

Sensa Care Ltd

Sensa Care (Havant)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Sensa Care (Havant) is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Sensa Care received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection sixteen people were receiving a regulated activity from Sensa Care.

People's experience of using this service:

- People were valued and respected as individuals and they were supported to be fully engaged in planning their care. There was an exceptionally strong ethos within the service of treating people with dignity and respect.
- The provider was committed to and passionate about providing a high-quality service where people were at the forefront of the service delivery. The service went the extra mile to ensure that care staff got to know the people they were supporting well and maintained a friendly and respectful approach within people's own homes.
- People told us they felt respected and supported by care staff and looked forward to their visits. One person said, "They make themselves part of our home and that's what I like, they are one of the family."
- Care was provided consistently and at the agreed times. People knew which care staff were supporting them each day and had a small team of people that they knew well, which contributed to building of meaningful relationships.
- We received exceptionally positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed.
- People told us they received safe care. People were supported by consistent and suitably trained staff.
- Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed.
- The management team kept in regular contact with people by visiting them in their homes, checking if they were happy with the service they received and if any changes were needed.
- The registered manager told us how important it was to the service, that people received high quality care and support, and how they were passionate about providing person-centred care to people when they needed it.
- The management team had quality assurance systems in place and there was a focus on continual review and development.
- The service worked well with other partners, organisations and commissioners.

Rating at last inspection:

The service was first registered with CQC in November 2017. This was the first inspection of the service.

Why we inspected:

This was a planned inspection based on when the service was registered with CQC.

Follow up:

There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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

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 exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Sensa Care (Havant)

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 undertaken by one inspector 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. The ExE had experience of care for older people and those living with dementia.

Service and service type:

Sensa Care provides support and personal care to people living in their own home. Not everyone required a personal care service and at the time of our inspection sixteen people were receiving personal care from Sensa care. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This is because the service is small and we needed to be sure that the registered manager would be available. Inspection site visit activity started on 27 March 2019 and ended on 29 March 2019. We visited the office location on 27 March 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information, we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- Nine people using the service.
- Two relatives of a people using the service.
- Five people's care records.
- The registered manager.
- The deputy manager.
- Audits and quality assurance records.
- Records of recruitment, training and supervision.

Following the inspection, we gathered further information from:

- Four care staff.

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.

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

- Staff had developed very positive and trusting relationships with people which helped to keep them safe. People confirmed with us they felt safe. Comments included, "Yes, I feel very safe with them, they know what they are doing" and "I know them well, so yes I feel very safe when they are here." One person's family member, when asked if they felt their relative was safe, said, "Very much so. This company is the best we have had so far."
- There were appropriate policies and procedures in place to protect people from abuse. Staff knew how to recognise and protect people from abuse. We saw records that confirmed that when abuse was suspected, staff took immediate action and reported concerns to the management team. One staff member said, "I would report any concerns to the manager and if I was still concerned would report to the local authority."
- There were robust processes in place for investigating any safeguarding incidents. Although there had been no incidents that required investigating since the service had been registered with CQC, we were confident that the management team and staff understood their responsibilities. There were systems in place so that any concerns would be reported to CQC and the local safeguarding team when needed.

Assessing risk, safety monitoring and management:

- Support was delivered in ways that supported people's safety and welfare. Risk assessments were in place that identified people's individual needs, any risks in their home environment and any healthcare conditions they were being supported with.
- Risk assessments included information on actions to take to minimise risks to people, including the use of any equipment. There was detailed information about the number of staff required and how to support people safely.
- People and relatives told us people were safe. Comments included, "Yes, I feel safe", "Yes, they [staff] know what they are doing" and "I feel very safe with them [staff]." A relative, when asked if they felt the service kept their relative safe said, "Oh yes absolutely."
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, staff described to us how they followed people's care plans and received updates about any important changes via a confidential electronic information system, sent to their mobile phones.
- Business continuity plans were in place to ensure that consideration was given to how people would receive essential support in an emergency situation.
- People's care plans detailed their individual risks in terms of priority needs during crisis situations. This meant that those assessed as having the highest need, would be prioritised to receive support.

