

Apex Prime Care Ltd

Apex Prime Care - North West Surrey

Inspection report

Mitchison Court
Downside
Sunbury-on-Thames
TW16 6RX

Tel: 01932765696
Website: www.apexprimecare.co.uk

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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

Apex Prime Care North West Surrey provides personal care and support to people living in Mitchison Court, an extra care housing scheme comprising 39 one and two-bedroom flats. Mitchison Court has a communal lounge, restaurant, laundry facilities and gardens.

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.

The service was supporting 23 people at the time of our inspection, 15 of whom received personal care.

People's experience of using this service and what we found

Staff were kind and caring and knew people's needs well. People got on well with the staff who supported them and looked forward to their visits. Staff respected people's decisions and choices about their care. People's views about their care were listened to and acted upon. People knew how to complain and felt able to raise concerns if they were dissatisfied. 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 had been put in place to manage any risks involved in people's care. Staff attended safeguarding training and had taken appropriate action if they suspected people were at risk of abuse. The provider carried out pre-employment checks to ensure staff were suitable for the work they did. People were protected from the risk of infection because staff followed good practice in infection prevention and control (IPC). Staff managed people's medicines safely. Staff had the training and support they needed to carry out their roles and to provide people's care in a safe way.

People's needs were assessed before the agency provided their care. Personalised care plans were developed from these assessments, which contained guidance for staff about how people's care should be provided. Staff monitored people's health and took appropriate action if people became unwell. People were supported to eat meals of their choice and to maintain adequate nutrition and hydration.

The registered manager and the management team provided good leadership by example in their attitudes and behaviours. Staff communicated effectively with one another and worked well as a team to ensure people received the care they needed. The agency's quality monitoring systems helped the management team maintain an effective oversight of the service and to ensure people received safe, consistent care. The management team worked well with other professionals involved in people's care and support.

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

Rating at last inspection

The registered provider of this service has changed since the last inspection. The last rating for the service under the previous provider was good, published on 3 January 2020. The service was registered under the current provider on 13 May 2021.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 ●

Apex Prime Care - North West Surrey

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service, their relatives and staff.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats in an extra care housing scheme.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short notice period of the inspection because we needed to ask the registered manager to send

us information and to obtain people's consent to receive a telephone call from us.

Inspection activity started on 14 July 2022 and ended on 20 July 2022.

What we did before inspection

We reviewed information we had received about the service since its registration, including notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager via Microsoft Teams about how the service was run.

We spoke with six people who used the service and three relatives to hear their feedback about the care the agency provided. We received feedback from four professionals who had worked with the service and from 10 staff about the training, support and information they received.

We reviewed information sent to us by the registered manager, including care plans and risk assessments for four people, recruitment records for three staff, training records, accident and incident records, quality audits, the summary of the most recent quality survey, meeting minutes, and the agency's business continuity plan.

Is the service safe?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People said they felt safe with staff and relatives were confident staff provided their family members' care in a safe way. One relative told us, "[Family member] needs two carers to get him out of bed, put him on the shower chair, and to help with toileting. They certainly do it safely." Another relative said of their family member. "She is safe with them."
- Senior staff had carried out assessments to identify and manage any risks to people in areas including moving and handling, skin integrity and medicines. If risks were identified, guidance was provided for care staff about how to minimise them.
- Accidents and incidents were recorded by staff and reviewed by the registered manager to identify themes or actions which could be taken to reduce the risk of further incidents. The agency had a business contingency plan to ensure people would continue to receive their care in the event of an emergency.
- Staff told us the registered manager encouraged them to be open and honest if mistakes were made, which ensured learning took place from incidents. One member of staff said, "[Registered manager] promotes transparency and for anyone who make mistakes, she provides the support to ensure the shortfall is understood and rectified. I feel I can speak to [registered manager] about anything without judgement." Another member of staff told us, "I have never felt I cannot share anything with [registered manager] even if I have done something wrong because instead of it being a negative, she always gives me the tools to learn and improve."

