

Care Management Group Limited

Chetwynd Road

Inspection report

26 Chetwynd Road
Southsea
Hampshire
PO4 0NB

Tel: 02392295401

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20 June 2016

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an unannounced inspection of this service on the 16, 17 and 20 June 2016. Chetwynd Road provides personal care and support for adults with a learning disability, who may also have physical disabilities and/or other complex health conditions. This is a supported living service where people reside in self-contained flats, and have designated key workers to support them. The service operates from an office within the grounds of the building. There is a communal lounge and kitchen/dining area on the ground floor and a garden to the rear of the building. At the time of our inspection 14 people were living at Chetwynd Road.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were kept safe from abuse and avoidable harm by staff who knew them well. Staff were able to demonstrate a sound knowledge of how to recognise the signs of abuse and how to report this appropriately. People were involved in promoting fire safety at the service. External agencies were invited to help to contribute to people's safety.

Safe recruitment practices were followed to ensure that those employed were suitable to work in a care setting. Innovative interview practices were used to encourage people living at the service to contribute to the recruitment process. There were enough staff to keep people safe.

Medicines were stored securely in individual people's flats and administered by appropriately trained staff. Medicine records were kept up to date. Risk assessments were in place to mitigate any potential risk of harm to people and staff.

Staff were up-to-date with annual mandatory training updates which enabled them to care for people effectively. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and provided good examples of seeking consent when providing personal care and support.

Staff supported people to maintain a healthy diet and where people had complex dietary health needs, staff ensured that these needs were met according to guidance within the care plan. People were encouraged and supported to access external health and social care provision.

Staff demonstrated that they knew people well. Interactions between staff and people were observed to be warm, supportive and caring. People's independence, privacy and dignity were respected at all times. People were actively encouraged to participate in discussions and contribute to decisions relating to their care and support.

People's care plans were personalised with their individual wishes and preferences taken into account and were reviewed regularly to accommodate people's changing needs and wishes. People were encouraged and supported to engage in meaningful activity of their choosing. There was a strikingly significant range of initiatives and support available and delivered successfully to help empower and promote people's choices and aspirations, including the use of tailored communication and the use of technology. Leaders and staff worked innovatively and passionately to ensure people's lives were their own, and focussed on their abilities and wishes, not on their disabilities.

People and their relatives felt able to raise any complaints or concerns they might have about the service and that they would be listened to and the matter would be addressed appropriately within a timely manner achieving positive outcomes.

The registered manager received very positive feedback from people, relatives and staff regarding the leadership of the service. The service cultivated a warm, welcoming and inclusive culture where people and staff felt able to express themselves.

From senior leadership to front line support staff, a clear vision of people using the service being informed, involved and valued as individuals and as contributors to the life of the home and beyond shone through and there were a number of exceptional examples of governance and leadership excellence.

People and staff achievements were recognised in provider awards ceremonies.

The service was developing links with a local university to offer student social work placements.

There were robust quality monitoring systems in place to continue to meet the needs of people and address any areas for improvement to be made. Residents, relatives and staff meetings were held and feedback received was acted upon in a timely manner. External professional input was sought and utilised to help promote the best outcomes for people using the service.

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.

People were kept safe from abuse and avoidable harm by staff who demonstrated a good knowledge of how to recognise the signs of abuse and report them appropriately.

Safe and innovative recruitment processes were followed to ensure that suitable people were employed to work within a care setting. There were enough staff employed to keep people safe.

Risk assessments were in place to support staff in mitigating the risks associated with people's care, and medicines were stored and administered appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were supported by training and supervision to ensure they could care for people effectively according to their needs. Staff had received an appraisal.

Staff demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 and of seeking consent when providing care and support.

People were supported to maintain a healthy diet and were encouraged to access external health and social care provision when required.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated that they knew people well. We observed warm, supportive interactions between people and their support workers.

People were encouraged to express their views and be actively involved in making decisions about their care and support.

People's independence, privacy and dignity were promoted and respected.

