

Whincup Care Limited

# Whincup Care Limited

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service:

Whincup Care Limited provides accommodation and personal care for up to six adults with a learning a disability and adults with autistic spectrum disorders. At the time of our inspection four people used the service and one person was transitioning to a community setting.

### People's experience of using this service:

- The provider had made improvements to the service since our last inspection on 9 and 10 January 2018.
- The service now met the characteristics for a rating of "good" in all key questions.
- There were improved systems for the management of medicines.
- Notifiable safety incidents were reported and acted upon by the service.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this. However, mental capacity assessments did not always fully conform with the mental capacity code of practice. The registered manager took immediate action to rectify this during our inspection.
- Staff received appropriate training and support to ensure they could carry out their roles effectively. We have made a recommendation that the service provides data protection training for all staff.
- The outcomes for people using the service reflected the principles and values of Registering the Right Support by the promotion of choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Care planning documentation clearly identified people's diverse needs, preferences and choices.
- The service provided strong leadership to a motivated staff team who felt valued by management.
- The service had quality assurance processes to measure, document, improve and evaluate the quality of care.
- People and relatives told us that staff were kind and respected their preferences and decisions.

### Rating at last inspection:

At the last inspection the service was rated "requires improvement" (16 February 2018) and we found breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Safe, Effective and Well-Led to at least "good". At this inspection we found there were improvements.

### Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our published inspection report date. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, high quality care. Further inspections will be planned for future dates.

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

## 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.

# Whincup Care 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 carried out by one inspector.

#### Service and service type:

Whincup Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Whincup Care Limited accommodates up to six people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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:

The inspection was unannounced on 27 February 2019. We informed the registered manager we would return on 28 February 2019.

#### What we did:

- Our inspection was informed by evidence we already held about the service. We checked for feedback we received from members of the public, and local authorities. We checked records held by Companies House and the Information Commissioner's Office (ICO).
- Due to technical problems, we did not ask the provider to complete a Provider Information Return. 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.
- We spoke with four people who use the service and three relatives. We observed staff interactions with people at lunch time and during other activities throughout the inspection visit. We spoke with the registered manager, four care workers, and the director of care. We spoke with one social worker, one commissioner, one district nurse and an external college leader. We received email feedback from the local authority safeguarding team.
- We reviewed parts of five people's care records including care plans, risk assessments and medicines administration records. We checked two staff members' personnel files and other records about the management of the service. After our inspection, we asked the registered manager to send us further documents which we received promptly and reviewed as part of our inspection.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service has safe systems and processes in place to safeguard people from the risk of abuse.
- There was a copy of the local authority's (LA) safeguarding procedure on file and an easy to follow flow diagram that included contact details of who to report concerns to, which was accessible to staff.
- Staff received safeguarding training and demonstrated they were able to identify signs of abuse and how to report and document concerns.
- The service's own Safeguarding policy was split into specific detailed areas of risk such as the inappropriate use of restrictive interventions. However, it did not reference all types of possible abuse under The Care Act 2014. The registered manager told they would review this promptly to ensure this was rectified.
- The registered manager was identified as the service safeguarding lead and had completed level 2 training and planned to undertake level 3 with the local authority as soon as it was made available.
- The service informed people of their rights and responsibilities to reduce the risk of harm and abuse in a way that they could understand. Appropriate approaches were included in people's care plans and we saw easy read literature to support this.

Assessing risk, safety monitoring and management

- The service had up to date risk assessments that addressed people's specific needs such as behaviours of concern, moving and handling, epilepsy and diabetes.
- Risk assessments identified and clearly documented hazards and the likelihood and severity of risks. Safe measures to mitigate risk were proportionate, followed the least restrictive principle and balanced people's rights and choices.
- The service had up to date risk assessments and checks in place to monitor the safety of the premises and equipment. For example, appropriate gas and electric compliance certificates and legionella and preventative processes were on file.
- There was an up-to-date fire procedure, risk assessment and personal emergency evacuation plans (PEEP) for every person using the service.
- The registered manager told us they were in the process of developing an 'emergency grab bag' with essential items to take in the event of an emergency. We saw that a torch and a 'grab' emergency file with useful instructions and contact details were already available.

