

Supreme Care Services Limited

Fir Trees House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

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

About the service

Fir Trees House is a residential care home providing personal care to five people with mental health needs and/or learning disabilities and a variety of associated health and support needs at the time of the inspection. People live in one large house. The service can support up to seven people.

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

Right Support

People and relatives told us staff did not always support people to have a fulfilling and meaningful everyday life. Support was safety focused, one example being people could only access the kitchen with staff support and this was kept locked with a sign on the door reminding people to not enter without staff. Some staff spoke of health and safety concerns about people using the kitchen. Support plans did not always include guidance for staff about positive risk management to encourage skills development in line with people's wishes. The registered manager and provider were in the process of reviewing support plans to include consideration of positive risk taking with a focus on people's strengths and promote what they could do. Staff worked with people to plan for when they experienced periods of distress and demonstrated an awareness of individual interventions and techniques to support people with this. People had a choice about their living environment and were able to personalise their rooms.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff consistently demonstrated their awareness of people's cultural needs this included dietary choices and terms of address. People received kind and compassionate care. We observed staff providing support in a personalised sensitive manner which demonstrated genuine regard for people. Relatives and friends spoke highly of the staff, one said, "So far they have been excellent." Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right culture

People did not always lead inclusive and empowered lives. The registered manager had recently joined the service and had identified the need to ensure the ethos, values, attitudes and behaviours of the management and staff always focused on people's needs and aspirations. They were working with people and staff to improve in this area. Relatives and friends had spoken positively about the influence of the new

registered manager and expressed their hopes to be informed and involved with reviews with people. Staff placed people's wishes, needs and rights at the heart of everything they did. People told us they were happy living at Fir Trees House and the staff knew how to support them when they were upset and were kind.

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

Rating at last inspection

The last rating for this service was good (published 23 October 2018)

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. The inspection was prompted in part due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks

We have found evidence that the provider needs to make improvements. Please see the effective and well led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to person centred care at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

Requires Improvement 

The service was not always effective

Details are in our effective findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our well-Led findings below.

Fir Trees House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two Inspectors carried out the inspection.

Service and service type

Fir Trees House 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.

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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke/communicated with five people who live at Fir Trees House and one relative and two friends about their experience of the care provided.

We spoke with five members of staff including the registered manager, the area manager, the deputy manager and two support workers.

We reviewed a range of records. This included five people's care records and five 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. We spoke with one professional who knew the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person told us, "I am safe here." And, "I can tell staff if there is anything wrong." Relatives and friends confirmed they felt people were safe and this had improved following a person recently moving out of the service. One friend told us they felt safety had improved, "They are now, they weren't before."
- Staff had training on how to recognise and report abuse and they knew how to apply it. One staff member told us, "Safeguarding could be anything such as a medicine error, not treating the person how you're supposed to." Another staff member demonstrated their understanding and awareness of safeguarding and the process to report any concerns to managers.
- Our inspection was prompted in part as a result of a safeguarding enquiry relating to a person who was no longer living at the service. The registered manager and area manager provided assurances their safeguarding processes and procedures were operating effectively ensuring people remained safe. The registered manager, who joined the service recently, told us how the service learnt lessons. They were in the process of reviewing recent events and were clear their assessment process for new residents would include further consideration of compatibility with others living in the service and the services ability to meet individual needs. Relatives and friends, we spoke with shared this view. One said, "Managers need to be more careful on assessment." It was apparent the service had experienced a difficult time; however, it was also evident the experience of people had improved greatly recently.
- Staff assessed people's individual health and safety needs and did their best to meet them. Relatives and friends generally provided positive feedback about how the service met people's health needs. One relative told us how the service had supported their loved one with a health concern, "I can't thank them enough, it's given me a chance to build a relationship."
- People received support from staff who understood risks identified in support and risk plans. One person had been noted as requiring staff to communicate with them in a specific manner in order to minimize the potential risk of emotional distress. We observed them receiving their support sensitively, with choices being acknowledged in accordance with the assessment. This ensured the person received support to minimise risks in a manner which ensured choice and control was maintained.
- People lived safely because the service assessed, monitored and managed safety well. People were supported to hold keys to their rooms and following a risk assessment process could be supported to manage keys to the front door.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Staff had completed Personal Emergency Evacuation Plans for people which included consideration of specific risks. This provided assurance risks to people were being assessed and managed

effectively.

