

## Parkcare Homes (No.2) Limited

# Seabreezes

### Inspection report

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Date of inspection visit:  
25 February 2020

Date of publication:  
15 April 2020

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Seabreeze's is a care home without nursing for six people living with learning disabilities and/or autistic spectrum disorder. There were five people living in the service at the time of our inspection visit. The vacancy had been allocated and that person was having transitional visits to Seabreeze's before they moved in.

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

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

People were safe. The premises were clean and well maintained. Staff attended fire training and drills, so they knew how to respond in a fire to keep people safe. Accidents and incidents were acted upon appropriately and records of these were monitored and analysed for any trends or patterns that needed looking into.

We observed people to be calm and relaxed with staff who knew them well and had supported them for many years. Staff showed affection and kindness towards people and cared about changes that may affect them. People were encouraged to do things for themselves as much as possible. Staff understood people's preferred methods of communication and were observed to adhere to these.

Two people were able to tell us they were happy where they lived. Relatives spoke positively about how well their family members were treated and had praise for the staff team.

Personal care was delivered in accordance with people's known preferences and people were consulted at all stages. Staff had received training and guidance, on how to deliver personal care and support in a dignified manner that protected people's privacy.

Staff were trained to keep people safe and to understand their specific health and social care needs, they supported people to use health services. People enjoyed their meals and made choices about what they wanted to eat. People spent time alone when they wanted to and there was ongoing work to develop new activity programmes that better reflected their interests and achievable skills development.

There were enough staff to support people and this was kept under review. Staff received an appropriate range of training to give them the basic knowledge and skills needed for their role. Medicines were managed safely. Staff felt supported and able to express their views.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Relatives told us they were kept informed about important information affecting their family members wellbeing and had participated in best interest discussions as and when required.

A range of quality checks and audits were undertaken each week and month to ensure standards were maintained.

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

#### Rating at last inspection

The last rating inspection for this service was Good (published 14 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Seabreezes

## 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 was conducted by one inspector.

#### Service and service type

Seabreeze's 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding and commissioning staff and from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We met and spoke to all the people living in the service. Three people were able to tell us a little about their experience. We met and spoke with three support staff, the registered manager and the quality improvement lead.

We looked at two people's care plans and associated health and medicine records. We reviewed information about the operational management of the service such as staff records and quality assurance. We made observations of people when they were in communal areas to help us understand the experience of people who could not talk with us.

#### After the inspection

We sought clarification regarding the use of agency staff and vacant staffing hours. We spoke with two relatives who had regular contact with their family members and received feedback from one health professional.

# Is the service safe?

## Our findings

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

- Staff had experience and knowledge of the safeguarding process with several alerts raised in the past year relating to a former service user which had been investigated and dealt with appropriately. The local safeguarding of adult's team was still investigating one remaining allegation that involved an incident between two service users.
- Care staff had received training to understand and be aware of abuse in all its forms. Staff knew how to respond, report and escalate concerns, if they had a suspicion a person was at risk of abuse.
- People showed us through their body language and demeanour how they felt towards staff. People were actively seeking engagement with staff they trusted and felt safe with staff.
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults' authority and the Care Quality Commission. This helped to ensure the right action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People lived in a safe, clean and well-maintained environment. Equipment was appropriately serviced, and repairs and maintenance attended to.
- People were safe. This was because a system was in place to ensure that individual and environmental risks to them were identified. Effective measures were implemented to minimise the risk of people coming to harm. For example, assessing people to ensure they had the right equipment to mobilise or reduce the likelihood of pressure areas developing.
- People were kept safe because staff were trained to be aware of and understand specific risks related to how people expressed their anxieties. Guidance informed staff practice about what support worked well with people. Responses to incidents, analysis and debrief of staff helped ensure risk information and guidance remained effective.

Staffing and recruitment

- Appropriate systems for the recruitment of staff were in place regarding application, interview and appointment processes. Checks of new staff suitability were made prior to taking up post. This included a criminal record check, proof of identity, employment references, full employment history and a statement of health.
- There were enough staff on duty to support the needs of people. Additional staffing needs were considered as part of the admission process for a new person moving to the service. There were enough staff to enable people to go out with staff if they wanted to. There were three staff on duty at inspection in addition to the registered manager. At night both a wake and sleep in staff member were available to support people.
- In spite of recent staff turnover, shifts continued to be covered where possible from within the staff team.

The registered manager actively sought to provide people with continuity in staffing. They did this by using staff from other services in the group who were familiar with the needs of people in the service.

