Mears Care Limited

Mears Care - Norwich

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Mears Care (Norwich) is a domiciliary care service providing personal care to people living in their own home in Norwich and the surrounding areas. It provides a service to people living with dementia, younger people and people who may misuse alcohol or substances.

Inspection site activity commenced on 17 January 2019. At the time of inspecting 221 people were receiving a regulated activity. Not everyone using Mears Care (Norwich) receives a regulated activity; CQC only inspects the service being provided by people with 'personal care; help with tasks related to personal hygiene and eating.

The service had a registered manager in place. They were present throughout the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service 'Requires Improvement'. At that inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We were concerned that the systems in place around monitoring the administration of medicines were not fully effective, and we could not be assured they were always managed safely. We were also concerned at our last inspection that there were no systems in place to check that the content of people's care plans was relevant with enough individualised guidance for staff to follow. We also had found that people's visit times were not always carried out at the agreed times and for the agreed length of time. People's preferences were also not always being met and care records did not always contain sufficient guidance for staff with regards to people's individual risks around specific health conditions or behaviours. People's mental capacity was not assessed for specific decisions, and there were no records of best interest's decisions for those people who did not have full capacity. People knew how to complain; however, some people did not feel comfortable to do so.

At this inspection we found that improvements had been made and that the service was no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and staff team had taken on board the feedback we had provided and had worked hard to make the necessary changes. Between our inspection on 17 June 2017 and the current inspection commenced on 17 January 2019 the registered manager and substantially reduced the number of people they were providing a personal care service to in order to work on improvements and embed new practices. At this inspection we have rated the service 'Good' overall.

People felt safe with the service they received and were confident with the knowledge and skills of the care staff that supported them. Staff were well trained and had observations of their practice carried out at frequent intervals. Staff knew what abuse and harm was and they were also aware of how to report any concerns if they had them. People were positive that they consistently received their care calls however

these were on occasion late resulting in two people telling us they had been unable to have their meal at their planned time. People couldn't always have their care at their choice of time.

Staff managed people's medicines in a safe way and were trained in the safe administration of medicines. Staff understood the need to protect people from the spread of infections. People were supported to maintain good health. Staff responded appropriately if people's health deteriorated or they felt unwell and staff made sure they contacted the appropriate professionals to ensure people received effective treatment.

People felt that staff treated them with kindness and were caring in their approach to supporting people. People had their privacy and dignity respected by staff. Feedback from people and relatives indicated that positive relationships had developed between people and care support staff.

There were effective systems in place to monitor the quality of care and support that people received. The provider had ensured that accurate records relating to the care and treatment of people and the overall management of the service were maintained. Plans were in place and been commenced to update the care planning system to a new electronic format.

Systems were in place to obtain feedback from people about the quality of the service they received through satisfaction surveys and frequent review meetings. Audits had been carried out in relation to care documentation, staff files and medicines. The aim of this audit was to look at the overall running of the service. Feedback from people and their relatives was welcomed. People and their relatives knew who to contact if they needed to raise a concern or a complaint. There were opportunities for people to provide their feedback about the service they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to reduce the risks to people from abuse and avoidable harm.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles they performed.

There were sufficient staff to ensure that people received their care calls as scheduled.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff received training and support relevant to their roles which helped them meet people's needs effectively.

People were supported to access health and social care services when necessary.

The service understood the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect.

People's privacy was promoted and they were encouraged to remain independent.

Is the service responsive?

Good

The service was responsive.

People weren't always able to have their choice of time for their care call however the service was aiming to achieve this

wherever possible

There was a system in place to manage people's complaints however the outcome of the complaint was not always clear.

People were involved with planning and reviewing their care.

Is the service well-led?

Good

The service was well-led.

People who received support and staff were very positive about the registered manager and directors and how the service was operated.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Mears Care - Norwich

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We gave the service 48 hours' notice of the inspection visit because it is a domiciliary care service and we needed to be sure that someone would be available to talk to us and arrange for people's consent to be sought for us to contact them for their views. This inspection was undertaken by two inspectors, an assistant 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.

Inspection site visit activity started on 17 January 2019 and ended on 5 February 2019. It included a visit to the provider's office location on 17 January 2019 to meet with the registered manager and office staff; to review care plans and other records. In the following days we made telephone calls to people who used the service and their relatives, calls to members of staff and contacted healthcare professionals for their opinions of the service.

Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider.

Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. Before the inspection we reviewed information that we held about the service such as statutory notifications. We also made contact with the local authority quality assurance team to seek their feedback to aid with our planning of this inspection.