Staffing and recruitment

- There were enough staff rostered on shift to support people safely. Numbers of staff were based on support hours calculated from dependency assessments to meet each person's individual needs.
- The registered manager demonstrated that since their appointment in November 2018 they had prioritised recruitment to promote continuity of care. Familiar agency staff currently covered approximately five shifts per month.

- Throughout our inspection we observed that staff were available to support people follow their individual routines and activities safely and staff responded to people's needs promptly.
- There were systems in place to employ safe and suitable staff. Agency staff profiles were obtained and permanent staff recruitment checks such as criminal records checks, employment references and right to work were on file. Where required the registered manager had explored any gaps in employment.

#### Using medicines safely

- There were safe medicines systems in place. This included an up-to-date policy and procedure which was in line with national guidance and regulations. We saw that medicine administration records (MAR) were signed by staff to confirm medicines were given.
- Medicines were stored safely and securely. Temperature records for storage were maintained and within range.
- The registered manager followed national guidance and best practice to ensure people obtained the best possible outcomes from their medicines. The service supported one person to review their medicines with the GP upon admission to the service. This resulted in a reduction of the person's medicines and improved their health and wellbeing.
- One person self-administered their medicines. There was an up-to-date medicines assessments and risk assessment on file which was also signed by the person's GP.
- A list of each person's medicines was kept up-to-date and 'when required' medicines protocols for pain relief were documented.

#### Preventing and controlling infection

- Staff received infection control training and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had a detailed infection control policy and procedure in line with current national guidance and regulations.
- We observed the premises' communal and private spaces to be clean and hygienic. Hand washing gel and paper towels were available and we saw that staff cleared away food preparation immediately.
- The service received a food hygiene rating of 3. This means that the business was found to be generally satisfactory. Recommendations made by environmental health had been acted upon by the registered manager.

#### Learning lessons when things go wrong

- The service monitored people's behaviour that challenged and analysed information to better understand the reasons behind people's behaviour. This information was used to look for alternative activities and approaches to meet people's changing needs to avoid reoccurrence.
- Behavioural records were shared with staff in debriefing sessions to promote reflection, analysis and to review what strategies worked or did not work to avoid reoccurrences.
- The service reported a safeguarding concern to the local authority in relation to an external incident and risk to a person using the service. Documentation showed the service was involved with the safeguarding process and supported the person and their family to reduce the risk.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not follow the requirements of the Mental Capacity Act 2005. We did not see recording of consent and best interest decisions. At this inspection there were improvements and the service was no longer in breach of this Regulation.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- At the last inspection on 9 and 10 January 2018, we asked the provider to take action to make improvements to mental capacity assessments and this action has been completed. However, documentation was not always in accordance with the mental capacity code of practice as it did not include all aspects of the test for capacity. The registered manager took immediate action to rectify this and showed us a new template which they begun to complete for one person for a specific decision during our inspection, in line with requirements.
- Where other agencies were responsible for assessing people's mental capacity this was documented along with best interest decision outcomes. We saw that the service consistently adapted information and their approach to encourage people's involvement and to enhance their capacity wherever possible.
- The service had made DoLS applications although the local authority was yet to complete their assessments and authorise these. The registered manager had followed this up and was in the process of updating the applications to reflect changes to people's needs.
- Where people had mental capacity, their consent was sought. Staff received MCA training and demonstrated a sound understanding of how to apply this in practice. We observed that staff asked people for their permission and provided simple choices about day-to-day decisions.
- For example, we observed one person was due to go to their voluntary work at a charity shop but wanted to do an alternative activity, which staff respected. Staff explained to us that the alternative activity was nearby the person's work place and they would offer the choice of their charity work to them again in case they changed their mind, which was sometimes the case and depended on their emotional state of mind.