#### Using medicines safely

- Medicines were managed safely. Appropriate arrangements for ordering, receipt and disposal of medicines were in place.
- Only trained staff administered medicines. There had been some medicine errors, but staff had taken appropriate action when this happened to ensure no one was harmed. When staff made errors an incident report was completed, staff were retrained, and their competency reviewed before they administered unsupervised again.
- Medicines were provided on a 28-day cycle so there was enough stock each month. Medicines were stored in people's individual rooms in locked cabinets. This provided people's medicine administration with greater privacy and dignity. Storage temperatures of medicines cabinets were recorded daily to ensure these did not exceed recommended storage temperatures. Guidance was in place for administration of 'as and when' required medicines. This ensured these were administered by staff in a consistent manner and for their given purpose. For example, pain relief.
- Medicine records were completed well. These were checked at each shift change for any gaps or errors. Daily counts of medicines were undertaken. Daily, weekly and monthly checks/audits were conducted to ensure medicines were managed safely. A recent pharmacy visit highlighted no serious concerns regarding medicine management.

#### Preventing and controlling infection

- The service was clean and odour free in most areas apart from a wet room on the ground floor. We identified that the existing ventilation in place was insufficient to address this. The registered manager said they would take this up with their maintenance team.
- Staff took responsibility for ensuring the premises remained a clean and pleasant environment for people to live in. People were encouraged to help where they could. For example, a staff member pointed out that one person liked to help with hoovering the lounge.
- Staff had received training to understand about the spread and control of infection and to prepare and manage food safely. Policies and guidance were in place to support staff practice.
- The laundry was appropriately equipped to meet people's laundry needs. Equipment such as gloves aprons helped staff facilitate good infection control.

#### Learning lessons when things go wrong

- Staff recorded and reported accidents and incidents when they occurred.
- Accidents and incidents were analysed. Where things had gone wrong or analysis highlighted trends or patterns, action was taken to reduce the likelihood of similar occurrences. Findings were shared with staff to inform their practice. Debriefs and reflections on incidents and accidents involved the review and update of relevant risk and care documentation. Sometimes consultation with external professionals and or relative was also needed and acted upon.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People referred to the service were met with, and had their needs assessed, prior to any decision to admit them to the service. Additional information was gathered where possible from other professionals to inform this process. Assessment considered people's physical, mental and social care needs, and any special lifestyle choices they may need support with.
- Opportunities were provided for new people to spend time at the service on transitional visits arranged at a pace to suit them. This gave the person, existing people and staff opportunities to consider whether the person's needs could be met, and whether they would be able to live successfully with others. The wellbeing and views of people in the service and feedback from staff were taken into account with all admission decisions.
- People in the service routinely had their needs reassessed through monthly reviews or sooner to ensure any new changes were incorporated into their care and risk plans. This helped inform staff and ensure people were receiving the support they needed.

Staff support: induction, training, skills and experience

- Staff received an appropriate induction to the home and to their role. All staff completed a probationary period. If they did not already have it, they were required to complete the Care Certificate. This is a nationally recognised basic care qualification to give staff the understanding, knowledge and skills to successfully carry out support of people safely.
- A programme of training updates in addition to training for specific needs people may have, for example, diabetes or epilepsy was provided. Staff were alerted to when their training was due for renewal. Opportunities for pursuing vocational and management qualifications were also available to a level relevant to the post held by an employee
- Staff told us there was a good support network between them. Staff thought there was an open culture. This enabled them to feel able to express their views freely, both in individual colleague meetings with the registered manager or during team meetings. A system of annual appraisal was in place for staff to discuss their role and performance over a 12-month period and to highlight areas for further training and development.

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

- People's needs and choices around eating and drinking were clearly documented. For example, one person liked prunes with their breakfast. Staff made sure these were cut up in accordance with guidance from the Speech and Language team, to provide a softer moister diet. Thickener for drinks was provided to

ensure the person drank fluids safely.

- Staff asked people what they wanted for lunch and this was cooked fresh and well presented. One person told us they enjoyed their food. A varied menu was developed with people. A staff member met with people each week to decide on the main evening meals menu for the week. Photographs of meal options were used to help people decide.
- People chose what they wanted for breakfast and lunch each day. They sometimes helped with cooking. For example, one person was in the kitchen with staff helping with cooking pancakes. They told us they liked cooking. They were praised by staff for a cake they had made recently. People had more food if they wanted it, for example one person had already had two breakfasts and was considering a third.

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 by staff to access local health services and attend appointments at hospital or with specialists.
- Staff understood people's health care needs well and used recognised evidence-based tools for assessing risk that could arise. For example, pressure ulcers or malnutrition. Care records contained details of how people should be supported with these risks. Staff were alert to possible risks and ensured people had the right equipment, received the right diet and were monitored to minimise the risks.
- Staff worked with people, their relatives and health and social care professionals to help make decisions about their health care needs and wellbeing.

