

Southdown Housing Association Limited

Windebanks

Inspection report

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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

Windebanks is a supported living service providing personal care and support to five people living in five self-contained flats. There is an office which also serves as a room for staff who sleep-in at night. The service is registered to support people with autism and/or a learning disability.

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

There were enough staff to care for people safely and medicines were safely managed. People we spoke with told us they felt safe. Staff understood the importance of monitoring incidents and accidents and there were robust systems to safeguard people from abuse. Safe recruitment processes were being adhered to in order to make sure staff were suitable for their roles and responsibilities.

Cleaning and infection control procedures had been updated in line with COVID-19 guidance to help protect people, visitors and staff from the risk of infection. Government guidance about COVID-19 testing for people, staff and visitors was being followed.

Risks to people's health, safety and welfare were identified and supported. Staff ensured people's needs were consistently met and assessed to enable improvements and progress in their lives. Staff received a comprehensive induction and ongoing training to enable them to support people safely. There were effective systems for communication both at the service, and with other agencies to ensure people received the care they needed.

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.

People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals. The service worked with specialist learning disability teams to provide effective joined up care. Quality assurance processes were robust and provided oversight of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and Independence. People were supported to live as independently as possible at a service which encouraged and inspired people to live full lives. Staff supported people to make choices and to remain connected with their family, friends and the local community.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. People's flats were respected by staff as their homes. People were supported to lead full and active lives and to take part in activities that were meaningful to them. Staff knew people well and we observed people treated with kindness, respect, and involved them in making decisions.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. Staff described a positive culture where learning was encouraged. Positive risk taking was designed into the culture of the service. For example, people's behaviours had been explored to see what they were communicating to maximise their independence, like going out into their community on their own. One-to-one staffing levels meant they could quickly respond to crisis situations and least restrictive practices were used to avoid the need to use restraint.

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

This service was registered with us on 25 November 2019 and this is the first inspection. Previously this was one of many supported living sites the provider had registered under one supported living location. The provider has now registered each site as a separate location.

Why we inspected

This was the first planned inspection for this service.

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.

Windebanks

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 carried out by one inspector. Another inspector was involved in gathering recruitment information.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means 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

We gave the service 24 hours' notice of the inspection. This was because it is a small service and people are often out, we wanted to be sure there would be people at home to speak with us. We also needed to be sure the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from Health watch, the local authority and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who were using the service about their experience of the care provided. We spoke with three support workers, the deputy manager and the registered manager. We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were reviewed. We sought feedback from a further three professional's with experience of the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff we spoke with had received training and knew how to recognise signs of abuse and how to report safeguarding concerns. A staff member said, "I have done safeguarding and am aware of different kinds of abuse, such as sexual and financial. We have a safeguarding policy that tells us what we need to know as well. I would report it to the manager, and I know I can report it to local authority, police and (CQC). We have had safeguarding here, and its managed and supported really well."
- People said they felt safe and at ease with staff. A person said, "I feel very safe living here." Some people were unable to communicate verbally. We observed people's body language and interactions, and these indicated people felt safe and comfortable with the staff supporting them.
- The registered manager was aware of their responsibilities for reporting concerns to CQC. The registered manager had reported safeguarding concerns to local safeguarding teams. This helped to ensure all concerns about people's welfare were investigated appropriately.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed to support them to stay safe. The service demonstrated a culture aimed towards promoting positive risk taking and maintaining people's independence.
- For example, they provided guidance to enable staff to support people in safety awareness when using their vehicles and completing activities such as cooking, swimming, using the gym. A person said, "Staff help me with my cooking so I do not burn myself. By them doing this, it means I don't have to live in a residential care home. I get to live in my own flat. They don't take over and do things for me, but encourage me to do things myself, learn skills." Another person said, "I do feel safe. Staff are around if I have any problems. We have risk assessments to help me, like going out on the bus and doing certain activities."
- Each person had a personal emergency evacuation plan in place which explained how they would be supported to evacuate their home in the event of an emergency.

Staffing and recruitment

- People said there were enough suitable staff to care for them safely. Where people were assessed as needing specific staffing level's, to meet their care needs and when going out in the community, this was always provided. We observed people were comfortable with staff and had time to talk with them.
- There was a reliance on using agency staff. Staff felt agency staff were well trained, skilled and provided consistency to the people they were supporting. The agency staff worked at Windebanks, only, this reduced the risk of bringing COVID-19 into the service. The registered manager said, "They are brilliant, we have known them since before the pandemic, they have been here longer than some of our staff. They are part of

our staff team."