Is the service responsive?

Outstanding 

The service was extremely responsive.

People's care plans were personalised with their individual preferences and wishes taken into account.

People were supported to attend and participate in a wide range of educational, occupational and leisure activities of their choosing. There were broad and varied approaches to building on people's aspirations and exceptional examples of community engagement

Care plans were reviewed regularly and reflected people's changing needs.

People and their relatives felt able to raise any complaints or concerns they had about the service and that it would be dealt with in a timely manner.

Is the service well-led?

Outstanding 

The service was extremely well-led.

People, their relatives and staff were very positive about the registered manager and the way they managed the service.

The service cultivated a warm, welcoming and inclusive culture where people and staff felt encouraged to express themselves and to be innovative.

All levels of the organisation focussed on delivering a clear vision of working alongside people to enrich their lives and the lives of others, including relatives and the local community.

There were robust quality monitoring systems in place to ensure service provision continued to meet the needs of people.

Residents, staff and relatives meetings were held, including a 'Service User Parliament' and feedback was acted upon in a timely manner.

People and staff achievements were recognised at provider awards ceremonies.

Links were being developed with a local university to offer

student Social Worker placements.

Links with external professionals benefited people's quality and safety of care.

Chetwynd Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16, 17 and 20 June 2016. It was an unannounced inspection. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home, including previous inspection reports. We reviewed notifications of incidents the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care and support being delivered by staff within the communal areas of the service. We spoke with four people who were supported within their own flats at Chetwynd Road and two visiting relatives, to obtain their views of the service and the care provided. We spoke with seven members of staff including; the registered manager, deputy manager, lead support workers and support workers. We spoke with one external social care professional during our inspection.

We reviewed four care/support plans during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for four staff members. After the inspection, the provider sent us a number of pieces of information which we have incorporated into the report where appropriate.

Is the service safe?

Our findings

People felt safe being supported within their own flats at Chetwynd Road. One person told us, "Of course I feel safe, otherwise I would move, and I don't want to." A relative told us, "It wasn't easy for me to leave my [relative] in his own flat even if supported by others, but I feel that [name] is very safe here. I have no concerns at all. They are all spot on, that's what reassures me." An external health professional from a specialist team commented "The staff at Chetwynd have worked in a really positive, person centred way with one of our service users despite the particular challenges that [they] have presented"

People were protected from abuse and avoidable harm by staff who demonstrated a comprehensive knowledge and understanding of the signs to look for when concerned about potential abuse. Staff were clear about whom they would report their concerns to, and had confidence that concerns would be actioned immediately by the registered manager or deputy manager. Staff participated in annual safeguarding training and all staff were up-to-date with this element of their training. Staff were aware of agencies they could go to outside the organisation if they felt their concerns were not being handled appropriately. The provider had a whistleblowing policy and staff were aware of it and how to access the policy if they needed to.

Staff followed procedures to record accidents and incidents. These were investigated and followed up appropriately by the management team. There was a process in place to ensure learning from incidents was shared among all support workers.

The provider identified and assessed risks that related to people's safety and wellbeing. These included risks associated with people's behaviours, medical conditions and food and fluid intake. Risk assessments were reviewed regularly and were available in care plans for all staff to access.

There were sufficient numbers of staff to support people according to their needs and to keep them safe. The service had their own bank of casual staff who were called upon to cover any gaps in the rota. Staff told us that they felt more than happy with their workload and they felt there was enough staff to care for people safely. The service did not use agency staff to support people.

Tenants were involved in helping to keep people safe. For example, one tenant had an area of responsibility in the service where they had an official role in managing fire safety and had a fire marshal training certificate. This helped to empower this person and share responsibility around risk. An emergency folder in easy read format was available to people using the service. The provider told us that local police had met with people to support their skills in accessing the community safely.

