

Dolphin Care (IOW) Limited

# Dolphin Care (IOW) Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Dolphin Care (IOW) Limited is a domiciliary care agency providing personal care and support to people living in their own homes. 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. There were 15 people being provided with personal care at the time of our inspection.

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

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; however, the systems used to support this practice needed further time to become embedded in practice to ensure legal requirements were met consistently. People's risk assessments were not always robust or fully recorded; however, staff understood the risks and knew how to keep people safe.

Medicines were managed safely by trained, competent staff; however, medicines that people were allergic to were not always recorded on their medication records.

A new quality assurance system was in place to continually assess, monitor and improve the service; however, this needed further time to become fully effective.

People told us they felt safe being supported by Dolphin Care staff and there were new systems in place to protect people from the risk of abuse.

New recruitment procedures had been introduced to help ensure only suitable staff were employed.

Enough staff were available to complete all care calls and staff followed appropriate infection control techniques during visits.

Staff completed a wide range of training. They were competent, followed best practice guidance and received appropriate support from managers.

People's needs were met in a personalised way by staff who were kind, caring and responsive.

People knew how to raise concerns. They had confidence in the managers and told us they would recommend the service to others.

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

### Rating at last inspection

The last rating for this service was inadequate (published 18 February 2019) and there were multiple breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since February 2019. During this inspection the provider demonstrated that improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

However, the service has been rated inadequate or requires improvement for the last three consecutive inspections. We describe what we will do about the repeat requires improvement in the follow up section

below.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Dolphin Care (IOW) Limited

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Dolphin Care (IOW) Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The service did not have a manager registered with the Care Quality Commission; however, a manager had applied to register with CQC and their application was being processed. In the interim, the provider had sole legal responsibility for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service three working days' notice of the inspection site visit. This was because it is a small service and we needed to be sure that key staff would be available in the office to support the inspection.

Inspection site visit activity started on 6 August 2019 and ended on 8 August 2019. We visited the office location on 6 August 2019.

#### What we did before the inspection

We reviewed information we held about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with the care manager, the manager and seven care workers.

We reviewed a range of records. This included five people's care records and three medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, duty rotas and the provider's rolling action plan. We sought feedback from two healthcare professionals who had regular contact with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to people's support needs. However, these were not always robust or fully recorded. For example, one person had a catheter; this is a tube inserted into a person's bladder to drain urine into an external bag. The person's care plan did not include all the risks associated with the catheter. Another person was living with diabetes, and their care plan did not include advice to help staff understand the support they would need if they experienced an unexpected drop or increase in their blood sugar levels.
- The risks were mitigated, however, as staff were familiar with the people and were able to describe the action they would take to reduce the risks. We discussed the above concerns with the manager, who assured us they would update the relevant risk assessments without delay.
- Processes were in place to review and update people's risk assessments, but this had not always been done. Further time was needed for the processes to become embedded in practice to help ensure people were consistently protected from the risk of harm.
- Environmental risks posed to people and the staff visiting them were assessed, monitored and reviewed regularly. These included the safety of electrical appliances, trip hazards inside and outside the home, lighting levels and fire safety. In addition, a new system had been introduced to monitor staff who worked alone, to help ensure they started and completed their shifts safely. A staff member said of the system, "It's brilliant. It helps us out as [the manager] knows when we've started and when we finish. It gives us some security."
- There was a business continuity plan to deal with foreseeable emergencies. This included plans to support people during periods of adverse weather, using 4x4 vehicles or staff on foot when roads became impassable.

### Using medicines safely

- Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. A family member said of the staff, "I let them do the medicines now, they do them fine."
- However, we found medicines that people were allergic to were not always recorded on their medication administration records (MARs). This meant staff might not be aware of the person was prescribed a medicines to which they could have an adverse reaction. We discussed this with the manager, who undertook to add this information to people's MARs as soon as possible.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. MARs

confirmed that people received their medicines as prescribed.

#### Systems and processes to safeguard people from the risk of abuse

At the last inspection, in January 2019, we found the provider had failed to establish and operate effective systems and processes to prevent abuse of people using the service. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

- Since the last inspection, staff had completed additional training in safeguarding adults. The provider had also introduced new policies and procedures to safeguard people from the risk of abuse. These were in line with guidance issued by the local Safeguarding Adults Board and now needed time to become fully embedded in practice.
- People told us they felt safe being supported by Dolphin Care staff. Family members confirmed this. Their comments included: "[My relative] feels very safe with [Dolphin Care staff]" and "He seems to feel safe with them".
- Staff knew how to prevent, identify and report allegations of abuse. They gave examples of how they were alert to potential signs of abuse and how they had reported concerns in the past. A staff member told us, "I would report [any concerns] to [one of the managers] or to Safeguarding and CQC. I would feel confident to be able to report it now."
- Records showed that an allegation of abuse had been investigated promptly, in liaison with the local authority's safeguarding team.

