

Symbol Family Support Services Limited

Dickley Court

Inspection report

Dickley Lane
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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

Dickley Court is registered as both an accommodation based care home and a community based domiciliary care agency (DCA) which delivers personal care to people living in their own homes. The provider Symbol Family Support Services Limited provides support primarily for people who have a learning disability living within a supported living service. At the time of our inspection Dickley Court was being used as a short breaks respite service, offering breaks for people who have a learning disability.

We have reported on the services provided by the short breaks respite service and the DCA separately under the evidence sections of the report, unless the evidence related to both services when we combined the reporting.

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 received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The registered manager and provider ensured that there was a clear vision for the service to deliver individualised care and support. They were supported by a strong staff team who were appreciated by people who used the service, relatives and professionals.

The registered manager had undertaken training which they used to enhance the well-being of people who used the service, staff and relatives. This had a positive effect on the people we talked to and helped provide the calm and happy atmosphere we witnessed.

There was high-quality leadership in the service, and a very high level of caring for and supporting staff. Strong links had been developed with other health and social care professionals which enabled the provider to deliver consistently person-centred care.

People felt safe and comfortable living at the home. There was a calm atmosphere where staff were knowledgeable and skilled in supporting people with their routines, activities and behaviour.

There were safe systems in place to manage risks to people's health and associated within the service and the domiciliary care service. People were safeguarded from the risk of suffering abuse or avoidable harm.

People had access to healthcare services and input from specialist professionals when required. Their needs in relation to their personal care, nutrition and medicines were met.

People were able to have an input into their care planning and felt able to make complaints or give feedback about the quality of care. People had their dignity and privacy respected by staff who encouraged them to be as independent as possible.

The leadership of the home was very experienced and competent.

There were systems in place to monitor the quality and safety of the home and the registered manager was aware of their regulatory responsibilities.

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

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People had the opportunity to have a say and to be involved in how the service was run and the registered manager took on board people's ideas of how the service could be improved. The registered manager ensured when things went wrong, lessons were learned and changes were made to further improve the service provided.

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

Rating at last inspection:

The service was rated good at our last inspection (published 30 January 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 reinspection 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 finding 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.

Dickley Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

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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. The registered manager was also the managing director of the organisation Symbol UK Ltd.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because people are often out, and 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 the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the respite service. We observed care and support in communal areas to assess how people were supported by staff. We spoke with three care staff, the deputy manager and the registered manager.

We reviewed a range of records about people's care and how the service was managed. This included looking at three care plans and one staff file. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures.

Is the service safe?

Our findings

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

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.

Staffing and recruitment

- At our last inspection we made a recommendation that the provider explores and records staff's gaps in employment in line with schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that any gaps in employment histories had been explored and recorded in staff files. The registered manager had implemented a new procedure to ensure that checking gaps in employment was embedded in the recruitment process.
- There were enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events. The registered manager regularly reviewed staffing levels and adapted to people's changing needs.
- On the day of our visit, when people needed assistance staff responded promptly.

Systems and processes to safeguard people from the risk of abuse

- Staff continued to be aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- People continued to be protected from the risk of abuse. One person said, "I always feel safe when I'm here." One relative told us, "I know he will be well looked after and safe."
- Staff had completed safeguarding training and continued to understand how to identify concerns. Staff and the registered manager knew how to report concerns to the local authority. Where there had been concerns, they had been reported, investigated and acted upon as appropriate.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility, their environment, pain management, use of bed rails, eating and drinking, skin integrity, management of medicines and reassuring people if they became distressed.
- Staff demonstrated a good understanding of the risks people might face and how to prevent or manage them.

Respite/Short break services

- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance team was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency. These were reviewed each time a person returned to the home for a short

break.

DCA/Supported Living Services

- Potential risks to people who used the domiciliary care service had been assessed and recorded. For example, support with personal care tasks, monitoring people's health, mobility, medicines and accessing the community. Each risk had been assessed on an individual basis, recording the risk level and the action staff should take to minimise the risk occurring.

Using medicines safely

- There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when they should be offered to people.

Preventing and controlling infection

- The service was clean, tidy and fresh smelling.
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Staff had completed infection control and food hygiene training and followed safe infection control practices.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.
- If people using the respite service had been involved in an incident or accident this was recorded and the information was reported to the relevant people.

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's diverse care and support needs had been comprehensively assessed prior to them using the service. This made sure the staff team could effectively meet their needs.
- These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- Assessments covered people's health and social care needs, their life history, preferences, hobbies and interests.
- The care plans were person centred, highlighted people's needs and included information and advice from healthcare professionals.
- The service supported people to feel comfortable to use the short breaks service. Staff worked with people to support them to access the service. For example, one person had not received personal care from care staff before. This was worrying the person and making them anxious about accessing short breaks. A member of staff went to the person's house and supported them to bathe, that staff member continued to do this when they accessed the service and then slowly other staff were introduced into the process.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided.
- Staff were given the opportunity to complete NVQ training. One staff member had recently started their NVQ level 5 training. Other staff were completing compliance training and a management development training course.
- Staff had opportunities for regular supervision and appraisals and observations of their work performance. Staff felt supported, valued by the service's management team. One staff member said, "I feel so valued here."

