

Next Stage 'A Way Forward' Ltd

Next Stage 'A Way Forward' - St Pauls Court

Inspection report

St. Pauls Court
St. Pauls Street
Bury
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Tel: 07809128743

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16 October 2019

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Next Stage – St Paul's offers support to people living independently within their own flats situated in St Paul's church, Bury. People are supported to develop their independent living skills as well as maintain their own tenancy. Staff are available throughout the day and night time; hours of support vary depending on the assessed needs of people. At the time of our inspection there were 15 people using the service.

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

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's support focused on helping them to achieve the best possible outcomes, which included having choice and control as well as opportunities to gain new skills and become more independent.

The staff team placed great emphasis on social inclusion both within the local and wider communities. Packages of support varied depending on the individual needs of people. People were thrilled about living in their own flats as well as learning new independent living skills, gaining voluntary and paid employment and making friendships with other people at St Pauls.

People felt staff respected difference and treated them as individuals. Staff sensitively explored people's emotional needs such as, religious and cultural needs and gender and sexuality. Staff worked collaboratively with other agencies providing advice and support to people on maintaining their health and well-being. People's medicines were managed and administered safely.

Comprehensive assessments were used to develop personalised support plans and risk assessments. These focused on minimising areas of concern whilst promoting positive risk taking so people remained as independent as possible. 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 helped to maintain a safe environment. Additional support and safety checks were carried out by the landlords housing officers situated at St Pauls.

Staff had been safely recruited. A thorough package of induction and training was provided to support staff in developing the skills needed to safely and effectively deliver the support people wanted and needed.

Staff spoke enthusiastically about their role and clearly understood what was expected of them. Staff said they now 'enjoyed coming to work' and felt valued as a member of the team.

Staff felt considerable improvements had been made to the overall management of the service. The registered manager was described as a 'strong leader' and 'committed' in supporting the team to achieve the best outcomes for people.

Robust quality monitoring systems were in place to identify and act on any areas of improvement. It was evident from our discussions the staff and management team they had a strong commitment in delivering the highest standards of care and support.

Clear systems were in place for the recording and responding to any safeguarding issues or complaints and concerns. These were responded to appropriately.

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

Rating at last inspection

This service was registered with us on 5 November 2018 and this is the first inspection.

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?

Outstanding ☆

The service was exceptionally 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

Next Stage 'A Way Forward' - St Pauls 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 comprised of one inspector.

Service and service type

This service provides care and support to people living in one '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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

The inspection was carried out on the 15 and 16 October 2019. On the first day we spent time speaking with people who used the service and with their permission visited them in their own homes. We also spoke with support staff and members of the management team. On the second day we spent time reviewing records about the service.

What we did before the inspection

We reviewed information we had received about the service since registering with the CQC. We sought feedback from the local authority involved with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No issues or concerns were raised with us.

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. We also reviewed information we held about the service, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections.

Prior to our visit to St Paul's we visited the providers head office, on the 8 August 2019, to review staff recruitment files and explore arrangements for staff training and development. During this visit we spoke with four training and human resources staff.

During the inspection

We spoke with four people who used the service about their views and experience of the care and support provided and six members of the staff team; three support staff, a senior support worker, the service manager and the registered manager. We also spoke with a member of the local authority safeguarding team, who was visiting the service during the inspection.

We reviewed a range of records, including medication administration records, care records, staff personnel files, training records as well as information relating to the health and safety and management and oversight 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

- A robust system was in place to help protect people from abuse and poor practice. Policies and procedures were made available to staff and people who used the service. Staff received training and understood their responsibilities in safeguarding people from harm.
- The registered manager was proactive in dealing with any issues or concerns. A member of the local authority told us, "There have been some safeguarding alerts, but this appears to be because the manager reports absolutely everything and does a lot of reflective practice with staff."
- We saw clear records were maintained of all issues raised. This included information shared with the local authority, CQC and relevant parties along with any investigation and action taken.