Systems and processes to safeguard people from the risk of abuse

- Staff attended safeguarding training and the registered manager used team meetings to remind staff about their responsibilities in protecting people from abuse. Staff knew how to report potential abuse and said the registered manager had taken action if they raised concerns. One member of staff told us, "If we had any concerns about a client we would report immediately to our supervisors. This then gets escalated to our manager, who then speaks to whatever agency needs to become involved. We had a concern about a client and his safety, we reported this to [registered manager] and as a result the appropriate agencies were contacted." Another member of staff said that, when one person was at risk of abuse, "[Registered manager] was effective in contacting social services and the police to move forward in order to protect our client and to keep them safe."
- Professionals confirmed prompt action had been taken to protect people at risk of abuse. One professional told us, "One resident demonstrated signs which raised concerns due to suspected financial abuse. The care management team and multi-disciplinary teams had meetings to discuss what safeguarding measures needed to be implemented. The outcome of this was a court injunction put in place to safeguard the resident and help to protect them from any further abuse from the individual."

Staffing and recruitment

- The agency had enough staff with appropriate skills to ensure people received a safe and reliable service. The provider information return (PIR) set out how the agency ensured there were sufficient staff with the right skills before accepting new packages of care. The PIR stated, 'Before any new package is taken, we ensure we can safely accommodate and facilitate the package with the staff we have. If a package has specific requirements that we cannot facilitate we are very open and honest about the situation.'
- People had access to support in an emergency via a call system, which they said was reassuring to them. One person told us, "I know that if I needed them, I could use my buzzer." Another person said, "I used the on-call when I had a fall and they came up and rang the ambulance."
- The provider made checks on prospective staff to ensure they were suitable for their roles. This included obtaining proof of identity, references and a Disclosure and Barring Service (DBS) certificate. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- People said staff helped them manage their medicines safely. One person who received support with their medicines told us, "They make sure I take my medicines on time." Another person said, "I do my own medicines but they always ask if I have taken it."
- Relatives confirmed staff supported their family members to take their medicines when they needed them. One relative told us, "They give [family member] her tablets morning and evening. That works well." Another relative said, "They do [family member's] medicines safely. They write on the medicines administration sheet every day and they put it in the log as well. I find that very useful as a relative."
- Staff attended training in medicines management and their competency was assessed before they were authorised to administer medicines. Staff practice was also assessed during spot checks and administration records were audited regularly.
- If staff supported people with medicines, a care plan was put in place detailing the reason for the medicine was administered, dosage and any potential side effects.

Preventing and controlling infection

- Staff received training in infection prevention and control (IPC) in their induction and wore personal protective equipment (PPE) when they carried out their visits. Professionals told us there were measures in place to protect people from the risk of infection, including the risks associated with COVID-19. One professional said, "Covid guidelines are still being implemented in Mitchison Court, such as all staff and visitors are wearing face masks in and around the building and there are hand sanitising stations throughout the building."

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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 needs had been assessed to ensure staff had the relevant skills and training to provide their care safely and effectively. People's preferences about their care were sought and recorded during their assessments.
- Regular reviews were carried out to ensure people's care continued to reflect their needs and preferences. A member of staff told us, "The management team takes on a package of care and ensures that a thorough assessment is completed prior to the package of care starting. [Registered manager] ensures that our assessments are person-centred and they are always being reviewed to make sure that the client has as much say as possible into the care they are receiving."

Staff support: induction, training, skills and experience

- Staff had an induction when they joined the agency, which included working alongside colleagues to get to know people and their preferences about their care. Staff told us the induction process was thorough and had given them all the information they needed to carry out their roles. One member of staff said, "Whenever first starting at a care company you are unsure of the clients and their needs. I felt very supported with being shown the systems, care plans, risk assessments and policies. [Registered manager] also introduced me to most of the clients so I could get an understanding of each of their needs and a feel for the person." Another member of staff told us, "I was booked in for shadowing before my shifts began to be able to meet our clients to get to know them and to build a rapport with them."
- Staff attended the training they needed for their roles, including regular refresher training. Staff told us the registered manager responded to any requests for additional training. One member of staff said, "I have had all the relevant training required to successfully meet the needs of all our clients. If I require any further training or information, I can contact [registered manager] and her team to be able to access the relevant sources." Another member of staff said, "[Registered manager] ensures that all team members are up to date with their training and is always open to speaking with you to find out if there are any areas that you are struggling in."
- Staff had regular supervision sessions with their line managers, which enabled them to discuss any support or further training they needed. One member of staff told us, "I have regular supervisions with my line manager to speak about if I require any support with my workload and to have a wellbeing check. [Registered manager] is supportive during these meetings and asks if there is anything further she can do to support me at my job." Another member of staff said, "I have had supervisions with [registered manager] and we discuss how I feel I am doing and go through how I could do better and where my strengths lie. I know these are an opportunity for me to discuss any concerns I might have. We talk about any training I

