

Creative Support Limited

# Creative Support Thistley Green Intensive Support Service

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Creative Support Thistley Green Intensive Support is registered to provide personal care to people living in supported living accommodation. The service was started under the Transforming Care programme with the aim of providing housing for adults with mental health or learning disability and complex behavioural needs. The Transforming Care programme aims to improve care and support in the community for people with a learning disability and/or autism. Support is provided in 10 flats. At the time of the inspection 6 people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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 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.

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

The service had truly transformed the lives of the people they supported. Prior to joining the service many people had lived in institutions for several years. Staff supported people to rehabilitate and maximise their emotional and physical potential through a collaborative and supportive approach to care. This enabled people to work towards attaining individual goals and personal aspirations.

The provider was committed to ensuring the service provided person-centred care. This ensured people received care and support from staff who were dedicated to providing exceptional outcomes for them. Both the director and the registered manager were highly visible and approachable in the service for people, relatives and staff. The service had a clear vision for what it wanted to achieve and a detailed strategy to turn it into action, developed with all relevant stakeholders.

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

People's views were extremely valued and used to drive improvement.

Staff had completed a high level of training which provided them with the expertise to assess, monitor and support people with their complex needs. Staff had built extremely effective working relationships with

other health and social care professionals involved in people's care to ensure they received a high level of care and support. Staff felt respected, valued and supported by the leadership.

Care assessment and planning records were detailed to enable close monitoring of peoples' care, progress and future planning. Risks in people's daily lives were assessed and mitigated with a focus on positive risk taking. Staff were provided with safeguarding training and understood how to keep people safe.

Safe staff recruitment procedures were in place. Staff recruitment processes were designed to meet people's individual needs. Where able people were involved in the interviewing staff. There were sufficient staff numbers and flexibility to provide the care and support required by people to meet their individual needs.

Medicines were safely managed and effective infection control and complaints procedures were in place.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

#### Rating at last inspection

This service was registered with us on 17th January 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### 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?

Outstanding ☆

The service was exceptionally effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our safe findings below.

# Creative Support Thistley Green Intensive Support Service

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

The inspection team consisted of one inspector.

### Service and service type

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

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

### What we did before the inspection

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

We reviewed a range of records. This included three people's care records and medication records. We looked at four 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 sought feedback from five professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training. They knew how to recognise signs of abuse and were clear about what action to take if any concerns arose.
- People told us they felt safe using the service and with their care staff.
- Where concerns had arisen the registered manager had made appropriate referrals to the local authority. The service had a whistle blowing policy in place and staff knew how to raise concerns with external agencies.

Assessing risk, safety monitoring and management

- People's care records included detailed risk assessments which identified how potential risks in their daily lives were managed and mitigated. Each activity included an extremely detailed risk assessment for example, personal care, the safe use of the internet and accessing the community.
- Risks specific to people's health needs were assessed. For example, guidance was in place to support staff to manage conditions such as epilepsy. Care plans included a clear seizure management plan outlining to staff potential warning signs and the action needed to support the person during and after a seizure.
- Some people had very complex behavioural needs. Care plans included detailed guidance for staff about the person they supported, potential trigger factors and the action to take to keep people and those around them safe.
- Staff knew the details of people's risk assessments and explained how they worked closely with the registered manager and team leaders to manage risks to people's health and well-being. One staff member said, "The key to everything is picking up on things before they happen."
- The service had a truly holistic approach to assessing, planning and delivering care which enhanced people's well-being. Regular Multi-Disciplinary Team (MDT) working and reviews ensured people's voices were heard and their rights were upheld. The MDT was comprised of staff from a range of areas of expertise including social workers, psychiatrists and members of the forensic team. An example of this was the use of PBS (Positive Behaviour Support) which helped people to reduce the frequency of behaviours that were challenging, by encouraging them to focus their energies into setting individual goals and celebrating success.
- Staff worked with people to implement PBS and good practice guidance. This had had a positive impact on people's quality of life, promoting independence and choice, and had reduced potential risks to people and others. For example, the number of staff required to support people on a one to one basis had reduced.

Staffing and recruitment

- Robust systems were in place to ensure staff were recruited safely and included checks on staff suitability

to work in this type of service.

- Staff recruitment considered people's individual needs and preferences. When possible, people were involved in the interview process.
- People received care and support from a dedicated team of care staff who understood their needs and had developed meaningful relationships with them. Due to the complex needs of some people at the service, the use of ad-hoc agency workers was avoided. Instead agency staff were employed on a long-term rolling basis to ensure continuity and responsiveness. A relative told us, "[Relative] has the same staff team all the time. And that's really important because routine really matters. To be honest you wouldn't know if they were agency or permanent staff because they are consistent and are all treated the same way."
- There were enough staff to meet people's needs. The staffing allocation included a team of 'responder' staff who supported staff providing one to one care. This allowed for flexibility in terms of staff deployment and provided a non-restrictive method of de-escalation. For example, if a person was struggling to engage with a member of staff another staff member could be deployed to support them. The registered manager told us, "Due to the complex nature of the service, this is a very important consideration which may prevent heightened behaviour and avoid the potential use of restrictive measures."