Assessing risk, safety monitoring and management

- Areas of risk were assessed and planned for. This included, physical needs, behaviours or outside activities. We saw people were supported in 'positive risk taking', which meant the potential benefits and harm were fully considered enabling people to have choice and control over the things they did. A visiting professional said, "They [the team] are effective in risk management, particularly high risk."
- People had agreed to welfare checks. This meant staff had spare keys and were able to access people's property if they had not been seen for a period of time or had become unwell.
- Where people were assisted in managing their finances, individual protocols were in place, along with transaction records. These were kept under review to ensure this was managed safely.
- Thorough safety checks were completed by the housing officers to make sure the building and individual flats were maintained safely. This included, electrical installation, fire safety, servicing of equipment and legionella. Personal emergency evacuation plans had been completed identifying the assistance each person would need in the event of an emergency.

Staffing and recruitment

- People were seen to enjoy a good rapport with the staff who supported them. People told us, "I have consistent staff, I like [staff member], she is a good lady to work with" and "I like having the same staff, I trust them."
- Information provided prior to the inspection showed there had been a large turnover in staff. However, posts had now been appointed to. Staff told us the team was now more settled, adding, "It's improved 100%, I really enjoy coming to work now" and "I like the staff team."
- Robust recruitment procedures were followed. We saw electronic staff records were held including an application form, written references, identification and a record of interview. The completion of a Disclosure and Barring Service (DBS) check had been completed prior to new staff commencing their employment. A

DBS check helps ensure people are suitable to work with vulnerable adults.

- The service had developed a 'values based' interview process. We were told this had proved successful with recruiting to vacancies and retention of staff.

Using medicines safely

- Clear support plans and risk assessments were completed where people had consented to support with their prescribed medicines.
- Medication policy and procedures were in place along with staff training. In addition, competency assessments were completed to check staff practice was safe in the administration of people's medicines.
- One staff member spoken with said they were designated as 'medication champion'. This involved monitoring and reviewing medication practice as well as sharing good practice. Due to this they had requested additional training, which had been provided.

Preventing and controlling infection

- Safe systems were in place to help prevent and control the spread of infection. We saw suitable arrangements were in place for the disposal of 'sharps' and clinical waste. Staff confirmed personal protective clothing, such as gloves and aprons, were readily available.
- Records showed information and training were provided for staff to help guide them on preventing, detecting and controlling the spread of infection.

Learning lessons when things go wrong

- Information showed, and staff confirmed opportunities were provided for shared learning following any incidents. Staff spoke about 'safeguarding supervisions', which enabled them to debrief and reflect on events. These were seen as a supportive mechanism and helped to enhance their learning and understanding.
- Internal quality audits and action plan showed checks were made to ensure procedures were followed and any learning identified was shared across the organisation.

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;

- Senior staff completed pre-admission assessments prior to people moving into one of the flats. Levels of support varied from several hours a week to 24 hours a day, depending on the assessed needs of individuals.
- Considerable planning was taking place for someone transitioning from long term care. They had visited several times, spending time at St Pauls. A designated staff team had been identified to support them and specialist training was to be delivered so a consistent level of support was provided.
- People we spoke with and a review of records showed people were actively consulted about their support and were able to make decisions about what they wanted and needed. One person said, "They ask me what I want."

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.

- Restrictive practice was not used at St Pauls. Positive behaviour support plans and risk assessments were developed where people displayed behaviours that may challenge. These guided staff on how to support the person using de-escalation techniques. A visiting health professional said staff would "Always seek advice and act on it" and "They manage well considering the complexity of the service."
- Consent agreements were completed where people were assisted in areas such as, sharing information and care reviews, environmental checks, any accidents or incidents, assistance with finances, welfare checks and medication.
- Organisational policies and procedures in consent and mental capacity were available to people and staff. Staff spoken with understood the principles of the MCA and confirmed training had been provided. Where people needed help in making decisions the service worked with health and social care professionals so people's rights were protected.
- Information about independent advocacy support, available in the local community, was provided. This

service provided impartial support to people when making decisions about their care and support.