would like and discuss how we could accommodate that."

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.

- People's care was provided in accordance with the MCA. People were asked to sign their support plans to record their consent to their care. People's capacity to make decisions had been assessed where necessary and there were procedures in place to ensure decisions were made in people's best interests if they were unable to give informed consent.
- People told us staff asked for their consent before providing their care on a day-to-day basis. Relatives said staff respected their family members' decisions about their care. One relative told us, "[Family member] will quite happily say no if he doesn't need the care and they respect that."

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

- Staff supported people to make choices about the meals they ate. Most people said they had stocks of ready meals which staff prepared for them but told us staff cooked light meals for them if they wished. One person said, "I have one visit in the morning for breakfast and another in the evening for tea. They will do me whatever I fancy." A relative told us, "[Family member] will usually choose a ready meal but they will do an omelette or scrambled eggs or beans on toast for him."
- People's needs in relation to nutrition and hydration were discussed at their assessments and recorded in their care plans. Relatives said staff ensured their family members ate enough to maintain adequate nutrition. A relative whose family member's appetite was poor told us, "They encourage [family member] to eat. They are good at offering alternatives, especially if he is reluctant to eat."
- Relatives and professionals told us staff supported people to stay hydrated, especially during hot weather. A relative said, "They have been making sure [family member] drinks plenty of water." A professional told us, "Due to the hot weather currently being experienced, the care team are ensuring that during every visit there is plenty of fresh water available to the residents which is easily accessible."

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

- Relatives told us staff were observant of any changes in their family members' healthcare needs. They said staff took appropriate action if their needs changed. One relative whose family member was diabetic said staff monitored their family member's blood sugar levels and wellbeing. Another relative told us staff communicated with healthcare professionals on their family member's behalf to ensure they got the treatment they needed. The relative said, "[Care coordinator] did that recently. She had rung the surgery in the morning about her legs and when they hadn't called back, she chased them up and sorted it out."

- People's healthcare needs, including the support they needed to maintain good oral health, were considered at their assessments and detailed in their care plans.
- Professionals told us staff worked effectively with them to help people maintain good health. They said staff highlighted any concerns about people's health promptly. One professional told us, "The agency report any concerns or issues immediately to be actioned." Another professional said, "They are prompt to request home visits for medical assessments when required."

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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 told us staff were kind and caring. They said they got on well with their care workers and looked forward to their visits. One person said, "They are very friendly. They all have a chat with me when they come. I get on well with them." Another person told us, "They are all so kind. One of the girls gave me six plants to put on my balcony."
- People said staff were helpful and attentive to their needs. One person told us, "They are ever so helpful; they will do anything I ask of them within reason." Another person said of their regular care worker, "She is as good as gold if I need anything."
- Relatives spoke highly of the caring nature of staff. One relative told us, "We know [family member] is in good hands and that he is with people who care. It is not just a job to them; they are there because they genuinely care." Another relative said of staff, "They are a great bunch; they cannot do enough for [family member]. They look after her really well."
- Professionals provided positive feedback about the attitude and approach of the agency's staff. One professional told us, "The care workers display friendly and attentive attitudes towards the residents and seem very passionate about providing good care." Another professional said the agency employed, "Friendly, patient and dedicated care workers."
- When we asked staff what the agency did well, they highlighted the compassion and caring nature of their colleagues. One member of staff told us, "I feel that our standard of care is very good. We do care. You need to have some compassion to do this job and I feel we all have this." Another member of staff said, "Our care workers are compassionate and caring and they work hard to commit themselves to making sure that they can be the best they can be for our clients and our company."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff listened to their views and respected their choices about their care. Relatives said their family members received consistent care from staff who knew their needs and preferences. One relative told us, "[Family member] sees the same staff most days. It is a nice steady routine for her. They all know her well."
- People told us staff maintained their privacy and relatives said staff treated their family members with respect. One relative told us, "They treat [family member] as a person, not based on his health conditions or as someone with a disability. They never treat him like a child." Another relative said, "They try to be as mindful of [family member's] dignity as possible. If she is not ready to do something, they say, 'Okay, we will come back in five minutes.' I appreciate that they do that."