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

Respite/Short break services

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking requirements.
- People were encouraged to eat together in communal areas of the home. Mealtimes were social occasions where staff sat with people to eat, whilst offering support and light conversation. Staff managed people's anxieties and behaviours around food effectively. They offered people support and encouragement when

needed to promote a positive dining experience.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in people's care files. The registered manager told us, "We work with other local organisations to try and offer as many different opportunities as possible tailoring what's on offer to what people want to do."
- Records in people's care files confirmed there was effective joint working and communication with other agencies to meet people's individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as specialist nurses.
- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.

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

- The service was suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently. Since the last inspection additional safe outside space has been introduced.
- People who used the short break service were given the same room each time they visited. One relative told us, "[Relative] loves going to his short breaks – he always has the same room with his name and picture on the door to make him feel at home."
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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. 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.

- People's consent to their care and support was always obtained.
- Mental capacity assessments had been completed, where needed, for specific decisions.
- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.

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 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 using the service and their relatives experienced positive caring relationships with the staff team. They told us staff were caring and supportive towards them. One relative told us, "The staff are friendly, caring and good at communication."
- People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible.
- The service had a calm atmosphere and people and staff positively interacted with each other.
- Staff spoke to people in a calm and kind manner. They talked to people about what they wanted and helped them to make decisions. For example, talking to one person about things that needed to be done before they went out. Staff explained each thing to them and then allowed them to decide which order they did things in.
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences.

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

- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask first, I never assume someone wants my support."
- Staff encouraged people to make choices in the way they received their care and people's choices were respected. They showed patience, giving people time to answer questions about the support they wanted.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided.

Respecting and promoting people's privacy, dignity and independence

- Staff continued to receive training in person centred support which included how to maintain people's dignity and respect.
- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- Staff were extremely proactive in encouraging people to maintain and improve their independence. Staff

spoke about a team ethos of doing things with people rather than doing things for people.

- Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days. One relative told us, "It has helped to develop life skills, such as her independent personal care, dressing and helping with household tasks."

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 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

- Care plans were very person centred and described people's likes, dislikes and then planned around people's choices.
- Support plans were up to date and continued to contain information on a range of aspects relating to people's needs including mobility, communication, emotional wellbeing and mental health.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation.
- Each person was supported to take part in a wide range of activities they were interested in such as darts, exercise classes and flower arranging. People living within the supported living services had individual weekly planners which included pictures of activities to make them more meaningful.
- People who used the short breaks respite service had been involved in the planning of activities they attended.
- Relatives told us that the provider offered a wide range of activities which their loved ones enjoyed. One relative told us, "Short breaks give people the opportunity to make friends, try new activities or learn new skills."

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 and their relatives told us that people had developed friendships since accessing short breaks. One relative told us, "[Relative] is so much happier, is making lots of friends with her peers and staff." Another relative told us, "Coming to short breaks has meant so much to [relative] in forming friendships."
- The service was creative and innovative in supporting people to actively access interests and activities that were important to them.
- The provider and registered manager ensured people had opportunities to access the community and put on lots of events people could attend or provided transport to enable people to get out and about. A wheelchair adapted car was available for people to use to go shopping or to events of their choice.
- We saw staff working together to make sure the people were able to take part in the activities that they wanted to. For example, two people wanted to attend a party staff worked together to make sure that people had received personal care, had their tea and were ready to attend the party at 7pm. People staying at the service were asked about what they wanted to do for the evening while others were out.
- People were supported to maintain contact with their friends and family and friendships had developed within the service. One relative told us, "Dickley Court gives [relative] the opportunity to have fun with his peers."

- The provider had an onsite day service. This acted as a base where people could meet socially and take part in organised activities. Activities were based on peoples' interests and the day service had designated staff to support people during participation. Examples of activities organised included, art classes, music sessions and vocational based classes.

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.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as pictures of food on the menu.
- Some people were not able to communicate verbally. We saw staff communicate with people in a way they understood and responded to.
- There were communication files in place that included pictures for people to use to identify how they were feeling, what they would like to do, what they would like to eat or drink.
- The provider ran communication support signing training for staff. This training supported staff to understand what communication is. The person with responsibility for this training told us, "It is vital for support staff to see the importance of communication and helping people to learn to communicate in a way that works for them."
- The service had a good relationship with other professionals working with a person and made sure they knew what has been done during their short break and the communication methods that they were using.
- The communication lead told us, "We are creating an organisation where all staff are allowing people to communicate in a way that works for them. Office staff are trained in sign language."
- A staff member told us, "Without communication people are more vulnerable than ever."