Staff support: induction, training, skills and experience

- Staff spoken with said the training and development opportunities offered to them were comprehensive. Staff told us, "There's lots of training, will find you courses if there is something specific" and "The training is good, always provided courses based on people's needs."
- Staff responsible for co-ordinating and facilitating training spoke enthusiastically about their role. The team were carrying out 'roadshows', visiting individual locations and speaking with staff about their learning needs so relevant training opportunities could be provided.
- New staff completed a thorough induction and shadowing programme in line with the Care Certificate. During our visit with training staff we briefly spoke with some new staff who told us the induction process had been thorough and they had learnt a lot about the service.
- A review of the staff training records showed a wide range of mandatory and supplementary training was provided for all staff relevant to their roles. Staff also had the opportunity to talk about their training and development needs during regular supervision meetings and annual appraisals.
- Four members of the management team had completed comprehensive training in positive behaviour management, which explored de-escalation techniques. This learning was shared with staff teams, where needed.

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

- Where needed people were offered advice and support in maintaining a healthy diet. The service accessed additional support from Bury's Lifestyle service. This provided information and advice promoting good nutrition and well-being.
- One person we visited had moved from long term care, they told us they now took responsibility (with staff support) for their shopping and meal preparation.

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

- The service worked closely with relevant health and social care professionals to help people maintain their health and well-being. People told us staff would attend appointments with them, if requested.
- We saw a range of services were involved including, social work teams, the community mental health team, learning disability nurse, psychiatrists and speech and language therapist. People were also registered with GP's, opticians and dentists.

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 felt staff respected them and supported them in a way they wanted. Interactions were seen to be mutually respectful, kind and compassionate. One person told us, "They [staff] are good to me" and "The staff know me well."
- The initial assessment process explored areas of equality and diversity. The 'protected characteristics', such as, age, disability, race, religion or belief, and sexual orientation were explored when planning people's care and support.
- Policy and procedure along with staff training were provided in 'equality and diversity'. Staff understood people's human rights and gave examples of how they respected difference and sensitively explored people's emotional needs such as, religious and cultural needs and gender and sexuality.
- The team worked collaboratively with other agencies to help ensure people were informed and understood how to keep themselves safe. For example, links had been made with the community police officer, sexual health clinic, lesbian, gay, bisexual, and transgender groups and advocacy hub.

Respecting and promoting people's privacy, dignity and independence

- The staff team were dedicated in promoting the rights of people and actively explored opportunities for individuals based on their wishes and preferences.
- People spoke happily about how they had learnt new independent living skills, gained voluntary employment as well as developing friendships with other people at St Pauls. One person we spoke with had become more confident and told us, "I'm learning a lot" and "I like being more independent." Another person said, "I have made some friends, we go out together."
- Staff were respectful of people's privacy. One person said they liked the privacy of their own flat. Whilst another person liked time alone with staff, adding, "[Staff member] spends quiet time with me, which I like."
- The service utilised CCTV, which monitored people and visitors coming and going from the properties. People were asked for their agreement to 'welfare checks' being completed if staff had not seen them for some time to make sure they were safe.

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

- People told us and records showed they were able to express their views and make decisions about things that impacted on them. People's views were sought in the regular tenant meetings as well as one to one meetings with staff who supported them. People told us, "I can tell them [staff] what I'm thinking" and "They [staff] are all good," "There's some nice people who listen" and "I've a good relationship with staff."
- People were provided with information about the service so they knew what to expect when joining the service and how they would be involved. This included a leaflet about day to day life at St Pauls, local

