

# Care Management Group Limited

## Uxbridge Road

### Inspection report

623 Uxbridge Road  
Hayes  
Middlesex  
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Date of inspection visit:  
24 January 2019  
28 January 2019

Date of publication:  
20 March 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

About the service:

- Uxbridge Road is a supported living service that provides 24-hour care and support to nine adults with learning disabilities, complex needs and mental health needs. A team of care staff supported people during the day and there were two staff on shift during the night.

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

People's experience of using this service:

- Some aspects of the service did not consistently promote people's safety. Reasonable actions were not always taken promptly to mitigate risks to people's safety and well-being when ensuring the care and the management of the use of equipment that was used as part of that care was safe.

because risk assessments were not always updated and reviewed to mitigate risks associated with the environment and equipment they used.

- Some sections of people's care and risk management plans were not always kept up to date. However, staff knew how to support people to reduce the risks to their safety.

- Some records of the medicines being stored for two people were not always accurately maintained. The registered manager investigated and addressed these matters promptly. □

- The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People's care and support was person-centred, proactive and coordinated. Support focused on promoting people's choice and control in how their needs were met. Support and interventions were provided in the least restrictive ways. People were supported to have meaningful opportunities and activities. Staff supported people to access mainstream services and specialist health and social care support.

- Staff were aware of people's individual needs and preferences and used their knowledge to deliver person centred care. People and their relatives felt that staff cared and treated them with respect and dignity. Staff were very responsive to people's needs at any given moment.

- Staff could perform their roles effectively as they received training, induction, supervision and support to do so.

- Staff supported people to manage behaviours that may challenge others in line with best practice.

- The registered manager worked in partnership with health and care professionals and the local community. Relatives, staff and other adult social care professionals told us that the service was managed well.

- At the time of the inspection both the halls and stairwells in the main house were being re-decorated. Substantial work was also taking place to refurbish the kitchen in the main house.

Rating at last inspection:

- We rated the service "good" at our last inspection. We published our last report on 27 July 2016.

Why we inspected:

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Uxbridge Road

## 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:

One inspector conducted the inspection over two days.

#### Service and service type:

This service provides 24-hour care and support to people living in 'supported living' setting, 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 was registered for providing support for up to nine people and nine people were using the service at the time of the inspection. This is larger than current best practice guidance.

However, as seven people lived in a main house and two people lived in a large bungalow annex in the rear garden this mitigated the size of the service having a negative impact overall on people. People lived in individual flats that were made up of a bedroom and en-suite bathing facilities. People shared communal areas, such as a kitchen and living room in the main house and a kitchen and living room area in the annex. The domestic building design fitted in with the surrounding residential area. Staff were not wearing anything that suggested they were care staff when coming and going with people.

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 visit. We needed to be sure that managers would be

available to facilitate this inspection.

What we did:

We used information the provider sent us in the Provider Information Return (PIR) to support our inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with four people who used the service and a relative to ask about their experience of the care provided. We also spoke with three members of care staff, two deputy managers and the registered manager.

We viewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers.

After the inspection we spoke with four more relatives of people who use the service and two adult social care professionals involved with the service.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management

- Risk management plans were in place to reduce risks to people's safety and well-being while promoting their independence. Plans set out detailed actions or guidance to reduce assessed risks, including the safe storage of a person's toiletries and strategies to support people known to self-harm.□
- Sections of some people's risk management plans were overdue a review. This meant that the staff did not always have up to date information on how to support people to reduce the risks to their safety. For example, one person's individual risk management plan regarding their "aggressive and violent behaviour" stated it should have been reviewed in May 2018. The registered manager told us this was reviewed in November 2018 with the individual but the plan needed to be printed off and placed in the person's file. After the inspection the registered manager demonstrated that there were no significant changes to this person's risk management plan and the planned support to reduce the risks to their safety remained the same.
- In August 2018 one person's plan identified that staff needed awareness training regarding the person's mental health diagnosis to be competent to support the person. Staff had not yet received this training by the time we inspected. After the inspection, the provider demonstrated that they believed there were sufficient support arrangements in place to provide support to this person safely while this training was arranged.
- As well as people's individual risk management plans, a service-level risk management plan was in place to promote safe care and support. One of the actions identified as part of people's care and support to lessen the risks of one person falling from height or another person's behaviour to throw things out of the window was for the service to support people to have window restrictors in place. Whilst one person showed us their room we observed that a window restrictor was broken, although the provider told us this person was not at risk of harm from this. When we brought this to the attention of the registered manager they arranged for the window restrictor to be replaced.
- We found that the mobility chair that one person was supported to use for bathing was in a state of disrepair as it had two tears in the seat covering. The registered manager told us that they would have this replaced.
- These issues meant that practical measures and adjustments to mitigate risks to people's safety and well-being were acted upon, once we identified and brought these to the manager's attention, to ensure that they were still effective.

