

Macadamia Support Limited

Macadamia Support

Inspection report

8 Ballinghall Close
Bedford
MK41 0AB

Tel: 01234962689
Website: www.macadamiasupport.co.uk

Date of inspection visit:
30 May 2022
31 May 2022

Date of publication:
14 July 2022

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?	Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Macadamia Support is a supported living service providing personal care for adults with a learning disability, autistic people and people with mental health needs, in their own homes.

Not everyone using the service received 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. At the time of this inspection the service was supporting 15 people. Of these, 14 people were receiving personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture:

Right support

Staff supported people to have the maximum possible choice, control and independence over their own lives.

People were supported by staff to pursue their interests. Staff supported people to achieve their aspirations and goals.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there were no alternatives.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making.

Right care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People who had individual ways of communicating, using body language, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing

and enjoyment of life.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

We found some areas of the service that required improvement such as: improving the content and quality of some people's care records, enhancing existing staff recruitment processes and ensuring staff consistently followed government guidance in terms of COVID-19. However, the provider responded positively to our feedback. They confirmed they would be taking action to address all the areas we had identified for improvement.

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

Rating at last inspection

This service was registered with us on 11 March 2016, followed by a period of dormancy which ended on 29 January 2021. This is the first inspection.

Why we inspected

We undertook this inspection to assess that the service was applying the principles of Right support right care right culture.

We have found evidence that the provider needs to make some improvements. Please see the well-led section of this full report.

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

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Macadamia Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

Inspection team

The inspection was carried out by two inspectors and a member of the CQC medicines team.

Service and service type

Macadamia Support provides care and support to people living in six supported living settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support only.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

We gave the service a short period of notice of the inspection. This was because people are often out, and we wanted to be sure they would be at home to speak with us.

Inspection activity started on 12 May 2022 and ended on 22 June 2022. We visited people in three of the supported living settings on 30 and 31 May 2022.

What we did before inspection

We reviewed information we held about the service. We sought feedback from the funding authorities and

professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with/or observed the support provided to eight people who used the service, to understand more about their experience of the care provided.

We also spoke with two professionals who work with the service and eight members of staff including: the registered manager/nominated individual*, HR manager, deputy manager, two area managers and three support workers. In addition, we received written feedback from a further six professionals and another member of care staff.

*The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including care, risk management and medicine records for ten people using the service. We also looked at a variety of records relating to the management of the service, including policies and procedures, staff files in relation to recruitment and staff supervision, complaints and compliments, audits and meeting minutes; so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- Overall, people had clear, personalised risk assessments which instructed staff on how to avoid or minimise the need for restricting their freedom. However, we found some of the assessments needed a more thorough review to ensure they better detailed the ways restrictions were minimised or avoided. The language used in some of the assessments did not fully demonstrate an understanding that behaviour which can be seen as challenging should be understood as communication of distress or need. We found no evidence that people were at risk of harm from these findings. The provider also confirmed they would review all risk assessments urgently to address our findings.
- We observed that staff could recognise signs when people experienced emotional distress and knew how to support them, to minimise the need to restrict their freedom and keep them safe. One professional confirmed this by telling us, "The staff team appear to understand [person's] needs well through preventative strategies."
- Staff made every attempt to avoid restraining people and did so only when de-escalation techniques had failed and when it was necessary to keep the person or others safe. They used redirection and distraction to good effect when people became distressed or anxious. One staff member told us, "When dealing with people who present with distress and anxiety, I always follow behavioural guidelines. I use proactive strategies to calm individuals. Physical restraint is used as a last resort when all other alternatives have been considered and found ineffective or inappropriate."

Staffing and recruitment

- Staffing levels enabled people to live individual and meaningful lives. The service had enough staff, including for one-to-one support for people to take part in activities how and when they wanted. One staff member said, "The staffing levels have been maintained which allows staff to work in the different units and [people] to become familiar with the staff. Upon the additional need for staff Macadamia Support has a close relationship with two agencies that provide regular staff that are familiar with the company and its work ethics. Managers are very flexible and hands on with supporting staff and going out to activities."
- The provider carried out background checks to make sure staff were safe to work at the service, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found some gaps regarding required checks which must be undertaken before new staff begin work. This included unexplored gaps in employment history and verifying reasons for leaving previous care positions. We found no evidence that people were at risk of harm from these findings. And by the end of

the inspection the HR manager had developed a new recruitment checklist, which would ensure all checks were carried out for future employees. They confirmed they would quickly review all existing employment records as well, to ensure all the required information was in place.