- People told us staff supported them to be as independent as possible. This was confirmed by relatives, one of whom told us, "They let [family member] try and do things for himself until he asks for help." Another relative said, "[Family member] lost her mobility while she was in hospital. Since she has come out, they have encouraged her to start walking again, which is really good for her."

Is the service responsive?

Our findings

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

At our last inspection under the previous provider we rated this key question good. The rating for this key question has remained 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

- Relatives told us their views and those of their family members had been taken into account when care plans were developed. One relative said, "We had meetings with social workers about [family member's] care plan. The Apex managers were there too. I felt we were involved in the process and our views were listened to."
- Professionals said care plans were person-centred and that staff provided care that met people's individual needs. One professional told us, "I feel the residents are fully supported by the care team and their needs are being met. There are person-centred care plans and risk assessments in place in each resident's home. All care staff are encouraged to familiarise themselves with the resident's individual care needs."
- Staff told us care plans provided all the information they needed to provide support that reflected people's needs. They said the office team updated them about any changes to people's needs. One member of staff told us, "The care plans are very well written with a lot of information. I also get briefed by the office and, if things change, the lines of communication are very open to let us know." Another member of staff said, "[Registered manager] and the office team work closely with the care workers to regularly review how care is being delivered to our clients and to make sure that it is achieving the outcomes set during the assessment and within the support plan."
- The agency's management team had given consideration to how people's social and emotional needs could be met. Many of the facilities people enjoyed prior to the COVID-19 pandemic had closed during lockdown and not reopened, which had reduced the opportunities people had to socialise with others. Relatives told us the care coordinator planned to introduce regular social events, which they said would be beneficial for their family members. One relative told us, "[Care coordinator] has got some good ideas about using the space there. She is trying to get people together, to arrange a social, which would be good for [family member]. [Family member] is excited about it." Another relative said, "[Care coordinator] has a new initiative to start up a weekly get-together for the residents, which I think is fantastic."
- Relatives told us the agency responded to requests for changes to accommodate their family members' needs wherever possible. One relative said, "They were coming too late to give [family member] her medicines. I spoke to [care coordinator] about it and she said they would re-plan the rota to make sure [family member] got her medicines on time." Another relative told us, "[Family member] will ask them if they can come early if she is going out and nine times out of ten they will."

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 initial assessments took the AIS into account and recorded how people preferred information to be provided. The registered manager told us information could be supplied in large print and other accessible formats if necessary.
- Any specific communication needs were recorded in people's care plans and staff ensured they communicated with people in ways that were accessible to them. For example, one person used a white board to write and receive messages. Another person had a hearing impairment and sometimes preferred information to be communicated via text message.

End of life care and support

- People were asked during their initial assessment whether they wished to record their wishes about their care towards the end of their lives in an advance care plan.
- No-one using the agency was receiving end of life care at the time of our inspection. The registered manager said the provider's training team would provide specific training in end of life care if necessary.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was provided to people when they began to use the service. People and relatives told us they knew how to complain and said they would feel comfortable raising concerns if necessary. One person told us, "They are very good to me. If they were not, I would complain. I know how to do that. I make sure my voice is heard and they do listen." A person who had complained in the past said they were satisfied with how their complaint had been dealt with. The person told us, "They found out what happened and apologised."

