Universal Care Services (UK) Limited

Universal Care Services Hinckley

Inspection report

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30 December 2019
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03 January 2020
04 January 2020
20 January 2020
21 January 2020
22 January 2020
27 January 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Universal Care Services Hinckley is a domiciliary care service providing personal care to 251 younger adults and older people with dementia, physical disabilities, mental health needs, sensory impairments and learning disability or autistic spectrum disorder.

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

People's experience of using this service and what we found
There was no registered manager in post. The provider had appointed an acting manager that had applied to be registered with the CQC. They supported the provider to monitor the quality of the service and ensure the regulatory requirements were met. Quality assurance systems and processes identified where improvements were needed and action was taken to address these. However, we found further improvements were required to improve call times, prevent missed calls, respond to calls to the office and the recording of medicines.

People told us they received their medicines as prescribed. However, staff did not always record medicines administration on the correct documentation. The service had identified this and acted to address it. However, further improvements were required including the implementation of an electronic Medicines Administration Record (MAR) whereby office staff would be alerted if medicines were not administered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff offered people choice's when delivering their care.

Staff knew how to recognise, and report suspected abuse. They had been safely recruited and had access to the training they needed to meet people's individual care needs. Staff had a good knowledge of people's moving and handling needs. Staff had access to personal protective equipment to minimise and control the spread of infection. Staff felt well supported by the management team.

People were supported to eat and drink enough by staff that knew their preferences and wishes, they ensured people had snacks and drinks available before they left their home. Staff contacted health professionals as needed and had received specific training to meet people's individual needs.

People were supported by staff that were kind and caring. Staff respected people's privacy and dignity and involved them in decisions about their care. Staff knew people's hobbies, interests, preferences and wishes. There had been improvements in the management of complaints. These were managed in line with the providers complaints policy. Some people found it difficult to contact the office to discuss their day to day

care needs or raise concerns.

Staff knew how to provide person centred care, and the information included in people's care plans about their likes, dislikes, hobbies and interests assisted with this. Staff enjoyed spending time with people.

The service understood their requirements in relation to duty of candour and were open and honest with us during our inspection. They worked with partner agencies such as commissioners and healthcare professionals to meet the needs of the people receiving care from the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (Published 29 October 2018) and there were breaches of regulation. Since this rating was awarded the service has moved premises and changed its name from Universal Care Services Nuneaton to Universal Care Services Hinckley.

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

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below	**Requires Improvement**

Universal Care Services Hinckley

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
This inspection was carried out by two inspectors.

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

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An acting manager was responsible for the day to day management of the service and had applied to become registered with the CQC.

Notice of inspection
We gave the service short notice of making calls to people. This was because we needed the service to seek people's permission for us to contact them and to provide people's contact details.

Inspection activity started on 30 December 2019 and ended on 27 January 2020. We visited the office location on 20, 21 and 22 January 2020.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 this information to plan our inspection.

During the inspection
We made phone calls to people and visited people in their homes. We spoke with 11 people and 12 relatives about their experience of the care provided. We spoke with twenty-two members of staff including the nominated individual, acting manager, operations manager, compliance manager, consultant, senior supervisor, care co-ordinators, supervisors and care staff. 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 twenty-three people's care records and multiple medicines records. We looked at ten staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies, procedures and audits were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included reviewing recent medicines audits. We received electronic feedback from two people receiving care.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess the risks relating to safe moving and handling. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Improvements needed to be embedded into the service delivery and sustained. Further improvements were planned.

- Staff had received training to use mobility equipment in people's homes. Most care plans included pictorial instructions of how to support people to mobilise safely. A person told us, "Staff are better trained now." A staff member told us, "I have had training, it got refreshed earlier this year." We saw feedback from a health professional that said. "I am pleased with the improvements you have made with care plans, especially the ones with moving and handling equipment."
- Risk assessments for falls, not eating and drinking enough, bed rails and specific health needs had been completed. Some risk assessments relating to people's specific health needs, required further information so staff could identify a deterioration in their condition.
- Where people used bed rails to reduce the risk of them falling from bed, there were no formal checks in place to check their safety. We discussed this with the manager who implemented a bed rail check form and added an alert to the electronic system to prompt staff to check bed rails.
- Most people told us staff wore their uniform and Identity badges.
- Environmental risk assessments had been undertaken and referrals made to the local fire service to provide guidance on fire safety or to fit smoke detectors.