Staffing and recruitment:

- There were sufficient staff available to people to meet their needs and keep them safe.
- People were supported by small teams of staff that they knew well. People referred to all the staff that

supported them by name and told us they always knew who was coming to support them. One person told us, "I always know when they are coming and who it will be." If staff were delayed, people told us they were contacted by telephone.

- The registered manager told us that short term staff absences were covered by existing staff members working additional hours. In addition, the registered manager and the deputy manager both provided direct support to people when needed.
- The registered manager and deputy ensured regular contact was maintained with people and they completed random unscheduled visits to people after staff had visited. This was to check that staff had followed the person's care plans and had stayed for the allotted time, completing records accurately. The deputy manager told us that staff knew they were expected to complete the agreed tasks but if they still had time, they should stay and talk to people and not rush off to their next visit.
- Staff were always introduced to people before they started supporting them and worked alongside more experienced staff before working alone with people.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- Systems were in place to ensure staff safety when working remotely. The service had a lone working policy in place which required all staff to make contact with the 'on call' staff member at the end of each evening shift. This helped to ensure the staff members safety.
- Assessments were also completed to identify any risks to staff, for example from pets, people smoking or busy roads when parking.

Using medicines safely:

- Where people received medicines as a part of their care support this was done safely.
- Staff had been trained to administer medicines and had been regularly assessed as competent to do so safely.
- People's care records included specific information about the level of support they required with their medicines, a list of prescribed medicines, including possible side effects and detailed information about who was responsible for administering and ordering medicines. For example, one person's care record showed that their relative administered their oral medicines, but care staff applied their prescribed topical creams, as required.
- Medication audits were completed each month. Records were well maintained and medication administration records (MAR's) had been signed as required.
- Where people had allergies to specific medicines, this was clearly identified. For example, one person was allergic to morphine and this was clearly marked in red on their medicines care plan.

Preventing and controlling infection:

- People were protected from infections.
- Staff had received training in infection control and had access to plentiful supplies of gloves and aprons. They were able to call into the office and get more stock as and when required.
- People and their relatives told us staff wore aprons and gloves when delivering personal care. One person said, "They always wear gloves and aprons; they are very good at what they do." A relative told us, "They wear gloves and aprons and dispose of them in the bin."
- There was an up to date infection control policy in place, which was understood by staff.

Learning lessons when things go wrong:

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a recurrence. For example, we saw one person's care record showed that they had burnt themselves whilst smoking in bed. This had been discussed with the person and their relative and it was agreed that staff would not give the person their cigarettes and lighter when they were in bed. Although, the person would like this to happen, the risks and reasons why were discussed with them and they understood this.

- Staff were informed of any accidents and incidents and these were discussed and analysed with staff where required.

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

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 needs were assessed prior to the service starting. This was to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Comprehensive checks of staff practice helped to ensure people received high quality care.
- People were involved in making every day decisions and choices about how they wanted to live their lives. One person told us, "Whatever I ask them [staff] to do, they do. They look out for me."

Staff support: induction, training, skills and experience:

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities.
- New staff were supported to complete an induction programme before working on their own. This included training for their role, shadowing an experienced member of staff and also being observed by the deputy manager or one of the directors, who worked as senior carer for the service.
- Staff had regular supervision and annual appraisals, which enabled the registered manager to monitor and support them in their role and to identify any training opportunities.
- All staff completed robust training which included: medicines, nutrition, moving people, infection control, fire safety, health and safety, food safety, first aid, mental capacity and safeguarding. Furthermore, additional training was provided for specific conditions when staff want to further develop their skills and knowledge. Staff received updates via email, to inform them when they needed to complete further training or if new training was available.
- One staff member said, "We get lots of training and I get an email to tell me when I need to book on my next refresher."