The provider followed safe recruitment practices. We looked at four staff members' recruitment files and saw that appropriate steps had been taken to ensure staff were suitable to work with people. Disclosure and Barring Service checks (DBS), professional references, and photographic identification checks had been made for all four staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. As part of the recruitment process, candidates invited for interview were asked to work with a person (who had agreed to participate)

living at the scheme as part of the interview, and were observed working alongside that person in supporting them to prepare scrambled eggs, or make a hot drink. The process was known as the 'scrambled egg test'. It afforded people living within the service the opportunity to be actively involved in recruiting new staff who would eventually, if successful, be providing them with care and support. This was a creative and empowering way for people living at the service to be a part of recruitment and selection processes.

People's medicines were stored securely within their own flats. People were supported with taking their medicines by staff who were appropriately trained to do so. Documentation regarding the ordering, storing and administering of medications was all completed satisfactorily and daily medication audits were undertaken to identify and act upon any anomalies.

Is the service effective?

Our findings

People were supported by staff who knew them very well and this was evident during inspection. Each person had their own key workers who people had gotten to know well and provided them with a stable and consistent level of care and support at all times. A relative said "They know [name] so well, they know exactly what he needs and because they are with him all the time, they notice little changes and I always feel confident that his key workers will update me."

Staff were supported by annual mandatory training updates, which included elements such as, safeguarding, health and safety, manual handling, infection control and emergency first aid at work. All staff were up-to-date with their mandatory training with 100% of staff having completed their face-to-face teaching sessions. The management team had a robust process in place to ensure that those members of staff due to complete any mandatory training were notified and a course offered at the earliest opportunity. Line managers further supported staff with regular supervision and annual appraisal. This gave staff the opportunity to identify any additional training and development needs, and to receive feedback regarding their ongoing performance.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act. Staff demonstrated a good understanding throughout the team of the principles surrounding the Mental Capacity Act 2005 and how to apply this in everyday practice. Staff gave good examples of seeking consent prior to providing or supporting people with their personal care. People had signed consent forms to record and confirm their agreement to their care and support. There were no people supported at Chetwynd Road who were assessed as having a lack of capacity to make their own decisions.

People were well supported and encouraged to maintain a balanced diet. Where a person had more complex dietary requirements, guidance was available for staff to refer to. For example; when supporting a person with a strict dietary regime, food lists were available in the person's flat to ensure the needs of the person were met. Where fluid charts were required for people, we observed that these had been completed well.

People were supported to access external health and social care professionals. For example; when people attended hospital appointments, their key workers would attend with them and update care plans and inform their relatives upon their return. People were supported to engage with their GPs when required.

Is the service caring?

Our findings

People, their relatives and external social care professionals told us that staff were very kind and caring when supporting people. One person told us, "I love [name] we go to cafes together and on the train". A social care professional told us, "People are treated very well by support workers who really care."

Staff knew people well and addressed people warmly. We observed kind, caring interactions between staff and people living at the scheme. The provider informed us that new staff shadowed experienced staff when they started work, which helped to ensure new staff could care for people in ways which had already been established and preferred by people. Staff took time to sit with people both individually and in small groups to chat or engage in activities. The communal living area was a very sociable place, with people choosing to leave their individual flats and spend time there, engaging in conversation with other people and staff, watching television or planning outings. An activities board was available to show what things were available locally. At all times, staff were observed promoting people's independence and gently encouraging and supporting people to participate in discussions or activities within the communal living space.

A photo folder called "Life at Chetwynd" contained many photos of people using the service enjoying their lives, going on trips out, working on the garden; celebrating and documenting much of the life and activity of the home and people who lived at Chetwynd.

The service regularly celebrated events for example the football World Cup, where the home was decorated, staff and people dressed up and there was a party. The garden had a barbecue which had been used at weekends for people and staff to enjoy and build relationships.