Using medicines safely

- Staff involved in medicines support were trained and assessed as competent before they were able to provide support to people.
- We saw detailed medicines care plans and risk assessments which enabled staff to provide person centred care.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. PRN (as required medicine) protocols made it clear that medicines to calm, sedate or restrain must only be used as a last resort.
- However, we did find some anomalies such as: medicines administration records (MARs) that did not contain all the required information to ensure staff could administer the medicines safely. And MARs for topical products, such as creams, did not always include information on where medicines should be applied. In addition, there was no PRN protocol to instruct staff on when to administer PRN medicine for pain relief, to one person.
- We found no evidence that people were at risk of harm from these findings. The management team also acted swiftly and by the end of the inspection they provided evidence they had taken several actions to address our findings. They also told us they would review everyone's MARs; to ensure these contained all the required information.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. A staff member told us, "I have received training that helps me to understand factors related to the spread of infections. Since the start of Covid-19 as an organisation we had these measures in place and we have continued with this."
- The service prevented visitors from catching and spreading infections. A professional told us, "When I visited, I had to have a COVID-19 negative test result and use a mask. I noticed others having to comply with this. The house and outside building looked very clean and well maintained."
- Although staff confirmed they had adequate stocks of PPE, by the time of our visits we saw staff were no longer wearing face masks. Current Government COVID-19 guidance states face masks should still be worn by all care staff. The provider told us they genuinely believed the requirement for wearing face masks had been withdrawn, in line with guidance for the general public. Following our feedback, they provided evidence they had asked all staff to resume wearing face masks, whilst supporting people in their own homes.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. A professional confirmed this by telling us, "People are kept safe. Incident reports are completed, and all safeguarding concerns have been reported to social services."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "During induction, safeguarding is discussed. We are advised to report any issues or concerns regarding all forms of abuse...we report to this to the safeguarding lead within the organisation, line manager or the local authority."

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated these and shared lessons learned. One staff member told us, "In the event of an accident or error this is usually addressed during handovers and staff meetings. Incident reports are completed, and staff may have supervisions to discuss additional support."
- Feedback from our inspection was consistently received in a positive way, with swift actions taken to improve the service.

Is the service effective?

Our findings

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

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

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

- Staff completed an assessment of each person's physical and mental health needs prior to using the service.
- People had support plans that were personalised and reflected their needs and aspirations. People and those important to them, were included as part of this process.
- Records showed regular reviews took place to ensure people using the service continued to have their needs assessed in line with current legislation and guidance. A staff member told us, "Support plans are in place and reviewed whenever a change or need is identified. These documents are important as they guide to inform practice."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant induction and ongoing training in the wide range of strengths and impairments people with a learning disability and or autistic people may have including: mental health needs, positive behaviour support and restrictive interventions. A professional told us, "The staff that I have been involved with seem to be experienced and well trained and able to manage [person's] complex behaviours."
- Staff could describe how their training and personal development related to the people they supported.
- Updated training and refresher courses were booked to help staff continuously apply best practice.
- Staff received additional support in the form of supervision and team meetings. One staff member said, "I received induction and shadowing opportunities at the start of my position as a support worker and felt confident to start my role unsupervised. I was also advised to seek support and ask senior staff members if ever I was in doubt."

