

Wellbeing Homecare Services Limited

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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

This inspection took place on 16 and 17 May 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults.

At the time of our inspection visit seven people were using the service. Not everyone using Wellbeing Homecare Services Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This was the first inspection of the service since they were registered on 21 April 2017. At this inspection we found evidence to support the rating of good.

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.

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to assess, monitor and manage their safety. A range of risk assessments were completed and preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to help ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider, manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before they were supported.

People were involved all aspects of their care from the assessment of needs to the development of their care plans, reviews and the decisions they made were documented. Care plans had been reviewed and updated people's needs had changed. Staff were provided with clear guidance to follow in the care plan which included information about people's preferences, daily routines and diverse cultural needs. Staff had a good

understanding of people's needs and preferences and worked flexibly to ensure they were responsive.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People continued to be treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. The provider had a process in place which ensured people could raise any complaints or concerns.

The registered manager and provider were aware of their legal responsibilities and provided leadership and supported staff and people who used the service. The registered manager and staff team were committed to the provider's vision and values of providing good quality care.

The provider's policies and procedures had been reviewed and updated. The provider's quality assurance system to monitor and assess the quality of the service was used effectively to improve the service. Lessons were learnt when things went wrong and improvements made to prevent it happening again. The provider worked in partnership with other agencies to meet people's needs.

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.

People were protected from abuse and avoidable harm. Risks associated with people's needs were assessed, managed safely and reviewed regularly. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. Staff were trained in safeguarding, safety procedures and followed infection control procedure.

Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were supported to maintain their nutrition, health and well-being where required.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments had been put into place to identify the support people needed to make decisions.

People received support from a staff team who had the necessary skills and knowledge. A system was in place to provide staff with on-going training, support and supervision.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how their care was provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed; they were involved in the development and review of their plan of care. People received person centred care as their care plans provided staff with clear guidance about how they wished to be supported. Staff worked flexibly and respected people's diverse cultural needs, wishes and views.

A complaint procedure was in place. People knew how to complain and were confident that any concern would be dealt with appropriately.

Is the service well-led?

Good 

The service was well led.

The registered manager understood their role and responsibilities. They and the staff team had worked in accordance with the provider's visions and values to provide quality care.

The registered manager provided good leadership and worked in partnership with other agencies. Quality assurance system was being used effectively to assess, monitor the quality of service and bring about change.

People and staff's views about the service were sought and used to drive improvements. They were all confident that any concerns raised with the registered manager would be listened to and acted on.

Wellbeing Homecare Services Limited

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 checked 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.

This inspection took place on 16 and 17 May 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office providing care, so we needed to be sure that they would be in.

The inspection visit was carried out by one inspector.

Before the inspection, we asked the provider to 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 returned to us by the provider and used to inform our judgement.

We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us. We contacted commissioners at Derby City Council who commission packages of care for people and Derby Healthwatch; an independent consumer champion for people who use health and social care services, for their views about the care provided. No information of concern was received about the provider.

During the inspection we spoke with two people in their own homes who we visited with the registered manager. We spoke with three people who used the service and two relatives of people received care and support from the service. We spoke with seven members of staff in total; they included four care staff, a care co-ordinator, the registered manager and the provider.

We looked at the care records of three people who used the service. These records included care plans, risk assessments and daily records of the support provided. We looked at four staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included quality audits and checks, complaints and concerns, minutes of meetings, and a sample of policies and procedures.

Is the service safe?

Our findings

People told us they felt safe with the care provided and staff who supported them. One person said, "I feel safe because I have the same carers and they know how to help me. I don't feel afraid at all." Another person said, "I feel safe with them; they come every day; make my meals, make sure I take my tablets and that I have had a wash. They leave when I am happy that everything has been done." A relative told us that their family member was introduced to the care staff before the package of care started, and received information about safeguarding and how to report concerns.

The staff team were trained and understood their responsibilities in relation to keeping people safe from harm. A staff member said, "There's different types of abuse like physical, verbally, neglect; if I saw anything that looks like abuse I would tell [registered manager] straight away." There was a safeguarding policy in place which included information about external agencies who could be contacted if people had concerns about their safety. There were systems for recording and reporting safeguarding concerns in place. The registered manager knew who to report safeguarding concerns to and was confident to complete investigations and take the appropriate actions if concerns were raised.