- Systems for recruitment were safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks and supplying suitable references. This meant people were protected from the risk of being supported by staff who were not suitable to work with them.

Using medicines safely

- People were receiving their medicines safely and as prescribed. A person said, "Staff know what I take (medication) and how much. This makes me feel that what I am taking is safe, I couldn't do that on my own."
- Staff were clear about their responsibilities in relation to medicines and records were consistent and accurate. Only staff who had been trained and were assessed as competent were able to administer medicines to people.
- People were supported to be independent with their medicines. Risk assessments were completed, and people's care plans reflected the specific support they needed to safely take their medicines. Care plans were reviewed regularly to ensure the support remained suitable.
- Some people were prescribed PRN (as needed) medicines. There was clear guidance for staff in when to administer PRN medicines. This meant people had access to their prescribed medicines when they were needed.
- There were safe systems for ordering, storing and disposing of medicines.

Preventing and controlling infection

- People, staff and visitors were protected from the risks of cross infection as the provider had implemented robust infection prevention and control (IPC) practices. People said staff supported them to keep their homes clean. Staff confirmed they encouraged people to be independent in this area of their lives.
- Where applicable, people were provided with pictorial information about COVID-19 as well as staff encouragement and support to understand the importance of following IPC practices to promote their own safety.
- Staff had received infection prevention control training. Staff said how they prevented the spread of infection when providing personal care. The provider ensured personal protective equipment (PPE), such as masks, disposable aprons and gloves, were available and used by staff when supporting people with personal care.
- The provider's infection prevention and control policy were up to date and arrangements were in place for people, staff and visitors to be tested for COVID-19, in line with government guidance.

Learning lessons when things go wrong

- The registered manager regularly monitored accidents and incidents. Records kept were of good quality and senior managers reviewed these to ensure preventative measures had been taken in response to any emerging themes or patterns.
- Some people had distressing behaviours that could be challenging for themselves and others. When incidents occurred, staff recorded details of events to support analysis and identify patterns or triggers that might have led to distressing behaviour. This meant staff were able to adjust their approach to support people more effectively.
- Systems and processes for quality monitoring of people's health needs, such as bowel monitoring, and hydration had been reviewed and updated. This was information they learnt during a CQC inspection at another service under the same provider. This meant the staff were able to quickly identify any potential health deterioration, for an assessed health risk.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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's needs and choices were assessed in a holistic and person-centred way.
- Assessments and support plans were comprehensive and provided clear guidance for staff to follow. Care and support reflected evidence based good practice including Positive Behaviour Support (PBS) plans. PBS is a person-centred framework for providing support to people with a learning disability or autism who may display behaviours that may be challenging or distressing for themselves or others. Staff demonstrated a good understanding of PBS and how it is used to support people to have a good quality of life.
- A staff member said, "[Person] has a PBS plan, you can't work with them until you have been trained in this area and read their plan. [Person] has behaviours that can challenge and to avoid any physical altercation, you need to know their triggers, and warning signs to prevent any preventable distress to them, and harm to staff."
- Staff used evidence-based guidance tools to help them assess people's needs. For example, a Disability Distress Assessment Tool (DisDat) was used to help staff identify when people who had communication needs were experiencing pain. This provided staff with clear guidance about patterns of behaviour that could identify when a person was experiencing pain.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff said they undertook an in-depth induction that included extensive training around the positive behaviour support program (PBS) which was tailored to the person they supported.
- New employees were required to complete an induction including mandatory training. Those new to care were supported to complete the Care Certificate; a nationally recognised, work-based, vocational qualification. A staff member said, "I was given lots of support. I had done the training before elsewhere, but they wanted to start me from scratch so that it was bespoke to their service. The training was extremely good, easy to access."
- Staff received monthly supervision and said they were able to approach a member of the management team for advice and guidance at any time. Staff confirmed supervision meetings were used to discuss their performance, well-being, development needs and issues relating to their work. Staff said these meetings were useful and they felt able to discuss any issues openly. A staff member said, "I have had it every month since I started. The first thing they ask, if there is anything I'm worried about, anything I want to discuss, then we move on to training."

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

- Staff assisted people to maintain good nutrition and hydration, encouraging people to eat a well-

balanced diet and make healthy eating choices. A person said, "The food is nice, staff support me to cook my meals. Reminding me how long to cook things, so food isn't raw and cut up things safely."