During the inspection we spoke with 14 people who were receiving a personal care service from Mears Care (Norwich). We also spoke with the relatives of 16 people. We spoke with 15 members of care staff as well as the registered manager, the visiting officer, the administration/recruitment officer, the trainer, two care co-

ordinators and a senior carer. Following our visit, we left our contact details for any other staff wishing to contact us and provide feedback on the service, however none did.

We reviewed five people's care records in detail including their daily records and where applicable, their medicine administration records (MAR). We looked at four staff recruitment files. We also looked at other records including training records, meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question 'Requires Improvement'. At that time the service was in breach of Regulation 12 of the Health and Social Care Act Regulations 2014 due to a lack of oversight of how medicines were administered and managed. We also found at that inspection there were no care plans in place around some higher risk medicines.

At that inspection we were also concerned that there was a lack of sufficient guidance for staff about mitigating risks to both individuals and themselves. Whilst there were risk assessments completed for people when they started using the service we found these were not always reflective of people's individual and specific needs.

At this inspection we found a number of improvements had been made in the safe administration of people's medicines. People told us they were happy with the level of support they received with their medicines. One person said, "They are all so caring. They sort out my medicines and they don't move until I've taken it and then they write in the folder. If I am low on medicines the carers will go to the chemist and get a repeat prescription." Another person told us, "I am very satisfied with the way they administer my medication and record it." Another person's relative commented, "The management rang at Christmas to check if [family member] had enough medication for over the holiday. I was very impressed with that."

Since our last inspection a branch medicines officer job role had been developed and recruited to. The medicines officer was responsible for the oversight of medicines management and the staff training and competency of staff practice. The provider followed the local authority policy on medicines management in domiciliary care settings and the medicines officer responsible for the delivery of training attended an external medicines policy working group to feedback and work on developments to this. Where people needed some assistance with their medicines a plan was developed for each individual person, so that appropriate assistance could be provided. Medicines administration records (MARs) were completed by staff and returned to the office for monthly auditing. MAR charts we viewed were up to date and had been completed appropriately. People received their medicines from staff who had received medicines training and an observation of their competency by senior staff.

Improvements had been made to the assessment of risks associated with people's care and support needs. Risks assessments were completed in relation to the support people required and included potential risks associated with people's health, nutrition, mobility and medicines. Clear plans to manage and mitigate any risks were in place and reviewed regularly. In addition to the individual risks to people any potential risks within people's home environment were identified to protect both people and the staff visiting them. These risk assessments covered potential hazards taking in to account issues such as lighting, security and electrical safety. In addition, a separate fire risk assessment for people's homes were also in place.

People felt safe with the support they received from the care staff who visited them. One person said, "I do feel safe, yes. I hate it when they [staff] go." Another person commented, "I do feel safe, just because they're here." A third person told us, "I feel safe due to their manner. They are very friendly and do their job very

professionally."

People's relatives were also assured that their family member was safe with the care and support they received from staff. One relative told us, "I would definitely say yes, [family member] feels very safe with them. It's [family member's] facial expressions, they don't show any fear. Having regular carers has helped enormously." Another relative said, "I'm sure [family member] feels safe, they really look forward to [care staff] coming. It perks up [family member's] day they spoil [family member], it's lovely."

Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The service had enough staff to ensure that people's calls were reliable however people told us their calls were on occasion late and they couldn't always have them at their preferred time. People told us there were times when staff visits were late due to traffic or other circumstances however this was ordinarily communicated to them when this occurred. One person said, "They are generally on time and they do ring if they can't get here when they say they will." Another person said, "It's pretty well on time."

We spoke with staff to get their feedback on visit travel times and rota scheduling. Staff said there had been a few occasions when they were late to people's visits but this had been due to travel on the road or at times a shortage of time between care calls due to a person requiring longer care unexpectedly. All staff however confirmed people did not miss their calls. One staff member said, "The service always ensures visits are covered and no one gets missed."

Safe recruitment practices were followed when new staff were employed. Relevant checks were completed to help ensure, as far as possible, only staff of good character worked with people. These included a Disclosure and Barring check which helps to ensure the staff member had no criminal convictions which would prevent them from working with vulnerable people. Other checks included identifying and discussing gaps in employment as well as seeking references from previous employers had been completed.

In order to reduce the risk of infection staff had received infection control training and confirmed they were provided with and used personal protective equipment such as disposable gloves and aprons when assisting people with their personal care.

Good

Is the service effective?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question 'Requires Improvement'. At that time the assessments of people's mental capacity had not included specific decisions and there were no records of decisions made in people's best interests or who had been involved in these decisions.