- People's care records helped them to get the support they needed because it was easy for staff to access and keep high quality clinical and care records.

Staffing and recruitment

- The numbers and skills of staff matched the needs of people using the service. One person told us how staff supported them, "Staff are kind when I am upset." Staff were observed acting proactively, communicating and engaging people in a manner which promoted their emotional and psychological wellbeing.
- People were supported by staff who had been recruited and inducted safely. Staff knew how to take into account people's individual needs, wishes and goals. There had been some staff changes recently and we observed relatively new staff demonstrating an awareness of people's individual needs and choices. One staff member described their experience of working at Fir Trees House, "It's fun, I've got to know the people really quickly, this is their home."
- The registered manager shared with us how staff morale had improved recently and additional support from the provider had meant they were currently fully recruited and in the process of developing the staff team. They told us, "It's a whole lot more positive now." A staff member told us they were learning by asking questions and the registered manager and provider made a range of training courses available to staff.

Using medicines safely

- People were supported to receive their medicines safely. People received support from staff to make their own decisions about medicines wherever possible. One person told us, "I do what I can for myself but ask for help if I need it." Records confirmed how staff encouraged people to manage medicines safely.
- Medicines were stored securely and there were safe systems in place for ordering and disposing of medicines. This meant that people had access to their prescribed medicines when they needed them.
- People could take their medicines in private when appropriate and safe. We observed how a staff member administered medicines in a person-centred way. They were patient and gentle in their approach, explaining what the medicine was and giving the person time to understand and consent to taking their medicine in a place of their choosing.
- Only staff who had been trained and assessed as competent were able to administer medicines to people. Records were accurate and showed how issues of consent had been addressed in line with relevant legislation.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff were knowledgeable about people's needs and medicines. Records showed how staff monitored symptoms and any changes or improvements were noted in regular medicine reviews with health care professionals.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. One person told us about staying safe when they went out, "I still wear a mask I feel safer." The area manager told us how people and relatives had been encouraged to join in remote training sessions to understand the impact of the global pandemic on people. The service supported visits for people living in the home in line with current guidance.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing and storing food.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment had not always been sought in line with the law and guidance. Staff controlled access to the kitchen and people were restricted from accessing this room without the supervision of staff. We checked on this to understand the impact this had on people's freedom to access snacks and drinks. Some people had been assessed as requiring staff support to access the kitchen safely and this had resulted in the practice of locking the kitchen and staff holding the key. This meant all people living at the service were subject to this restriction. This practice had not been assessed or considered in line with the requirements of the Mental Capacity Act 2005 (MCA). People lacked capacity to make this decision independently or to understand why the kitchen door was locked. The registered manager could not be assured this was in their best interests or as least restrictive as possible.
- Staff supported people to access the kitchen and people spoke of how they helped prepare meals. One person told us, "We are not allowed in the kitchen at all." They went on to tell us this was because of health and safety risks and staff needed to be with them. Staff told us how they supported people to use the kitchen. They spoke of health and safety risks. There was a sign on the door reminding people they could only access the kitchen with staff support.
- One friend shared their view of the impact this had on a person, "They used to help with food but this had

stopped because they weren't allowed in the kitchen anymore." The service had missed opportunities to promote person-centred, supportive practice as a result of restrictions and potentially limited people's progress with life skills.

- The registered manager confirmed the practice of keeping the kitchen door locked was due to specific risks associated with one person. This person was no longer living in the service and this practice had not yet been reviewed.
- People did not always have care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. One person told us they liked to help with cooking and wanted to do this more. Staff told us some people liked to help prepare food and help with other household and garden tasks. Support plans did not always provide guidance for staff or contain strategies to actively promote people's skills
- Some relatives and friends suggested staff could be more proactively encouraging people. One told us, "[Person] does better if has, directed structure for example, we can't do this but can do that." Another felt staff had not always provided a person with encouragement and stimulation to help motivate them.
- Records contained terms such as, "accessing the community" when meaning "going shopping or doing a leisure activity." A person was recorded as being, "demanding at times" or "temperamental" when expressing emotional distress. These terms demonstrate a lack of understanding of maintaining people's dignity and are not person centred.
- The registered manager was in the process of reviewing support plans with people and this had not developed to the point where they promoted strategies to enhance independence or demonstrated evidence of planning and consideration of the longer-term aspirations of each person.
- People did not always play an active role in maintaining their own health and wellbeing. One person had not been provided with all available support for them to make a considered decision about treatment to manage a health condition. A friend shared their concerns about the impact this was having on their ability to communicate with the person. During the inspection the registered manager reviewed this person's risk assessment and detailed actions they were taking to encourage the person with this which included seeking further professional support and considering further tools to support this person's understanding of potential consequences of their decision.

