

SVM Care Limited

# Walfinch Harrow & Brent

## Inspection report

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16 May 2022

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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?	Good ●

# Summary of findings

## Overall summary

### About the service

Walfinch Harrow & Brent is a domiciliary care agency registered to provide personal care to people in their own homes. The services they provide include personal care, housework and prompting people to take their medicines. At the time of inspection, the service provided care to 19 people who received personal care. The Care Quality Commission (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:

People and relatives spoke positively about the care provided by the service. They told us they could rely on care workers to provide care safely. People were kept safe from abuse and harm, and staff knew how to report any suspicions concerning abuse. The service had systems in place to report and investigate concerns.

Risk assessments identified how potential risks should be managed to reduce the likelihood of people experiencing harm. Staff understood the risks to people and delivered safe care in accordance with people's support plans.

People and relatives told us that care workers were respectful of people's privacy and dignity. They were complimentary about how the service was managed and said that care workers were kind, warm and considerate.

People received personalised care from a small, consistent staff team who valued the relationships they had built with people. Care workers cared for people in ways which promoted their rights to independence.

Appropriate medicines management and administration processes were in place.

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.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

Staff worked with people, their relatives and other health and social care professionals to assess people's risks and plan and review their care. This included any support people may require to meet their communication needs. Systems were in place to take learning from any suggestions or complaints, should these be made.

Staff were competent and trained to carry out their roles. People and relatives expressed their confidence in the knowledge and skills of care workers.

The service was caring. We received positive feedback about the caring attitude and empathy shown by care workers. People were involved in planning and directing their own care and they were supported to remain as independent as possible.

Care plans were up to date and reviewed on a regular basis. Care workers supported people in line with their wishes.

Staff told us they were well supported by management. They were confident that management would listen and address any concerns if they raised them. Care workers spoke positively about morale and told us they felt valued working at the service.

Management regularly checked key areas of the care provided and used their findings to drive through improvements in people's safety and care.

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

Rating at last inspection and update

The service was registered with us on 7 April 2021 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our 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 well-led.

Details are in our well-led findings below.

Good ●

# Walfinch Harrow & Brent

## 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 team consisted of 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.

#### Service and service type

Walfinch Harrow & Brent is a domiciliary care agency registered to provide personal care to people in their own homes.

The service had a manager registered with the CQC. 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 two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 16 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager and the quality and compliance officer. We also met the office manager and care coordinator. We reviewed a range of records relating to the management of the service which were held electronically.

We spoke with two people who received care from the agency and ten relatives. We also spoke with six care workers. We looked at five people's care records and multiple medication records as well as records relating to the management of the service and the safety and quality of people's care. We also looked at records showing us how staff were recruited and trained, and compliments received by the service. We reviewed quality assurance records, policies and procedures.

We obtained feedback from two health care professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The care people received was safe and met their needs. One person told us, "They've [care workers] been fine. No trouble at all." One relative said, "Very safe, we are about so witness it. They take care with PPE. They are very attentive and careful to [relative's] needs." Another relative said, "[My relative] is perfectly safe. With these carers she can talk to them, there are no language barriers."
- Policies were in place to help keep people safe from abuse. These clearly described what constituted safeguarding and what action should be taken should concerns be raised.
- Staff completed safeguarding training. Care workers we spoke with were able to describe their role in keeping people safe and the importance of sharing information.
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised. She confirmed there had been no safeguarding concerns but was clear on what steps to take if an allegation was brought to her attention.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe. Risk assessments were robust and comprehensive and covered areas such as the environment, mobility, diabetes and skin integrity. These were person centred and included information about the level of risk and clear details of how to minimise the risks as well as the possible signs for care workers to look out for. These were reviewed and updated when people's needs changed so that care workers were provided with up to date information in order to provide care in a safe manner.
- Care workers were trained to support people safely. They had completed training in moving and handling, first aid and fire safety.
- All people and relatives we spoke with confirmed that care workers were punctual and there were no issues with lateness or missed visits.
- The service monitored care worker's timekeeping and punctuality using an electronic homecare monitoring system which operated on a real time basis. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call the care workers to ascertain why a call had not been logged and take necessary action there and then if needed.
- We saw evidence that management reviewed call logs to ensure they had oversight and used these to identify areas in which they could make improvements.