- Staff reviewed some people's risk management plans following an incident or event so the actions to mitigate risks to their safety and well-being remained current and effective.
- The registered manager used assorted health and safety systems to monitor the safety of the service. These included regular health and safety audits and we saw that the registered manager acted to address the issues these systems had identified.
- The halls and stairwells in the main house were being re-decorated and substantial work was also taking place to refurbish the kitchen in the main house at the time of the inspection. However, overall the environment appeared safe. Household maintenance issues were being addressed.
- Emergency plans and individual fire evacuation plans were in place to ensure staff supported people in the event of a fire or other emergency.
- The daily shift planner noted which staff who were working were first aiders and acted as the fire marshal.

#### Using medicines safely

- Records of the medicines being stored for people were not always accurately maintained. We found that the stock count of one person's 'when required' pain relief medicine did not reflect the amount of medicine held by the service. We found that the stock checks of another person's medicine patches had not been recorded since the month prior to our inspection and did not reflect the amount of medicine held by the service. This meant that the registered manager was not monitoring the quantities of medicines that were being stored to provide an audit trail to show that people were receiving their medicines as prescribed.
- When we brought these concerns to the attention of the registered manager they investigated the matter promptly to address the shortfalls.
- People were provided with different levels of medicines support depending on their level of independence. Staff completed an assessment of a person's competency in managing their medicines to agree how to support them.
- Medicines administration records (MAR) contained of the necessary information for the safe administration of people's medicines and were being completed appropriately.
- Medicines care plans provided clear, up to date information about people's prescribed medicines and described how people wanted to be supported to take these. These included information about people's known allergies.
- Protocols were in place that gave information to support staff to administer 'when required' medicines as intended by the prescriber. The management team was systemically reviewing these.
- The provider audited medicine support practices regularly and we saw that the registered manager took action to address the issues that these audits had identified.
- Staff had received training and competency assessments in medicines support to ensure staff administered medicines to people safely. The management team had booked some staff onto refresher training when a recent audit had identified this as a requirement.

- The service was working with other professionals to support people in line with the STOMP initiative. (STOMP stands for 'stopping over-medication of people with a learning disability, autism or both with psychotropic medicines'. It is a national project involving many different organisations which are helping to stop the over use of these medicines.) Staff had received awareness training about STOMP.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought that the care people received was safe. People told us that staff and the registered manager responded to safeguarding concerns that they raised.
- The provider had suitable safeguarding systems in place. Safeguarding concerns were reported, recorded and a raised with the local authority. The provider audited the service's safeguarding practices regularly to ensure they remained effective.
- Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. One staff member commented, "Prevention of the possibility of harm and abuse, it's part of our duty of care."
- Safeguarding was a regular topic for discussion in team meetings and staff supervisions and staff received regular safeguarding training. This helped to promote staff competence in recognising and responding to safeguarding concerns.
- There were appropriate systems in place for recording and monitoring when staff handled people's money for them so that people were protected from the risk of financial harm.

Staffing and recruitment

- One relative told us, "There always seem to be enough staff on." People and staff also told us that there were sufficient numbers of staff available to meet people's needs. The registered manager told us, "We always make our staffing ratio" and the staff rota for the previous month showed that this was the case.
- People and relatives told us that there had been some changes in the staff team over the last year which meant that some care was provided by temporary agency staff. This meant that people people did not always receive support from people who were familiar with their needs and preferences. However, the registered manager had tried to source the same regular agency staff to reduce the impact on people's consistency of care. The provider was in the process of recruiting new care staff.
- We observed that there were enough staff to respond to people's needs promptly and that individuals were supported at a pace that suited them.
- Staff records showed that the provider completed all the necessary pre-employment checks so that it only offered roles to fit and proper applicants.
- Staff received induction and training on safe working practices at the service, such as moving & handling support, fire safety and responding to emergency situations, so that they could help people to stay safe.