Staffing and recruitment
At our last inspection the provider's call monitoring system was not fully effective in meeting the needs of the service and did not identify all missed calls. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Improvements needed to be embedded into the service delivery and sustained. Further improvements were planned to assist office staff in identifying all late calls to prevent missed calls from occurring.

● The provider had acted to improve call times. People told us staff timekeeping had improved since the last inspection, but they still experienced some late calls. A person told us, "Their timekeeping isn't too bad mostly." Relative's told us, "Weekends were a problem, but this has improved since August;" and "
"75-85% of the time they are ringing to let me know they are late, which is much better." A staff member told us, "Everyone pulls together, but sometimes we are late, particularly at a weekend."
● There had been a small number of missed calls identified by the provider. One person that had experienced a missed call said, "It worries me staff won't come. I wait half an hour then press my life line." Missed calls had arisen because of human error in responding to alerts from the call monitoring system. People had not suffered harm as a result. The provider had employed additional staffing to monitor staff logging in and out of calls, provided training, and had plans to implement a 'live dashboard' to enable earlier identification of late calls.
● Staff were not always able to stay for the duration of people's call as travel time had not been taken into consideration. A staff member told us, "All calls were back to back, I have started to put in travel time. It takes time, as I am having to add it for each call currently." The provider had employed a staff member to restructure the services rotas to include travel time between calls, improve the consistency of staffing, call times and reduce late calls. They told us these changes would be implemented by the end of February 2020.
● 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). Improvements had been made to test skills and knowledge.

Using medicines safely
● People told us they received their medicines as prescribed. However, records showed staff did not always record when they had given people medicines on their Medicine Administration Record (MAR), instead they recorded in people's daily notes. This meant people were at risk of not receiving their medicines as prescribed. This had been addressed by sending memo's to staff, increasing spot checks and taking disciplinary action. Audits identified further improvements were required, the provider had plans in place to implement an electronic MAR system in February 2020.
● Staff did not administer medicines until they had been assessed as competent to do so. One staff member said, "We have competencies checked every six months and spot checks."
● Some people were prescribed topical preparations such as creams. Body maps informed staff where creams should be applied. Best practice guidance was followed when people received medicines via a patch applied to their skin.
● Care plans directed staff how they liked to take their medicines such as 'positioned upright and with a drink of water.'

Systems and processes to safeguard people from the risk of abuse
● Most people felt safe receiving care from the service. One person said, "I am safe with the care staff." A small number of people raised concerns their key safe had been left unlocked by staff. The management team had sent pictorial instructions to staff of how to lock the key safe and reminded them to leave people's property secured.
● Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address concerns and make the required referrals to the local authority. For example, during our inspection a staff member informed the manager a person did not have any food at their home. The manager made a safeguarding referral and ensured food was purchased for the person.
● Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Preventing and controlling infection

● Staff had received infection control training and were aware of their responsibilities to respond appropriately to protect people from the spread of infection.
● Staff had access to personal protective equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong
● Staff knew how to report accidents and incidents. These had been analysed by the management team and action had been taken to mitigate against risks. The manager monitored accidents and incidents for themes and trends. These were discussed in monthly provider meetings where lessons learned were reviewed to drive improvements.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. This ensured information relating to their culture, religion, likes, dislikes and preferences were included in their care plans.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience
- People received care and support from competent and skilled staff. Improvements had been made to the training programme and staff provided positive feedback about this. One staff member said, "There is a new trainer, they are good and lots of things are being updated." Training for staff to refresh their skills had been booked. Plans were in place to provide training for fire safety and end of life care.
- New staff received a comprehensive induction including a four-day training programme and shadowing more experienced staff.
- Staff told us they felt supported by the management team and had individual meetings with them to discuss development needs and to review their performance.

Supporting people to eat and drink enough to maintain a balanced diet
- People's dietary needs were detailed in their care plans.
- Staff knew the support people needed to ensure they ate and drank enough. One person told us, "I asked [staff] 'can I have bacon and egg, have you got time?' [Name] said 'of course. that's what I am here for'." A staff member told us on their last call they had "Left [Name] with snacks and drinks of their choice."
- Records showed staff ensured people had enough food and drink available during their care calls and acted when they felt people may be at risk of not having enough to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
- People's oral care needs were detailed in their care plans, so staff knew how to support them to maintain good oral health.
- Contacts of healthcare professionals were detailed in people's care plans so staff knew who to contact regarding people's health and wellbeing if they had concerns.
- Referrals were made to healthcare professionals as needed. During our inspection we observed staff contacting healthcare professionals to ensure people's changing healthcare needs were attended to promptly.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Staff had received training about the MCA and knew how to support people in the least restrictive way possible. One staff member told us, "It's about people's well-being and ensuring people have as many choices as they can, asking people what they want and how, not just doing it."
● People's capacity to make decisions about certain aspects of their lives was assessed. However, there was a variance in the quality of these and best interest decisions were not always clearly recorded. We discussed this with the management team who told us further training was planned, to ensure these were consistently completed.
● Care records showed where people had appointed a lasting power of attorney for health and welfare or finance this was recorded, and copies were obtained.

