The London Borough of Hillingdon

Merrimans Respite Care Unit

Inspection report

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Date of inspection visit:
01 August 2019

Date of publication:
28 August 2019

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
Merrimans Respite Unit provides short term accommodation and personal care over two floors for up to nine adults with a range of needs including, physical and learning disabilities in order to give their carers a break from their caring responsibilities. At the time of the inspection 79 people accessed the service. There were eight people using the service on the day of the inspection.

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

Staff were responsive to people's individual needs and knew them well. They supported each person by spending time with them and listening to them. They ensured that each person felt included and valued as an individual. People were engaged in meaningful activities of their choice. They were consulted about what they wanted to do and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said that the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

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's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. Risks to their safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care.

The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

Rating at last inspection
The last rating for this service was good (Published 1 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Merrimans Respite Unit on our website at www.cqc.org.uk.

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.

Merrimans Respite Care Unit

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.

Merrimans Respite Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was in the process of being registered with the Care Quality Commission. A registered manager like the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 met three people who used the service and spoke with one relative about their experience of the care provided. People had complex needs and were not able to fully communicate with us about their views of the service. We spoke with four members of staff including the manager, team leaders and a care worker.

We reviewed a range of records. This included four people's care records and the medicines records for all the people currently using the service. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed four professionals who had regular contact with the service and received feedback from three. We contacted five relatives by email and received feedback from them about the service.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were not able to tell us if they felt safe. However we observed them to be relaxed and calm, smiling and enjoying positive interactions with staff.
- Relatives told us their family members were cared for in a safe way. Their comments included, "It's good, it's great. [Family member] is happy, never complains. The staff are good. The cleaning is good. People are safe" and "Yes I have always felt that [Family member] is safe." An external professional added, "I think people are safe in general."
- The provider had a safeguarding policy and procedure, and staff were aware of these. The manager showed us evidence they referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were clear and detailed. Risk levels were calculated using the likelihood and consequence level to determine whether the risk was low, medium or high. Control measures were recorded and action plans were in place to reduce each risk.
- Some people who used the service received their nutrition and medicines via a Percutaneous Endoscopic Gastrostomy (PEG) tube. This is a tube that is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate. Staff received training in this and were able to support people as required.
- We viewed the care plan of a person who had a PEG tube and saw that clear guidelines were available with photographs to ensure staff followed the right procedures. Guidelines included instructions should the tube become blocked and emergency instructions in the event of accidental breakage or removal of the tube.
- One person who had a PEG tube had a vomiting and aspirating risk assessment in place and we saw this was clear and detailed. It included the hazards and what to do to reduce the risk. For example, staff to wait 30 minutes after a feed to support the person with personal care or repositioning and the suction machine to be used on an 'As required' (PRN) basis.
- Another person was prone to chest infections and at high risk of aspiration. Aspiration is when a person inhales food, stomach acid, or saliva into their lungs. We saw their care plan contained clear guidelines for staff to follow, instructed by a physiotherapist to help keep the person's chest clear.
- There was a fire safety policy and procedures in place. The provider had an emergency action plan which was reviewed every year. This listed the qualified first aiders, location of first aid boxes, details of fire wardens and emergency contact details. It also included what to do in the event of a fire, where to find the

fire extinguishers and assembly points.
● People had Personal Emergency Evacuation Plans (PEEPS) in place which were regularly reviewed. These took into account each person's ability and how staff were to support them to safely evacuate the building should there be a fire.
● There were regular health and safety checks which included gas and electricity, water systems, and equipment such as fire extinguishers and fire doors. All fire checks were undertaken, and included fire drills, and weekly tests of fire alarms and equipment. There was a fire risk assessment in place which was due to be reviewed.

Staffing and recruitment
● There were enough staff deployed to meet people's needs. The number of staff on duty varied according to the number of people using the service. The manager told us, "We have a permanent team. We have two permanent staff at every shift plus senior staff. So the service users are familiar with them." They told us they required the need of agency staff when people needed one to one support, but ensured these were regular staff who knew people well.
● The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. Following successful recruitment, the staff underwent training and were assessed as part of an induction, before they were able to work independently.

Using medicines safely
● People received their medicines, including controlled drugs, safely and as prescribed. There were procedures for the safe handling of medicines. All staff had received training in these and the manager regularly assessed their skills and competencies to manage medicines in a safe way.
● Each person who used the service had a 'Medication administration profile'. This recorded the name, DOB of the person, if they had mental capacity, any risks, and how the person preferred their medicines to be administered.
● People's medicines were recorded on medicines administration record (MAR) charts. These were signed appropriately and there were no gaps in signature. We checked stocks of people's medicines and found these to correspond to the signatures on the MAR charts.