#### Staffing and recruitment

At the last inspection, in January 2019, we found the provider had failed to operate safe recruitment practices. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

- Since the last inspection, the provider had developed new policies and procedures to help ensure only suitable staff were employed. Only two staff members had been recruited since the new processes had been introduced, so they needed further time to become fully embedded in practice. However, we found all the required pre-employment checks had been completed for those staff members.
- Staffing levels were based on people's needs and the number and length of visits required to support them. There were enough staff to support people safely and to complete all care visits. Travelling time was built in between each visit to help ensure staff arrived on time.

#### Preventing and controlling infection

- Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and assured us they used these whenever needed.
- This was confirmed by people and their relatives, one of whom said of the staff, "They are mindful of hygiene and always use gloves."

#### Learning lessons when things go wrong

- Incidents and accidents were routinely reviewed to identify any learning which would help to prevent a reoccurrence.
- The manager described how they had reviewed and updated their approach to recruitment checks, to make them "more stringent" following an incident where an unsuitable member of staff had been recruited.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has remained the same.

Consent to care and treatment was not always assessed or recorded in line with legislation and guidance.

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.

- Where people's ability to make decisions was in doubt, staff had not completed MCA assessments to assess whether the person had the capacity to make specific decisions relating to their care and support needs. For example, documents in one person's care file showed three different health professionals had questioned one person's capacity to make decisions, but staff had not picked up on this and had not conducted MCA assessments for relevant aspects of their care. These included the provision of personal care, catheter care and the management of a medicine for the person.
- We discussed this with the manager who showed us template forms they had recently introduced to enable them to record MCA assessments and best interests decisions. They assured us they would complete these as soon as possible for the person we identified. They also said they would review other people they supported whose capacity was also in question.
- Although there was a process to complete MCA assessments, it had not been used. The process needed time to be implemented and become fully embedded in practice.
- Where people had capacity to provide consent, we saw they had signed their care records to confirm their agreement with the proposed plan of care. Staff described how they sought verbal consent from people before provided support.

Staff support: induction, training, skills and experience

At the last inspection, in January 2019, we found the provider had failed to ensure staff received appropriate training and development. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

- People described staff as "competent" and "knowledgeable". A family member added: "They [staff] definitely know what they are doing; for example, [my relative] suffers from low heart rate; they recognise the signs and know exactly what to do." Another family member said of the staff, "They are very good, they seem

well-trained and are very willing."

- Staff had completed a wide range of training to meet people's needs and spoke positively about the quality of the training. For example, one staff member said, "We've had quite a lot of training, it is good quality. [The trainer] does it in a way you can understand and you can discuss."
- Records confirmed that staff training was refreshed and updated regularly.
- Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. Experienced staff were encouraged to gain vocational qualifications relevant to their role.
- Staff told us they felt supported in their roles by managers. For example, a staff member told us, "[The managers] always say their door is always open. That made me feel able to discuss a personal issue and that is all sorted now."
- Staff also received regular one-to-one sessions of supervision. These provided an opportunity for one of the managers to meet with staff, discuss their training needs, identify any concerns, and offer support. In addition, staff received an annual appraisal to assess their performance and identify any development needs.

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

- Where staff were responsible for supporting people to eat and drink, we found people's dietary needs were assessed and met consistently. One person told us, "They [staff] get my meals ready. It's always what I need, they always give choice and never take anything for granted."
- Staff were aware of people with special nutritional needs, although for a person living with diabetes, there was a lack of information in their care plan about the support the person needed to manage their diet. We discussed this with the manager and they immediately updated the person's care plan accordingly.
- Some people needed a modified diet or required encouragement to eat or drink and staff described how they did this consistently, in a dignified way. They also made sure people had a good supply of drinks to hand before leaving them. One person told us, "I'm sat here now with a flask of coffee, a glass of orange and a glass of water. They leave me with that every time. It's exactly what I ask for."

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

- Assessments of people's needs were completed before care packages were accepted. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Care records confirmed that people had been supported in line with their care plans.
- People told us staff delivered care and support in line with best practice guidelines; for example, one person confirmed that two staff were always used to operate their mobile hoists and added: "They use it properly; I feel safe and secure in it." A family member told us, "The physio[therapist] said [Dolphin Care staff] work better with [my relative] than they could."