Preventing and controlling infection

- The main house, the annex and the flats that people invited us to see were clean.
- There were appropriate arrangements for preventing and controlling infection and these were audited

monthly.

- People's care and individual risk management plans set out how to support people safely. The plans identified specific risks of infection for an individual.
- Staff had training on food hygiene and safety so that they could support people to prepare meals safely.

Learning lessons when things go wrong

- Staff told us that the manager always responded to incidents and concerns.
- The service logged incidents and accidents. These records were shared with other professionals where appropriate and one community professional told us, "they're always completed to a good standard" and "the way they record things is good."
- The provider had compiled and reviewed records of incidents and used learning from this to develop and review people's positive behaviour support plans.
- Staff told us that after an incident or safety concern they had the opportunity to reflect on this with colleagues and in supervision. One staff member said, "There's always one or more team member on hand to support [them]."

# 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

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

- We saw that assessments of people's needs were comprehensive and set out the support that people required and the goals they would like to achieve.
- Assessments identified what was important to people, such as how they liked to be supported, their preferences, likes and dislikes.
- One person told us, "I like it here. [The staff] know how to support me."
- Positive behaviour support plans described how to understand and support people whose behaviour may challenge, in line with best practice. These plans were based on assessments and reviews of people's behaviour, supported by the provider's behaviour support team and with the involvement of other community professionals.
- One person described to us how talking with staff meant that staff could proactively help them to "catch" their behaviour from escalating.
- We observed staff providing reactive support in line with people's positive behaviour support plans when people were presenting behaviour that was challenging to other people.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Care plans clearly set out when restrictive care and support arrangements had been agreed either with a person or in a person's best interests when they didn't have the mental capacity to agree to the arrangements.
- Staff had received training regarding the MCA and staff we spoke with could explain how they worked in line with the principles of the MCA. One staff member told that the service works to "make sure people are not restricted unlawfully."

- We saw evidence that when people lacked the capacity to agree to their care arrangements and these amounted to a deprivation of their liberty, these arrangements had been authorised by the Court of Protection or an application for authorisation had been submitted to the Court. Adult social care professionals also confirmed this.

#### Staff support: induction, training, skills and experience

- Staff we spoke with were competent, knowledgeable, and skilled and felt supported by managers to develop. One care worker said, "I think that I have received great support, especially from the managers."

- We saw staff had annual performance appraisals and regular supervisions that were recorded in detail. Staff told us they found these useful and supportive.

- New staff had completed an induction to the service and a probation period before being confirmed in post. Staff told us that their induction process helped prepare them to be assessed as competent for their role. One staff member commented, "They're very thorough before they sign you off."

- Staff said that their training helped them to feel competent to support people and that the provider invested in staff with support worker and manager development programmes. Staff training included positive behaviour support, person-centred care, epilepsy support, communication, autism and learning disabilities awareness, duty of care and equality and diversity.

- The registered manager audited staff learning and development requirements regularly to identify when people required refresher training.

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

- People received support to maintain independence and prepare their own meals. Some people had support from staff in meal preparation. One relative told us that they thought people ate well.

- People's care plans identified their cultural dietary requirements. For example, one person's plan explained that they only ate some food items sourced in a specific way.

- Staff had completed training on fluid and nutrition support so that they could support people to eat healthily.

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

- People received ongoing support to meet their day to day healthcare needs. Staff supported people to access healthcare services in a timely way.

- Relatives told us that people were supported to access healthcare services such as their GP, dentist, optician and clinical consultants as they may require. The service involved relatives in supporting people with their health appointments as well if this is what people wanted.

- People had detailed Health Action Plans that provided information about the person, their healthcare needs and the care and support that they required to meet those needs.

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

- The staff worked with psychologists, social workers and healthcare professionals to provide care and support to people to meet their needs.