At this inspection we found improvements had been made. People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The 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 told us staff actively sought their consent before carrying out any care tasks. One person said, "They always talk to me about what we're doing. I've never had one that's just done something [to me]." Another person told us, "I've never experienced anyone just doing something without asking me." A third person added, "They always ask me what I'd like to do first. We have a routine but I say what order." People's relatives also told us they often heard staff seeking people's consent and agreement when carrying out care with them. One relative said, "I can hear the two main carers talk to [family member]. They say, [name], now we're going to put your clothes on. Is that okay, are you ready?" Another relative told us, "They talk to [family member], explain what they're doing all the time. They ask if [family member] is ready to have a shower. They ask when they come in what [family member] would like today."

Following our last inspection, reviews of most mental capacity assessments had been undertaken and work to complete all others was well underway. The new assessments were detailed, clear and decision specific. Staff had received training about the MCA and understood how to support people in line with the principles of the Act and their responsibilities regarding people's consent and choice. Staff we spoke with said that they gained people's consent before they supported them with any care.

An assessment of people's needs was undertaken prior to people receiving a service from Mears Care (Norwich) to make sure staff understood the care and support people required. Information was gathered from people, their relatives, from the local authority, relevant health care professionals and from discharging hospitals. This information was used to plan effective care and support for people.

Staff had the skills and knowledge to meet their needs and understood how to support them. One person said, "They do everything we ask. I'm pleased with them all. If I ask anything they find the answer for me like about a health condition." Another person said, "They are very competent." A third person commented, "Yes, I think they're trained well. We have a lot of confidence in them."

Staff confirmed they had an induction which included the Care Certificate to further enhance their skills and knowledge. All of the staff spoke positively about the support they received when first commencing in their job role which included a period of time shadowing experienced staff.

A staff trainer was employed by the provider and based at the service office in Norwich. Their role was to deliver and co-ordinate staff training across a variety of subject areas including moving and handling and the MCA. All staff took part in a programme of training followed by regular refreshers in all key subjects. There was an expectation by the provider that all staff would undertake a vocational qualification related to health and social care to further develop their learning. We were also told by staff that they were encouraged and supported to complete additional training in areas relevant to their role such as dementia care and mental health support. Staff we spoke with were complimentary about the training they received and told us they found training sessions beneficial to their role.

Staff were also supported through a programme of 'spot checks', which involved senior staff observing care staff whilst they were supporting people in their homes. Observations were recorded and fed back to staff to allow them to learn and improve their practice.

Many people in receipt of a care service did not need support with eating and drinking. For those who did require support with preparing meals, these needs were met appropriately, in line with people's preferences. One person told us, "I tell them what I fancy. They say let's look in the freezer and see what's there. I choose what I'd like that day. They always give me a drink, they make sure I have lots. They even fill bottles of water for me before they go." Another person said, "They ask what I would like and I tell them. They make me a lovely cup of tea, just how I like it and when they leave they always leave out a glass of water and a cup of tea."

People were supported to maintain good health and had access to appropriate healthcare services when required however, most people told us their family assisted them with accessing this support. Some people told us how staff offered advice and suggested people may like to see their doctor or a nurse for some healthcare conditions. One person said, "Sometimes they tell me I should see a doctor and they have called the District Nurse for me before. They [staff] see straight away that I'm not well." People's care plans also contained clear information about any health conditions to make sure staff understood how this impacted upon their day to day lives and support requirements.

Good

Is the service caring?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question 'Good'. At this inspection we found this rating had been sustained. People were still supported by staff who were caring towards them.

People continued to be treated with kindness and compassion by staff. We were told that staff displayed a genuine warmth and affection towards the people they provided care to. One person told us, "They are very good. They say nice things to you. I enjoy our little chats, we talk about all sorts of things and it makes my day." Another person said, "If they haven't seen me for a while, they come in and put their arms around me and they give me a cuddle." A third person commented, "They are kind and caring, very friendly, chatty and cheerful."

Staff had built close and supportive relationships with both the people they were supporting and also people's relatives. The relatives we spoke with also told us about the caring nature of the staff. One relative said, "They are very caring and they can't do enough. They plump (family member's) pillows if they are in bed and they make sure they are comfortable in their chair. They also ask me too and they check if there is anything I would like doing." Another relative commented, "They are kind and considerate to both of us. They make us a cup of tea and they laugh with us There is always laughter."

People told us that staff discussed their care with them and involved them fully where they wished to be in their home. One person who opted to take an active role in their care told us, "I'm very involved, my family are there but I do it. We have a review every so often and they come and ask if I want the same things still." Another person said, "I don't have to everything in a set order, they know I don't like to be rushed. I tell them what I want each time, sometimes I choose a shower and sometimes I want just a wash. I decide."