Using medicines safely

- The service managed people's medicines safely. At the time of this inspection, the service assisted seven

people with medicines support. People's medicine support needs were clearly documented in their care plan and included a list of medicines prescribed, how and when they should be administered.

- A comprehensive medicines risk assessment was also in place for those that required medicines support. This identified potential medicines related risks and detailed the action to take to control this.
- There was an electronic medicine recording and monitoring system in place. This enabled care workers to record medicines administration electronically. We looked at a sample of Medicine Administration Records (MAR) and found no unexplained gaps indicating that medicines had been administered as prescribed. Prescribed creams had details of where to apply and how often.
- Care workers had completed medicines administration training and had their competency assessed.

#### Staffing and recruitment

- Policies and procedures were in place to ensure that care workers recruited were assessed as safe to work with vulnerable adults.
- The service completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager explained that the service would only take on further clients if they had sufficient numbers of care workers employed.

#### Preventing and controlling infection

- We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Systems were in place to ensure people and care workers remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
- People received care in a way that minimised the risk of infection. One person said, "They always wear gloves, aprons and covers on their shoes." One relative told us, "They are good with hygiene. They wash hands, they are well trained."
- Staff had received training about infection prevention and control including COVID-19. Care workers told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.
- Management monitored care worker's compliance with infection control policies and procedures as part of their monitoring checks.

#### Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- The registered manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. Lessons learned were shared with care workers to improve the service and reduce the risk of similar incidents.
- Care workers were encouraged to discuss any safety concerns and review these at meetings. This was to ensure information was openly shared so that people's care would continue to improve in response to any concerns they may arise.
- Management ensured incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started to receive care from the service, a comprehensive consultation was carried out by management to ensure people's needs could be met. People had been involved in identifying their care needs and preferences. Where people wanted this, the views of their relatives had also been considered before they started to receive care from the service.
- A detailed care plan was created following the assessment process. This included clear information about what care people needed. Care plans demonstrated that people's needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Care workers were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- The registered manager engaged with health and social care professionals and referred to guidelines and the law which ensured staff provided care to people in line with best practice.

Staff support: induction, training, skills and experience

- People received effective care because care workers were supported in their roles. People and relatives were complimentary about the skills and knowledge of care workers. When asked if they were confident care workers had received appropriate training, one relative told us, "I'm very confident, because the carer I've had doesn't say what do I do or ask me to help. I haven't needed to give them training." Another relative said, "So far, I've had no reason not to be confident. They are really knowledgeable."
- Staff underwent a comprehensive induction programme when they started work. Follow up checks were completed until new care workers felt confident to undertake their roles on their own. Staff were trained in various aspects of their roles and the registered manager checked their understanding and application of their knowledge. The registered manager told us, "Compounding their [care workers] training and knowledge is important." Training records showed staff were up to date with their training.
- Staff spoke positively about the training they received. One care worker told us, "The training is fantastic."
- Staff received supervision which enabled them to discuss their concerns, progress at work and share their ideas for improvements.
- The system of recording induction, supervision and spot check notes for care workers was detailed and showed staff's learning which enabled monitoring of their performance.
- Care workers spoke positively about working at the service and told us that they felt supported by the registered manager and their colleagues. One care worker told us, "[The registered manager] is very supportive. She has always supported me and is very friendly." Another care worker said, "Management are absolutely supportive. Massively supportive."

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

- People received support with their meals and drinks when required. One relative told us, "They give [my relative] plenty of drinks and juice. When she's having a meal, they sit next to her and prompt her to eat." Another relative said, "I buy the vegetables and they give her a choice. They cut the fruit up for her for the day, they ask what she likes. They clean up after her, they leave the kitchen as I leave it in the morning."
- Care plans included details of people's needs, including their preferences and special dietary needs.
- Where the service had concerns people may not be having enough to eat or drink they monitored this, and developed plans to support people appropriately.