activities and opportunities, places of worship and local GP and dental services. This provided good information for people about what they could expect from the service.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The service placed great emphasis on providing a 'personalised' service for people. Staff were proactive and resourceful in helping people meet their social, emotional, education and employment opportunities. This helped to empower people, promoting their independence, increase their community presence as well as reduce social isolation. One person told us, "I'm looking forward to starting my new job." Another person described staff as, "Fantastic."
- Great effort had been made in developing relationships with a range of community networks to help people develop positive relationships as well as understand how to stay safe. For example, community police officers to visit the service and speak with people, which had helped in reducing people's anxieties about their role. Plans had also been made for the officers to facilitate a discussion on equality and diversity, exploring areas such as racism. A local clinic had also facilitated a discussion with a group of tenants on safe sex and sexual health. This had received a positive response.
- The staff team were highly motivated and creative in exploring a wide range of social activities and learning opportunities to help promote inclusion as well as develop skills enabling people, where possible to move on. Information displayed showed groups that offered 'skill days' including information on food safety, fire safety, stranger danger and self-care awareness.
- One person told us they had wanted to take part in a skydive however this had not been possible. Therefore, alternative arrangements were being made for them to take part in an indoor skydive, which simulated the 'real' experience. Another person we visited spoke proudly of the considerable progress they had made in developing their independent living skills as well as gaining voluntary employment, which further increased their skills as well as helping to develop other relationships. A third person spoke about enrolling at university, whilst a fourth person was looking to move into their own home.
- People we visited told us they had developed positive relationships with each other. Within St Pauls people enjoyed socialising together as well as taking part in quiz nights, a communal meal of different world foods, crafts and baking. One of the tenants took responsibility for arranging the menu and shopping for the 'world food night', which was then prepared with staff for the group. During the inspection we also saw one person enjoyed baking cake and biscuits for the tenant group.
- People's spiritual needs were met. This was confirmed by two people we spoke with who said they regularly attended a local church. Two people also spoke enthusiastically about taking a holiday for the first time in a considerable number of years.

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

- People told us they decided what things they wanted help and support with. The team strived to deliver support, which promoted and enabled people to take control over their lives. One person told us, "I like being at St Pauls because I can be independent to deal with my flat and I ask for help when I need to go out." Another said, "They support me how I want."
- People's support plans captured comprehensive information about them. Their wishes and feelings were at the heart of the service provided. Plans were extremely personalised and set out people's goals and aspirations and whether these were achievable. Staff told us, "We focus on the individuals" and "It's a unique service, very person centred."
- Records showed people were fully involved in planning and reviewing their care and support. One person confirmed staff supported them in developing their plan, adding, "They do the support plan with me, asking me what I want and then we set goals."
- Support plans were kept under review, reflecting people's current and changing needs. Any changes were effectively communicated through the handover and team email so that people's needs were safely and consistently met.

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.

- During the assessment and care planning process people's preferred method of communication and understanding was explored so the appropriate tools were put in place. Where necessary the team worked collaboratively with external agencies to help achieve the best outcomes for people.
- We were told staff explored different communication methods depending on the needs of people. Whilst most people were able to verbally express their wishes we were told one person would lip read and used a wipe board, whilst another used picture boards. This enabled people with little or no verbal communication to effectively communicate using other methods.
- Where people had a visual impairment or learning disability, information about the service was created in a way they could understand. This included large print and pictorial formats. Other formats would be explored, where necessary, based on people's preferred method of communication and understanding.

Improving care quality in response to complaints or concerns

- People we spoke with told us they were able to talk with staff if they had any concerns. We were told, "I would just tell [staff member]" and "I like her, she [staff member] will always help me."
- There was a robust system of managing complaints and concerns. Records showed any issues raised were clearly acted upon and responded to.
- Information about how to make a complaint or pass on a compliment as well as names and contact details of relevant staff was widely available should people or their visitors wish to share their experiences.
- The registered manager welcomed feedback about people's experiences and was proactive in addressing any issues so that improvements could be made, where needed.

End of life care and support

- People's end of life wishes were explored as part of the support planning process. These considered people's emotional, spiritual and cultural needs so their wishes were upheld.
- The service was not currently supporting anyone at the end of life. However, the registered manager said people had a 'home for life' and they would endeavour to meet their needs with support from relevant health care agencies.
- The service had a policy, 'Ageing and End of Life', which guided staff on providing individuals with person

centred care at the end of their life.