The provider failed to ensure care and support was appropriate to meet people's needs. Care was not always delivered in a person-centred way, examples included; People were only able access the kitchen with staff support. People did not have personalised, holistic support plans to encourage and promote independence. They did not include agreed goals or positive risk management strategies to encourage or maintain independence. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate action to remove the sign on the kitchen door and provided assurance assessments would be reviewed and the door was no longer being kept locked. They told us they were in the process of reviewing peoples support plans and this work would include developing goals with people.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest's decision-making. Staff knew about people's capacity to make decisions through verbal or non-verbal means, and this was well documented. One person told us how staff supported them to make decisions, "I talk to staff and managers for advice, if I'm not sure about something,... I hear their opinion and mine then we decide."
- Staff understood and recognised people's individual needs. We observed staff providing support positively in a sensitive manner. One example, staff were observed speaking with a person in accordance with their

cultural preferences.

- Relatively new staff had an effective level of understanding regarding supporting people when they expressed distress and could provide details of the strategies they deployed to support people to manage their emotional needs. One person told us, "When I am well, I understand. I really should come and do things that help me be less annoyed." They went on to confirm staff supported them with this.
- People were supported to attend medicine reviews regularly with health professionals and attend annual health checks, screening and primary care services. The deputy manager told us, "Health appointments continued [through the pandemic] the GP comes in if requested we have been really lucky."
- People told us about their health conditions and how they were supported. One person said, "Staff helped me with health problems."
- During the inspection we completed an assessment of the safe and appropriate use of CCTV in order to comment on equality and human rights. The area manager was able to provide assurances CCTV had been assessed as an appropriate measure in communal areas in line with guidance and the law. People were consulted and included in the decisions about the use of surveillance.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and/or autistic people may have with their mental health needs. A new staff member told us how they were being supported to develop their knowledge and competence, "I can ask managers questions, if you open your mouth, they will offer you another training course." They went on to tell us how the registered manager and deputy manager operated a relaxed supportive approach to learning.
- New staff received support in the form of induction, continual supervision and appraisal. Staff spoke about how they had been supported into their role which included regularly meeting with the registered manager. One said, "I have had supervisions since starting I find them helpful; I can express myself and I feel able to ask questions, I ask a lot of questions."
- Records confirmed staff received support in line with nationally recognised guidance. People received support from staff who received regular update training and support from their peers and managers.
- The service checked staff's competency to ensure they understood and applied training and best practice. Staff told us how medicine competency was assessed following completion of training. This provided assurance the service was supporting staff to develop their skills and maintain best practice.

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

- People were supported to eat and drink enough to maintain a balanced diet. People could exercise choice throughout the day and could access sufficient food and drink. Some people had individual dietary requirements. We observed staff consistently offering people food in accordance with their individual needs. A staff member told us how they supported a person with making food choices and this included an awareness of their cultural requirements.
- Staff supported people to be involved in planning and preparing their own meals in their preferred way. One staff member told us how they had prepared for Pancake Day and how people had chosen the pancake fillings. People told us they enjoyed the food, one said, "They cook nice food and the food is on time."

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

- People's care and support was provided in a safe, clean, well-furnished environment.
- There were some areas in need of refurbishment. The registered manager was able to provide a plan of action to address this and we saw one redecorated bedroom and were told of plans to redecorate another. In addition to bedrooms people could access a variety of shared living spaces which included a living/dining room. People had access to a garden

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Every room reflected people's tastes and interests.