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

- The service gathered as much information as possible about people and completed a detailed needs assessment before they moved to the service.
- Assessments were holistic and identified physical, social and emotional wellbeing needs as well as people's backgrounds, preferences, interests and protected characteristics. For example, people's religious and cultural needs and preference of staff gender were identified and met.
- The service followed relevant national guidance such as the department of health and social care guidance, "Positive and Proactive Care: reducing the need for restrictive interventions". We saw a range of approaches that demonstrated the service's commitment to a therapeutic environment. The service referred to psychology for their input to develop positive behaviour support (PBS) plans.
- One person required their food to be soft in texture. The service received information from the family about this and planned to make a referral to the speech and language therapist (SLT) to ensure support was in line with current guidance.

Staff support: induction, training, skills and experience

- Staff received appropriate support and training to carry out their roles and responsibilities.
- Staff told us they received an induction from the registered manager and shadowed experienced care workers, which made them feel prepared for their role. This was confirmed in comprehensive induction documentation, which was completed alongside competency assessments and the care certificate for staff new to care.
- People were supported by staff who had ongoing training. Staff received mandatory and specific training to meet people's individual needs. An appropriate proportion of staff had achieved health and social care qualifications.
- Two staff had completed data protection training. We recommend the service ensures all staff are trained in this to raise awareness of their responsibilities regarding how to be compliant with The General Data Protection Regulations (GDPR) 2018.

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

- Menus were planned with people each week in their residents' meeting and included at least two choices.
- We observed that the lunch time meal was well-received and people ate at times of their choosing.
- People told us they enjoyed their meals and that they were involved in preparing and cooking meals. One person told us they had learnt a lot about how to cook home-made meals since transferring to the service and appeared to take great pride and pleasure in this activity.
- We saw that people were supported to access drinks of their choice throughout the day.

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

- Staff worked together to provide people with consistent care and support and completed verbal and written handovers with regards to people's health and wellbeing.
- Throughout our inspection we observed the service update other agencies with information about people's needs. For example, the service contacted a person's college co-ordinator to share information about their wellbeing.
- A relative and social worker told us the service had worked effectively and flexibly to support a person's transition back to their family home.
- Staff reminded people which members of staff were supporting them throughout the day and referred to the staff photo board. Staff photos were updated every morning by one of the people using the service, supported by staff, so people had a visual reference of which members of staff to expect that day.

Adapting service, design, decoration to meet people's needs

- The home's communal décor created a calm, low arousal environment to meet people's sensory needs.

- Communal and private spaces were in a good state of repair and were adapted to meet people's individual needs.
- An adapted wet room and an assisted bath was available for people with mobility difficulties.
- There was a safe accessible garden area and furniture which was well-maintained.
- People were supported to decorate their private bedrooms which were personalised and comfortable in accordance with their preferences.
- The service provided a separate kitchen cupboard and utensils to meet one person's religious needs.

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

- The service supported people to access healthcare services and promoted healthier ways of living.
- A healthcare professional told us the service communicated and co-ordinated effectively which meant they were able to provide a person with regular medical treatment to meet their needs. They said the person's health had improved since transitioning to the service.
- One person told us they were very happy with the support the service had given them to be more active, which had led to weight-loss and improved mobility.
- The service supported people to access specialist consultants and followed their treatment plans. During our visit one person's medical equipment was taken to the hospital for recalibration. The registered manager received feedback from the healthcare professional that the data stored in the equipment indicated the person was using it to a much greater effect since they had moved into the service.

# 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

Good: 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

- Staff treated people with kindness and respect. We observed warm, friendly interactions and people appeared happy and relaxed in the company of staff.
- One person told us "staff are all very kind," and recalled that they had enjoyed baking and singing songs from the 60s and with a care worker at the weekend.
- Relatives we spoke with were very positive about the care and support provided with comments such as, "[staff] empower [family member] to be able to make decisions and they are respected... [family member] talks about care staff positively and will go to staff if they feel worried", "Staff are good and understanding" and "I'm very impressed with the home...happy with the care given and [family member] likes the staff team."
- The service respected people's protected characteristics. The registered manager told us they were seeking input from other health and social care professionals to provide consistent responses to a person's questions about relationships and sexual orientation to meet the person's needs safely.