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 our last inspection under the previous provider we rated this key question good. The rating for this key question has remained good. This meant 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; 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

- People who used the service, relatives and professionals said the agency was well-managed. A relative told us, "[Registered manager] is a good manager. She is very helpful and approachable." One professional said, "I believe [registered manager] is managing the service very well. She is actively involved in communications with adult social care." Another professional told us, "It is very well run. The office team are all very helpful. Email responses are efficient and effective. I am always able to call if a response is required urgently."
- The agency had effective quality monitoring systems, which helped ensure people received safe and effective care. Key areas of the service were audited regularly, and spot checks were carried out to ensure staff were providing good quality care.
- The registered manager was aware of their responsibilities under the duty of candour and the need to act in a transparent way if concerns were raised. The registered manager had ensured CQC was notified about any significant events.

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

- The agency's management team provided good leadership by example in their attitudes and behaviours. One relative told us, "[Care coordinator] is fantastic; we have never had someone who is so caring. [Registered manager] is lovely; she is very caring too." Another relative said, "The management are very good. When [family member] was not well, they contacted me to let me know and when I got there, they were there sitting with him waiting for the ambulance. That was nine o'clock on a Friday night."
- Staff told us the registered manager modelled a caring and compassionate approach in their work. One member of staff said, "[Registered manager] has been so supportive since she has arrived. You can see the compassion and care she has for all staff and residents. We are very fortunate to have her as our role model." Another member of staff told us, "[Registered manager] spends a lot of time giving guidance to all the clients. She really cares about everyone in this building. She is a support to everyone. She takes her work very seriously and is constantly striving everyone to do better. If any client has an issue, she always makes herself available either in person or over the phone to them."
- Staff told us they were well-supported by the registered manager and the office team. One member of staff said, "[Registered manager] and her team treat me and the care workers with kindness and respect and I feel listened to and supported. It is nice to have a team that contacts me to check on my wellbeing and to talk

through any concerns that I may have within my job role or about a client." Another member of staff said, "[Registered manager] is always at the end of the phone if we need her. She will always ring if we have had a difficult day. We all know what is required of us and that we can go to her should we have a problem we cannot solve ourselves."

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

- People told us the office team communicated with them well and were responsive to their needs. One person said, "If I need something, I ring down to the office and they will sort it out for me." Relatives told us the office team kept them up to date about their family members' health and wellbeing. One relative said, "They will contact me if they have any concerns, such as if [family member's] appetite has decreased. That is reassuring for me as his relative." Another relative told us, "If they are worried about anything, they will give me a call."
- Staff said their suggestions about potential improvements were welcomed and that any concerns they had were listened to. One member of staff told us, "[Registered manager] has an open-door policy in terms of suggestions or concerns. If there is anything that you wish to discuss with her, she is always available to listen. If you have suggestions for care plans or client's wellbeing, [registered manager] works with you to implement them to secure the best outcome." Another member of staff said, "I feel that I can speak up with any suggestions or concerns that I have, and my managers give me a prompt response and a solution to solve the concerns. [Registered manager] and her team work together well with care workers to ensure that the client's wellbeing is put first and that you feel that you are involved as a team to achieve this."
- Team meetings were held regularly, which staff told us were used to maintain effective communication amongst the staff group and to ensure people received consistent, good quality care. One member of staff said, "Staff meetings are used to communicate any concerns or issues with clients and to discuss with colleagues on how best to approach. Staff meetings are also used as wellbeing checks to make sure that staff members are comfortable and confident in their job roles and if any training needs are highlighted. Staff meetings are an open discussion between both staff members and management to effectively come up with solutions together." Another member of staff said, "We have team meetings to ensure all communication is open and discuss as a team if there are concerns. I think this great as it shows we are a team and work together to ensure we are providing the best care."

Working in partnership with others; Continuous learning and improving care

- The agency's management team worked effectively with other agencies and professionals, including healthcare professionals and the housing management team to ensure people's care and support needs were met. One professional told us, "The care management team and the housing management team have regular catch-up meetings where any concerns are raised, and a plan is put in place to support residents with both their housing and care needs." Another professional said, "The service communicates well with our team and provides open communication with professionals and service users. I believe the communication and care provided are the reasons our patients wish to keep the same care provider."