#### Using medicines safely

- Systems were in place to ensure staff supported people with their medicines safely. This was confirmed in records we reviewed.
- Staff were trained in the safe management of medicines and their competency was checked regularly by a senior member of staff.
- Regular audits ensured discrepancies were identified and addressed

#### Preventing and controlling infection

- Staff had completed training in infection control and food hygiene and understood their roles and responsibilities in keeping people safe and preventing the spread of infection.

#### Learning lessons when things go wrong

- The service had systems in place to learn from incidents. This learning was effectively used to drive improvement and reduce future risks. Incidents were assessed, and analysed, and appropriate actions put in place to reduce future risks, for example reviewing people's care needs.
- Learning was discussed in management meetings and cascaded to all staff individually via team meetings and supervision.
- In addition to being logged locally all incidents were sent to the head office. This ensured the provider had oversight of the service.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Many of the people using the service had spent prolonged periods of their life in institutional care. All of the people discharged to Thistley Green have remained living in the service. This in itself was testament to the outstanding effectiveness of the service over a period of time.
- Before moving into the service staff supported people through a transition period to help them adjust to their new home. This was tailored to each person's specific needs and often took place over several months. Staff recognised that this transition to a new home so was important to make people's moves successful. It was evident from feedback from people, professionals and from our observations that people's transitions had been coordinated exceptionally well and had contributed to people experiencing an enhanced quality of life.
- Care plans were holistic and included detailed information about people's physical, emotional and spiritual needs. People, their relatives and other professionals involved in their care and support were consulted throughout the assessment process to ensure people's preferences, life styles and life choices were met. A relative told us, "The capacity to have the care built around [person's name] is quite outstanding."
- Staff spent time getting to know people and enabled them to express their wishes in a way they had not previously been able to do. For example one person who previously required intense support at times of being unsettled was able to express their feelings in a way staff understood. This drastically reduced instances of them becoming unsettled and promoted their wellbeing.
- Staff empowered people to make choices about how they wished to live, including using assistive technology to support their independence and wellbeing.

Staff support: induction, training, skills and experience

- Excellent training systems were in place to support staff. In addition to completing training in areas such as positive behavioural support, infection control and equality and diversity staff completed bespoke training identified to meet the needs of the person they were supporting. This included hoarding, personality disorders, epilepsy and autism. This ensured the care and support provided to people was extremely effective in meeting their individual needs.
- Discussions with staff evidenced their exceptional understanding and knowledge of the needs of people they cared for and supported. The service had transformed the lives of people, maximising their independence and giving them the opportunity to develop interests and life skills that were completely new to them. For example, managing day to day finances, choosing and preparing meals, keeping a pet and accessing the community. Staff were able to assess people's responses to their changed lives and support

them in a bespoke way.

- People had been enabled to partake in experiences and activities that had never seemed possible without the dedicated and focussed support from staff. For example one person had developed a passion for art and had visited galleries to pursue this interest. This was achieved through the skilled and dedicated support from staff.
- New staff completed an induction programme. This included shadow shifts and in-house training relating to the individual needs of the person they would be caring for. Where new staff had not achieved a qualification relevant to their role, they were supported to undertake the Care Certificate. This is a set of standards care staff should be working to.
- All staff spoken with were highly complementary about the standard of training and support systems in place. Supervision included formally organised one to one sessions, appraisals, peer support and regular team meetings. This provided staff with the opportunity to discuss and receive feedback about their work practice and identify any training needs.
- Feedback from people using the service was discussed in supervision and appraisal sessions.

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

- Staff supported people to be as independent as possible in shopping and preparing meals and to make decisions regarding their nutrition which had a positive impact on their lives.