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 good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider/ registered manager did not always instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. For example, the practice of staff managing access to the kitchen had been implemented because of a person's individual risks, however the impact this had on opportunities for others to develop had not been effectively managed or kept under review.
- Throughout the inspection we observed people being supported by managers and staff and the focus was mainly around people remaining safe. Some people told us they liked to be involved in food preparation and cooking and also about the lack of opportunities to be involved. Relatives and friends of people spoke about concerns they had about people not being encouraged to remain motivated and engaged. We have reported on this within the effective section of this report. This had potentially resulted in missed opportunities for people to develop and flourish and was an area in need of improvement.
- The registered manager was in the process of reviewing people's support plans and had identified a need for further work to increase the level of involvement and participation. The area manager spoke of how the provider's care management systems were now outcome focussed and this was being reviewed and implemented with all people in Fir Trees House.
- The registered manager worked directly with people and led by example. They had recently been appointed and throughout the inspection we observed them working with people in a skilful and relaxed manner. They had demonstrated an understanding of people's needs and provided direct guidance and reassurance to staff as required. Staff and relative's spoke highly of the registered manager. One relative said, "[Registered manager], seems to be better, something about them, seems to have sensible ideas." It was evident from the experiences of people and their relative's, the registered manager and staff, people's needs and wishes were at the heart of everything they did.
- Staff felt respected, supported and valued by the provider and the registered manager which promoted a positive and improvement driven culture. The registered manager told us they had worked to, "Stabilise the staff team" and how they, "Need the staff team to feel valued." Managers and staff confirmed the morale of staff had improved. One staff member said, "I'm loving it is a nice place to work. It's a really good company they will ring and check if you need anything." Another staff member told us they had considered leaving but things had improved since the new registered manager joined and they were more settled now.

- The registered manager set a culture that valued reflection, learning and improvement and welcomed fresh perspectives. They told us, "There is an atmosphere of teamwork." We observed, and records confirmed that staff were supported to reflect on practice and were able to contribute ideas for improvements. Open communication was promoted within the team and morale was positive. One staff member told us, "The approach is very relaxing" and went on to explain how the registered manager and deputy manager were available to provide support or answer staff queries.

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

- The registered manager had the skills, knowledge and experience to perform their role, and understood and demonstrated compliance with regulatory and legislative requirements. They had a clear understanding of people's needs, effective oversight of the service and had a vision for how the service was moving forward.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff we spoke with demonstrated a good knowledge of people's needs and choices and these included an awareness of cultural needs and preferences.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. As well as their own local systems the service was overseen by the provider who completed an external audit every three months and shared the results with the registered manager from which actions to improve were identified.
- Staff performance was monitored, and staff had opportunities to discuss their learning and development needs. Staff told us that the manager was supportive both personally and professionally. One staff member commented, "[Deputy Manager] does regular supervision, they ask how I'm doing and always talk about food and hygiene fire safety and things like that."

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; Continuous learning and improving care

- The registered manager promoted transparency and honesty. The service apologised to people, and those important to them, when things went wrong. Staff knew how to whistle-blow and knew how to raise concerns with the local authority and CQC.
- When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. One example, they had identified the need to inform CQC of a notifiable incident which had occurred prior to their commencement in the role. This provided assurance the registered manager understood their responsibility to be open and transparent.
- There was a clear, recorded purpose for the use of surveillance supported by relevant assessment. CCTV was operational within communal areas and outside the service. The management of records and recordings of surveillance ensured they were protected and stored safely.
- The provider invested sufficiently in the service, embracing change and delivering improvements. The provider carried out regular quality monitoring visits and it was evident these had identified opportunities for continuous learning and were driving improvement. One example, the registered manager told us about recent staff recruitment success had resulted in more permanent staff joining the service. They were clear about how applicants had been encouraged to apply and spoke of continual recruitment processes to ensure they managed staffing levels effectively. The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. Staff told us they felt supported by managers and the provider and throughout the inspection we observed staff using their skills effectively.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, and those important to them, worked with managers and staff to develop and improve the service. Staff completed regular meetings with people where activities and ideas were discussed. During the inspection we saw staff and people discussing plans for Pancake day.
- Relatives and friends had regular contact with the service, felt able to share their views and spoke of improved communication with staff and the registered manager.
- The service worked in partnership with other professionals and agencies. These included healthcare services as well as local community resources. Records confirmed that staff had contact with a range of health care professionals. This enabled people's health to be assessed so they received the appropriate support to meet their ongoing needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure care and support was appropriate to meet people's needs. Care was not always delivered in a person-centred way, examples included; People were only able access the kitchen with staff support. People did not have personalised, holistic support plans to encourage and promote independence. They did not include agreed goals or positive risk management strategies to encourage or maintain independence</p>