Pinnacle Care Ltd

Sedlescombe Park

Inspection report

241 Dunchurch Road
Rugby
Warwickshire
CV22 6HP

Tel: 01788813066
Website: www.pinnaclecare.co.uk

Date of inspection visit:
14 February 2018
15 February 2018

Date of publication:
22 March 2018

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

Sedlescombe Park is a residential care home for up to 24 people, who may live with dementia. The accommodation is arranged over three floors, with a lift to the first floor, to support people to move around the home safely. At the time of this inspection, seventeen people were living at the home.

At our last inspection we rated the service as 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The provider had taken action to improve the environmental concerns we had raised during our previous inspection. New kitchen equipment had been installed and the environment had been improved and managed to support more effective infection prevention and control practice. A member of staff had been appointed to act as a health and safety representative. Additional members of the maintenance team had been appointed to ensure there were sufficient time and skills to address maintenance issues as needed and to carry out planned refurbishment work.

People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. The registered manager checked staff were suitable for their role before they started working at the home and made sure there were enough suitably skilled, qualified and experienced staff to support people safely.

Risks to people's individual health and wellbeing were assessed and their care was planned to minimise the risks. The provider and registered manager regularly checked the premises, essential supplies and equipment were well maintained and safe for people to use. Medicines were stored, administered and managed safely.

People's needs were assessed using recognised risk assessment tools and staff were trained in subjects that matched people's needs. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences.

People were supported to maintain their health and were referred to healthcare professionals when their health needs changed. People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People, relatives and staff felt well cared for. Staff understood people's diverse needs and interests and supported them to maintain their independence. Staff respected people's right to privacy and supported people to maintain their dignity.

People were supported and encouraged to socialise in the home and in the local community, and to enjoy

their lives according to their preferences. People and relatives had no complaints about the service.

People and relatives knew the registered manager well and were invited to share their views of the service through conversations and regular meetings and questionnaires. The registered manager and provider regularly checked the quality of the service to make sure people's needs were met safely and effectively.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service has improved to Good.

The provider had improved how the home was maintained, decorated and equipped, which supported good infection prevention and control. There was a maintenance person for on-going repairs and a second maintenance person had been appointed to undertake refurbishment work. The provider and registered manager continued to check the quality of the service through regular audits of people's care and staff's practice. Actions were taken to improve the quality of the service by listening to people's, relatives' and healthcare professionals' views of the service.

Sedlescombe Park

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.

This comprehensive inspection took place on 14 and 15 January 2018 and was unannounced. One inspector and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

We also reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During the inspection visit we spoke with five people who lived at the home, three relatives, two other visitors and a visiting healthcare professional. We spoke with two care staff, the deputy manager, the cook, the registered manager and the provider's training manager.

Many of the people who lived at the home were not able to tell us in detail about how they were cared for and supported because of their complex needs. However, we used the short observational framework tool (SOFI) to help us assess whether people's needs were appropriately met and to identify if people experienced good standards of care. SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us.

We observed care and support being delivered in communal areas and we observed how people were supported to eat and drink at lunch time. We reviewed two people's care plans and daily records, staff recruitment records and management records of the checks the registered manager and provider made to assure themselves people received a safe, effective quality service.

Good

Is the service safe?

Our findings

At this inspection, we found people received the same level of protection from abuse, harm and risks as at our previous inspection in January 2016. The rating continues to be Good.

People and relatives told us they felt safe at the home because, 'everything was good' and they trusted the staff. People told us they could lock their bedroom doors if they wished, which made them feel safe. Two people told us they could 'come and go as they pleased', which promoted their independence, but said they preferred to go out with staff.

Staff received training in safeguarding and understood the provider's policies for safeguarding and whistleblowing. Staff told us they reported any concerns about how staff supported people to the registered manager, and were confident any concerns were investigated. The provider's recruitment process included making the pre-employment checks required by the regulations to make sure staff were suitable to work with people in a care environment.

People's care plans included risk assessments related to their individual and diverse needs and abilities. Care plans explained the equipment and the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. They were regularly reviewed and people's risk assessments were updated when their needs and abilities changed. Staff told us they always had the equipment and supplies they needed to support people safely, which minimised risks to people's individual health and well-being.

People and relatives told us there were enough staff to support people safely. One person told us they rarely used the call bell, but staff responded promptly when they did. During our inspection visit, we saw everyone was supported when they needed support. The registered manager scored people's individual needs and abilities and used a needs dependency tool to determine how many staff should be on duty. The registered manager told us they included people's preferences for the gender of staff when allocating staff to the rota.