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

- People were involved in choosing their food, shopping, and planning their meals. They could have a drink or snack at any time.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. One staff member spoke about encouraging people to prepare meals from scratch, "When they do get into it, people say the food tastes better."
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Care records outlined how staff should meet these needs.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One professional told us, "I am aware that [person] has been supported by the team to attend a number of health appointments. Health needs have also been addressed through the local GP and in the local A&E when needed. The staff team seem to be mindful of their on-going health needs."
- People had health actions plans which documented their health needs and access to health checks, screening and primary care services.
- Some staff were less confident about how to monitor one person's diabetes. Following our feedback, a referral was swiftly made to a specialist nurse for further support. The provider also developed some guidance for staff, to enhance their awareness of the risks to be aware of.
- Staff worked well with other services and professionals to prevent readmission or admission to hospital

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support as far as possible. One staff member said, "If someone refuses care or support, this is recorded, monitored and assessments carried out to come up with other ways of offering support. ... If any concerns about a person's capacity, we consider their best interests and a social worker will conduct this assessment. As a support worker I see everyone as having capacity unless they have been assessed to lack capacity."
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Applications had also been made to the CoP, as required.
- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions. A professional told us, "Staff assisted me when I did an MCA around [person's] care and support needs to ensure they understood what was being asked. They facilitated this further by sharing easy read care and support plans. They have also been involved in some of the best interest decisions made. Staff seem to have a good grasp around these issues and their responsibilities."

Is the service caring?

Our findings

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

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

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

- People were well matched with their designated staff and as a result, people were at ease, happy, engaged and stimulated.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A member of staff said, "Staff need to be compassionate and being available for the service users. This is paramount. If [person] wants to have a chat with me, I can't dismiss them, and I need to be a good listener."
- Staff were patient and used appropriate styles of interaction with people. A professional told us, "From what I saw the staff were friendly and the communication was very good. I didn't have any concerns."
- We observed staff members showing warmth and respect when interacting with people. A staff member said, "You can't care for someone if you don't show your element of respect. We should not be using pre-judgements."

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

- People were given time to listen, process information and respond to staff and other professionals.
- Staff supported people to express their views using their preferred method of communication. A staff member said, "We make sure information is shared using communication aids to those who require this intervention so they can understand and decide. It is also their right to make unwise decisions, but staff are at hand to offer support and involve the family and other professionals to support them with the decision making."
- People were enabled to make choices for themselves and staff ensured they had the information they needed. A professional told us, "The care and support plans are shared with my client and they are involved in agreeing to these. The staff do give [person] a number of choices on a daily basis about what they would like to do. ...[Person] is doing very well since being placed there and the number of incidents is reducing which gives them more control in their life."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with sensitivity and ensured they felt respected and listened to in terms of their individual preferences and protected characteristics.
- Staff knew when people needed their space and privacy and respected this.
- A specific 'dignity and privacy protocol' had been developed for one person. Without exception staff understood the content of the protocol and how to effectively promote the person's privacy and dignity in a variety of situations.
- People had the opportunity to try new experiences, develop new skills and gain independence. A

professional told us, "The team seem to operate on a very client centred approach and do promote [person's] independent living skills to achieve their outcomes...which could also lead to other opportunities such as college placements locally."

Is the service responsive?

Our findings

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

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

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

- Staff knew people well and provided them with personalised, proactive and coordinated support in line with their support plans. A professional told us they would recommend the service to others because, "Macadamia Support provides effective support to people with learning disabilities and meaningful communication that is person centred. They have so far demonstrated a strong commitment in providing individuals with good care and a capable environment characterised by positive meaningful activities, choices, encouraging independence and helping people to maintain relationships with families and friends."
- The service met the needs of people using the service, including those with needs related to protected characteristics.
- Staff used a person-centred approach to discuss and plan with people how to reach their individual goals and aspirations, including further education and employment options. Feedback confirmed that people had made progress since using the service, in terms of furthering their daily living skills and independence. We discussed with the provider the benefit of having more detailed written goals to assist with measuring people's progress and achievements over time. They told us they would implement this.

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.

- Staff ensured people had access to information in formats they could understand.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. One staff member told us, "I use my communication skills such as listening, facial expressions, hand gestures, speaking slowly and repeating. Mainly giving people time to respond, so they do not get overwhelmed with the information."
- Staff were skilled in using personalised communication systems such as technology (mobile phone apps), sign language, pictures and gestures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. One staff member said, "I involve them (people) in the planning of an activity and in decision making processes. I

utilise their person centred support plans; setting daily living tasks such as: cleaning, personal hygiene, independent shopping, opportunities to contribute to community life, social and leisure opportunities, whilst safeguarding them so they are safe and free from risk of discrimination and treated with respect and dignity."