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

- People were supported to access a range of external health care professionals to improve their well-being. Records included information about each person's health needs and guidance for staff to show how these were met and affected their daily lives.
- As people's needs changed staff sought guidance to support them to continue to live well. For example, one person had been struggling to manage some activities of daily living. Staff referred them to an occupational therapist to assess them for equipment to help with this. This focus on working in partnership with other agencies enabled people to access the support they needed to maximise their independence.
- Health and social care professionals confirmed the positive impact the service had on transforming people's health and well-being. For example, by reducing the frequency in people's behaviours and their improving mental health.
- Each person had a hospital passport which included information about their past medical history and the level of support they required. If a person was admitted to hospital staff worked shifts to support them during their admission to ensure consistency of care.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service valued people as citizens and supported them to have maximum choice and control of their lives. We saw where best interest decisions had been made, for example around the use of mobile phones and household appliances, they were continually monitored and amended in line with peoples changing needs.
- Staff had an excellent understanding of the MCA. They had completed training and understood how it impacted on the care and support they provided.
- Care plans formed part of Court of Protection applications and included detailed explanations of all restrictions. All assessments were kept under review, and involved the person, family members where appropriate, health and social care professionals and staff from the service. This ensured people were supported in the least restrictive way possible whilst maintaining the safety of people and staff. The registered manager told us, "Our focus is on increasing independence and reducing restriction wherever possible."
- People's rights and choices were fully promoted and supported by staff. For example, staff worked with commissioners, to advocate on a person's behalf, so that their wishes were respected.

# Is the service caring?

## Our findings

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

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

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

- People received personalised care and support from staff who were dedicated to providing high quality outcomes.
- Many people had been in institutions for several years. Staff were exceptional at helping people express their emotions and feelings and to pursue new social interests. Comments from staff included, "The behaviours people display is a tiny percentage of the person they are." And, "It's the sense of belonging that is so important for people. Some of them may never have experienced this before."
- The registered manager explained how they encourage staff to come up with new and innovative ways to support people. They told us, "We encourage staff to 'think outside the box' and engage in interesting and diverse conversations with people. To introduce new ideas and activities." For example, staff had supported people to have conversations about their sexuality and used mood boards to help people identify different emotions and de-escalate potential behaviours.
- People and relatives told us about the positive and meaningful relationships they shared with the staff who supported them. Relatives praised the commitment of the staff and the lengths they went to in order to ensure the delivery of high-quality care. A relative said, "There is a great sense of integrity amongst staff. They care a lot about their clients and try hard to give each person the support they need."
- People were supported to live the life they wanted to as much as possible. For example, some people attended college classes. Another person had expressed an interest in improving their health. Staff had supported them to stop smoking and attend an exercise class. One person told us, "I can choose what I want to do. I talk about it with staff we have a plan and then we do it."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans were written in consultation with the person and included information about their preferences and how they wanted to be cared for and supported. This meant staff knew people well and understood their needs when providing care.
- One staff member explained the impact environmental factors had on the person they supported, "We know bright lights, noise, too many people can all feel overwhelming. So we take this into account when planning activities. If needed we take steps to remove the stimulus or [them] from the situation. This has a huge impact on reducing anxiety, over-stimulation, potential behaviours and risks to them, us or other people. It helps retain [their] dignity and control in what could otherwise be very confusing and traumatic situations."
- Staff team members were matched to the person they supported. The service took into consideration the interests of the people with the interests of the new staff and considered personality types and life history

before a decision was made about whom the new staff member supported. This meant people were supported by staff with whom they felt safe and relaxed.

- People told us they made choices in their lives and the staff listened to them and acted on their wishes.
- Staff demonstrated a respectful approach towards the people they cared for and supported people's privacy and dignity.
- Staff spoke and wrote about people in a respectful manner. People's positive attributes and characteristics were encouraged and celebrated. For example, one person had used their art and practical skills to make signage around the service and a BBQ and seating for the communal area.

# Is the service responsive?

## Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's individual needs were at the heart of the decision making within the service. This meant their care was tailored to meet their needs. The registered manager told us, "I love the fact that the service has been built around the person and how to meet their needs."
- People were complementary about the care and support they received. Staff knew the people they cared for and were committed to providing care and support which maximised people's potential, to gain experiences and achieve the best possible outcomes for themselves.
- Care plans were regularly reviewed and reflected people's current needs. People's choices and preferences were sought and included in their records. One relative said, "I've been involved in all the reviews and I can honestly say [their] care has evolved with [them] to meet [their] changing needs."
- People were supported to develop new skills and maintain existing ones by having the right support and expertise to help motivate and enable them to reach their potential.
- Goal setting was holistic and person centred, involving the person using the service, their relatives, staff and the multidisciplinary team. Goals were incorporated into people's care plans and helped the person and others involved in their care see how they were progressing.
- Staff supported people to maintain relationships with people who were important to them. For family members who did not live close by people were supported to use video conferencing to maintain contact.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were considered as part of the assessment process and care plans guided staff about the support required to meet their needs. For example, for people unable to communicate verbally care plans included information about the use of sign language and pictorial cards displaying objects of reference such as drink, food and activities to facilitate communication with staff.
- Documents such as activity timetables, care plans and policies and procedures were available in an easy read plans format.

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

- Formal complaints to the service were minimised by people and their relatives having regular contact with the registered manager and senior staff. This provided the opportunity for regular feedback and any

concerns were quickly addressed. A relative told us, "I've never needed to formally complain. If I've had any specific concerns I've spoken to staff and they've been resolved."