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. People told us the fire alarm was tested weekly. They told us they were confident they would be kept safe by staff in the event of a real emergency, because, "Staff would get us out."

During our inspection visit the fire alarm was tested. Staff followed the fire drill and checked that all fire safety doors were firmly closed when the alarm sounded. Where one door did not shut tightly, staff recorded this for the maintenance person to investigate and make the necessary adjustments. The registered manager told us they had completed the previous fire risk assessment of the premises, but recognised that people's safety could be improved with advice from an expert in the field of fire safety. They told us the provider agreed they would obtain the services of an external specialist to conduct a renewed fire risk assessment.

Medicines were managed and administered safely. Medicines were stored in a locked cupboard or in a medicines fridge, in line with the manufacturer's instructions. Medicines were delivered in 'blister' packs', colour coded for the time of day, with an individual medicines administration record (MAR), which minimised the risks of errors. Only trained and competent staff administered medicines. The MAR sheets we reviewed showed medicines were signed for as 'administered' in accordance with people's prescriptions. Staff used body maps to record when and where they applied prescribed creams and pain relief patches. Staff told us no-one was administered medicines covertly, that is without their knowledge. They said, if a person had difficulties in swallowing medicines, they tried to obtain them in liquid form from the GP and asked the pharmacist for advice about the suitability of crushing tablets.

The provider's policies and practices protected people from the risks of infection. The registered manager was the appointed champion for infection prevention and control, as required by the Department of Health (DoH) guidance. The registered manager had issued guidance to staff about the frequency for cleaning each room and equipment. They regularly checked that the guidance was followed and that staff used personal protective equipment to prevent the risks of infection. We saw the home was clean and the décor was well maintained, which made it easier to keep clean. People and relatives told us it was always clean and said they saw staff wore protective gloves when needed.

The registered manager told us they made improvements by analysing when things did not go well and making changes at the service. They held regular 'reflective practice' sessions with staff to discuss how they could improve the service. A member of staff told us, "After an accident or incident, we update the person's individual risk assessment and management plan." Actions taken by the registered manager to improve how risks were minimised, included a plan for all staff to attend 'react to red' training to minimise the risks of sore skin for people who lived at the home.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection in January 2016. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People's needs were assessed using recognised risk assessment tools, such as the malnutrition universal screening tool (MUST) to assess risks to their nutrition, and the 'Waterlow' tool to assess risks to their skin. Their care plans included actions for staff to take to minimise the risks, such as offering a person a soft-food diet and assisting them to eat, and regularly supporting them to change position to relieve the pressure on their skin.
Staff told us they worked with the same people regularly so they understood people's individual needs and preferences. They shared information about how people were and any changes in their needs during the staff handover meeting when the shifts changed.

People told us staff seemed to have the skills they needed to support them effectively. People said, "All the staff are helpful" and "They seem to know what they are doing." Staff told us they had the training they needed to be effective in their practice, such as in supporting people to mobilise using hoists and slide sheets and in ensuring people were supported to maintain a balanced diet.

New staff attended training in the Care Certificate which covers the fundamental standards of care expected of all health and social care staff. The registered manager ensured staff attended refresher training, and staff told us they attended specialist training, such as in diabetes and dementia care, to make sure they were able to support people's individual needs. Staff told us, "The best training was in core values and dementia. It's interactive, which makes sure you listen" and, "It makes you challenge and understand your own practice better." We saw staff supported people effectively throughout our inspection visit.

All the people we spoke with told us the food was good and they always had a choice. They told us they could have a drink whenever they wanted one. One person said, "I would leave it if I didn't want it, they would bring me something else." Relatives and visitors told us the meals 'always look nice'. People's care plans included their food likes, dislikes, preferences and any allergies or specific dietary needs, including their needs for assistance to eat. Staff told us about one person who required a specific cultural diet, which meant the cook used separate chopping boards, knives and cooking pots to ensure all the person's food was prepared in the culturally correct way.

At lunch time people were encouraged to eat together in the dining room, which made lunch a social occasion. Staff sat and ate a meal with people, which enabled them to engage with and support people and check whether they ate well. People were supported to eat with a side table by their armchair, or in their bedroom, if that was their preference. People who needed assistance to eat were supported by staff, who sat next to them, spoke words of encouragement and took their time. The meal was not rushed.

Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Records showed staff made sure people saw their GPs to check whether changes in their mood or appetite were signs of changes in their health. People told us they were supported to attend appointments with healthcare professionals when needed. A visiting healthcare professional told us the registered manager and staff were effective in following their advice to support people's healthcare and treatment.

Staff told us they accompanied people to healthcare appointments, which ensured they were supported to share information about their concerns and receive advice from the healthcare professional effectively. A member of staff told us, "When people go to hospital, we send their medical history, MAR and personal details and a copy of their appointment letter. Staff escort people to hospital and stay with them until they are admitted or sent home. Staff can take the care plan, or advocate verbally and explain the person's communication needs, but staff must bring the care plan back."

The home was adapted, decorated and furnished to meet people's needs. People told us the layout, adaptation and decoration of the home suited them. They told us they thought there was enough space in the home, for them to socialise or spend time alone. They said they could find their way around unaided and could spend time alone in their room whenever they wanted to. There was a separate dining room and two lounges. We saw people chose which communal rooms they spent time in and most people chose to socialise in the lounge, where shared activities took place. There was a lift to the first floor, for people who did not want to climb the stairs, and a secure, level garden, which people told us they used when the weather was fine.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met. The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. Records showed the manager involved people's representatives when decisions needed to be made in their best interests.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. We saw staff offered people choices and sought their consent before they supported them.

Staff had training in and understood the principles of the Mental Capacity Act 2005 and when it was appropriate to restrict a person's liberty. Staff were able to explain why some people had safety rails on their beds at night. They told us the decision had been made in a person's best interests, because they did not have the capacity to understand risks, and were at risk of falling from their bed. For another person, the best interest decision was not to apply safety rails to their bed, because the risk of the person climbing over the safety rails and falling from a height was the greater risk. Instead this person's bed was lowered at night, with a soft mat beside it to absorb the impact of any falls and a sensor mat to alert staff.

Good

Is the service caring?

Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection in January 2016, because they felt staff cared about them. The rating continues to be Good.

People told us the staff were caring and kind to them. They said the staff showed interest in them and in what they had to say. People who had recently moved to the home, felt that staff were taking the time to get to know them. We saw staff were thoughtful in their interactions with people. They smiled and spoke to people by name and touched people's hands, arms or shoulders to reassure them. When people were supported to mobilise using equipment such as slings and hoists, staff explained what they were doing at each step of the process. Staff encouraged people to take an active part. We heard staff say, "Come forward, hold here, like riding a bike, going up" and "I'm going to lift your legs up, let's go", while they supported the person.

The staff had worked at the home, or at another of the homes in the provider's group, for several years, so they shared the same values. The provider's values were displayed in the corridor where people could read them and know what to expect. The values were based on the 'VIPs Framework', as advocated by an external specialist in the field of dementia care. Staff demonstrated the values, to put people at the heart of the service, in their attitude, behaviour and approach to care. A member of staff told us, "We respect people's wishes. We are in their home. It's lovely, like one big family."

Risk assessments included a comprehensive dementia assessment, which diagnosed the potential impact of dementia on the person's abilities, mood, appetite and behaviour. The provider's policy to enable staff to be caring included a 'best friends' policy, so that everyone who lived at the home had a named member of staff, who they had shown an affinity to. Each 'best friend' had a specific role to play in the person's life, such as supporting the person, speaking up on their behalf and maintaining contact with the person's family.

People told us they felt involved in how they were supported and cared for. They said staff respected their opinions and views. People told us, "If I suggested new curtains or something, I think they would listen" and "They do ask us what we like." People's care plans included the person's religion, culture, occupation, family and significant events and invited people to express their sexuality if they wished to share this information. This information helped staff to understand people's habits and motivations.

Staff told us they had training in equality and diversity. They understood the meaning of 'protected characteristics' under human rights legislation and understood the importance of ensuring people had equality in being supported relative to the protected characteristics and according to their individual preferences. The provider had signed up to a 'Commitment to Equality' and had prepared an equality report, which was due to be reviewed at the time of our inspection.

People and relatives told us staff were respectful and promoted people's independence and dignity. Staff told us, "Dignity means, shut the bathroom door and treat people with the respect you would want to be

treated with."

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection in January 2016. The rating continues to be Good.

People were asked about their interests when they moved into the home. Relatives told us they had been invited to share information about their relation, because it was useful for staff to know how to respond and encourage people to maintain their interests and hobbies.