Many people told us they preferred to leave discussions about their care to their relatives who they entrusted to have these discussions for them. One person said, "My son does it all, we talk together but he liaises." Another person commented, "My children sort all this, they ask me what I feel I need and they do the business of it. I think I have reviews every few months and they ask me if I'm happy with it all."

Relatives told us they were fully involved in care their family member received. They described regular meetings with the provider which enabled them to discuss how their family member wanted their support delivered. One relative said, "I feel we are always consulted. The carers always tell me if they spot or notice something and we do have a copy of the care plan. We talk it all through between us." Another relative said, "I have been involved from the start. We sort of consult each other. If I need to check something or ask, they help and if they pick up any changes they talk to me. They are good at updating things, they came last week as there was a change, it's all down on the care plan."

Staff understood the importance of treating people as individuals and respecting their decisions about their care. One staff member said, "We ask when we go into the call, what people would like, we do not just presume."

We saw in people's care plans staff were encouraged to support people to do what they could for themselves, maintaining their independence as much as possible. People we spoke with told us this was reflective of the care they received. One person said, "They walk by my side while I get around and they only help when I ask." Another person commented, "They know what I can do and that I can try and do things. It's important so I'm not sitting all day doing nothing. They really do understand this." A third person added, "The fact they come helps me stay independent. I couldn't be without them now."

Relatives were also complimentary about how staff worked to not just provide the care needed but to also encourage and support people's on-going independence. For example, we were told by a person's relative how staff fostered their family member's skills and actively promoted them when it would have been quicker for staff to complete the task for the person. They told us, "Staff do encourage [family member] to do things for themselves like dressing. Buttons are hard but [family member] does try and do their own first and does as much as possible before staff help. They also encourage them to walk with a frame." Another relative said, "Staff let [family member] do what they can. They walk behind them so they don't fall. [Family member] still likes to have a go."

People continued to be supported by staff who maintained their privacy and dignity. Personal care was provided in a respectful manner whilst respecting people's right to privacy. One person said, "When [staff] help me to wash, they turn their back when at certain times." Another person told us, "They close the curtains when I'm in the bathroom or bedroom to get dressed."

People also told us that staff respect applied to more than their personal care needs and also to the respect of their home and their personal wishes. One person said, "[Staff] take their shoes off when then come in. I asked for this and they have respected it. I want my carpets protected." Another person said, "They treat our home with respect too and they speak to us very politely."

Good

Is the service responsive?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question 'Requires Improvement'. At that time the service was in breach of Regulation 9 of the Health and Social Care Act Regulations 2014 as people did not always receive individualised care they had agreed with the service. Prior to that inspection we were told of concerns from people about the punctuality of care staff and the times that they visited.

At this inspection we received mixed feedback from people about whether the service was meeting their personal preferences of the time of their care call. Some people told us that their calls were at times late and that they had to wait for their care, however only two people out of those we spoke to told us this was an issue for them. One person told us, "I prefer my carers to come earlier in the morning. Sometimes it's not until 10am. It doesn't really suit me. I get myself up and dressed and I'm hungry by the time they come." Another person told us there were large variations in the times care staff arrived to them in the morning, "Sometimes it's as early as 8:30am, sometimes it's as late as 10am. I sit here and wait. 'I'm hungry on the days they're late."

There were also many people who told us they had their care calls at times to suit them or that they did not mind any variations. One person said, "They are generally on time and they do ring if they can't get here when they say they will. There are some variation in timings but they send a rota so I do know what to expect. I don't mind having a variation and I haven't had had any missed calls." Another person said, "They are pretty good. I'm not sure what time they are meant to be here but we get a rota. If they are running late, I think they have called me, but it's not often that they are late."

People's relatives were mostly positive about the arrangements for their family members care calls. One relative said, "They send a rota with the [planned care] time on it and they're not too far off each time. Sometimes they're a little late because of the call before ours. If that happens we normally get a call from the office to tell us." Another relative told us, "They are more or less on time, maybe late sometimes because of traffic." However, a third relative described to us that their planned care call was set over a time period of over two hours which meant care staff could and did arrive anytime during this time 'window'. They told us that some care staff arrived quite late and therefore their family member was waiting for personal care for longer.

We spoke with the registered manager and one of the care co-ordinators who was part of a team planning the care calls, about people's feedback and how care calls were planned. We were told that when commencing with the provider, people were advised that care calls could be up to half an hour earlier or later that the stated time. Care staff also had some gaps built into their rotas to offer them some flexibility in the event that they were running late. The registered manager told us, "We will of course always try to accommodate [people's] preference as it makes everybody's life easier, however this is not always possible. I understand when talking to people myself that they may want a different time and we will work and strive to do this even if not possible straight away. However, the coordinators will be made aware to incorporate their preferred time where ever possible, even if it's for part of the week."