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

- Where required, people were supported with their meals in a way which ensured that they maintained their independence as much as possible. Healthy, balanced meals were promoted by staff.
- Staff had received training to ensure that when they prepared food and drink for people, this was done safely and maintained appropriate standards of hygiene.
- Where people had specific risks around food and drinks, this was clearly identified in their care plan. Nationally recognised screening tools were used to monitor people who were at risk of dehydration or poor food intake.

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

healthier lives, access healthcare services and support:

- The service supported people who had recently been discharged from hospital and worked closely with hospital staff to ensure the person had all the medicines and equipment they needed on discharge.
- Where people's health needs deteriorated, prompt action was taken to support people to access medical intervention, if required.
- Information about people's health needs was recorded in their care plan.
- Staff followed professional guidance. Information about people's specific care needs was shared with other agencies when people needed to access other services, such as hospitals.
- Where the delivery of people's care was shared with other providers, the service kept them updated of any changes to people's needs, any incidents or other information that would support the consistent delivery of their 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 were supported by staff that knew the principles of The Mental Capacity Act 2005. One staff member told us, "We get to know people and how they like things doing. We involve them in decisions about their care and support them to recognise risks if we need to." Another staff member said, "We always give people choices and spend time talking to them and involving them in making decisions."
- The service had a consent policy which clearly described what a person must be able to understand to be able to consent to their care. People signed to show they had consented to the support provided.
- No one using the service at the time of the inspection had been assessed as being unable to make decisions about their care. However, the registered manager and deputy clearly described how they would ensure care and support for people was provided in line with the MCA, should a person lack capacity to make certain decisions.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes.

- None were required for the people supported by the service when we inspected.
- Where people had lasting power of attorneys in place, this was recorded in people's care plans.

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 truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- There was a strong, visible person-centred culture. People were at the centre of everything the service provided. The provider's vision was to deliver care in a way that made people happy, whilst supporting them to be as independent as possible.
- The management team ensured that staff built and maintained open and honest relationships with people and their families.
- Individuality and diversity were respected consistently. This was achieved by identifying where people needed support. Staff had received appropriate training and were open to people of all faiths and belief systems. There was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.
- People were supported by a consistent team of staff. One person said, "I know all of the staff who help me. We always know when they are coming and the times of the calls are great, they let us know if the time changes or if we should expect a different person."
- Staff were motivated to deliver exceptional care which was embedded through the provider's values of compassion, integrity and professionalism. One member of staff told us, "I absolutely love working for Sensa Care, you can tell they [providers] really care. Staff have time to get to know people well and we can support them without rushing."
- People overwhelmingly told us how kind and compassionate the staff and management team were. Comments included, "They are beautiful, they are simply marvellous, I love them", "They are all extremely kind, I feel very lucky to have them", "They are like part of the family" and "It makes my day when they come in."
- People were supported by staff who went that extra mile to ensure they had the help they needed. One staff member had supported a person through the grieving process after their relative had died. They had helped the person to sort out their tenancy so that they were able to stay in their family home and had supported them to learn to cook, so they could be more independent. In addition, they had helped the person find work, which was one of the goals they had identified they wanted to achieve.
- The service demonstrated standards of care in a way that exceeded expectations. A relative of a person told us that staff showed them that they really cared about them when it was their wedding anniversary. They had received a card, which all their regular care staff had signed and the deputy manager had brought round a flowering plant. They said, "I was really overwhelmed by the kindness they all showed us."
- Staff demonstrated a real empathy for the people they cared for. For example, a staff member told us about a person who would have been on their own at Christmas. The registered manager had cooked an extra Christmas meal when they had made their own. They took this round to the person, so they could have

a proper Christmas dinner.

- People's communication needs were known so staff could adapt their support as necessary. For example, one person had hearing needs, and this was clearly documented in their care plan, along with support they needed to manage this, including reminding them to change hearing aid batteries.

