

# Consensus Community Support Limited

# Consensus Community Support Limited- East Hill Place

## Inspection report

East Hill Drive  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Consensus Community Support Limited- East Hill Place is a supported living service providing personal care to people living in their own homes. The provider supported people with a learning disability and/or mental health need. At the time of our inspection they were supporting 14 people who lived in two separate supported living settings. One of the supported living settings is a specialist service supporting people who live with Prader-Willi Syndrome. Prader-Willi syndrome is a rare genetic condition that causes a wide range of physical symptoms, learning difficulties and behavioural problems.

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.

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

People told us they were happy with their care. They were comfortable in staff's presence and felt secure in raising issues or concerns. People were safeguarded from the risk of suffering abuse or coming to avoidable harm. The provider had an open and transparent approach where people, relatives and professionals were kept informed about key events related to care.

The registered manager had overseen sustained improvements since our last inspection. They had ensured that the service was no longer in breach of regulations and had put in place systems to promote good quality care.

The provider had systems in place to monitor and improve the quality of care. The provider had met regulatory requirements around submitting statutory notifications and the registered manager understood their regulatory responsibilities.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were supported to have choice and control around their care. Staff encouraged people to weigh up decisions, whilst respecting their right to make unwise choices if they had

the capacity to do so. Staff were focussed on supporting people to work towards positive outcomes in relation to their health, wellbeing and independence. People were comfortable and settled in their homes and with their care arrangements.

Risks related to people's health, medical conditions and behaviour were assessed and reduced. Staff had a good understanding of people's needs and had received appropriate training and support in their role.

There were systems in place to gain feedback about the quality of care and ensure complaints were handled in line with the provider's policy.

People's care plans were detailed, containing information about their health, personal care routines and medicines. There were safe systems in place to support people to manage their medicines and good examples of how people were supported to become more independent in this area.

There were enough staff in place who had gone through appropriate recruitment checks to help ensure they were suitable in their role. Staff were caring and responsive to people's needs.

The provider worked well with external stakeholders to meet people's changing needs and ensure people had smooth transitions when moving between different services.

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 and update:

The last rating for this service was requires improvement (published 23 October 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Consensus Community Support Limited- East Hill Place

## **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 Care Act 2014.

### Inspection team

Day one of the inspection was carried out by two inspectors, which included a visit to one of the supported living settings. One inspector carried out the subsequent parts of the inspection including a visit to the provider's other supported living setting.

### Service and service type

This service provides care and support to people living in two 'supported living' settings, so that 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.

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, service manager and support workers.

We reviewed a range of records. This included eight people's care records and multiple 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 reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect service users from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People and relatives told us they received safe care. One person said, "I feel comfortable going to staff if I was worried about something." A relative commented, "[My relative] always seems really happy to go home [after visiting]. It's reassuring for a parent to see that."
- The provider had a safeguarding policy in place which outlined their responsibilities in helping to keep people safe from suffering abuse or coming to avoidable harm. Staff had received training in safeguarding to help ensure they understood how to apply the principles of this policy into their everyday working practice.
- People had assessments in place to help ensure their care was as least restrictive as possible. This included identifying which decisions about their care people were able to make and the support they needed to make an informed decision.
- Restriction reduction plans were in place which identified where certain restrictions were needed to help promote people's safety, how these restrictions were agreed and what staff needed to do to minimise them. In one example, one person had successfully worked to remove restrictions around access to the kitchen. They had worked with staff to reduce the frequency of incidents related to food. This enabled them to safely use this area of the home.
- The registered manager had reported safeguarding concerns to local safeguarding teams. This helped to ensure that all concerns about people's welfare were investigated appropriately.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had personal evacuation plans in place. These identified the support people required to evacuate their home in the event of an emergency. Staff had worked with people to simulate evacuation situations to

help ensure they were familiar with procedures.

- People's care plans contained detailed, individualised risk assessments. These included the risks associated with people's anxiety and behaviour. Care plans followed positive behavioural support principles, which focused on what people may be trying to communicate through their behaviours and how staff could help people develop skills. One relative told us, "Staff handle all the behavioural side of things really well."
- The provider had a team of 'behavioural specialists' who helped the registered manager analyse incidents and put plans in place to reduce the risk of reoccurrence. People's care plans were updated post incidents to help ensure they reflected the most effective strategies to use to deescalate situations and promote people's safety.
- Staff had a good understanding of how to provide effective support around people's anxiety and behaviour. Incidents were responded to in line with people's care plans and the registered manager held reflective meetings with staff to review if their response to incidents could be improved.

#### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People had medicines care plans in place. These detailed people's medical conditions, prescribed medicines and preferred routines around administration. Care plans also identified people's level of independence around the management of their medicines.
- One person was being supported to be more independent in the management of their medicines. This process helped the person develop their independent skills and decrease their reliance on staff.
- People's medicines records were completed accurately and contained the appropriate information. The registered manager regularly audited people's medicines records to ensure they were being completed correctly by staff and any errors in administration could be quickly identified.

#### Staffing and recruitment

- People were comfortable in staff presence and told us they were supportive. One person said, "All the staff are nice. My keyworker is very good."
- Relatives told us that since our last inspection staff retention had improved, which contributed to more consistency in the quality of care. Comments included, "Staff are now staying longer, which is much better than before."
- Staffing levels reflected commissioned hours identified as being appropriate to meet people's needs. People had enough numbers of staff available to support them with their personal care and daily routines.
- The provider's recruitment processes helped to ensure suitable staff were employed. This included checks into staff's background, employment history and past working performance.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.



# 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 now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider had failed to ensure that appropriate consent to care was always obtained from people. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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

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

- We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The provider had made appropriate applications to the court of protection and had acted in line with any conditions set.
- The provider followed the principles of the MCA by assuming people had capacity to make decisions. Where this was in doubt, capacity assessments were carried out. When people were unable to make decisions, best interests meetings were held to ensure any decisions made were as least restrictive as possible.
- People had 'decision making agreements' in place. These identified strategies to help people weigh up information and communicate choices when making decisions around their care. This helped to ensure people were given the best opportunity possible to contribute to decisions about their care.

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

- The registered manager assessed people's needs before care services started. They spent time meeting

their families, so they could better understand their needs. They also used information from professionals to help develop people's care plans, organise staffing arrangements and help make adjustments to the environment to help people feel comfortable when moving in.

- Staff used 'positive behaviour strategies' to help people manage their anxieties and de-escalate potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge. The provider had a team of Positive Behaviour Practitioners in place to help the service develop these approaches.
- The provider ensured that all planned physical interventions were as least restrictive as possible. There were protocols in place for physical restraint which followed recognised techniques and had been agreed by people, relatives and professionals. The provider had been successful in dramatically reducing the need for this support to be used through working with people to manage their anxiety and behaviour.

Staff support: induction, training, skills and experience

- Staff received training in line with people's needs. This included training where people had specific medical conditions. This helped to ensure staff were following practices in line with recommended guidelines in these areas.
- Staff received appropriate induction, which included working alongside experienced staff members and regular performance review meetings with the registered manager. This helped to ensure that staff were familiar with people's needs and confident in their role.
- Staff's working performance was monitored by the registered manager through supervision meetings, competency assessments and observations of staff working practices. Staff had the opportunity to identify areas for development and training needs.

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

- People were supported to plan their meals with staff and identify balanced meal choices in line with their specific dietary requirements. One person said, "My keyworker helps me with menu plans."
- Some people had very complex needs in relation to nutrition and hydration on account of their medical condition. In these cases, care plans were carefully developed in partnership with people and health professionals. One person said, "At first I found it hard (receiving support around nutrition), but I am used to it now and think it works well."
- Staff provided encouragement and support around making healthy food choices. Where people chose to make unwise decisions around eating and drinking, staff referred them back to the nutritional care plans which people helped to develop. One staff member said, "We try to encourage people about why choices may be unwise, but ultimately, people can make the decision themselves, it is their choice. Afterwards, we help to encourage them to get back on track."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured people's needs were understood when they accessed healthcare services. This included producing documents around people's communication needs for healthcare professionals and working with people to overcome their anxieties around healthcare appointments. This had been successful in supporting people to improve their health outcomes through better engagement with healthcare services.
- The registered manager worked with people, families and professionals to help ensure there were clear plans in place to transition people safely into and away from the service. As people had very complex needs, transitions needed to be planned carefully to help ensure people were safe and happy within their new environment.
- In one example, one person was due to move to the service. The provider had a transition plan in place to help ensure there were suitable arrangements around staffing, the environment at their home and transport

