says he doesn't need it, they don't. They respect his wishes."
- Staff recognised the importance of confidentiality and their responsibilities in relation to people's personal information and the General Data Protection Regulation (GDPR). Electronic systems, processes

and applications were all password protected to keep people's personal information secure.

Good

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 outstanding. At this inspection this key question has changed 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

● The management team had worked hard to minimise the impact of staff absence during the COVID-19 pandemic and most people told us they had received continuity of care. However, two people told us on occasion they had been supported by staff they had not previously met. The service told us face to face introductions of staff had reduced during the pandemic to keep people safe. Changes to staffing had been agreed in advance with people.

● People's care plans were reviewed regularly with people and as needs changed. They fully reflected people's needs and included detailed information about what was important to them. For one person this was how they liked their drink to be prepared, the mug they liked it serving in and where this was located. For another person a staff member said, "[Name] wants a bed made a certain way, if that's what makes them happy that is what I am going to do, the extra attention to detail is important."

● Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. The services 'matching' process ensured people were supported by staff with similar likes dislikes, hobbies and interests, this contributed to the success of the support. One person said, "Staff know what makes me tick. I have shared interests with them." Another said, "They are very friendly and cheerful which lifts your spirits." A relative told us how staff being the same age as the person had made a "Big difference" for them.

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 carer's.

● People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Some people experienced hearing loss and relied on lip reading in addition to hearing devices. The use of face masks made it difficult for some people to understand staff verbal communication, for these people some staff used an application on their mobile devices to transfer speech to the written word.

● Information could be translated to people's first language or larger print if required.

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

● Relationships with friends and family were fostered. Staff supported people to speak with their families through phone and video calls. One staff member told us how when a person was 'shielding' they had missed seeing their grandchildren. They taught them how to use a mobile device so they could keep in

contact with them.
● With people's permission, relatives were able to have live access personalised 'visit notes.' This meant they could be assured about people's safety and were able to discuss with them what their day had entailed. For example, following the European Football Championship, talking about a holiday, having nails painted, health professional visits, environmental repairs and films they had watched. Staff told us they reviewed visit notes before they attended to prepare them for the visit and so they could support people to follow their interests.
● Staff ensured people's cultural needs were met and respected. One staff member told us how they knew one person did not eat pork. Another person's care record provided detailed guidance to ensure their personal care was delivered in line with their culture, preferences and wishes.
● Staff told us how they enjoyed supporting people with hobbies and interests, such as visiting sensory gardens, tending to plants, baking, crosswords, dancing, singing and walking. One staff member told us they had taught themselves to knit, so they could make a blanket with the person they supported. They told us how this person really looked forward to making a 'square' on each visit and they enjoyed this time spent together.

Improving care quality in response to complaints or concerns
● The service had a policy and procedure in place to manage complaints and kept a comprehensive log of compliments and complaints. Compliments were celebrated and shared with staff and records showed complaints had been addressed to people's satisfaction.
● People told us they knew who to speak to if they had any concerns and were confident concerns they raised would be addressed. People were able to raise concerns 24 hours a day, seven days a week. One person told us, "I'd ring [Management] at Home Instead and it would be dealt with efficiently."
● The service had committed to answering all phone calls after two rings to enable them to be responsive to the needs of people, relatives and staff. We received positive feedback regarding accessibility of office staff.

End of life care and support
● At the time of the inspection, People were not receiving end of life care at the service. The registered managers told us should a person reach the end of their life they would liaise with healthcare professionals to ensure people received joined up care and to continue to support people in their own home if this was their wish.
● Records showed where one person had recently received end of life care, their care records had been regularly reviewed to reflect their changing needs. The service had liaised with relevant healthcare professionals and provided personalised and dignified care in the persons own home. After the inspection the service shared positive feedback from a relative that stated, 'It is because of the excellent care delivered by the Home Instead team that my [relative] was able to remain in her home as she died according to her wishes'.