- Staff had good knowledge of people's dietary requirements and steps were taken to support people's needs. For example, supporting people to eat a healthy diet to assist with weight management. A person said, "Staff help me with my goal of losing weight. They guide me with portion sizes with my cooking. So that I don't eat too much or put too much weight on as I am trying to be more healthy eating conscious. This makes me feel good. They help me menu plan for each week and I am enjoying the food, they help make suggestions to keep it varied. I am losing weight, which is what my goal is."

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

- People had hospital and care passports to provide information about their needs and preferences to health and care professionals who may not be familiar with them.
- A health action plan was in place and reviewed regularly for each person. A health action plan states what is needed for a person to remain healthy, including the support they may require.
- Staff supported people to attend the dentist and other health appointments. People were supported to maintain good oral care and personal hygiene. Support plans gave staff guidance to follow in supporting people with these routines.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were being supported in the least restrictive way. Staff understood their responsibilities for gaining consent and upheld people's rights to have choice and control over their lives.
- Staff were able to describe the principles of the MCA. Records showed staff had considered how to seek consent from people. As staff member said, "You have to deem a person has mental capacity until they have been assessed otherwise. You can't make assumptions."
- When people lacked capacity to make particular decisions, relevant professionals, had been involved to make decisions that were in people's best interests. For example, peoples understanding of being in relationships. This had led to improvements in people's knowledge in how to alert staff if they needed support in this area for their safety and well-being.

Is the service caring?

Our findings

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

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

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

- People said staff were kind and treated them well. A person said, "Staff are caring and kind. They treat me like a person and not a person with a disability. They see past my learning disability." People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs. A staff member said, "I know our people very well, we are their family. When they need advice, guidance, support, a hug, that's us." Our observations throughout the inspection confirmed staff approached people in a kind and caring way. Staff members took every opportunity to talk to people and to interact in a positive way.
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's well-being and were focused on providing the right support to improve people's lives. A person said, "I know I can have days where I feel sad and anxious. The staff help me through that. They give me reassurance. They listen to me."
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff completed equality and diversity training as part of their induction and ongoing training. The needs of people from diverse backgrounds had been taken into account to ensure people did not experience any form of discrimination and this information was included in support plans.

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

- People said, and records confirmed, they and their relative were involved in making decisions about their care and support. A person said, "I like to make the decisions that affect me. They help me with making those decisions, but I have the last say." A person said, "We have monthly meetings with the other people, we talk about what improvements could be made for how our support is given, for activities happening, what is going on locally and what we want to join in with. I wanted to repaint the communal space and they listened, we did this."
- Care plans contained background information about people's personal history and their known routines. This meant staff were able to gain an understanding of people and engage in meaningful interactions with them.
- People had key workers, who were key members of staff allocated to provide additional support to one person. Their role included supporting the person to maintain contact with family members, reviewing their care plan and supporting the person to express their views and make decisions. People were positive about this and said key workers had developed good relationships with them.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged by staff to gain greater independence, learning to do their own

laundry, shopping and accessing their community without staff with them. A person said, "I go out to the local shops, I'm not confident to walk to town, but it feels alright to be able to leave, and pop to local shop."

- People were asked if they had a preference as to the gender of staff who provided personal care, recognising people's dignity. Preferences were recorded in people's care plans.
- Staff recognised they worked in people's homes and respected them as such. A person said, "This morning I needed my own space, told them (staff) to leave me alone. They did and checked in with me a while later. They knock before coming in my flat. They don't assume they can just come in."
- Care plans detailed how people liked their privacy and dignity to be respected. Staff said how they respected people's privacy and dignity. They ensured all doors, curtains and windows were closed and always involved the person with what they were about to do so it never came as a shock.

Is the service responsive?

Our findings

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

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and how they liked to be supported. People were treated as individuals and were able to follow their own routines. One support plan informed staff a person was able to peel, chop all vegetables and prepare meals. This helped to make sure people received care which was personal to them. A staff member said, "[Person] likes photos, taking them is important to them. We help [person] get these developed so they can enjoy them."
- People received well-planned, person-centred support that was individual to the person. People's care and support plans were person-centred and included preferences, interests and dislikes as well as their physical and emotional well-being. We observed a person returning from doing a food shop, the staff said, "[Person] wrote a list, we then went to [shop], they paid. [Person] does all the money. It's their independence. It makes [person] happy. [Person] carries their purse, we check the right amounts."
- Each person had a 'My Plan' specifically designed around their needs, goals and aspirations. The plans created opportunities for people to gain new skills and experiences, increase in confidence, independence and well-being. A person said, "I decorated my flat with my key worker. I did the walls and painted the hallway. It was nice for me to decorate and do the painting. I got a colour chart from the shop, got some tester paint to see what the colours would look like. Then I had to save the money. I went and bought the paint ready. If staff had done this, it would make me feel I am not capable, they are not here to do it all for us. Because we are here to learn to do things and gain independence."
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. This further supported staff to have current and updated information about the persons' needs and how they spent their time.