Good use was made of techniques to build on and match people's preferred communication styles. Makaton, a specific visual signing technique was used, as was pictorial representations. For example, one person used a particular software program on their tablet computer to support their communication. Staff and other people received training on this to support communication with this person. One person had been supported to learn to ride a bike; the service demonstrated a caring approach by ensuring their bike was identity-stamped to help guard against theft. The provider told us other people had been supported to make good choices about healthy eating through the provision of information and in joining a local slimming club. This demonstrated care whilst respecting people's choices. The provider told us staff approached their hours of work flexibly, supporting people for example with appointments, or working additional hours to be a part of birthdays or people's holidays.

Support workers were respectful of people's privacy and dignity. Staff gave good examples of ensuring that people's privacy and dignity was promoted whilst providing personal care; by ensuring practical measures such as closing bathroom and bedroom doors, drawing curtains and covering people while assisting with personal care. Support workers were observed knocking on people's flat doors before entering, despite being in possession of a key.

People's care plans contained evidence people were involved in decisions about their care. There were signed consent forms, and care plans and assessments were reviewed with people and their families. People were offered choices as to the way their support plans were presented. For example, one person who had completed some IT training at college had presented their support plan as a power point presentation, while another person preferred to access their support plan via their tablet. People that benefitted from routine in the flow of their day had schedules that helped to reduce their anxieties. Staff gave us examples of how they involved people in day to day decisions about their care and support.

End of life care plans were in place where people had wanted them, but other people were free to decline the opportunity. This demonstrated that people's views were respected.

Is the service responsive?

Our findings

People felt able to express their wishes regarding their care, and felt that they would be listened to. Staff took people's individual preferences into account when supporting them or providing care. People told us they were able to discuss any concerns with their key workers or with the registered manager and that matters would be addressed, leading to a satisfactory outcome. One person told us, "I tell [registered manager] if I'm worried about anything. He sorts out my problems."

Care plans were based on the preadmission assessment, were individualised and included detailed information required for staff to provide care and support according to people's needs and preferences. For example; one care plan stated what foods a person liked to eat and another reflected where a person liked to visit and eateries they preferred. Care plans contained in depth information about people's history and interests as well as photographs of people engaging in activities or events held at the scheme, or at home with their families. The care plans were continually reviewed and updated by keyworkers which was reflected in the documentation; which we observed to be current and well completed, reflecting people's changing needs and wishes. One section of the care plan was to plan an 'Action for the month' which was individualised for each person and reached following discussion between the person and their keyworker. Some examples included buying gifts for relatives' birthdays, or going to college. This action of the month approach meant that people using the service always had aspirational goals agreed and documented, as well as keeping a close eye on changing needs. There had been a recent excellent example of a person being supported to establish and sustain new contact with a loved one who also lived in a supported setting; staff had supported these visits. The person said she "had loved seeing her relative again and that she had a great day out."

People using the service benefited from an environment that was tailored to their communication preferences and needs, and that celebrated their successes as individuals. This strengthened the ethos of inclusion and participation. For example, in the communal living area there were signs on the wall with pictures of the staff who were on duty that day. There was information relating to the local elections in easy read format and the registered manager told us that he intended to purchase newspapers in easy read format for people to enjoy. People living at Chetwynd Road celebrated their birthdays with parties in the communal living area if they wanted to, and during our inspection there was a graduation celebration for a person who had recently graduated from college.

There were numerous very creative and supportive approaches to enabling and empowering people to live valued lives of their choosing in the community. People living at the service engaged in a range of activities to suit their preferences, as well as being supported to undertake educational and employment opportunities. One person had been offered paid employment within the service itself, as a garden operative with a job description and pay slip. Another person had been supported to seek a voluntary role within a local library. Documentation of the discussions with the person about what type of employment they might enjoy and how it might be achieved was observed. One person within the service was keen to learn to drive. Staff supported the person to arrange and participate in driving lessons to achieve this goal. Another person, who had expressed an interest in bowling, had been supported to successfully participate in a mainstream

bowling league and they were awarded an internal accolade of the person with 'the best achievement in sports and leisure'. People all had their own timetables of activities and were encouraged and supported to undertake these. We saw many pictorial individual accounts of the positive impact such activities had on people, with photos of people smiling alongside their loved ones or out in the community with staff and other people, or undertaking activities in the home. One person's visual account of their activity said "I decided to bake an apple pie with staff. I cut up the apples, rolled out the pastry, made a sauce, put it all in together in the tin then baked it in the oven. The pie was delicious and I shared it with the other tenants". This meant people led busy, productive lives where their disability was not a barrier to fully enjoying opportunities available to them and it was clear that staff worked exceptionally well to pick up on people's interest and maximise the benefit to the person from following these interests.