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

- People continued to be supported in a well maintained homely environment that met their needs.
- The provider had actively responded to people's changing needs. The provider took advice from health professionals when specific equipment was required or recommended. They ensured people received the equipment they needed to help staff carry out their support safely and appropriately.
- People had unrestricted access to communal spaces. There were enough communal toilet, bathing and leisure spaces for people to use.
- People had their own bedrooms, they were proud of their rooms and happy to show us how they had been decorated to reflect their own interests and tastes. Peoples rooms were filled with small possessions such as DVDs, models and posters. One person had an interest in a film genre, and this dominated how their bedroom was decorated.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. Which they were.

- Staff sought people's involvement and consent to everyday decisions such as what they wore, what they

did, and what they ate.

- Care plans recorded what people could make decisions about for themselves. Where they required support with some decisions, they were supported to do so with the involvement of others in their best interest.
- Applications for DoLS authorisations had been completed for everyone. These were at various stages of renewal, and approval. Two had conditions for reporting at regular intervals which the registered manager confirmed was being complied with. People were subject to the least restrictions within their home, those in place were to keep them and others safe and were proportionate.

# 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.

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 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 followed relaxed routines, staff were not rushed, and people were seen to be comfortable in their engagements with staff. Staff respected the fact that some people were late risers and routines were flexible to allow for their wanting their breakfast late morning in some instances. People came for breakfast in their dressing gowns and were very much at home. Staff ensured people were comfortable with the staff supporting their personal care and respected their choice for male or female carers.
- Members of staff spoke of people respectfully and affectionately and their interactions with people were spontaneous and inclusive. Staff showed they were protective of people's interests. Although people showed interest in the inspection process, they did not communicate with us a lot. However, it was enough for them to tell us some of the things they liked and they were happy where they lived.
- The atmosphere was one of inclusivity, the office door was open all the time and people could pop in when they wanted to. People's care records contained information about their preferences, and staff demonstrated they understood people well enough to know their likes, dislikes, preferences and preferred names. There was a good gender mix amongst staff so any preferences around this could be accommodated.
- A relative told us, "There is nothing for them to improve upon, I turn up whenever I like, he is always clean and looks good." Another told us, "They are looking after him, he is very happy."

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

- Relatives said they felt involved, informed and consulted about their family members care and support, and helped with deciding on more complex decisions.
- Staff sought people's choices and decisions in their everyday support, for example they asked people, "Did they want to go out for a walk?" "Did they want to help cook?" Staff helped people to express their views and involved them in their care and support.
- People were given opportunities during one to one meetings with their key worker, or during resident meetings to ask about aspects of their support and if any changes were needed.
- Not everyone had family members who helped ensure decisions were taken in their best interest. All had care managers from their funding authorities. Sometimes independent advocates were used to represent a person's views. Advocates are trained professionals who ensure the rights of vulnerable or disadvantaged people are being upheld.

Respecting and promoting people's privacy, dignity and independence

- People left their doors open and individually people respected each other's private space and

possessions. A relative told us, "It's the best home ever, lovely place, he's doing well, and staff are lovely." Staff respected people's rights and choices, they were observed to knock on people's doors to alert them to their presence.

- Staff understood to deliver personal care support discreetly and ensure people's personal privacy and dignity was always respected. For example, one person was dressed but we noted they had spilled a drink down themselves. Staff were alert to this, and we later saw the person had been supported to change into a clean top.

- People had been supported to develop their independence and learn new skills. The registered manager wanted to make independence goals more achievable for people and linked to their personal interests. For example, one person loved football, and one of their planned achievements was to attend a football match. More achievable goals enabled people to learn skills at their own pace. For example, making a hot drink for their self, undertaking domestic tasks or planning and cooking meals.

- We observed that people had opportunities to spend time on their own in their rooms and staff respected this. Staff checked on people at regular intervals when they were alone to ensure their safety and wellbeing. People's and staff records were kept secure. Staff were mindful of maintaining confidentiality and adhering to data protection regulations.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People met for 'My Meetings' with their key worker each month. This provided opportunity for them to discuss changes they wanted to make to their daily support or activities. Their care plan and risk information were reviewed monthly as part of this. Relatives told us they had seen people's care records, were consulted about important changes and attended formal annual reviews of people's support.
- People received support in keeping with their expressed or understood preferences for their delivery of care. A daily record was maintained by staff of how people were each day, what they had done, what they had eaten, and what their mood had been. Any changes in people's support needs were discussed at staff handovers, and their records updated if needed, for accuracy.
- Staff showed that they understood people's needs well. Many staff had been in post for some years. They were very familiar with people's history, their support needs, and had established links with people's relatives.

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 were provided with information in formats that they could understand and best suited their needs.
- Some people had communication difficulties, but staff understood how they expressed themselves and used communication methods people were familiar with. For example, using Makaton (a sign language), using pictorial prompts, and speaking to people in small short sentences so they could absorb what was being said. Care records documented their specific communication methods and their preferences for support.