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

- Staff involved people and explained what was happening throughout the day in a way people could understand so they could make choices about their care and support.
- People's relatives told us the service actively involved them in making decisions about their family member's care. Relatives were updated with people's health needs, incidents and emotional wellbeing.
- We saw that staff were observant of people's body language, vocalisation and used objects of reference to help people make choices. People were provided with information, relevant pictures and explanations about new activities to help prepare people and reduce anxiety.
- We observed staff listened and responded to a person who expressed they were worried about their relative's health. Staff provided them with specific information which appeared to reassure the person.

Respecting and promoting people's privacy, dignity and independence

- The service supported people to develop their skills and independence and promoted people's privacy and dignity.
- Staff were clear about how they protected people's dignity and ensured that personal care was private and told us they worked to empower and not underestimate or patronise people.
- Care plans documented people's abilities and included their goals and support strategies to help people achieve these. For example, one person was working towards finding food items in the supermarket to develop their independence. Another person was supported to develop their skills in contacting healthcare services directly when they needed medical advice. This increased the person's independence and they

were able to transition back to their family home.

- Staff actively encouraged people to do things for themselves where they were able and provided discreet supervision and prompts to ensure safety. For example, one person appeared to take great pleasure from making themselves and others tea and coffee. This was facilitated at the person's own pace with occasional, timely prompts and no other distractions from staff.
- Records showed that where people became distressed or disruptive towards others they were encouraged to move to a private area to maintain their dignity and confidentiality. We discussed with the registered manager that terminology sometimes used by staff in behavioural records needed to be clearer. This was important to ensure it reflected the person's choice and was not intended or used as a restrictive intervention. The registered manager assured us this would be raised with staff and planned to share records and discuss this strategy with the behavioural psychologist in their forthcoming meeting.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager and staff were highly tuned in to people's needs, preferences and what mattered to them. Staff were able to provide accurate information about people's physical and emotional needs in line with care planning documentation.
- People were supported to follow their own personalised routines, activities and ways of living in accordance with their wishes and ambitions. During our inspection visit we saw people were supported to access community activities such as the gym, college, voluntary work, shopping trips, and a hospital appointment.
- A member of staff told us since moving into the service last year one person was much more sociable because the service promoted activities that would interest them. They said, "We are always reviewing activity plans with people, it's not set in stone...we check with people and they are supported to feel in control." We were told one person had agreed to try swimming which staff believed was a result of improved confidence in their mobility and self-esteem.
- People told us staff took them to visit their relatives and pets regularly as well as social opportunities at day centres to meet up with friends.
- We observed people were supported to engage with their hobbies at home and staff celebrated people's achievements to boost their self-esteem. For example, one person's art work was carefully framed and displayed in their bedroom. Another person enjoyed singing and had equipment and musical instruments to support this pastime.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, the service had created pictorial social stories to help a person prepare and develop social skills to improve community participation and access to opportunities. We observed staff adapt their verbal communication and emphasis key words where required and general service information was prepared in an easy read format.

Improving care quality in response to complaints or concerns

- The service complaints policy and procedure was in line with regulations and we saw there were leaflets about how to make a complaint in the entrance hall.
- No complaints had been received. People and relatives told us they did not have any complaints about the care and support provided but said they would feel comfortable to raise a concern or complaint with staff or the registered manager.
- Relatives consistently told us the registered manager acted promptly to issues or changes to people's needs, which mean there was no cause for them to complain.