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

- People received the support they required for healthy living and to access healthcare services for their well-being. The service worked closely with people and their relatives where appropriate to help them manage their health concerns. One relative told us, "They are very good, for example [my relative] had swellings in her legs and the carers quickly alerted us. They are quick to point things out." Another relative told us, "They keep an eye on [my relative's] weight, they weigh her on a weekly basis and feed it back to the care manager and to me. There's always a three-way conversation. [My relative] has heart failure and they know signs to look for, such as swollen feet. [My relative] injured herself in the garden, the carer noticed her feet were swollen and was concerned it might have been a sign of her heart failure and reported it."
- Detailed daily records of people's health and well-being were in place. Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.
- The registered manager gave us examples which showed how the service had worked jointly with other health and social care professionals such as district nurses, so people's health needs could be fully explored, and plans developed to consistently care for them. This helped to ensure people enjoyed the best health outcomes possible. One relative told us, "It just takes the organisational pressure away from me. They're well trained, know the regulations and they look after [my relative]. They refer to other agencies, they know what [my relative] should be entitled to. For example; they got [my relative] an assessment for pull-ups and she now gets them. They had the fire service around for an assessment, resulting in fire alarms being provided."
- Feedback we obtained from health care professionals was positive. One health care professional told us, "[The registered manager] communicates and discusses client's needs to other MDT such as GPs, the CCG, District nurses and palliative care nurses. [The registered manager] also reports to us and nurses if the client's condition changes and if they need symptom control. [The registered manager] works collaboratively with other professionals and get involved in case meetings." Another health care professional told us, "We have good communications as a multidisciplinary team and the agency feeds back any concerns for us to deal with, regarding patients and if their condition is deteriorating. The agency is very pleasant to work with."

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. 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.

- People made decisions about their care and care workers respected the choices they made. One person said, "They ask me how I feel. I'm very happy with the situation." One relative told us, "I noticed they always

greet [my relative] and ask what he would like to do. 'Would you prefer', whatever he wants they follow."

- People were encouraged to express their wishes and preferences, and the service would adapt their approach to meet people's needs.
- The registered manager and care workers we spoke with demonstrated sound knowledge and awareness about MCA and its principles. Care records showed staff understood how to support people with their health needs when these were reasonably straightforward or complex.
- Staff received training in understanding the MCA legislation and its implications for people. Training records confirmed this.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with the care and support they received. Feedback we obtained was consistently good. One relative said, "I'm very delighted with them. I can only give them ten stars for everything. The company is brilliant, they cover all our needs. From a reliable point of view its brilliant. They have done an absolutely amazing job." Another relative told us, "One carer in particular who [my relative] relates well to is really brilliant and understands her needs, what she likes. She is happy with all four carers."
- People and care workers were matched together based on their personality and interests so that they built positive meaningful relationships. This was confirmed by people and relatives we spoke with. One relative told us, "They are the same culture and speak the same language, therefore [my relative] feels comfortable with them." Another relative said, "[My relative] always wants a female carer and someone who can converse in her language as she doesn't speak English. That's most important, that happens."
- Wherever possible, people were provided with consistent staff who got to know them, and those important to them well. This resulted in positive communication between people, relatives and staff and helped to ensure people received care that was personalised. One relative told us, "We get a fairly consistent team of carers. Most of them are all lovely. I haven't found a bad one yet. [My relative] gets on well with them all." Another relative said, "Normally its good, sometimes they have to change, they do try to stick to the same couple [care workers] so that [my relative] doesn't get confused."
- Staff upheld people's equality and diversity and ensured their practices were inclusive and did not discriminate against any person using the service. This included respecting people's individual needs that related to disability, gender, ethnicity and faith such as wearing foot covers where required.
- Staff completed equality and diversity training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like and helped them make sure people were always treated fairly.

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

- People and their relatives were supported to express their views and be involved in making decisions. One relative said, "[My relative] has filled a questionnaire as well, so they know how to improve it. [My relative] is not apprehensive that he can't speak to them."
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The registered manager obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs. One relative told us, "[The registered manager] has a call with me every couple of weeks to provide that opportunity." Another relative said, "They do, we get follow up calls, visits. 'How is your service?' It's asked regularly."