Improving care quality in response to complaints or concerns

- There had been no complaints about people's care and support since the last inspection.
- A formal complaints process was in place and people knew who to talk to if they were unhappy about anything and told us they would feel comfortable making a complaint.
- There was an accessible complaints procedure for people to raise their concerns.
- The complaints procedure informed people how the service would respond, the timescales they would respond in and the details of other organisations if they wished to take a complaint further.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who needed care at the end of their life.
- The registered manager told us they would consult people, families and other stakeholders to develop an end of life care plan for a person, should they require this.

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 Outstanding. At this inspection this key question is Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The registered manager and management team were committed to improving the care and support being provided.
- The registered manager had set up a social media network (The great support movement) to help staff see that care is a profession. The aim is for staff to be able to link together and be a discussion forum. Each week one person does a talk and this is designed to provoke discussion about working in care. As a result, the registered manager had been asked to be part of care conferences to promote a career working in care. The outcome of this was that care staff had the ability to learn from others experiences and knowledge and use this to enhance the lives of people using Dickley Court. For example, one person had used the forum to get ideas about engagement with a person during difficult times.
- The registered manager was working with staff and asking them to use innovative ways to recognise what it took to be a 'great support worker'. They asked staff questions such as How are you going to make a person's day special? This was helping staff to see how they could provide excellent care to a person.
- The registered manager had developed a peer audit with support staff. Staff get together with a facilitator manager, they talk about the work they have been doing with a specific person using the service. They can come along with information about someone they are finding it difficult to engage with or a success story to share ideas and seek support. There is a mix between newer staff and more experience staff as this allows them to share knowledge and experience.
- The systems to monitor the quality of the service were robust and effective. The registered manager acted on any errors or areas for improvement to help further improve people's care.
- The registered manager told us they were "Learning all the time what works."

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

- Dickley Court was led by an innovative registered manager who is driven by finding solutions to the many challenges that people with learning disabilities face. The registered manager had completed a range of qualifications and used the skills they had acquired to promote a positive atmosphere for staff. This included being a qualified speech and language therapist and a Post Graduate Diplomas in the Psychology of Mental Handicap and Family Assessment and in Management Studies. All of these qualifications allowed the registered manager to have a real understanding of the people that they were supporting.
- The registered manager and management team demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and relevant stakeholders.
- The service had clear vision and values which were person-centred and ensured people were at the heart

of the service. The mission statement for the organisation said, 'Symbol exists to create choices for individuals and innovative and effective solutions for organisations. We strive to work in partnerships with others to improve the quality of knowledge and opportunity for those we support.'

- The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.
- Staff were highly motivated, and proud of working for the organisation. One explained, "This is by far the best of all the homes I have worked for. The staff team are great."
- The service supported people to overcome significant barriers and achieved positive outcomes in their lives. Staff and the management team assisted people to liaise with local authorities, commissioners and other service providers, which many times had a positive outcome for the person and their family in terms of getting the support they needed.
- Staff felt very supported by the registered manager and management team and felt able to discuss any issues or concerns with them.
- Staff were committed to working together to achieve the provider's vision and values. One staff member told us, "We try to provide a home from home during their stay. As people come to us regularly we try to make sure they have the same room each time their here."
- Staff said they would not hesitate in recommending the service. One explained, "I would recommend the home to friends or family 100%. The staff are wonderful and go above and beyond for the people that come to stay here."
- The registered manager told us, "Staff are deeply committed to getting to know people and recognising that everyone is an individual."
- The registered manager told us that they were always thinking about what they could do to make things more special and looking at ways the service could be more adventurous. For example, offering people the opportunity to go camping. People told us that they were exciting about the being able to do things such as camping and outdoor activities. It provided people with the opportunity to take positive risks.

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

- A registered manager was in place and people spoke highly of them and the staff team. We saw them to be caring and they knew everyone well including their relatives. One relative told us, "It is an inspiring short break service for families."
- All managers from the organisation were on a continual management development programme. As part of the development programme, every other month, managers looked at compliance. They went out in pairs to complete a compliance visit. If they pick up shortfalls this was fed back to the management team and an action plan was completed. This allowed managers to work together, use skills where they had strengths and help other managers.
- The provider held regular training sessions for managers and staff around compliance.

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 and management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

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

- The management team regularly sought the views of people. They continued to consult with people about their care and about the service. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward.
- The registered manager told us they challenged decisions through team meetings and looked at the

potential impact of staff actions. For example, two support workers had accompanied a person out in a car. On the return journey the two support workers sat in the front and the person sat in the back. This was challenged and during team meeting and they talked about the message that this gave out. The outcome of this was that staff were able to discuss and identify how actions might make others feel. It highlighted small changes that could be made to enhance a person's day.

- People had been given the opportunity to share their thoughts through informal chats, meetings and the use of surveys. People had been given the opportunity to have a say on the decoration and furnishings within the service.
- The registered manager had a wide range of ways in which they gathered the views of the people using the service, their families, external professionals and the staff. The management team had regular contact with people and their families and each young person had an annual review of the service being provided to them.
- Staff and parent/carer forums continued to take place and were used to gain feedback and make improvements to the service,
- The deputy manager told us, "The service is versatile and supports people to achieve their goals."