People were encouraged to personalise their own flats. One person was supported to go to a local DIY store to choose paint colours they preferred for which to decorate their flat.

Group days out had been organised following discussions with people regarding their preferences. People had chosen to visit local areas of interest and were supported to achieve this, pictures of these trips were observed during inspection.

The service used opportunities to build outside links with the community which benefited people using the service and the wider community. For example, people were supported to collect food for a local food bank at Christmas as they had wanted to respond to local need. There had been a number of charity local coffee mornings, where neighbours were invited into Chetwynd Road. This meant that people's own skills were developed as well as affording an opportunity to participate and give value in contributing to the local community.

Very good use had been made of opportunities available from maintaining the home's garden for people to get involved alongside their loved ones and staff. There had been a joint project completed the previous year, in which people, their relatives and staff cleared and tidied the rear garden and as a result of feedback from a meeting people supported at Chetwynd Road had attended earlier in the year, there were plans in place to develop the garden area further to start to grow fruits and vegetables. Minutes from this meeting were kept in the communal lounge and were produced in pictorial easy read format. This joint project fostered a sense of joint ownership of the garden, helped to build people's skills, and also helped relatives to feel a part of the life of the home alongside their loved ones.

Relatives told us that if they raised concerns, the registered manager would discuss the issue and resolve matters to their satisfaction. One relative said, "I've raised concerns in the past and they've been immediate at responding. I can see that this service is so good, it's a benchmark. Often I find other services pale in comparison." Concerns had been raised by one person regarding their personal care provision at night. This was investigated by the registered manager and as a result the deputy manager and lead support worker provided some bespoke face to face training for staff regarding how the person preferred to be cared for. The training was converted into guidelines and was incorporated into the person's care plan. This person benefitted from a more flexible, personalised and responsive service because they had been listened to, and their concerns acted upon promptly. This had also meant the lead support worker had been upskilled and had the opportunity to pass on their learning to staff, who had in turn benefited from it. The service had a complaints procedure in place, but had not received any complaints in the year preceding our inspection.

Is the service well-led?

Our findings

People, their relatives and staff gave very positive feedback about the leadership of the service. One person said, "[registered manager] is great, he looks after us all". A relative said, "I was close to moving [relative] before [registered manager] took over. So now, as long as [name] stays here I'll keep [relative] here". Another relative said, "I go to [registered manager] with any worries, as he sorts any worries or concerns out. He's brilliant". A member of staff said, "[registered manager] is a fantastic boss, he's supportive of my desire to become a manager and puts me on any available training to move my career forward".

The service had been able to develop a warm, positive culture which was person centred and empowering for both people and staff. It felt very homely and welcoming. This was largely due to the leadership of the registered manager and deputy manager who received excellent feedback from people and their relatives, as well as from staff members. Staff told us that they felt well supported by the registered manager who operated an open door policy and made time for anyone who needed to discuss any issues. Staff felt confident that if any issues were raised the management team would address these satisfactorily and within a timely manner. People also felt able to go into the office and speak with the registered manager and we observed during inspection that people came in to chat or ask the registered manager to join them for a cup of tea. The registered manager made time for people using the service, and for staff. This helped to foster a culture of positive leadership, transparency and continuous improvement that benefitted staff and people using the service.