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

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care workers informed us that they always prompted people to carry out personal care tasks for themselves.
- Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback indicated that care workers were always respectful of people's privacy and dignity.
- Staff knew how to uphold people's privacy and kept information about people confidential. They said they shared with others on a need to know basis as appropriate.
- People were supported in a manner that enabled them to maintain their existing skills and to develop new ones to keep their independence as far as practicable. Staff knew about what tasks people could do on their own and the areas they required support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences. Feedback indicated that care and support provided was tailored to people's individual needs.
- People had choice and control over how their care and support was provided. This helped to ensure people received support that was personalised and tailored to their needs.
- Care plans were person centred and focused on people's care, medical and social needs and how they wished to be supported.
- Care workers told us management communicated with them regularly about people's changing needs and the support they required. One care worker said, "Communication is good. [Management] keep us posted. They engage with us."
- Systems were in place to ensure any changes in people's care needs and planning arrangements were promptly communicated to staff, so people would continue to have the care they wished.

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.

- People's communication needs were assessed and included in their care plans which enabled staff to provide appropriate support to people.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.
- Records showed effective communication between people and staff as the information was presented in a format they understood.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that management were approachable and people felt able to raise concerns. All people and relatives we spoke with told us they didn't have any complaints at that time. One relative said, "No complaints. I'm pretty sure we would know how, there is a complaints procedure on the

file." Another relative told us, "I gave feedback as I had an issue with one of the carers using her mobile phone. They addressed it straight away and had a generic meeting with the carers, reminding everyone of the code of conduct. The care manager said she valued my feedback. "

- At the time of the inspection, the service had not received any formal complaints since registered with the CQC. The registered manager explained that she welcomed feedback from people and relatives.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care from the service.

- People's end of lives wishes were discussed and recorded for each person if they chose to share their views.

- The registered manager knew how to access resources to ensure people were supported to receive appropriate care at the end of their lives.

- Care workers had completed end of life training and we saw evidence of this.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives commended the running of the service. One relative said, "Very well organised. They seem to have someone leading and want to do things in a professional way. No issues in how it's being run." Another relative told us, "It's really well managed. My whole experience, the response, the care and [registered manager]." Another relative said, "Very organised, it is an excellent service. I think other care services should learn from them."
- Staff told us they enjoyed working at the agency and felt valued. Staff were happy with how they worked collaboratively as a team. Care workers were provided with various tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment. One care worker told us, "Management work with us. They are perfect. This company is a great place to work." Another care worker said, "This is a good care company. They are very engaging. They actually care about you as a staff member."
- The registered manager emphasised the service's vision which they shared with staff to ensure people received individualised care in a safe, effective and caring manner. The registered manager spoke passionately about the service and growing responsibly whilst ensuring management had clear oversight of the running of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management had overall oversight over how the service operated. Weekly and monthly audits and checks were carried out by the registered manager. These included checks on MARs, punctuality, care planning, daily records, staff recruitment, training, accidents and incidents. The regional quality and compliance manager carried out quarterly audits looking at the overall running of the service. This was an additional level of checks to encourage and drive improvement.
- The registered manager encouraged care workers to share feedback with her. Staff performance was monitored through regular one to one supervision and spot checks. Care workers were given an opportunity to complete a staff survey at regular intervals. Care workers also had wellbeing meetings with management. This enabled them to discuss how they were feeling and access other support where required. One care worker told us, "Management are eager to get feedback and always listen."
- Valuing staff and their contribution to the service was important to the registered manager. She explained that they did various practical things to show staff how much they were valued. This included a 'carer of the month' award and arranging discounts and support for care workers from local business such as gym

membership.

- Care workers we spoke with told us the registered manager encouraged them to develop their knowledge and skills and offered further training and opportunities to progress within the service. One care worker told us, "The support they give is really good. They encourage development of skills and growth. The management are very supportive. They have helped me grow and gain confidence in care. I commend them for that." Another care worker told us, "They do give opportunities to develop and look out for their staff."
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism. Care workers we spoke with confirmed this.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.

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

- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.
- People and relatives spoke positively about the registered manager. They were confident the registered manager would discuss any concerns they had and improve service delivery. One relative said, "It's very reliable, it's got a very nice culture from [the registered manager] down. It's warm, empathetic, she knows who to employ. She has got it just right, taking into account of what we want." Another relative said, "[The service] meet all [my relative's] needs. The manager and carers make up the team, it's excellent."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to provide the feedback about the quality of service they received through regular meetings, telephone interviews, surveys and quality assurance checks. They said the registered manager had an open-door policy which allowed them to discuss care at any time.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.
- Where required, the service communicated and worked in partnership with external parties.