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

- People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.
- Staff understood the importance of effective communication whilst maintaining confidentiality.
- People and their families or representatives were regularly asked for their views on their care plans and the delivery of their service. Comments received by the service included, 'Delighted with the care, each one [carer] has shown care and adaptability, I highly recommend' and 'Thank you for my care, you are all worth your weight in gold.'
- The deputy manager regularly visited people to seek their views, review if any changes were needed and check if they were happy with the service they were receiving. One person, when asked if they felt they were listened to, said of the deputy manager, "She's like a daughter to me, honestly she is so lovely, they all go above and beyond."
- A relative complimented the service stating, "They have changed times of visits for us to accommodate things like a hospital appointment. They are the most helpful agency."
- Staff encouraged people to explore their care and support options. Discussions about the support people needed to be able to stay at home or to choose residential or respite care, were conducted with care and sensitivity. When one person's anxiety increased, the service quickly responded and increased their visits. However, they also supported the person to plan for the longer term and consider what would be right for them. People benefitted from the provider's knowledge of additional sources or help and advice to contact health and social care professionals.

Respecting and promoting people's privacy, dignity and independence:

- People overwhelmingly told us staff were highly respectful of their privacy and dignity. Comments included, "They are very good at doing what they need to do to help me, whilst being friendly; they always talk to us and don't seem like 'carers'" and "Oh they [carers] are definitely polite and ask what they can do to help."
- One relative described to us how the service had ensured their loved one was safe and had the support they needed. They said, "A while ago I had an accident whilst I was out. My [Relative] was at home, I can leave them for a while. An ambulance was called for me. My son rang the agency and they came straight away to the house. It was a great reassurance to me that my [relative] was with people I trust." They added, "You can't fault this company."
- People were supported to maintain their independence as much as possible. Care records had detailed descriptions of people's needs and abilities and how staff should support them to maintain and regain skills. One person told us, "I never feel rushed at all. They are all very careful and give me lots of time."
- Staff had built positive relationships with the people they supported and regularly went above and beyond when people needed extra help. People's comments included, "They do the extra bits like sorting out flowers without me asking", "If I ask them to do something extra, which might be quite trivial, they oblige and say, 'you are welcome'" and "I have impaired vision so they help me read anything and to open tins."

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:

- Initial assessments were completed so that essential information was captured and the service was clear they could meet people's needs.
- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Detailed and comprehensive care plans were developed for people. Care plans contained person-centred information that focused on each person's individual needs and wishes.
- People told us that staff had outstanding skills and an excellent understanding of their individual preferences and values. One person said, "Whatever I ask them to do, they do; they look out for me."
- Care plans were frequently reviewed to ensure they remained relevant and reflected the progress people were making. For example, when people first started using the service, the management team phoned them or their family in the first week. This was to check that they were happy and the service was meeting their needs. In addition, the deputy manager visited people in their homes and reviewed and updated care plans to reflect any changing needs.
- Staff were responsive to people's changing needs and informed the management team promptly, so that support could be offered to contact external healthcare professionals or review the support the service provided. Reviews of people's care plans were completed at least every three months and when changes were identified.
- People and staff told us they could contact the management team at any time if they needed to. Staff told us there was always a senior person on call to assist and advise. One person told us how they had required emergency night time support. They had contacted the registered manager and this had been put in straight away. They said, "They have been amazing, I needed extra support and they went out of their way to make sure I had it."
- People's communication needs were identified, recorded and highlighted in their care plans. We saw evidence that communication needs were met for individuals. There was an Accessible Information Standard policy which staff understood.

Improving care quality in response to complaints or concerns:

- People knew how to contact the office to raise any concerns if they needed to. For example, one person told us, "I've got the number of the office but I am more than happy to talk with the [staff who support me] if anything is worrying me." Another person told us, "It's all open, no hidden agenda. What you see is what you get."
- People knew about the complaints systems and procedures in place. We viewed records of one minor concern raised by a person using the service. This demonstrated that the registered manager was open and honest in their approach and tried to resolve any issues promptly. The person felt listened to and was satisfied with the outcome.