#### End of life care and support

- The service was not supporting anyone at the end of their life. One care worker had attended end of life training and this was available for other staff should this be required.
- Two individuals had end of life care plans which documented their and their relatives wishes.
- The registered manager planned to explore end of life wishes with other people using the service. They anticipated it may not be in everyone's best interest to discuss this now and would complete a mental capacity assessment and best interest process where applicable.
- The service had supported people who had experienced bereavement to understand and express their feelings using adapted communication methods.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because the service had not ensured the Commission had been notified of important events when required to do so. At this inspection there were improvements and the service was no longer in breach of this Regulation.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Following the last inspection on 9 and 10 January 2018 we asked the provider to ensure all reportable events were notified to the CQC. They send us an action plan detailing how they would do this and by when. We checked if this action had been completed and found it had. The registered manager understood their duty of candour responsibility and had reported notifiable events to us.
- The registered manager told us they were passionate about empowering people and building their self-esteem and spent time promoting values such as empathy amongst the staff team.
- These values were included in the service's Statement of Purpose (SoP), which was updated to reflect changes to the registered manager and sent to us promptly after our inspection.
- Staff shared the service vision and values and spoke enthusiastically about their role in supporting people to achieve their own goals.
- Staff told us the registered manager had improved standards, "Things have come leaps and bounds since they have taken over. Paperwork gets done...Turned it around. More staff and continuity of care so there are regular faces who know people."
- Staff received equality and diversity training. The registered manager and staff we spoke with had a good understanding of people's diverse needs and their duty to uphold people's rights.
- The service reviewed their business contingency plans regarding the UK's planned departure from the EU on 29 March 2019. Government guidance was previously sent out to all providers advising them of possible action they needed to take in the event of a 'no deal scenario'. The service did not currently employ staff who may be affected by the national guidance.

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

- The registered manager and the director of care demonstrated they had close oversight of the service and were extremely knowledgeable about people's needs and dynamics.
- The registered manager was supported by the provider's director of care who undertook placement assessments and was in daily contact to problem solve and develop strategies. There were plans to recruit a deputy manager to take on some of the management responsibilities.



- Staff told us they felt valued and motivated to do their best. The registered manager placed importance on providing detailed performance feedback to staff which was reflected in comprehensive supervision and appraisal records.

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

- The registered manager told us they placed great importance on engaging with people and their families to help develop and tailor the service to meet people's needs. We saw they were developing easy read surveys to gain meaningful feedback from people and surveys were ready to send to relatives.
- Throughout our inspection we observed constant communication with relatives in person and via phone with updates and to offer guidance. The registered manager spoke to a relative in their first language to promote communication and rapport.
- Relatives told us they felt included and welcomed by the service and described the registered manager and director of care as; "Really good, the quality has improved...they get things done" and "Excellent and proactive" and "On the ball, really good oversight and very approachable."
- Staff told us they felt the registered manager promoted good team work and communication and team meetings records showed that staff were involved in all aspects of the service development.

Continuous learning and improving care

- There was a clear service plan which targeted areas of risk and development to improve the service. We saw this had progressed within planned timescales.
- The registered manager completed regular checks and audits which covered people's care and support and the health and safety of the service comprehensively. Identified actions were addressed.
- The registered manager was also the nominated individual. A nominated individual has responsibility for supervising the way that the regulated activity at the service is managed. There were plans to recruit a new nominated individual and to use a sister company to support with quality assurance processes. The registered manager said they wanted this for "a fresh pair of eyes" and "objectivity" to ensure that quality and compliance of the service was optimised.
- We received feedback from a service commissioner who told us that their own quality monitoring showed the service had made improvements.

Working in partnership with others

- The service invested time in partnership working that benefitted people using the service.
- For example, the service had initiated collaboration with a person's college to reintegrate them back into their placement. They worked closely with the college and the person's social worker to agree positive support strategies and co-ordinated transport, which resulted in the person's sustained attendance. We were told by the service and the person's relative this provided them with a purpose, enjoyment and improved their quality of life.
- A social worker told us the service had collaborated well with other agencies and a person's family to achieve a successful transition back to the person's family home.