An assessment of people's needs was undertaken before people were offered a service. This assessment was used to create people's individual support plans and risk assessments. Care records detailed people's likes, dislikes and preferences for their care and support and were reviewed and updated to make sure people received the care and support they required. At the time of our visit the provider was moving to a new electronic system for care planning and people new to the service had newer style care records that eventually all people would have as their care was reviewed.

Staff had a good understanding of people's care needs and their preferences in how they liked to be supported. People told us staff supported them with the tasks they wanted. One person said, "They make my tea just how I like it now and they even know which are my favourite clothes to be comfortable for the day." Another person told us, "The carers know me. They are very flexible – brilliant. They even helped me with the cat litter tray on one day!"

There was a complaints policy and procedure in place which included information on who to complain to if people were not happy with the outcome of a complaint dealt with by the service. People told us information on how to raise a concern or complaint was included in their care plan folder. One person told us how they had raised one concern, "A carer was late and I raised that. The carer hasn't been late since according to the time given on my rota. I am satisfied." Another person commented, "I ring them if the carer is late and they find out for me what is happening to my carer." All other people we spoke to told us they had no cause to raise a concern or complaint.

Five formal complaints were received by the service in 2018. From the records it was not always clear what action had been taken as a result of the complaint. For example, for one complaint there was a note that a telephone call was made to follow up the complaint however no further detail was included. The registered manager told us she would look at introducing a clearer system to monitor complaints and their outcomes.

Staff had been provided with training on end of life care so that they had the skills and knowledge to provide people with support at this sensitive time should this be required. Advanced care planning documents were in place for some people which ensured that people who did not wish to be resuscitated, where this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection in June 2017 we rated this key question 'Requires Improvement'. At that time the service was in breach of Regulation 17 of the Health and Social Care Act Regulations 2014 as we found concerns around the oversight of medicines administration as well as oversight of the care plans and delivery of people's care. At that time there were some audit systems in place, however they were not effective.

At this inspection we found improvements had been made. Following our last inspection, the registered manager and provider had taken the decision to 'scale back' the service and they had actively and significantly reduced the number of people they were supporting. The registered manager told us how they had worked hard to make the necessary improvements, embed them and they would now look to increase the number of people they were supporting but at their own pace and not rushed to ensure they could maintain the service standards.

People and their relatives were complimentary about the management team and the care their family member received. All of the people we spoke with told us they would recommend Mears Care (Norwich). One person commented, "I would certainly recommend them. They are lovely and so kind and helpful." Another person said, "Yes, I would recommend them – my experience has been good." A third person told us, "I'm very happy [with the service] and that makes my family happy too." A person's relative commented, "I think it's being managed very well, we've got the service we asked for."

There was a registered manager in post at the time of the inspection. They were supported in the day to day management of the service by a deputy manager and team of care co-ordinators. The registered manager was clear about their responsibilities in managing the service. Despite not all people knowing who the registered manager was, people who did were positive about her approach. One person said, "Yes I wouldn't hesitate at contacting the management – I have always been treated respectfully."

Staff were fully aware of their roles and responsibilities and the lines of accountability within the service. All staff told us they were part of a good team and that the morale amongst themselves was generally good. Staff felt communication was effective and they had opportunities to share their views.

There was an effective system in place to monitor the service. Care plans and records were audited and checked and any actions identified for improvement actioned. For example, any issues with the MAR charts were identified as part of the auditing process and then any learning needed was addressed with any staff involved.

The registered manager explained the views of people and their relatives were obtained through questionnaires and care reviews. The aim of which was to gather feedback on the service being provided. One person told us, "We have had had a questionnaire, I can't remember when it was, however it's [the service] is good anyway. I don't think there is much they can improve." A quality assurance survey was also underway at the time of the inspection and we saw five questionnaires had been returned. These showed a

high overall satisfaction rate. The registered manager was waiting for further questionnaires to be returned before concluding and reporting on the survey.

Systems and processes such as, monthly audits of accidents and incidents, were completed. These were also reviewed by the registered manager. This ensured that there was clear oversight of any negative trends and any actions taken to avoid or reduce the risk of incidents happening again.

The service engaged with a variety of health and social care professionals who were involved in supporting people. For example, occupational therapists, social workers, community nurses and GP's. This showed partnership working was promoted by the service for the benefit of people who were using the service.