- Records of complaints demonstrated they were investigated and addressed in a timely way and used to drive improvement to reduce future risks.

#### End of life care and support

- The service did not routinely support people with end of life care.

- However, collaborative plans were in place to manage end of life care, if required. Where appropriate people's choices and wishes were discussed and recorded. This was managed sensitively in line with supporting people to manage their mental health and anxieties around death and dying.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The exceptional leadership of the service meant people received person-centred, high quality care. The registered manager told us, "We aim to provide a supportive and caring environment where people can explore their new world and work with staff to achieve their full potential as individuals. Our goal is to help people to discover their passions in life, what makes them tick, and what will make them feel like a valued and respected member of society."
- Staff emulated this philosophy, supporting people to maximise their potential through a collaborative and supportive approach. This enabled people to work towards attaining individual goals and personal aspirations. Before moving to the service one person had extremely complex behaviours and had spent a prolonged period of time in a secure unit. The MDT had worked together to support them to manage their behaviours and develop their passion for portrait art. The person explained to us how with the support of staff they had attended art exhibitions and researched different artists and paintings which they interpreted into their own artwork. We saw this displayed throughout their home.
- People, staff and professionals were highly complementary about the service and the registered manager and the impact they had on the service. Comments included, "[Registered manager] is a star." And, "I have always found them approachable and focused on delivering a high-quality person focused service."
- Staff took pride in their work and were committed to providing extremely high standards of care and support and empower people to develop and regain skills.
- The registered manager was extremely proud of the staff and the contribution they had made to the service and the positive impact they had on people's lives. They told us, "Staff have shown amazing strength, loyalty, dedication and resilience. They have been instrumental in ensuring safe and successful transitions from long-term hospital stays. We feel we have achieved incredible outcomes at the service due to the fact that these extremely complex service users have managed to remain within the community without the need for a return or recall to hospital since their arrival."

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

- There was a clear, supportive organisational structure. Staff understood their responsibilities relating to the duty of candour and being open and transparent. The registered manager said, "All managers, from CEO and directors down, take a 'can do' approach to support, modelling by example how to be respectful, inclusive and hands-on."
- Highly effective governance systems were in place to monitor performance and risk and drive



improvement. The registered manager held regular meetings with staff providing an update as to the outcome of any internal and external quality monitoring visits. This included a constructive discussion on areas for improvement and sharing positive feedback about what was working well. This inclusive approach supported and enabled staff to continually review and shape the service to deliver positive outcomes for people.

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

- The registered manager was committed to establishing a person-centred culture at the service and it was clear to see staff had embodied the same values. The focus was on valuing each person as an individual, encouraging them to undertake a lifestyle of their choosing and reach their potential. Staff did this by encouraging people to make decisions and to be as independent as possible. For example, people were involved in interviewing new staff.
- Staff supported people to express their views on a one to one basis and with their landlord. For example, murals had been painted on some of the communal walls in one of the buildings. Prior to this people were consulted about if they would like the walls to be painted and what pictures they would like to have on the walls. We saw the murals reflected the choices people had made.
- The registered manager told us, "We start from a foundation of value-based recruitment, ensuring staff respond appropriately to value-based questions during interviews and observing how candidates respond to questions from service users on the panel. This all has a positive impact on the way staff support people and each other by modelling a system of mutual respect, empathy, acceptance of differences."
- Staff were extremely positive about their roles and the support they received from the registered manager and senior staff.
- All staff were committed to continually learning and improving the service. Staff actively shared learning throughout teams. Weekly executive meetings were held to discuss people's complex care needs. This ensured the provider had oversight of the service and each person's journey.
- Team meetings, clinical support meetings and staff supervisions were used to reflect on incidents, share good practice and update staff with key organisational changes. They provided a forum for staff to share information about people to improve people's quality of care.
- Monthly core team meetings were used to reflect on everything that had happened over the last month and feed into the person's MDT meeting. Where possible these were led by the person the team supported.
- Relatives told us they had regular contact with the registered manager and team leaders and were able to verbally feedback their views about the service. The registered manager was working alongside staff and relatives to make this a more formal process.

Working in partnership with others

- The registered manager and staff worked collaboratively with health and social care professionals, and commissioners of services to achieve the best outcomes for people.
- The registered manager attended forums and events throughout the country and encouraged staff to attend local forums and provider events.
- The service worked in collaboration with other organisations to help drive improvement. The registered manager explained how staff worked extremely closely with other professionals involved in people's care. They told us, "It is a collaborative approach. It wouldn't work without it." This was evident from the records of many compliments we reviewed from people's health and social care professionals. These identified the extremely positive work provided to assist people to achieve excellent outcomes.