People told us that the registered manager had carried out assessments of people's needs. The written risk assessments provided staff information about the risks people faced and how to mitigate them. These covered all aspects of people's safety such as the support people needed to move around and potential hazards within the home environment where people would be supported. Records showed risk assessments had been reviewed when people's needs had changed to promote their safety and freedom. This confirmed the information received in the PIR.

Care plans provided information and guidance about the number of staff needed, equipment used such as a hoist and how best to support people. Staff had been trained in moving and handling people and their practices had been checked before staff were able to support people. For example, one person said, "I use a wheelchair and there's a shower chair in the bathroom. There's always two of them helping me to move safely from one room to another." A staff member was able to consistently describe to us how they supported this person and confirmed that staff had followed the care plan.

Staff recruitment processes protected people from being cared for by unsuitable staff. Staff files contained evidence that the necessary employment checks had been completed before staff commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references to show that staff were suitable to work with vulnerable people. Staff team all confirmed that these checks were carried out before they commenced work.

People told us they had regular staff who were reliable and knew them well. One person said, "I have the same carers; it makes a difference to me because they know my routine." Another person said, "My carers are reliable and on time. If they are running late because of the traffic, they will call to let me know. In fact they managed to get to me every day when we had all that snow."

We found staffing levels were responsive to people's individual needs and took account of people's preferences and their diverse cultural needs such as language. The staff rota confirmed that staffing was managed and any changes or requests for social support to go into the wider community or to attend health appointments were managed. A person said, "I love it when they bring 'Buddy' [registered manager's dog] to see me. It cheers me up." The registered manager explained that Buddy, is a therapy dog and has been trained to interact with a variety of people to encourage psychological or physical stimulation to people when they are on duty.

The registered manager told us that a new electronic call management system was being introduced. This would enable them to identify the staff with similar interests and specific training to support people and timeliness of staff and ensure that the staff working alone are safe. This confirmed the information received in the PIR.

People who needed support with their medicines, had care plans which included information about the support they needed. One person said, "[Staff name] has to remind me to take my tablets. She usually gives me the [dosette] box and a glass of water. Once I've taken them [staff] puts it away."

The staff team were trained in the safe handling of medicines, were aware of their responsibilities and had access to the medicines policies and procedures. For example, another person told us that the staff member applied the prescribed lotion to the areas affected wearing disposable gloves. The staff member who supported this person described the routine followed which was consistent with the information documented in the person's care plan. Care plans and medicines records viewed confirmed that staff documented when people were supported with their medicines in a safe way.

People told us that staff protected them from the risk of infection. A person said, "They do everything they need to properly. They always wash their hands and put on the [disposable] gloves before helping me." Staff confirmed they had received training in infection control procedures and had a good supply of protective clothing such as disposable gloves, aprons, shoe covers and antibacterial gels. Training records viewed confirmed this. During a visit to a person's home we observed the staff member had followed the safe handling of food when they had prepared and served the meal. The registered manager told us that they worked with staff in the delivery of care which meant they were able to check that staff followed the correct procedures.

The office premises were secure and well maintained. The business continuity plan in place was reviewed and provided staff with guidance to follow in the event of an emergency. This meant staff could be trained promptly if there were any concerns about their practice.

The staff team understood their responsibilities for raising concerns around safety and reporting any issues to the management. All incidents and accidents were recorded and analysed by the registered manager to identify any trends so that action could be taken to prevent it happening again. Following our discussion with the registered manager about safer support with prescribed lotions, they attached a body chart to the care plan where the areas the body where prescribed lotion should be applied had been identified. They shared this information with the staff team individually the same day and planned to discuss it at the next staff meeting. That showed the provider was proactive to protect people from avoidable harm. The registered manager told us that any lessons learnt from incidents would be shared with the staff team to ensure people remained safe.

Is the service effective?

Our findings

People told us that staff understood their needs and had the knowledge and skills to support them. One person said, "My carers seem to know what to do to help me. The new carers have grown into their role by working with the experienced carers, which I think is good."