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 requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The management team were passionate about improving people's care experience and had acted when people's care experience fell short of their expectations. Most people told us their care experience had improved and the provider had listened to their concerns and requests.
- People and regular staff had developed caring relationships together and enjoyed each other's company. A person told us, "Staff are very good, I always know them." A relative said, "We have welcomed into our home some lovely caring people [Name] looks forward to staff coming every day." A staff member told us, "I enjoy getting up in the morning and seeing the people I am caring for." Another staff member said, "I love my job, the interaction with people and knowing I make a difference in these people's lives."
- Staff knew what caused people to worry and how to support them as this was detailed in their care plan. One person said, "[Night carer] knows I worry about them getting home so sends a text when they are home." Another person said, "[Name of staff] pops me into bed and gives me a cuddle. They know me well."
- People's cultural and religious needs were detailed in their care plans. Staff were respectful to people of all faiths and beliefs.
- We observed kind and caring interactions between staff and people and observed office staff to respond to callers patiently and with empathy.

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

- Peoples views were sought through surveys, telephone monitoring calls and reviews. Information gained was used to improve people's care experience.
- People told us care staff offered them choices when they provided their care.
- 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. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.

Respecting and promoting people's privacy, dignity and independence

- Staff gave us examples of how they respected people's privacy and dignity. For example, keeping people covered and ensuring doors are shut. One staff member told us, "[Name] has a key safe, but likes you to knock for him to open the door." A relative said, "Most carers respect privacy and dignity."
- Staff spoke to people politely and referred to people by their chosen name. One person said, "They treat me as an individual, always call me by my name. I appreciate them getting to know me."
- People's independence was promoted. Care plans instructed staff how to support people to maintain their independence. A relative told us, "Staff help [Name] to mobilise. They try really hard to promote their

independence." A staff member told us, "I try and encourage people to do what they can."

● Staff understood the importance of keeping people's personal information confidential and secure. One staff member told us, "There is no discussing people in front of each other [staff]."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns
At our last inspection complaints were not always logged and were not used to improve the quality of the service. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16. Improvements needed to be embedded into the service delivery and sustained.

- People and their relatives told us at times they had difficulty getting through to office staff and in receiving calls back from a care supervisor. This meant they were not always able to raise concerns they may have relating to their care. An answer phone system had been installed to ensure calls were logged for staff to respond to.
- Complaints had been recorded and managed in line with the providers complaints policy. They had been responded to in writing within 28 days of being received.
- Most people that had complained told us improvements had been made because of their complaint. Relatives told us, "I can see that changes have been made and am happy that my [relative] seems very happy with their care too" and "Before this company took over staff were coming to me too late, they've listened, call times are when they should be now."
- One person had raised a complaint that two staff did not know how to use lifting and handling equipment. A senior carer was promptly dispatched to support the staff and stayed with them for care calls that day to observe and provide guidance regarding moving and handling.
- Complaints information was detailed in the 'service user guide' in people's care records. However, some people we spoke with didn't know where to find the complaints procedure. Records showed complaints information had been sent to people last year.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
- People's care plans were being reviewed and transferred to a new more personalised format. Those that had been reviewed with people, included information about their likes, dislikes, hobbies, interests and what to do if they were worried or upset. Care plans awaiting review were not always reflective of people's current needs. The provider planned to complete all reviews by March 2020. 76% of reviews had been undertaken. A relative told us, "[Names] care plan has been updated. I am very happy with it all."
- Care plans described how people wished for their care to be provided at each care call such as the order of putting their clothes on, how they liked drinks to be prepared and how they liked to be positioned in bed. They detailed how the person wished to be greeted when care staff arrived at their home.