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

- People told us they received all the support they needed at the time they needed it.
- People were supported to access healthcare services when required.
- Care records confirmed that staff followed any guidance issued by healthcare professionals. For example, one person had recently had their mobility needs assessed by a specialist and staff described the techniques they used to support the person; these were in line with the specialist's recommendation.
- Staff supported people to attend hospital appointments on request. One person told us, "If I can't get to hospital, I ask [the manager] and she arranges an escort for me. They don't leave me and will come in with me if I ask."
- When people were admitted to hospital, staff provided essential information about the person to the medical team, to help ensure the person's needs were understood. Similarly, when people transferred to

other service providers, essential information was shared with the new provider to help ensure continuity of care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- Everyone we spoke with said staff were "kind" and "caring". Comments about the staff included: "They really care about [my relative]", "They are such a happy crew, you can always have a laugh with them", "I could not have better carers; they are kind and considerate" and "It's all very amiable, they treat us very well".
- Staff knew people well and had developed positive relationships with them. One person told us, "There's a small group of staff and I've got to know them well. They have been marvellous. If I don't get on with a staff member, as occasionally happens, they will change it immediately without quibble." Another person said, "You can have a laugh together, they are like a big family to me." A further person added: "They are like my friends now. I know 'my friend' is coming in to help me. Even [the managers]; they're not management, they're my friends. But everyone is still 100% professional."
- Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals. One person told us, "I suffer from anxiety and depression, especially when [my financial situation changed]. I was worried, but they [Dolphin Care staff] have stuck by me and supported me. I can't thank them enough."
- Staff understood and respected people's beliefs. For example, two people's faith required them to rest on a certain day each week. One of them told us, "They [staff] will ask what we believe in and I tell them and they work accordingly." When we spoke with staff, they described how they were "quieter" and "did less" around the house on these days out of respect for the people they supported.
- Staff showed a good awareness of people's individual preferences and interests. Some people liked dogs but were unable to keep one due to their current circumstances. They told us the manager brought their dog to care visits to enable them to interact with it, which they really enjoyed.

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

- People, and relatives where appropriate, were fully involved in discussions about their care and support. One person told us, "I see [the manager] a lot and she checks everything is OK. The communication is great."
- A family member told us, "The manager comes in and goes over everything with us and sees if the care plan is sufficient. She does a big [review] every year, but if things change she goes over everything again." Another family member confirmed this and said, "Everything is done through discussion and agreement."

Respecting and promoting people's privacy, dignity and independence

- When asked if they were treated with respect, one person told us, "Yes, always. They never speak down to

you and don't treat you as if you're silly." Another person said of the staff, "They always treat me with dignity; I could not have anything better."

- People told us staff protected their privacy at all times. Comments included: "Whenever I get out of the shower they always have a towel ready to wrap round me", "They're polite and always knock on my door" and "[During personal care], they cover me up and put towel on my lower half when dressing my top half."
- People could choose the gender of staff who supported them with personal care and this was respected.
- People said staff encouraged them to be as independent as possible. For example, one person told us, "I get plenty of encouragement. I have certainly improved in terms of my mobility since they've been supporting me. I know I can go out and they give me autonomy over that." A family member said of the staff, "They have got [my relative] walking, just by encouraging him and talking kindly to him."
- Care plans also encouraged staff to promote independence, describing tasks people could do on their own and those for which they needed support. For example, one said, "Place the flannel in the flat of the person's hand, they can wash their face, chest and stomach." A staff member told us, "Rather than taking over, we let [people] try first to promote independence. But we will still be there to support them if needed."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

People's needs were met through good organisation and delivery.

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

- People told us their needs were met and staff knew how to support them according to their individual needs and wishes. One person said of the service, "Everything's tailored to the client's needs, it's very personalised."
- People's needs were clearly recorded in their care plans, together with information about how each person preferred their needs to be met. Care plans were reviewed regularly and when people's needs changed.
- People complimented staff on their flexibility. For example, several people told us staff had worked with them to adjust the call times to meet their budgets, following a change in the funding arrangements.
- Staff responded promptly when people's needs changed. A family member said of the staff, "They are quite observant. They pick up if [my relative] is not himself or not speaking so clearly. He was not too good last week and they called an ambulance. They stayed with us until it was all sorted, which was very helpful."
- Staff understood that people's mobility varied from day to day and were able to provide the appropriate level of support at any time. One person told us, "Some mornings I'm in a lot of pain and can only manage a wash down. They [staff] respect that; they will encourage me [to do more], but the ultimate choice is mine." A family member told us, "If [my relative] has a bad night, they [staff] know and know how to work with him. They understand his condition and how to support him each day."
- Staff recorded the support they provided at each visit. The records confirmed that no visits had been missed and people's needs had been met in line with their care plans.
- People were empowered to make their own decisions and choices. For example, one person told us, "[Staff] give me a choice of a wash or a shower and wash my hair if I want. They will always do whatever I want." Another person said, "They always give you the choice, I wouldn't like it to be regimented." A family member said of the staff, "They don't push [my relative] to do things he can't do. They are led by him and how he is."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This helped ensure staff were aware of the best way to communicate with people, based on their individual abilities,

needs and preferences. A family member told us, "[My relative] is hard of hearing, but they [staff] seem to communicate with him okay."