People's care plans included a brief life history, which included information about the person's work and home life, their important relationships and any cultural or religious beliefs and traditions. This enabled staff to get to know people well and to understand what was important to them. A relative told us, "[Name] seems comfortable with the staff. They know [Name] better than I do now." A relative told us when they visited at night, there was no difference in how staff behaved and responded to people. They told us, "Sometimes they have an event and it is a real party atmosphere, like on firework night."

Staff knew people's preferences for how they spent their time and understood how to support people's diverse needs. We saw photos in the corridor of people taking part in a variety of activities, such as dancing, painting and enjoying music and exercise sessions. People told us they felt comfortable pursuing their own hobbies, such as reading and painting. They said staff supported them in their hobbies, by making sure there was an appropriate space to pursue them.

A member of staff told us, "Activities are not always a big 'hoo-hah', they might be just 'time', doing puzzles, painting. [Name] does the crossword and reads out the clues. About tea time the television goes on. People like dramas, programmes about history, war films and westerns. After tea they might help wash up, or make sandwiches, or fold laundry."

The provider had provided a 'home' car and employed a driver to support people to go out. The driver told us the car was available between 7am and 10pm, and was available for social outings, shopping, meals and trips to the pub. During our inspection visit, we saw staff walking outside in the sunshine with one person and three people went out for lunch with staff in the home's car. During the afternoon of our inspection visit, a religious service was held at the home for those who wished to attend. We saw staff remind people of this event, to make sure people were able to attend or leave the room, according to their wishes.

People's communication needs were assessed and guidance for staff explained how they should support the person to understand information. For example, if a person needed hearing aids or glasses, staff were reminded to make sure they offered to check, clean and make the aids available.

Staff kept daily records of how people were and how they spent their day and shared information about changes at the shift handover meeting. People's daily records reflected their care plans and their stated preferences. Relatives told us the staff were good at keeping them informed of any incidents, events or changes that affected their relation. When changes in people's needs or abilities were identified, their care

plans were updated. The registered manager regularly reviewed people's care plans to make sure any changes in their needs and abilities were included in an updated care plan.

People told us they had no complaints, but said they would be comfortable to make a complaint if they wanted to. Everyone said they would be happy to share any concerns with the staff or registered manager, without fear of recriminations. A relative told us whenever they had mentioned anything, the staff had always looked into it and resolved the issue. There were complaints and comments books at the entrance to the home, for anyone to write in. The registered manager told us they had not received any formal, written complaints, but had responded to verbal concerns promptly. They told us, "Our complaints and compliments books work well, but I need to ensure people know how we have dealt with their concerns, which will show people and families, that we do follow up on their concerns and praises."

Staff attended end-of life training to enable them to understand how to support people at the end of their life. The registered manager told us, "End of life care is very important and we ensure wishes are met around this time. We aim to support our residents to remain at the home at the end of their lives. We work with families to ensure that all needs, wants and wishes are met wherever possible. We aim to meet emotional needs as well as physical, considering things, such as, choice of music, special scents or items such as teddies, to bring comfort." One person told us their family were aware of their end of life wishes and were confident they would share this with the registered manager at the right time.

Good

Is the service well-led?

Our findings

At this inspection, we found improvements had been made in how risks related to the premises were managed. Since our previous inspection in January 2016, the provider had improved the maintenance and decoration of the home and obtained new equipment, all of which supported staff to prevent and control the risks of infection. The rating has improved to Good.

The home was well-led. The registered manager and staff shared the provider's values to put people at the heart of the service, which was explained in the 'VIPS' charter. People and relatives told us, "The manager is very nice" and "They will pop by for a chat, sometimes on our way out. They ask if everything is okay." One person said, "It's pretty good here, a lot better than I thought a home would be."

Staff told us they liked working at the home, because the registered manager was, "Approachable and very hands on" and "Open and honest." The registered manager had begun their career with the provider as a member of care staff, and worked their way up to being a registered manager. A member of staff said, "The manager is phenomenal, just a brilliant role model."

The manager had been registered with us since October 2014. 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. The registered manager understood the responsibilities of being a registered person. They sent us statutory notifications about important events at the service. The ratings of our previous inspection were displayed at the entrance to the home, and on the provider's website.