- One adult social care professional commented that the service was using "lots of person-centred planning and working with other agencies." They told us this meant the person "gets lots of consistent support."
- People also had dental and hospital passports that described their care and support needs and what was important to them. These documents promoted person-centred working with other healthcare agencies because they described how people communicated and needed to be cared for in specific situations.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were positive about the caring attitude of staff. One person told us staff are "nice" and another said, "They're good with me." Another person told us that they liked their keyworker and that staff helped them. Relatives also told us, "The carers are wonderful" and "They're very kind - I think they're amazing."
- We observed staff speak with people with kindness and respect. One member of staff told us, I treat [the person] the same way as I want myself to be treated."
- Staff responded to people's needs quickly and adapted their communication and approach to the person, particularly when the person appeared upset or anxious.
- Staff we spoke with had a good understanding of individuals' preferences and how they wanted and needed to be supported.
- People's care plans recorded a detailed personal profile, a life history and the likes and dislikes of each person. The registered manager told us that these helped new staff get to know people and we observed temporary staff new to the service being given the time to read this information when they arrived.
- We also saw some relatives had given very positive feedback to staff and to managers. This included statements such as, "[the person] is made to feel very much at home, and [their] preferences are always prioritised."

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

- People were consistently, meaningfully and continuously involved in decisions about their care and other needs, and how these will be met. One community professional told us, "They really do listen to the people living there". This included learning how a person communicates through their behaviour and understanding how a person may be expressing where they would like to move to.
- Relatives told us that they felt involved in people's care planning and staff gave them information and support to contribute to this. When asked about being involved with the service, relatives told us "They're good at that" and staff "are always helpful."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and their own space.

- Staff gave us examples of how they promoted people's dignity when providing personal care, such as helping people to close doors and curtains and speaking with and encouraging the person. One staff member said, "It's about being on their timescale as there should be no rushing, personal care should be a relaxing time."
- We observed staff respond to people in a compassionate and timely way when they were experiencing emotional distress. This support was in line with people's agreed positive behaviour support plans.
- Staff completed training on promoting privacy and dignity so they could be competent to provide people with compassionate support.
- People were afforded choice and control in their day to day lives. Staff we spoke with showed a genuine commitment to helping people to be independent and supporting people with their choices about that they wanted to do. Some people had activity plans in place, but they could change these arrangements if they chose. Other people chose not to have activity plans in place as they were more independent and this was respected.

## Is the service responsive?

### Our findings

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

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; accessible information

- Relatives told us that people received care and support that met their individual needs. Relatives' comments included, "We're pleased with how [the person] is there and how they treat [them]", "The set-up is very good here, well suited to [the person's] needs" and "[The person] clearly likes to live there."
- Staff were knowledgeable about people and their needs.
- People's care plans reflected their physical, mental, emotional and social needs and their care and support preferences. This included information as to whether people preferred to work with female or male staff, the toiletries that they liked to use, dates and calendar events that were important to people and how these could affect a person's behaviour.
- The service held multi-agency care plan reviews with people six monthly or sooner if required, which included people's relatives where possible. One adult social care professional commented, "I don't have concerns when I go to reviews" and that "actions and recommendations do get followed up."
- We observed both staff and the managers supporting people to communicate and responding immediately to people's wishes and needs on numerous occasions.
- Communication plans and passports clearly set out how the service understood a person to express her or himself. Accessible communication was promoted including using communication aids, easy read material or pictures and objects of reference. This helps ensure that the service complied with the Accessible Information Standard. The Standard requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss.
- Staff encouraged and supported people to engage in meaningful activities. At the time of our inspection, some people were accessing their local community independently, being supported to manage their finances, going shopping with staff and being supported to visit a local zoo.
- One person explained to us how staff had supported them to develop and use an 'activity box'. This contained suggestions of different activities the person could be supported to engage in when they were feeling anxious or low. This meant that the person could be supported to manage their behaviour before it escalated to challenge the service and others.

- An adult social care professional said that they were impressed that the registered manager had been

proactive in sourcing meaningful activities for people. This included college and creative photography courses for people and an agency that provided in-house arts and crafts sessions. One person showed us a decoration in the main house that people had created together during one of these sessions, which they appeared pleased with.