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.

- Each person had a communication care plan, which gave practical information in a personalised way about how to support people who could not easily speak for themselves.
- Staff were working with speech and language therapists to help develop their understanding of peoples communication further.

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 had some structure to their week and activities such as food shopping, attending clubs and swimming. Staff supported people with their chosen activities which were varied. Choices included; going to the gym, theatre shows and going places of interest to eat and explore. People were learning new skills such as playing musical instruments and learning to do art-work.
- During the inspection, we observed people were busy doing the activities they had chosen. A staff member said, "What we do, it's about them, their choices. To make sure we support everyone to be as independent as they can. We support them to make their own choices, for example, what they want to wear, eat, go. It's about supporting them to live their life."
- People were supported to maintain contact with family and people close to them. A staff member said, "[Person] enjoys seeing her family, we make sure that happens and take her." Records confirmed relatives were fully involved in their relative's daily lives and maintained contact via visits, telephone or email.

Improving care quality in response to complaints or concerns

- The provider had policies in place to respond to concerns or complaints. A person said, "I know who I can talk to if not happy, I would always talk to [registered manager]. She is lovely. She listens. The staff listen."
- There was an accessible complaints procedure in place which was made available to people.
- People had the opportunity to raise concerns during their care plan reviews, with their key worker and at their monthly house meetings. A person said, "Staff help me, talk to me and address problems I've got. I get anxious a lot and the manager spends time with me to go through all my worries. I would talk to the manager first, area manager and CQC if I had a complaint."

End of life care and support

- End of life care was not currently being delivered at the service.
- Discussions about people's end of life plans and wishes were recorded where people wished to do so. The provider had policies and procedures in place to support this need.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 registered manager and staff expressed an ethos for providing good, quality care for people, based around their needs, wishes and future aspirations. Staff we spoke with clearly put people at the centre of the service.
- People received care from staff who worked well together and as such supported people to live a varied and busy life. The registered manager had developed a culture within the staff team where staff felt supported and valued which meant they were open with each other and worked well as a team. A staff member said, "We all get to together thrash out ideas, communicate what's going on in the local areas, any issues can be discussed. Because there is a group of you there are more ideas."
- Staff felt respected and valued and said they were fairly treated. A staff member said, "[Registered manager] is brilliant, absolutely fantastic. She is one of the best people I have ever worked for, she is just great, approachable, good sense of humour, I walk in and she knows when there is something wrong, she is supportive." All staff believed the service aimed to provide good quality, person-centred care to people. Another staff member said, "It is a very nice place to work. I am very happy."

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 their responsibilities under the duty of candour. Relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistle blowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- The registered manager was very much involved in the day to day running of the service and was available to staff, people and relatives; A clear staffing structure was in place and everyone knew and

understood their roles and responsibilities.

- The registered manager fulfilled their regulatory requirements by submitting notifications to CQC about events and incidents that happened in the service as required by law. A copy of the latest inspection rating was on display at the service as required.
- Information was shared between the provider's services to improve service provision. Staff meetings were held fortnightly where important information was shared with staff. Staff said if they made any suggestions about improvements to the service these were listened to and acted upon. A staff member said, "Our role here is to promote independence, offer choices. To promote individuality and equality. Our team meeting gives everyone the opportunity to voice their opinions, listen to one another, discuss changes in the service and for everyone to contribute." Records of staff meetings demonstrated staff discussed individual's needs and looked at ways to improve life for them.
- Registered managers and staff had a good understanding of equality issues and valued and respected people's diversity.
- Quality assurance questionnaires had been completed by people and relatives. We saw the analysis of one of the questionnaires. People had responded with positive answers about skills of staff, the support they received, respect shown and how staff responded to concerns.

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included health professionals and safeguarding authorities. The success of this joined up working meant people could remain living safely at their home.
- The provider worked in partnership with all relevant health and social care agencies. Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.
- Health and social professionals were all positive about the management of the service. A professional said, "I am able to say that the manager, with whom I liaised, clearly held [person] in positive regard and was keen to "get things right" for them in terms of care and support around communication. She was proactive in her request for our service and has supported the work that we have been doing with the home and the person both willingly and with curiosity. So, in terms of the service being responsive and caring, I have a very positive recent impression."