The staff team told us that they felt confident with the training completed and felt confident and competent in their role to meet people's needs. A staff member said, "My induction was a mix of different training; I read policies, completed e-learning and practical training in moving and handling where I was shown how to use a hoist. I shadowed [registered manager] and other staff and learnt how people wanted to be helped."

Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance. New staff were required to complete the Care Certificate, which covers the fundamental standards expected of staff working in care.

The staff team felt supported by the registered manager. They received regular supervisions and the annual appraisals had been planned. Supervision is one way to develop consistent staff practice and ensure training is targeted to each member of staff. A staff member said, "I have regular supervisions, where I can talk about my work and if there is any training that I would like to do." Another staff member said, "Sometimes I work with [registered manager] so that meant I can tell her if I need to talk to her in private." This showed staff were supported in their role and confirmed the information received in the PIR.

People's needs were assessed prior to them using the service. Assessment processes were in line with current legislation and standards. This enabled the provider to be assured that they could meet the person's needs and had the staff with the right skills mix to provide the care and support. People's personal preferences, their social interests, cultural and spiritual wishes, as well as physical and emotional needs were documented. A relative said, "I've been involved in the assessment process to help make sure [my family member] has the care and support [they] need."

People received effective care and support because they were supported by regular staff team who had good knowledge of the people they supported. People and relatives confirmed that staff understood their needs and wishes; and provided care in line with their preferences. The staff team felt they had a good understanding of the people they cared for.

People were supported to have enough to eat and drink to stay healthy. When we visited a person in their own home they said, "I wanted to have shepherd's pie today, so that's what [staff] made." The staff member supporting this person told us, "[Relative] buys the meals that [person's name] likes. I show [them] what the choices are and I will cook what [they] want in the microwave. A relative told us that family member's health had improved because, "[My relative] is eating better because [they] have a routine and the carers provide regular meals and drinks."

Staff who provided mealtime calls to people understood the importance of a daily balanced and healthy diet. Any special dietary requirements and support required such as portion size, allergies or food intolerances were clearly documented within care plans. Care plans viewed confirmed this.

People were supported to live healthier lives and were supported to maintain good health by attending regular health check and medical appointments. A relative said, "Staff will let me know how [my relative] is and if [they] are unwell. It's usually me that will call the doctor unless I ask them."

A staff member told us they found the information about the different health conditions that affected people useful and how they could enable people to live healthier lives. Records for one person included information provided by the dietitian to enable staff to prepare suitable drinks which they could swallow. A staff member told us they worked with health care professionals involved in people's care. We saw a person's care plan included the input from physiotherapist and guidance provided by the falls clinic to enable staff to support the person to stay well.

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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. No applications had been made to the Court of Protection. Assessments of needs took account of people's capacity and their consent had been sought about the care to be provided. The registered manager and staff team understood their responsibility around MCA. Staff told us they sought people's consent, offered choices and respected people's decisions.

Following our inspection visit the registered manager sent us the updated MCA policy and procedure that showed clear guidance for staff to follow when making decisions in a person's best interest. This showed that the provider was working within the legal framework.

Staff ensured that people's home environment and layout where care and support would be provided was suitable and documented in their care plans. A staff member told us that they always checked equipment used to support people was in good working order such as a perching stool, emergency pendant alarms and pressure relieving cushions. That showed equipment and assistive technology was used to provide effective care to promote people's wellbeing and independence when needed.

Is the service caring?

Our findings

People and their relatives told us the staff team were kind, caring and treated them with respect. Their comments included, "Excellent care;" "[Staff] are born to care and genuinely care about me" and "My carers are lovely, very professional and kind to me. I look forward to seeing them." One person told us they looked forward to seeing the registered manager's dog and said, "Even Buddy [dog's name] has a [identity] badge with his photo." This showed the emotional support provided by staff had improved this person's wellbeing.

A relative said, "Very pleased with the care provided, it's beyond my expectations. I didn't think anyone could care for [my family member] as I do, but they do." Another relative said, "[My family member] is happy and that's good enough for me. I am happy with the care; it's better than what I thought it would be."