- Recorded feedback from people's relatives also showed that. For example, one relative had commented, "The staff understand that birthdays, holidays and Christmas are of paramount importance to [the person] and they help fulfil [their] high expectations."

- People were supported to develop and maintain relationships that were important to them. This included keeping in contact with their families as well as friends from places where people had lived before moving to the service.

#### End of life care and support

- No one was receiving end of life care at the time of our inspection.

- However, staff had discussed with individuals what their end of life wishes were and these were clearly recorded in their care plans. This was in line with national guidance on supporting people to plan for the future.

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

- There was an appropriate complaints management system in place. Complaints were handled in the correct way.

- Relatives knew how to raise concerns and had been given information on making complaints. They told us that when they had raised issues or complaints these had been responded to quickly and clearly. Relatives felt confident that when they raised issues they would be listened to.

# 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

Service management and leadership was inconsistent.

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

- Records in respect of some people using the service were not always kept up to date. Some sections of people's care plans were due for review. Monthly file audits had identified when some sections needed to be updated, but this had not then taken place yet. The registered manager explained that in these instances people's care had not materially changed but the sections of the care plans had not been updated to reflect this. This meant that the care plans were not always contemporary records of individuals' planned care.

- The registered manager conducted a prompt audit of care plans to identify and address any other similar issues during the inspection. The management team explained that now a second deputy manager had started in post in the week of our inspection, they had suitable resources to address these recording issues and ensure care plans remained up to date.

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

- The provider's systems had not always been operated effectively to plan for or to mitigate risks. During the inspection we identified that some equipment was broken and continued to be used which could pose a risk to people. We also identified that records of the stock of medicines were not always accurate to confirm that people were receiving their medicines as prescribed. When we discussed these concerns with the registered manager they took steps to address these issues.

- Relatives we spoke with told us they thought the service was well-led.

- People spoke highly of the registered manager and management team. One relative told us, "[the management team] are nice, they'll explain things to me". Community professionals told us that the registered manager was "very good, very experienced", "managing the place really well" and one added, "I am confident in the management team, [they] work really well together".

- Staff told us that the registered manager was "very supportive" and helped to promote staff well-being. One staff member said that the team was "being led from the top - the management team seem to be very adaptable and can read the mood of the service at any given time." Another staff member said, "It's a good team. Everyone's very supportive in this place."

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

- The service regularly sought the views of people.
- There were regular tenants' meetings throughout the year. These meetings involved people in the running of the service and discussed issues such as cleaning the house and activities people wanted to do. A person who used the service chaired some of these meetings.
- People completed a Service User survey in 2018 that identified what they were pleased about with the service.
- Relatives told us that the provider asked them to give feedback about the service. We saw that relatives had replied to a survey in June 2018. One relative told us that staff "got back to me really quickly" regarding their feedback.
- Staff told us they had regular team meetings and used these to discuss the service and people's well-being. We saw records of these taking place. The registered manager had arranged for a community healthcare professional to attend the next meeting to discuss approaches to supporting people with their behaviour.
- There was a comments book for staff to write feedback and comments about the service. There were three entries for 2018 which the registered manager had responded to.

#### Continuous learning and improving care

- There were various quality assurance arrangements in place to identify current and potential concerns and areas for improvement.
- The registered manager completed a service development plan in December 2018. This considered feedback from family and stakeholder surveys, what the service had achieved over the last year and set improvement objectives for the year ahead.
- The provider's 'quality checkers' team, people who have experience of services, visited the service in 2018. We noted that the registered manager had taken to action in response to the checkers' recommendations.
- One of the deputy managers had contacted a local service supporting people with profound and multiple learning disabilities to learn how to develop this aspect of the service for some people.
- The registered manager attended regular management meeting to keep up to date on policy and practice developments, such as the introduction of a new monthly medicines audit process.

#### Working in partnership with others

- Community professionals told us that the service worked in partnership well with other agencies to support people's health and social care needs. One professional told us that communication from the service was effective, "Definitely, it's one thing I am impressed with this. They let me know about things in a timely manner."
- The management team had been working with statutory agencies and another support service to consider how to support people to move to another care setting. This was to ensure such a move was in the person's best interests and would meet their needs.