Preventing and controlling infection
● All staff receive training in infection control and staff had access to personal protective equipment such as gloves and aprons. The service had contractors coming in most days to carry out cleaning of the service. The premises appeared clean and hygienic on the day of our visit.
● The service had not been visited by the Food Standards Agency for a number of years and did not have a rating. The manager told us they had sent them an email to inquire about this. However, the kitchens were tidy and clean and staff had received food hygiene training.
● The fridge and freezer temperatures were taken daily and we saw these were within safe range. Food was stored appropriately and labelled with the date of opening. Staff were trained in food hygiene, and there were regular checks of the kitchen safety.

Learning lessons when things go wrong
● Lessons were learned when things went wrong. For example, where there had been medicines errors in the past, the manager told us, "When we had safeguarding issues, we implemented a system to look at what went wrong and how to improve this. We had a formal discussion with the staff, then carried out an assessment of their competencies and did an unannounced spot check. We put in place a performance improvement plan with the staff member."
● Incidents and accidents were recorded and included a thorough investigation, outcome and lessons

learnt. For example, where a person had not received their medicines as prescribed, we saw that this had been investigated in depth. The manager told us, "We changed the MAR sheets and implemented daily medicines audits. I get a weekly report and any concerns are dealt with immediately."

Good

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.

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

- Overall the home was clean. Bedrooms and communal rooms were large and light. However, the décor was tired and the premises appeared in need of redecoration. In places, paintwork was chipped and stained. In one bathroom, there was plaster coming off the wall, and where flooring was damp and coming away, we saw an area of mould. A relative told us, "I think the building would benefit from some of the rooms being decorated." We raised this with the manager who agreed that the home needed attention and said this had been raised with senior management, and hopefully would be addressed soon.
- The garden, however, was well maintained and attractive, and included an area where people could be involved in growing vegetables and plants.
- The premises were tailored to help meet the needs of people with a physical disability. Bathrooms and toilets were large enough to accommodate wheelchairs and hoists and were equipped with specialist baths and handrails for people to use. Each bedroom had ceiling hoists to facilitate the moving and handling of people who needed this support.

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

- The manager assessed people before they used the service, to help ensure they could meet their needs. People were referred by the local authority. Following the assessment, they liaised with social services who made the decision of how to proceed and start the person using the service.

Staff support: induction, training, skills and experience

- Staff received a thorough induction before they were able to deliver care and support to people who used the service. Induction included fire procedure, health and safety regulations, confidentiality, infection control and accident reporting. New staff were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff received training the provider identified as mandatory. This included fire awareness, first aid, food hygiene, infection control, medicines and safeguarding. They also received training specific to the needs of people who used the service, such as equality and diversity, continence and wound care, positive behaviour, creative communication, diabetes and dysphagia. Dysphagia is the medical term for swallowing difficulties.
- People were supported by staff who were regularly supervised and appraised. The files we looked at indicated that where concerns were identified, the provider took appropriate action in line with their disciplinary procedure.

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

● People who used the service were supported to cook for themselves if they were able to. There was a large and well equipped kitchen on each floor. A weekly menu was displayed in the dining room, and we saw a good choice of meals. These were pictorial to help ensure people understood what meals were planned.

● People's dietary needs were recorded in their care plans and displayed in the kitchen. These included any cultural needs. For example, one person was vegetarian and another person required halal meat. People's food likes and dislikes were recorded. For example, one person did not like spicy food and another disliked white bread.

● Each person who used the service had a 'Nutritional screening' assessment when they started using the service. This was to determine the level of support they needed with eating and drinking and if there were any concerns with this. Where concerns were identified, this prompted a referral to a relevant healthcare professionals such as the GP, dietician and speech and language therapists (SALT). Where people required particular support, there were detailed guidelines for staff to follow, to help ensure they supported the person safely and as advised.

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

● People's healthcare needs were recorded and met. The staff liaised closely with healthcare professionals who provided care to people. These included physiotherapists, GPs, nurses and SALT. We saw instructions from professionals to provide guidance to staff about how to support people's individual needs were in their care plans and followed appropriately.

● Staff supported people to maintain good oral hygiene. The manager had recently implemented "tooth brushing" workshops alongside the "hand washing" workshops they had in place. They had found people liked to watch and use a cartoon app game, so were planning to use this for the next practical workshop with toothbrushes to get more engagement.