People had developed positive relationships with staff and spoke about staff's caring and positive attitude and approach. We visited two people in their own home with the registered manager. People recognised the registered manager who greeted them with a smile and took interest in how they were feeling. We saw staff spoke with people in a respectful manner; they used appropriate humour and physical touch by holding their hand to comfort people as necessary.

We saw one person held the registered manager's hand and whilst they talked about the royal wedding and what they planned to wear. When was asked them for their views about the staff, they said, "They are my angels, always fussing over me." The second person communicated using facial and hand gestures. The staff member supporting this person was able to speak with them in Punjabi, which was their first language. They told us, "[Staff name] is my favourite." It was evident from our observations that people were fond of the registered manager and staff members. The feedback we received from people supported the information in the PIR regarding staff's caring nature and that people were able to speak with some staff their first language.

People told us that that they were involved in making decisions about their care. Some people had supportive relatives. A relative said, "Carers do listen to [my family member]; she makes her own decisions and staff respect it." Decisions made were documented and reviewed regularly. The registered manager had a good understanding when people may need additional independent support from an advocate. Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. They were able to describe people's needs, preferences and interests, which showed they understood people well. Care plans included information about the person's wishes and preferences and their life history and included how they preferred to communicate. This helped staff to ensure they supported and respected people's individual needs.

People were treated with dignity and their privacy respected by staff who provided personal care. The

language and descriptions used in people's care plans were referred to them in a dignified and respectful manner. One person said, "[Staff] make sure I have everything before getting into the shower. I'm able to shower and they will be outside [the bathroom] in case I need anything. They make sure my modesty is intact." Another person said, "They will close the door to give me some privacy if I'm on the toilet." The staff team gave examples of how they promoted and respected people's dignity and privacy. The feedback we received confirmed the information in the PIR and assured people that their privacy and dignity was maintained at all times.

People's files were stored securely. Staff had access to relevant information to support people as needed and understood how to keep people's information confidential and only shared on a need to know basis. The registered manager was aware of changes needed to comply with General Data Protection Regulation, (GDPR) that relates to how people's personal information held by the provider is managed. A confidentiality policy was in place and a certificate that showed that the provider complied with the Data Protection Act.

Is the service responsive?

Our findings

There was a person centred approach to everything the service offered and how the service was run. People were supported to make decisions and express their views about their care. They could have access to an advocate if they felt they needed support to make decisions, or if they felt they were being discriminated against under the Equality Act, when making care and support choices.

Assessments of people's needs were completed by the registered manager with the person and their family member where appropriate. People were involved in the development of their care plan. This enabled people to understand how risks would be managed and express their preferences about how they wished to be supported. One person told us, "My care has been planned around what I wanted." This person confirmed that they received the care that they had agreed.

Staff told us they felt they responded well to how and when people wanted to be supported. A staff member said, "One person likes to sit outside when the sun is shining as it makes [them] feel good, so I make sure [they] this happens if they want to." Another staff member said, "Care plans have information about what people like to eat and drink, what they like [hobbies and interests] and family members that are important to them."

Care plans we viewed confirmed this. For example, a care plan described the person 'liked to be sat up in the recliner and listens to classic radio FM'. Another care plan described the person's personal hygiene routine to be followed in the morning and their preferred breakfast choices. The daily records completed by staff confirmed that people were provided with the care and support in line their wishes. That showed people received personalised care.

Care records had been reviewed and updated to reflect any changes to people's needs, daily routines and continued involvement with family, friends and social support. This assured people that the service could provide the care and support they needed.

The provider had developed links with a local community and supported people to go into the community. The provider and registered manager had developed a project called, 'Kindness Project'. The registered manager told us that the aim of the project was to promote community links and to use volunteers to assist in reducing loneliness and help with social activities across Derby city, which people can go to.

Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People told us that they were able to share their views about the care they received when the registered manager visited to support them or they could contact them by telephone. A relative said, "I speak with [registered manager] regularly or will see her when I'm visiting [my family member]."

We received positive feedback from a social care professional about the service. They told us that staff were sensitive to people's needs and felt that people received person centred care because staff listened to what

they wanted and were made them feel safe.