Staff told us all the staff worked well as a team and got on well together. A member of staff told us, "I feel encouraged. I can always ask for guidance. There is no tension, they are all good staff and we get on well. It is lovely." Staff were observed in practice, because the registered manager frequently worked alongside staff in supporting people. Staff attended regular meetings and reflective practice sessions, where they had the opportunity to consider how people responded to care and support and whether there was anything they could do to improve the quality of the service for people.

The registered manager analysed accidents, incidents and falls and took action to minimise the risks of a re-occurrence for the individuals concerned. The registered manager shared the results of their audits at meetings with other managers in the provider's group of homes for their learning. The provider analysed all the audits across the group for patterns or trends that might lead to cross-group improvement actions.

The registered manager conducted regular audits of the quality of the service. They checked people's care plans were regularly reviewed and up to date, that medicines were administered safely and that the premises and equipment were safe, regularly serviced and well-maintained. They had issued cleaning schedules for the cleaners, kitchen and night staff to make sure nothing was overlooked. The maintenance 'handy' person continued to make weekly checks of fire safety measures, emergency lights and call bells and

monthly water temperature checks.

The registered manager told us the provider was proactive at checking the quality of the service was maintained. They told us, "The director or area manager come in and complete audits of medicines, care plans, staffing levels, do a walk around and speak with staff and residents and work with me on any issues discovered." A member of care staff told us, "Head office visits constantly. [Name] visits every week."

The registered manager told us the provider had improved how the maintenance of the home and equipment was managed since our previous inspection. A relative told us, "The décor is always improving now, it's so much better than what it was a few years ago."

Maintenance issues that we had identified during the previous inspection had been resolved. The fridge and freezer had been replaced and a new cooker had been installed. The basin in the medicines room had been descaled, minimising the risks of infection and there were paper towels in the holder. The provider had implemented a monthly 'maintenance audit' to ensure maintenance work was identified, and completed promptly to a high standard.

The provider planned to hold monthly meetings with people and staff to ask about any concerns with the environment. They had recently appointed a member of staff to be a health and safety representative at the home. There was a log book in the office where any staff or the maintenance person could record any maintenance issues they identified with a date. The maintenance person signed and dated to demonstrate they had completed a repair, or escalated it as a 'replacement or refurbishment' job.

Through their regular 'walk-round' of the home, the registered manager had also identified some 'larger scale' refurbishments were required since our previous inspection. The provider had subsequently laid new, non-slip flooring in one lounge and in some bedrooms. A new fire alarm system had been installed, because the original system had been 'failing' to respond accurately to the environment.

The provider had recruited a second maintenance person, with more 'trades' experience, to undertake the larger scale refurbishments required. The registered manager told us that they were awaiting the required recruitment checks, before the trades maintenance person could start work. The first job on their list was the refurbishment of a ground floor toilet and wash room, to ensure the environment was more easily cleaned and maintained, for better infection control. The registered manager told us they planned a 'walk-around' with the maintenance person to discuss the viability of 'repair or replacement' in other areas of the home.

People were engaged and involved in agreeing quality improvements at the home. The registered manager had scheduled regular meetings for people and their relatives. They told us very few relatives were able to attend, but people enjoyed the opportunity to come together and discuss issues they were interested in. People and relatives had been invited to complete a questionnaire, to make sure their views were known.

The provider listened and responded to people's opinions, comments and suggestions. For example, in the survey people had said they would like 'a better television in the lounge and more fresh fruit' and had commented about the temperature in the lounge. The provider had bought a new large screen television, the registered manager resolved to make sure fresh fruit was always available and the maintenance person was tasked with checking the windows in the lounge for draughts.

Records showed most people had responded positively to the survey and had been complimentary about the staff, the registered manager and about the home. During our inspection visit, we asked people whether they would recommend the home to other people. Their replies included: "I should tell them it's very good

here"; "I would tell people to give it a go"; "Yes, it seems to be a good home"; "I am content here now"; and "I have no worries and no problems. This is the sort of home I want to be in."

Opportunities for improving and ideas for innovation at the service were discussed at the registered managers' group meetings. The registered manager told us they were kept up to date with changes to policies, new training opportunities and new ideas about the health and social care sector by the provider's training and development manager and the CQC monthly newsletter.

Other agencies told us the service worked well in partnership with them. The local authority commissioners told us they had no concerns about how the people they commissioned care for were supported. A healthcare professional told us the registered manager and staff were supportive in enabling people to follow their advice, and consequently, people's health care needs were well managed. Records of the compliments we reviewed showed that other healthcare professionals had given positive feedback about the way people were supported and staff's kindness.