End of life care and support:

- The service was not currently supporting anyone receiving end of life care. However, we were told about a person who had recently required urgent support when they were discharged from hospital. They had not been discharged home with the care and support they required or the equipment they needed to have their needs met at the end of their life. The registered manager was able to quickly assess their needs and implement the care they needed. In addition, the service had the item of equipment the person needed in their office. This had been used for staff training purposes. They went above and beyond to ensure that the urgent need for the equipment was met and delivered to the person's home. This meant that the person received the care they needed to have a dignified end of life.
- The service had specific end of life care plans that were used to capture people's specific needs and wishes at the end of their lives.

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

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

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

- The service registered with CQC in 2017 and had two providers, who actively worked in the service.
- There was a clear management structure in place. One of the providers was also the registered manager and the other provider was a senior care staff member and worked directly with people. In addition, there was a deputy manager.
- The management team were all actively involved in the service and demonstrated a clear passion for delivering high quality care to people in their own homes.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met. One staff member said, "As a team we work so well together and support each other."
- The management team had effective oversight of what was happening in the service, and when asked questions, were able to respond immediately, demonstrating a good knowledge in all areas.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, human rights, dignity and respect, sexuality, dementia care, complaints and whistleblowing.
- There was a robust quality assurance process which included audits of care plans, medicine administration, environmental audits and staff training.
- Spot checks were carried out on areas of the service such as medicines records and daily notes. Actions were taken where improvements were needed.
- Staff said there was a clear expectation from the registered manager for them to deliver a good quality service to the people they supported. One staff member told us, "I have been a carer for many years and this is the best company I've ever worked for, they [management] genuinely care and want to make sure people are happy." Another staff member said, "It is so caring and lovely to work for this service. They [management] go 100% to make sure people get what they need, they really care."
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

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:

- People and their families told us that the service was managed well. One relative, when asked if they felt the service was well run said, "Yes definitely, this company is the best we have had so far."
- There was a strong person-centred culture which kept people at the heart of the service. The service was based on the provider's values of compassion, integrity and professionalism.
- The registered manager and deputy manager regularly contacted people and visited them in their own

homes, to monitor the service they provided and to ensure people had the opportunity to raise any concerns or express their wishes.

- We were told by people that they felt listened to and the staff all genuinely cared about them. One person told us, "They [staff] are like part of the family." Another person said, "I think they are brilliant, they look after me very well." A third person told us, "They [staff] are very helpful and careful. They are very patient and naturally so, I have no complaints at all."
- People felt they could contact the management team if they needed to and they were responsive to their needs. One person told us, "I talk to [the managers] the same as I talk to the carers."
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred.

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

- Staff consistently told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "If I have any worries I can go to any of them [management team], they are very supportive." Another staff member told us, "The management really care and are easy to get hold of. They are a very good company."
- Feedback was gathered from people using the service and their relatives. One person had commented, 'You go out of your way to help me and send me people who are cheerful and full of personality.' A relative of a person had commented, 'Thank you so much for helping us look after our [relative]. You made it possible for her to be at home. We will always be grateful to you.'
- Staff meetings were held approximately twice a year, although the registered manager told us there were plans to increase the frequency of these. Staff views were regularly sought and they told us that they felt involved and were kept up to date with changes.
- Staff had access to the provider's electronic communication system. Information about any changes or updates were available to staff and they could also request training or ask questions to the management team.
- There was an open-door policy. People felt confident to contact the office to speak to staff about their care package. One person told us, "There is always someone in the office, unless it is out of hours, then you get the answer phone and someone gets back to you."

Continuous learning and improving care:

- The management team were dedicated to ensuring there was continuous development of the service.
- The provider engaged positively with stakeholders to help build seamless experiences for people based on good practice and people's informed preferences.
- Accident and incident reports were monitored by the management team. For example, when people had falls, their mobility assessments were reviewed and updated where needed. Any potential causes were considered and prompt medical intervention, such as seeking external healthcare professionals was arranged.

Working in partnership with others:

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- The deputy manager completed initial assessments of people and told us that they spoke to other professionals who knew the person, to determine what their care needs were and if the service could safely meet them.
- If the person required any equipment the service worked with health and social care professionals to ensure this was in place promptly.