Care plans included a section about people's communication needs and what type of support was required. For example, the preferred language used which was not English and directed staff to use short clear sentences. That showed the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The provider had systems and policy in place about how to support people at the end of their lives. Staff and people who used the service and their relatives could access information about bereavement and counselling. Records showed people had the opportunity to express their wishes and decisions made about their end of life care. A relative told us that their family member was being supported by a dedicated staff team who worked alongside health care professionals. They said, "It [end of life care] has been discussed and [staff] know it's important that [my relative] is comfortable. You hear [my relative] having such a laugh them; [my relative] is fond of them."

People and their relatives knew who to contact if they were unhappy about the care provided and were confident that their concerns would be taken seriously and addressed. One person said, "I wouldn't complain as such but would tell [my relative] who would speak with [registered manager]." A relative said, "[My family member] is perfectly happy with [their] carers. [They] haven't complained or moaned about the carers. If I had a complaint I would firstly speak to [registered manager]."

The service had not received any complaints since it was registered. A formal complaint process and a system was in place to manage and respond to complaints. That meant people were assured that all complaints received about the service would be handled appropriately, investigated and action taken.

Is the service well-led?

Our findings

The service had a registered manager. 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.

The registered manager understood their role and was aware of the legal responsibilities in notifying the CQC of significant events and incidents within the service. They were aware of the legal requirement to display the registration certificate and rating from this inspection.

The registered manager and staff team had a good understanding of providing quality care and had people at the heart of the service. Staff felt the registered manager provided good leadership and commitment to providing a quality service. The values and aims of the service were clear, which was to enable 'people to have a happy quality of life and do things that are important to them'. All staff, without exception, understood what good quality care looked like and their roles to provide the best care and support people needed to live a full, active and independent lives as they could.

All the people we spoke with felt the service they received was consistent with the provider's commitment. People and their relatives all told us the service was well managed and that the registered manager was approachable and committed to making sure people received quality service. One person said, "A very professional agency. [Registered manager] comes out to help me and will pop in to check on the staff. She will ask me if I am happy with everything or anything that they could do better." A relative said, "It's a small agency but they know how to look after people. The [registered manager] and staff are very good, professional, kind and always checks to see if we are happy with the care [my relative] has."

The provider used a range of ways to promote a positive and open culture whereby the views of people who used the service, relatives and staff influenced the development of the service. These included on-line reviews, complaints and compliments about the service. We saw the provider had received cards, letters of thanks and compliments about the service from people who used the service and relatives. The on-line reviews about the services were complimentary about the care and support people had received and included examples such as, 'excellent time-keeping' and 'being compassionate, kind and decent'.

The provider was due to send out satisfaction surveys to people who used the service later in the year. The registered manager told us that they would act on any feedback to help improve the quality of care people receive.

Staff spoke positively about the registered manager and provider. A staff member said, "I love my work. [Management team] understand care and always encouraging us to speak up if we think something needs to change." Another staff member said, "[Registered manager] has trained us to a high standard. She works with us, supportive and really approachable; I mean always at the end of the phone or comes out to you if needed."

Staff felt they were well supported, trained and committed to a shared goal that was to provide quality care and support to people the service supported. Staff attended team meetings. The meeting minutes confirmed that staff were made aware of changes to policies and procedures, had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints.

The provider's quality assurance system was being used effectively to assess, monitor and ensure shortfalls identified were addressed. Regular checks were carried out on care records to ensure information was accurate and reflective of people's needs and wishes. Records showed the quality of care people received was checked through the unannounced spot checks and review of people's care plans. The registered manager also monitored significant events such as incidents and looked at ways to reduce them. Records in relation to the day-to-day management were kept up-to-date. The registered manager showed us the action plan produced which showed they continued to develop the service.

Following our inspection visit the registered manager sent us an updated action plan. For example, they had updated the complaints and mental capacity policy and procedure to reflect the current best practice and had taken account of ways to improve their current quality assurance processes. This demonstrated that the provider and registered manager were committed and responsive to feedback in order to improve the service.

The provider was in the process of investing in an electronic care management systems. The system to improve the management and monitoring of packages of care and linked to staff management and training. Our findings supported the information provided within the PIR.

The service continued to work in partnership with other agencies in an open honest and transparent way. We received positive feedback from a social care professional. They told us they found the registered manager was professional, approachable and communicated and acted promptly.