- Staff encouraged and enabled people to maintain close links with friends and families too. A professional told us, "The team have been very engaging...to achieve the desired outcomes for my client...[Person's] family are kept in contact on a regular basis by the team and feel very involved in their care and support which is important to them. The team have also facilitated a number of family contacts...this is very important to all of them."

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A professional told us, "I have several contacts and they do get back to me in a reasonable timeframe."
- The service treated all concerns and complaints seriously. All concerns, no matter how small, were logged with clear actions taken to address them, to minimise the risk of them escalating into something more major.

End of life care and support

- Staff confirmed there was no one currently using the service who was in receipt of end of life care. The service had developed a pictorial 'My End-of- Life Book'. Once completed, this document would provide useful information to assist staff, if required, to ensure people at the end of their life received dignified and comfortable care that reflected their individual preferences and choices. The provider confirmed people would be supported to complete these booklets.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; and Continuous learning and improving care

- Systems were in place to check the quality of service; to identify potential concerns and areas for improvement. Audits and checks were being carried out however, these did not fully consider all the areas we (CQC) look at when we inspect registered care services. This meant some of our findings during the inspection had not been identified through the provider's existing quality monitoring processes. This included improving the content and quality of people's individual risk assessments and medicine records, enhancing existing staff recruitment processes and ensuring staff consistently follow government guidance in terms of COVID-19.
- Despite this, the provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. This was evident from the way they received our feedback, swiftly developing a detailed action plan to demonstrate how they planned to address our findings and the areas requiring improvement. They also advised they had recruited a new quality lead who would develop auditing tools to ensure future compliance across the service in all areas.
- The provider sought feedback from people, those important to them and professionals who work with the service; to develop and improve the service provided. In general, the feedback was very positive. For example, one professional had written, "Macadamia Support have demonstrated effectiveness in supporting people with a range of support needs to retain their independence in the community." Another wrote, "Macadamia Support has been responsive to the changing needs of my client and have supported them through periods of crisis and distress...to being more stable and settled."
- Staff encouraged people using the service to give feedback through attending 'tenant's meetings' and supporting them to complete satisfaction surveys. However, where a small number of improvements had been suggested the actions to address these were not evident. Based on our feedback the provider took action to address this, and also said they would look at alternative ways to ensure people received more independent (external) assistance to complete surveys in future.
- Staff felt involved and able to contribute to the development of the service. One staff member told us, "If I felt like something needed to change, the company will listen, and I can raise any complaints with my manager."

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

- The provider worked hard to instill a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. During our visits we noted

there was a positive vibe with an open, happy culture. People and staff were enthused; laughing and joking with each other. People and staff respected one another and had established trusting bonds. This resulted in each of the supported living settings feeling truly like people's own homes.

- Management were visible, approachable and led by example. One staff member told us, "The managers are hands on, and I really admire that...Even the director helps."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff member said, "My manager is very supportive and approachable. He has an open-door policy for both staff and service users, who also feel they can go to him directly." Another staff member added, "I have never seen a company so devoted to the welfare of their service users and their families. Some individuals that come into our care come directly from a hospital and they are given the opportunity to live a fulfilling life in respect to their abilities. The company operates as a family rather than a business which makes working with each other more effective."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; and Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.
- The provider kept up to date with current guidance and legislation in several ways, to ensure their legal responsibilities were understood and met.
- Due to unforeseen circumstances the provider / registered manager was unavailable for most of the inspection. Despite this, it was evident staff knew and understood the provider's vision and values, and how to apply them in their work. The management team also understood and competently demonstrated an understanding of regulatory and legislative requirements. This meant the inspection process was able to continue and was a great example of the provider's contingency arrangements; to ensure the service was run to a high standard in their absence.

Working in partnership with others

- A range of different professionals confirmed staff from the service were transparent, collaborative and open. They told us staff consistently worked in partnership with them to ensure people received a high-quality service based on good practice and people's informed preferences. One professional told us, "I feel the team are providing a very specialist service provision and within that field I would recommend them as they are supporting a few of our clients with very complex needs."