● The manager was planning to include oral care as part of the activity programme, changing the day each time so they could capture as many people as possible so it could provide ongoing learning to promote people's independence.

● The provider's monthly monitoring included a section on oral health care. The manager told us, "Our daily recording forms now have prompts so that carers are recording whether someone has refused to brush their teeth or indicated pain or gums bleeding."

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.

● Consent was obtained from people or their representative in all areas of their care and support. We saw signed consent forms in relation to personal hygiene, lap belts and bed rails, and moving and handling. A social care professional told us, "Several of the service users I have worked with have informed me that they are given choices whilst staying at Merriman's."

● People's mental capacity was assessed before they began to use the service, and we saw evidence of mental capacity assessments in people's files. The provider understood their responsibilities under the MCA. Where necessary, they had made applications to the local authority for authorisations to deprive people of their liberty in order to keep them safe whilst staying at Merrimans Respite Unit.

Good

Is the service caring?

Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Although people were unable to tell us if staff treated them in a kind and caring way we noted they seemed happy and relaxed in the company of the staff, who cared for them in a respectful way. One relative stated staff were, "Very caring and respectful."
- People's diverse needs were recorded and respected by staff. A social care professional stated, "Cultural and religious beliefs are respected where possible and the placement will celebrate all cultural festivals throughout the year."
- One person was being supported to attend the temple with their family and although they had limited understanding, staff told us they understood the importance of respecting the person's identity. Some people had particular dietary requirements related to their culture and religion. The provider respected these and had arrangements to meet these needs.

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

- People were consulted and involved in decisions about their care. They were encouraged to express their views through regular meetings, to which relatives were invited. These included discussions about any staffing updates, planned events and activities, healthcare appointments and any other important and relevant information.
- Each care record included a profile, which highlighted the person's likes, dislikes and personal wishes. We saw that people were asked whether they had a preference about the gender of the staff who cared for them and this was recorded and respected.

Respecting and promoting people's privacy, dignity and independence

- When possible, people were supported to remain as independent as they could. For example, where a person required full assistance with their personal care, their care plan stated for staff to 'encourage [person] to take some ownership of their personal care by giving them choices and explaining how and why you are washing and drying them'.
- The provider ensured people had the appropriate equipment to help promote their independence. One person required support with eating, however they were provided with a 'Manoy' plate and angled spoon so they could manage to feed themselves. A Manoy plate has a low front, high back and a wide rim, making it easy to grip and access.

Good

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

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

● Care plans were developed from the initial assessments of people's needs and were clear and detailed. They included a front sheet which contained background information about the person, such as their preferred name, ethnic origin, religion, keyworker, next of kin and medical information.

● Care plans were written in person centred format. They included a document called 'Important things about me'. This contained details about the person, their background, people who knew them best, likes and dislikes, things that may worry and upset them, and what made the person feel better if they were anxious or upset. It also included each person's communication needs, for example, 'I am non-verbal. I will yell and wave to gain your attention' and their dietary requirements.

● The provider promoted the use of technology to improve communication and meet the needs of people who used the service. For example, a person who travelled independently had failed to meet their relative as arranged. Following a debrief the next day, it was agreed the manager would make a referral for the person to have a GPS watch. This would enable them to summon help in an emergency and for their relative to log in and contact them if necessary.

● People who used the service were supported to take part in activities they enjoyed. One person was keen to continue to attend a day centre although receiving their food and medicines via a PEG tube. Receiving food via a PEG can take a prolonged amount of time and can restrict a person's movement. The manager liaised with relatives and professionals to undertake a detailed risk assessment so the procedure could be carried out during transport to the day centre by staff who were trained so they did not need to have their feed while at the day centre.

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.

● We saw people's care plans clearly stated how each person was able to communicate, and the importance of staff being aware of this. For example, one person placed their head in their hands when frustrated, and if this was not picked up by staff, there was a risk the person would start hitting their head.

● Staff used a range of aids to communicate with people, such as pictures and visual prompts, facial expressions and hand gestures. Information about the service was provided in a way that met people's needs, including in easy-read and pictorial format.

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

● All the people who used the service lived with their relatives. When they stayed at the service, they were supported to continue their daily activities such as attending college or the day centre, where they had social contact with other people. The manager told us they promoted an inclusive environment, where people could spend time together, get to know each other and make friendships.