● Staff told us updated care plans contained enough information for them to be able to meet people's needs and they had time to read them.
● People's preference for gender specific staff was recorded in their care plan. One person said, "It is always female carers, they [service] respect that."
● Co-ordinators told us they endeavoured to maintain consistency of care staff for people. However, there were times due to short notice absence, peak periods and weekends people may receive care from different people.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● The manager was aware of the accessible information standard.
● Staff knew how to communicate with people effectively as this was detailed in their care plans.
● Information could be translated to people's first language or larger print if required. One person's complete care plan had been translated to their first language to make it accessible to them and their family. A document containing important words and questions had been provided for staff to assist with communication.

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
● Some people were supported by staff to access activities of their choosing and to do their shopping, this assisted them to be part of their local community and reduce social isolation.

End of life care and support
●The service did not provide end of life care to people. However, they 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.
● Where people had 'Do not attempt cardiopulmonary resuscitation' (DNACPR), these were easily located in their care plans.'

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was not always consistent. Improvements needed to be embedded and sustained in practice to enhance the quality of care people received.

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

- The service did not have a registered manager in post. Providers are required to ensure a manager registered with the Care Quality Commission (CQC) is in place in locations where the regulated activity of personal care is carried out. The services acting manager had applied to become registered with the CQC. In the absence of a registered manager the provider was legally responsible for ensuring the service met the regulatory requirements.
- The management team undertook regular audits to monitor the quality, safety and standard of the service. Action had been taken where concerns were identified. Whilst improvements had been made, systems and processes needed embedding and sustaining to further improve timeliness of visits, response times when contacting the office, record keeping on MARs and to eliminate missed calls.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. One staff member said, "I feel supported and got carer of the month last month." Staff told us morale had improved and they appreciated regular 'motivational' emails from the manager.
- CQC's rating of performance was displayed and legally required notifications had been submitted to CQC

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

- People told us their care was not always delivered at the time they needed it. The provider had recognised this and planned further improvements to the electronic call scheduling and monitoring systems including the implementation of a 'live dashboard' for staff to view and a full review of staff rotas to improve consistency, call times and to include travel times. This needed to be implemented, embedded and sustained in practise to enhance people's care experience.
- We found the management team to be passionate about promoting a positive culture that was person-centred, open, inclusive and empowering. Records showed that poor practice was challenged and addressed.
- New care plans were person centred. Staff understood the need to treat people as individuals and respect their wishes.
- The management team had an 'open door' policy. Staff told us the management team were easy to talk to and they felt well supported. One staff member said, "[Name of manager] seems fair to me." We saw staff speaking with the manager throughout our inspection.

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

● The registered manager had been absent since May 2019. The acting manager was open and honest with us during our inspection and responsive to feedback.
● 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.
● The acting manager understood the regulatory requirements and their legal responsibility to be open and honest. A relative told us, "They realised a mistake had been made, apologised and rectified it. [Manager] has sorted things when they have gone wrong."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's feedback on their care experience was sought, through surveys, telephone monitoring calls and reviews. The management team had implemented an action plan to address concerns raised. This included implementing random test calls by management, reviewing office performance, notifying people of delays and closely monitoring complaints.
● The manager used complaints information to monitor themes and trends, these were reviewed during monthly senior management meetings and to inform the services improvement plan.
● The manager told us how they wanted to empower people and their relatives to become 'ambassadors' to help them to improve the quality of care provided, a relative had expressed an interest in undertaking this role.

Continuous learning and improving care
● People, staff, relatives and commissioners told us there had been improvements since the last inspection. One person said, "They are better now than they were the other year." Another person said. "It's a lot better, they contact you, the staff are well mannered, I've always had good staff." A staff member said, "Things are much better, there has been a big difference, communication is better." Another staff member said "A change in management has created a huge improvement in care…documentation and policies are so much better. Audits are in place. Even in last six months we have really stepped up our game."
● The services business improvement plans identified improvements required, including the improvements we identified during our inspection. Progress was reviewed weekly with the provider and monthly with the senior management team. Improvements planned included but were not limited to; increasing weekend on-call, restructuring calls, implementing electronic MARs, introducing a 'live screen' for alerts relating to calls and medicines.
● The provider had developed a recruitment and retention strategy and were reviewing its effectiveness with an external consultant. They had focussed on recruiting staff with the right skill set and were committed to retaining them.
● Concerns relating to staff performance were addressed in line with the providers policies and procedures to improve the quality of care being provided.

Working in partnership with others
● Staff worked closely with local commissioners and the safeguarding authority to ensure the service developed and the safety of people was promoted. The service had action plans in place with the local authority's quality monitoring teams and had demonstrated improvements against these.
● Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhance the health and well-being of people.