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 continued to have a weekly plan for in house and external activities such as carriage riding, attendance at day care, visiting local amenities, and going for walks. There were inhouse activities like craft and baking and skills development. Activities could be discussed each month with their key worker to see if any change was needed. Activity planners were currently under review by the registered manager who was keen to enhance people's life experiences through the activities they chose.

- The registered manager was keen to motivate and empower staff to challenge previously held views of what people could and could not participate in. For example, one person had previously not participated in shopping for the service due to concerns about behaviour that challenged. This had been reinstated recently, it proved a successful outing that gave the person concerned much pleasure and a sense of achievement.
- There were opportunities for people to meet people from other services at joint events such as Halloween and valentines' parties, summer barbecues, or at organised day time activities. The registered manager was keen to develop this further to improve people's social life. There was some concern from staff that organising parties at the service might impact on some people in the service who found large gatherings difficult. Staff agreed consideration needed to be given to how people could enhance their social life whilst feeling safe in the service.
- A relative told us they were working with the registered manager to seek additional funding for their family member to have more activities in the community. Relatives told us they could visit when they wanted and were always made welcome by staff who kept them informed about their family members well-being.

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

- Staff understood how people expressed themselves when they were unhappy or angry, this was described within their care records to inform staff. People were comfortable with approaching and engaging with staff, they were trusting in their relationship and sought staff out. Staff showed consideration for the feelings of people in the service and would advocate for them if they thought they were worried about anything.
- Relatives said they had a good relationship with staff. They told us that they would have no hesitation in approaching and speaking with staff if they were worried or unhappy about anything. One relative told us, "I feel happy to talk with staff about any concerns."
- The complaints log showed no recent recorded complaints, and this was confirmed by the registered manager. The registered manager told us that if there was a complaint they and staff would use any learning from this as an opportunity to improve service delivery.

#### End of life care and support

- People were well at the time of inspection and no one was receiving or needing palliative or end of life care.
- Staff had led discussions with people and their relatives about future wishes and plans should the person become gravely unwell or die, and this information was recorded in their care plan.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The new registered manager was proactive and passionate about bringing change to the service for the enrichment of people's life experiences. Staff felt supported and able to speak freely.
- There was a clear management structure and staff understood the management arrangements and the lines of accountability. They had access to the registered manager when they needed to consult. They were familiar with senior staff from head office who they were able to approach and speak with.
- Staff were aware of the values of the provider which were covered in their induction to the service. The registered manager and staff showed that they placed people using the service at the centre of everything they did and showed a commitment to delivering high quality care.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff.

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

- The registered manager understood the duty of candour. This requires them to be honest with people and their representatives when things do not go as well as expected. This helped to ensure that relevant people and outside bodies with an interest in the service could reliably expect to receive the information they needed.

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

- The registered manager and staff told us about the checks they made to ensure they maintained standards. Records showed that appropriate systems were in place to monitor service quality in several areas such as medicines, infection control, health and safety and care records. These were carried out well, actions plans were implemented to address any identified shortfalls.
- The provider had quality and compliance staff who visited the service to undertake quality monitoring visits. A report from these visits highlighted any improvements needed. The operations manager for the service visited monthly to provide support to the registered manager and staff, and to carry out their own monitoring.
- It is a legal requirement that a providers' latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The rating was clearly displayed both in the service and on the



website

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. CQC check that appropriate action has been taken. The Provider ensured that CQC was notified appropriately.

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

- People their relatives and staff were asked to complete surveys annually giving their views about the service, their feedback was used to develop and improve the service.
- Staff understood people's individual methods of communication, this knowledge helped them to understand how people felt about the service they received, and guided staff in working to improve people's overall experience.
- Although people were unable to specifically tell us how they felt about the service, two said they were 'happy', others were smiling when they engaged with staff. People were able to spend their day how they wished. We saw staff checking with them as to what they wanted to do and whether they wanted to go out.
- Staff said communication was good, handovers between shifts, and regular staff meetings provided opportunities for staff to be informed of changes and share learning experiences.

Continuous learning and improving care; Working in partnership with others

- The provider, registered manager and staff took account of learning they received from outcomes of safeguarding alerts, survey feedback, accident and incidents. This helped to better their understanding and inform and improve service delivery and staff practice.
- The registered manager kept themselves informed and up to date with any national or organisational changes. They did this through attendance at internal manager meetings. They also accessed resources such as the CQC and NICE websites for important guidance to inform staff practice.
- Staff sought advice and guidance from a range of different health and social care professionals. This helped ensure they worked together to provide 'joined up' support to people. This provided consistency and continuity for the support people needed.