● A range of activities were organised at the service, which included trips out such as bowling, cinema and see the Christmas lights. The meeting minutes indicated people were happy with the activities on offer and were able to suggest others. A social care professional told us, "All service users will have their choice of activities during the day." A relative stated, "[Person]'s carers support [them] to enjoy things [they] like - having a bath, music, the garden centre or being taken for a walk."

Improving care quality in response to complaints or concerns

● There was a complaint policy and procedures and this was available to people and their relatives, including in an easy-read format. We saw complaints were recorded and included the date, nature of the complaint and action taken. We saw all complaints were taken seriously and properly investigated. Where necessary complaints were escalated to the local authority so they were aware of these.

End of life care and support

● The manager told us nobody using the service was receiving end of their life care. They added if necessary, they would support people to move to residential care if they reached this stage. Some staff had received end of life training. The provider had a policy about the action to take in the event of a death at the service.

Good

Is the service well-led?

Our findings

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

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

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

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

- People and relatives were positive about the service and the manager. One relative told us, "The staff are led by an extremely experienced, caring [manager]" and another said, "[Person's] needs have changed this year more then any other and [Manager], [their] seniors and [their] dedicated staff have never let us down. We appreciate all their hard work and their care."
- The external professionals we spoke with thought the service was well-led and people were well looked after. One professional told us, "In my view the current manager, [Name] is very experienced and very proactive to ensure the service is well led."

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 manager was transparent and told us they understood how important it is to be honest and open when mistakes are made or incidents happen. They told us they ensured they shared this information as necessary, and apologised where required.

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

- The manager was in the process of registering with CQC. They had been managing the service for seven months and this was going to be their first registered manager position. They told us they were well supported and this had helped them develop the service. They said, "The service manager is supportive and we have known each other for many years. [They are] brilliant. [They have] really helped me with my knowledge."
- The manager added they received support from the local authority's quality assurance department and other service managers, and this had helped keep the standards high. They said "We have a really good network." The local authority conducted regular monitoring visits of the service. We viewed the last one, conducted in July 2019, and saw there were no concerns.
- There were contingency plans available in the event of adverse situation which may affect the smooth running of the service, for example, bomb evacuation, first aid emergency, injury, lighting or electrical failure or gas leak.

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

● There were regular meetings with people who used the service. One person had been nominated as chair, and was fully involved in the issuing of the minutes, including choosing pictures to illustrate subjects discussed to enable people to understand, where they had difficulties reading. People were consulted via 'customer feedback cards'. We viewed recently completed cards which indicated people were happy with the service.

● There were regular staff meetings which included subjects such as health and safety, equality and diversity, people who used the service, staffing and training. Relevant information was shared with staff to help ensure they were informed about developments and felt valued.

● The provider had liaised with a voluntary organisation who had an annual 'Hero Day'. The purpose of this event was to, "find ways to leave the local community a little bit better than when they found it." This year, the service had been selected for a garden make-over.

● Volunteers consulted people who used the service and asked them for a wish list of improvements. People's feedback included, "Something pretty, lots of colours, something for the animals and somewhere to sit and watch the world." We saw the garden had been improved in line with people's vision."

Continuous learning and improving care; Working in partnership with others

● The manager had completed a recognised qualification in leadership and management. They also undertook regular training in all relevant subjects. They said, "I will have training in January to become a champion in bladder and continence."

● The manager was mentored by the manager of another local authority service. They told us they found this useful in terms of developing their skills as a manager. They had recently volunteered to review the local authority's medicines policy, to include medicines administered on transport. They told us, "I am so lucky. I don't think I would have got this far without the support I have received. It is also reaching out to others."

● The provider took part in a 'red bag' pilot scheme organised by the Hillingdon Social Services in association with the CCG. This was to avoid documentation and belongings being mislaid when people had to be admitted to hospital. The red bag stayed with the person throughout their stay. The bag contained their personal belongings and a 'This is me' care summary so hospital staff would know what was important to the person and how to support them according to their preferences and needs.

● The manager attended provider forums organised by the local authority. This provided an opportunity for them to liaise with other managers and share information. They told us, "We identify some service users to go to provider forums so they can be represented. We encourage them to go and contribute. They also have lunch and meet other service users. For me, I have access to other professionals."

● The manager liaised with other professionals to obtain advice and gain knowledge. Relevant information was shared with staff during meetings to help them develop their skills and meet people's needs. The manager told us, "We do a lot with the positive behaviour team. It is about service users but also staff, we talk about cases allocated and borderline ones. We need to work with the person to do early intervention to prevent behaviour escalating. We have easy access to this service and this is really useful."