- Where needed, information was made available to people in an accessible format, such as large print. For example, one person's invoices had been provided in large-print to make them easier to read and for another person, staff used a large white board to leave messages.

#### End of life care and support

- Staff had received training in end of life care and most staff had experience in delivering it. All staff expressed a commitment to supporting people to have a comfortable, dignified and pain-free death. They described the key aspects of end of life care, including comfort, symptom control, mouth care and supporting people close to the person.
- The service had links with a local hospice for advice and guidance, together with information resources they could share with people and their relatives.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they felt able to raise concerns. One person said, "If anything goes wrong, which it doesn't, I could phone [the manager] and sort it straight away."
- The complaints policy was available in the care files kept in people's homes and was available in a large-print format if needed.
- We viewed the complaint records and saw each had been investigated and responded to promptly, in accordance with the provider's policy.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires improvement.

Systems and processes were inconsistent and did not always support the delivery of high-quality, person-centred care.

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

At the last inspection, in January 2019, we found the provider had failed to operate effective systems to assess, monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

- The provider had reviewed and enhanced their quality assurance processes since the last inspection. Although these were more robust, they had not always been effective in bringing about improvement. For example, they had not identified the lack of information in some people's risk assessments. In addition, although managers had identified the need to complete mental capacity assessments, these had not yet been completed.
- We discussed this with the managers. They acknowledged that the systems needed further time to become fully effective and embedded in practice and described steps they would take to achieve this.
- Some audits had been effective in identifying and bringing about improvement. For example, they had led to more consistent completion of medication administration records by staff.
- There was a clear management structure in place, consisting of the care manager, the manager and senior care staff. Staff understood their roles and communicated well between themselves to help ensure people's needs were met.
- Managers conducted supervisory spot checks of care staff to assess staff performance and offer support and advice as needed. Staff told us the checks were done in a supportive way to help them improve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

At the last inspection, in January 2019, we found the provider had failed to notify CQC about significant events that had occurred. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

- Only one significant event had occurred since the last inspection and records confirmed that CQC had been notified of it without delay. In discussions, the managers demonstrated an open and transparent

approach to their role. Where people had come to harm, relevant people were informed, in line with the duty of candour requirements and the service's previous rating was prominently displayed in the office.

- People and their relatives spoke positively about the management of the service. Comments included: "I'm quite satisfied with everything. I'd have no hesitation in recommending them" and "It is well run and organised. If the [care worker] is running late, they always let me know and I can always get hold of them".
- The care manager told us the service's values included being caring and treating people as individuals. From discussions with staff, it was clear they had a shared commitment to meeting these values in their daily working lives. One staff member told us, "It's the most loving place to work, everyone is fantastic."

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

- The provider consulted people in a range of ways; these included annual quality assurance surveys and one-to-one discussions with people. The managers described how they analysed and used feedback from people to improve the service.
- People and their families had been informed about the service's previous rating of 'Inadequate' and had been kept up to date about changes the service was planning to make to address the identified areas for improvement.
- Staff felt listened to and spoke positively about the managers. Comments from staff included: "We now get paid for travelling time. It was just offered, we didn't have to ask. It definitely made us feel more appreciated", "Morale is good, people are really happy and we all get on well" and "We work together as a good team".
- Another staff member described how they were made to feel "special" when the manager gave them a card and flowers on their birthday.
- Regular staff meetings were held to update staff on changes in the service and to seek their views. A staff member said of the meetings, "They are very relaxed. Everyone speaks up and we can raise concerns."

Continuous learning and improving care; working in partnership with others

- The manager maintained a rolling action plan to help them monitor the progress of any identified improvement.
- The care manager had recently completed a course for managers, funded by the local authority, to help them improve the service's rating. The manager was due to complete the same course shortly after the inspection.
- Staff expressed a shared commitment to improving the service, for the benefit of the people using it. Comments included: "Everyone has pulled together to get [service quality] back to where it should be" and "I think lessons have been learnt and [the concerns identified at the last inspection] would not happen again".
- Staff had links to other resources in the community to support people's needs and preferences. These included healthcare services and voluntary support organisations.