- We were given one example where a person experienced a family death. Staff supported the person through their bereavement, helping to arrange the funeral and providing items of remembrance.

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 culture of the service focused on delivering person-centred care that met people's individual needs. People we spoke with said, "They [staff] are good to me, they know me. Sometimes I need by own space, they respect that" and "They [staff] help me do what I want, we have a good relationship."
- From our discussions and observations, we found support was well co-ordinated with clear communication between the team. One staff member told us, "They [managers] are a good team now, we work well together and the communication is good." Another added, "Communication has massively improved."

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

- 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.
- Staff told us the appointment of the registered manager and service manager in 2018 had made a positive impact on the service. The team were now clear about their roles and responsibilities and felt supported in carrying out their duties. We were told, "[Registered manager] is strong in leading people", "They utilise individual strengths" and "There's lots of support and help, they've really turned things around."
- Whilst people had designated support hours, staff were on site 24 hours a day and therefore accessible in the event of any emergency. Additional support was also provided by an 'on-call' manager who was available for advice or support.

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

- Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The registered manager was clearly aware of their regulatory obligations and had informed CQC of significant events, where necessary.
- The registered manager spoke about being 'open' and 'transparent' about the service. This was acknowledged by staff who said, "Clear structure of support", "If anything needs to be addressed, it is. [Registered manager] is straight to the point", "Best management team I've worked under" and "There have been lots of improvements over the last year."
- The service had a Statement of Purpose and service user guide which clearly outlined what people could

expect from the service. People were also provided with a leaflet about local activities and opportunities, places of worship and local services such as dentist, optician and GP's.

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

- People's views were actively sought through the monthly tenant's meetings. There was evidence of regular discussion about what was going well or not, social events and the premises. Plans were drawn up detailing any action and what had been done to address items raised.
- Ordinarily the service distributed annual surveys however these had not been done for 2019. People had previously feedback they wanted 'more of a voice'. Therefore, feedback forms were available in the communal kitchen and a suggestions box had been placed in the reception area. There was also a 'tenants champion' who would speak with staff about any issues or comments raised by others.
- Opportunities were also provided for staff to share their views and ideas during the monthly team meetings and supervision sessions. Staff spoken with told us, "We have monthly meetings and supervisions, as well as the handovers" and "Managers always on hand anytime, if we contact them they will always respond."
- The provider also produced an organisational newsletter keeping people informed of staff recruitment, events and outings, and CQC visits etc

Continuous learning and improving care

- The service had developed quality assurance systems and processes providing scrutiny and oversight of the service. Quality performance managers were linked to individual locations. Managers completed regular audits of the service, where areas of improvement were identified action plans were put in place and kept under review. Further monitoring and review was provided through monthly management and quality leadership meetings.
- To help promote continuous learning and improvements the service had identified staff 'champions' in specific service areas, such as medication, dignity, safeguarding and health., Champions shared information and good practice guidance with the team.
- The service also had a 'Well-being strategy'. The purpose of this was to look at the challenges, opportunities and priorities of the organisation, exploring how these could be provided to meet the needs of staff and people who used the service. Staff told us, "They also consider the well-being of staff" and "They look after us now."

Working in partnership with others

- The service worked in partnership with other agencies including a range of healthcare professionals, the local authority, safeguarding teams and the police to help improve the outcomes for people. Links had been developed within the local and wider community to help promote people's community presence as well as maintain their independence.
- The service worked closely with the landlord. A housing officer was available for each location to address any maintenance and safety issues as well as provide tenancy support. We saw one officer visiting people in their own homes offering support.
- As part of the inspection we spoke with the local authority and a visiting social care professional. We were told, "The team are brilliant", "[Registered manager] keeps up to date and the team always keep in contact if they need anything."