Requires Improvement

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. The registered persons had not always understood the regulatory requirements.

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

- A review of records indicated at least one legally required notification had not been submitted to CQC for a police incident. We are reviewing this and will report on this at our next inspection. There were two registered managers at the service, one of the registered managers was also the nominated individual. We could not be assured the registered managers fully understood the regulatory requirements in relation to notifying CQC of police incidents.
- Quality assurance systems and processes were embedded in practice and regular compliance meetings had been held to identify areas for improvement. However, they had not identified a potential failure to notify CQC of a police incident or a system issue with recording the administration of as required medicines.
- CQC's rating of performance was displayed at the services location and on the website.
- Staff were clear about their roles and responsibilities and felt listened to and valued. Comprehensive information had been provided to them to ensure they were clear of the services expectations. Spot checks were undertaken to ensure staff were delivering care as planned. One staff member told us, "They make sure we are doing what we are supposed to be doing, I am all for it as if I am doing something wrong, I want to know."
- Staff were aware of the roles and responsibilities of the management team and said they were responsive to concerns raised. One staff member said, "I can talk to any of the staff in the office about anything. We have different people who are responsible for different things, such as scheduling, quality and compliance. I can raise issues with any of them and I know they will get dealt with."

Continuous learning and improving care

- In March 2021 24% of staff said they were not happy with their increased work hours. The provider has invested in new approaches to recruitment and were not providing new packages at the time of inspection to enable them to focus on existing service delivery. Staff told us they were still working additional hours and due to the pandemic, there could be short notice changes to their rota. Four new staff were due to commence their induction shortly after our inspection.
- The service identified early on in the COVID-19 pandemic some people no longer wished to leave their home to access short breaks or to move to care homes. They adapted the service to provide 'live-in-care' this meant people could receive increased support in their own home. We saw feedback from January 2021 that said, "I would not hesitate to recommend their service should the wish of your loved one be to stay at home."
- The management team met monthly to review themes and trends and to identify areas for improvement.

Action plans were set at each meeting. Examples of actions included, planning for roadworks, hot weather warnings, vaccination updates, training to be booked. Records showed actions had been met.
● One staff member told us during the pandemic, "Home instead have given out no end of information, wellbeing information, phone numbers we can talk to people and all sorts of things for the benefit of caregivers."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The management team were passionate about providing person centred care, there was a friendly and open culture at the service. People were in full control of their care delivery. Staff understood the need to treat people as individuals and respect their wishes. One relative said, "They respect my relative as a young person and there is a positive culture."
● The management team knew people using the service well. They worked closely with people and staff, leading by example. One relative said, "The manager is brilliant and hands on." Handover records evidenced a comprehensive knowledge of people's needs. They included detailed information about changing needs, and evidenced action had been taken to ensure these were met.
● Records showed staff paid attention to detail when providing people's care to ensure it was personalised. Staff were recognised and rewarded for high standards of care delivery.

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 was aware of, and there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's feedback of receiving care was collated from multiple sources. Most people we spoke with told us they were happy with the service they received. One person said, "The service is very reliable. It's more expensive than others but you can depend on them. I've recommended the service to other people who are now having them."
● Regular staff meetings were undertaken. A staff member told us, "Before lockdown there was a regular monthly meeting. During lockdown we were having regular zoom meetings. These are useful as they keep us informed of any changes we need to know about."

Working in partnership with others
● Staff and the service worked closely with health professionals such as speech and language therapists, occupational therapists, physiotherapists, community nurses and GPs to enhance the health and well-being of people. They also worked alongside police, social care, dementia alliance and the charitable sector to enhance the safety of people living with dementia.
● One of the registered managers attended meetings with the dementia alliance to keep up to date with best practice.
● The running of companionship cafés had been put on hold during the COVID-19 pandemic, as had plans to run fraud awareness sessions through local Women's Institute groups. Plans were in place to recommence these from October 2021.