before the person moved in. The registered manager told us it was important for these things to be in place in order to meet the person's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to work towards positive health outcomes. People's health needs were identified in their care plans. These plans included details around people's understanding of their healthcare needs and the support required from staff to meet them.
- Where people had ongoing input from health professionals, they were supported to attend appointments and follow any recommendations.
- People were supported to set goals which promoted their health and wellbeing. In one example, one person was supported to attend a weight loss group. This helped them be part of a network of people who had set similar goals and were going through similar challenges.
- In another example, another person was supported to use the services of a personal trainer in order to promote their mobility, weight loss and overall fitness. This had been successful in helping the person work towards these goals.

# 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 requires improvement. At this inspection this key question has now improved to 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 appeared happy where they lived and comfortable in staff's presence. One person told us, "It's a good place to live" and "All staff are nice." One relative told us, "Staff are brilliant (at working with relative)."
- Staff treated people with kindness and respect. We observed many positive interactions with people as staff encouraged them around their personal care and daily routines. Staff adapted their approach according to people's specific needs and had a good understanding of how to motivate and encourage them.
- Staff helped people celebrate significant events in their life. This included, birthdays, religious or cultural festivals and other events. Staff ensured celebrations were kept up during the Covid-19 pandemic considering factors such as lockdowns and social distancing. Where permitted the provider had organised a visit by an ice cream van, tea parties and visits from animals. This helped to ensure people were able to celebrate events in a way which they enjoyed.
- The provider respected people's equality and diversity. People were supported to pursue friendships and relationships. They were encouraged to access healthcare services, helping to ensure they could make informed decisions around their relationships and sexual health.

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

- People had regular meetings with their keyworkers, where their care needs were reviewed. This helped people to identify new goals, ideas for activities and menu planning, giving them meaningful input into how their care was planned.
- People were given a choice around staff as much as this was possible. In one example, one person did not feel comfortable receiving support with personal care from male staff. Their preference was respected.

Respecting and promoting people's privacy, dignity and independence

- People were given privacy and space when they wished to have quieter time alone. When people were not able to communicate this to staff, their care plans identified the non-verbal signs that they wanted quieter time. This helped ensure staff were intuitive to people's moods and wishes.
- People were supported to be as independent as possible in managing aspects of their daily life. Some people had expressed the wish to become more independent in the management of their medicines, finances and personal care. Staff worked with people to identify the support they needed to achieve these goals and put in place plans to work towards this.
- People were treated with dignity and respect. Staff spoke to people kindly and were gentle and subtle in their prompting when offering support.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to operate an effective system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- People had keyworkers, who helped them raise any issues or concerns they had around their care. One person told us about how they raised an issue about another person who used the service. They said, "They [staff] listened. I definitely feel comfortable talking to staff about it."
- The provider had a complaints policy in place which outlined how complaints and concerns would be investigated and responded to. The provider had produced an 'easy read' complaints policy which included simplified language and pictures. This helped people understand how to make a complaint.
- The registered manager logged records on complaints onto a computer-based system which the provider's senior management reviewed. This helped to ensure any concerns received were handled appropriately.
- Records of complaints received demonstrated that the registered manager handled complaints appropriately and in line with the provider's complaints policy.

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

- People received personalised care which was in line with their needs. Staff had worked with people to develop their personal care routines, often helping them to overcome reluctance or anxieties around these tasks. One relative told us, "Staff have helped [my relative] develop a good personal care routine." This led to positive outcomes in terms of people's health and hygiene.
- People's care plans detailed their individual needs and preferred routines around both their personal care and wider care needs. Care plans were regularly reviewed and updated as people's needs changed.
- People were empowered to make their own choices and be as independent in their personal care as possible. Care records reflected a focus on people's independence. In one example, one person was supported to be more independent around the changing of their continence aids. This had a positive effect as the person felt more in control, resulting in them developing a more regular and positive personal care routine.