The registered manager told us that when he joined the service in May 2015 morale amongst staff was very low. This was confirmed by staff. As a result of this, the registered manager had created a 'positivity wall' in the communal corridor of the building. People, staff and relatives were encouraged to use post it notes to stick positive comments about each other and the service on the wall for all to see. The wall was covered with comments. For example; one stated "I like [name] because he makes me happy when we go to [eatery]." Other comments were, "It's nice to see so many tenants going to the pub together." and, "Big, big thank you to [name] for her AMAZING pancakes." Staff and people had clearly contributed a great deal to the positivity wall and the atmosphere within the home reflected this positive culture. This was an example of a creative approach that further empowered people using the service to have their views sought and valued their feedback. There was a provider wide employee of the month scheme in operation, those who won were given a voucher to thank them for their contribution to the service where they were employed.

Staff were provided with and encouraged to undertake further training. This included a bespoke support worker development programme which two staff had undertaken and a manager development programme that the manager had benefited from. This demonstrated that the provider invested in staff development that helped to reach and sustain excellent standards of care within the service.

There was an annual provider staff awards ceremony to celebrate staff achievements. The staff at Chetwynd Road were awarded second place in the 'staff team of the year' category in 2015 and as such were invited to attend a black tie dinner arranged by the provider as recognition of their efforts. The provider held several annual events that included a service user conference, during which people from all the provider schemes

attended for a day of activities and were able to offer feedback about their support and care and update themselves with any relevant issues affecting the schemes. There was also an athletics day, where people could participate in sporting activities and a service user awards ceremony during which people were commended for their individual achievements. People benefitted from the creative use of technology to keep their aspirations and needs at the centre of the service; for example, person centred plans had been co-produced with people using audio and visual techniques to make them more interactive, engaging and appropriate to the communication styles of people using the service.

There were robust quality auditing systems and management processes in place to assess, monitor and improve the quality and safety of the service provided. For example, actions had been taken to install a specific ramp for a person to support their access to the garden. Other examples included information and guidance being issued to staff about the use of social media, and ensuring visitor guidelines around safety were implemented. A monthly auditing report was produced by the provider and each registered manager fed data into that report. Care plan and risk assessment audits for each person formed part of this reporting process. There was a quarterly provider audit which was mapped in line with our five domains and as a result of these audits, an action plan for each service was created and shared with the team at meetings. The provider also maintained spreadsheets for planned maintenance and a human resource governance system was in operation, from which recruitment, supervision and other HR issues were recorded. The provider's senior management conducted regular announced and unannounced visits to the service. This helped to connect senior leadership with local leadership and provide opportunities for people using the service to directly meet senior leaders of the provider, whilst also providing another layer of quality assurance.

The service held meetings for people every six weeks and also held meetings for staff and relatives. Minutes of these meetings were seen during inspection. One staff member said, "[registered manager] has brought everyone together. Nobody used to turn up for team meetings, but now everyone does." The registered manager had sent questionnaires to people and staff to obtain their views of the service and to make changes in service provision where necessary.

A representative from the service participated in the provider 'Service User Parliament'. The purpose of this team was to provide quality monitoring on behalf of people using the service and to discuss any issues or feedback relating to service provision and how people would like it to be managed. Minutes of these meetings were observed. The meetings were well supported by all the representatives participating.

The service had started to develop links with the local university and a student Social Worker had recently completed a placement within the scheme. They felt they had been given a great deal of support in achieving the goals of their placement and meeting the criteria of their course. Due to the success of this placement, the service was working with the provider and alongside the university to look at accommodating further student placements in the future which were of benefit to students and to people living at the scheme. The student commented, "It is encouraging to see both managers and staff which are so passionate about their jobs and the tenants that they work with! All staff are aware of the policies and guidelines which are put in place by [provider] and these are available within the service; making it easy to refer to one when needed".

External health and social care professionals had attended a number of staff team meetings to benefit people using the service. There were examples of such professionals sharing expertise to help with transition for a person newly using the service, and to help develop and deliver an improved service for a person needing support with their behaviour. This partnership working ensured the service being provided was of a high quality, and reflected current best practice in working with people's specialist needs. The service had received some very positive feedback from a specialist external team commending them for their work with

people.