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 in their care plans. Staff tailored their approach to ensure people's communication needs were met, which helped people have an insight and level of control around key decisions about their care.
- In one example, staff used social stories to help people understand about the Covid-19 pandemic and how it affected their everyday life through social distancing and infection control. Social stories are short descriptions of a situation, event or activity, which include specific information about what to expect in that situation and why. This helped people prepare, understand and adapt to changes in their everyday activities and routines.

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 live active lives as part of their local community. This included using local amenities such as shops or joining local clubs. People lived near their local communities which helped to make them accessible. One person told us, "I walk into Winchester every day." A relative told us, "[My relative] has a mobility car, which is really helpful as it means most days they can get out."
- People were encouraged to stay in contact with friends and families. Staff helped to facilitate visits, phone calls and other correspondence with the important figures in people's lives.

End of life care and support

- At the time of the inspection, nobody at the service was receiving end of life care. People were either reluctant or unable to discuss their future wishes and plans.
- The registered manager told us they would consult people, relatives and other stakeholder to develop an end of life care plan to meet people's changing needs, should this be required.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure they had effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had overseen improvements to the service since our last inspection. This included; introducing an effective system of auditing and quality monitoring, promoting least restrictive practice, ensuring care plans were more person centred and improving staff retention to promote consistent care. One relative told us, "The registered manager has really made improvements since they have come onboard."
- Auditing was effective in monitoring the quality of care. This included audits of people's care records, incident reports, medicines records and audits of people's finances where appropriate.
- The provider's senior management had insight into the quality of care through audits and meetings with the registered manager. This helped to ensure they had a good overview of key events at the service.
- There was a clear management structure in place. The registered manager had overall responsibility for the running of the service, dividing their time between the two supported living services. There were senior staff in place at both sites, which helped to ensure a strong management presence.
- There were contingency plans in place to help ensure the service ran safely in the event of extreme circumstances, such as severe weather or staff shortages.
- The inspection report and rating from our last inspection was displayed at the service and on the provider's website, which is a legal requirement.

At our last inspection the provider had failed to notify the Commission of significant incidents without delay. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The registered manager had a good understanding of their responsibilities in reporting significant events

at the service to CQC.

- They had submitted the relevant statutory notifications as required when these events occurred.

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

- People told us there was a positive atmosphere at the service. One person said, "It's a good place to live."
- Relatives were mostly positive about the communication with the provider. Comments included, "Communication is good, staff are always in contact" and, "Things are going really well, they [staff] let us know about anything that happens." However, one relative told us about recent communication issues leading from problems with the provider's telephone systems. The registered manager acknowledged these issues but assured us they had now been fixed.
- Staff were positive about the management of the service and told they received good support in their role.
- The provider had a staff recognition scheme in place, which recognised where staff had supported people to achieve positive outcomes around their care. This helped to celebrate and reinforce positive attitudes and behaviours from staff.

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

- The provider had a duty of candour policy and procedure in place. This outlined actions they would take to ensure they were open and transparent with people when things went wrong.
- The registered manager understood their responsibilities under the duty of candour. They had acted transparently by informing all relevant parties if incidents or accidents occurred.

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

- People were supported to give feedback and make suggestions through 'keyworker' meetings. This had resulted in positive outcomes in promoting independence around personal care, life skills and reducing levels of staff support people required.
- The provider sent questionnaires to relatives, staff and external stakeholders to gain feedback about the quality of the service. Results from survey's sent between November 2020 and June 2021 reflect positive feedback around meeting people's needs and the management of the service.
- Regular staff meetings were held, where ideas for improvements and reflections from incidents were discussed. This helped to develop a consistent approach across the staff team.
- The provider had supported people to maintain their tenancy and raise any tenancy related issues with their landlords. This helped to ensure people had insight and control around their tenancy arrangements.

Continuous learning and improving care

- The provider had an internal quality team in place, who carried out regular quality audits and inspections. The most recent internal inspection was carried out in May 2021 and judged how, safe, effective, caring, responsive and well led the service was.
- The registered manager produced an action plan from any areas identified as needing development. From the May 2021 internal inspection, all 10 actions identified had been completed. This helped the registered manager monitor where and how improvements were sustained.

Working in partnership with others

- The service worked effectively with other agencies and healthcare professionals. This included making referrals to healthcare professionals when people's needs changed and incorporating their recommendations into people's care plans.



