Dimensions Somerset Sev Limited

Dimensions Somerset Bridgewater Domiciliary Care Office

Inspection report

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18 March 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Dimensions Somerset Taunton Domiciliary Care Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older and younger disabled adults including people on the autistic spectrum. Many of the people using the services have limited verbal communication.

This service provides care and support to 65 people living in 10 different 'supported living' settings, so that they can live in their own home as independently as possible. Many of the people using the service required up to 24-hour support from staff due to their disabilities. 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 provider was aware of their responsibilities of developing care and support in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People's experience of using this service:

The majority of people were happy and relatives told us their family member was safe. The management were proactive and responsive to anything we found during the inspection to maintain people's safety. Medicines were managed safely, although the storage of medicines in fridges could be improved. Risks to people had been identified with ways to mitigate them. Systems were in place to manage the levels of people's anxiety to reduce the likelihood of behaviours which could challenge themselves or others. People were protected from the spread of infection.

The provider and management had completed a range of audits to identify concerns and issues at the service. When these had identified issues, action had been taken to resolve them. They had strong values of improving the support people received. Systems were being put in place to involve people and their families to be part of the improvement discussions.

People and staff felt there were enough staff, although some relatives thought there could be more staff to increase community opportunities. Staff had received a range of training considered mandatory by the provider. In addition, staff had received a range of specialist training to meet people's needs. There were occasions specific training had not been identified because of changes in the management of a specific supported living setting. Actions to resolve this were taken during the inspection.

Many people using the service lacked capacity to make specific decisions and there were appropriate systems in place to make them. People were involved in making choices about their day to day care and these were respected by staff. Relatives were actively encouraged to be involved in the decisions when people were unable to make choices for themselves.

People had care plans which were personalised and provided a wealth of information for staff to use to support their needs and wishes. There were some inconsistencies about how frequently people had their care needs reviewed. There were good links with other health and social care professionals.

People were supported by kind and caring staff who knew them incredibly well. Staff respected people's privacy and dignity throughout the inspection. People's individual culture wishes were valued and facilitated by staff. Links had been developed with the community.

More information about the detailed findings can be found below.

Rating at last inspection:

At the last inspection, published on 6 June 2018, this service was rated good.

Why we inspected:

This inspection was brought forward due to information of risk or concern we had received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Dimensions Somerset Bridgewater Domiciliary Care Office

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by a range of concerns or risks we had received in relation to the support people were receiving. This inspection examined those concerns and risks to make sure people were safe. The concerns we had received were not substantiated during this inspection.

Inspection team:

This inspection was carried out by two inspectors for three days. An inspection manager attended the focus group with parents on the last day.

Service and service type:

Dimensions Somerset Taunton Domiciliary Care Office is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older and younger disabled adults including people on the autistic spectrum.

This service provides care and support to people living in 10 different 'supported living' settings, so that they

can live in their own home as independently as possible. Many of the people using the service required up to 24-hour support from staff due to their disabilities. 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. During the inspection we visited all 10 supported living settings.

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 visit because we needed the registered manager to arrange for us to have consent to visit people in their own homes. We also requested the registered manager to arrange an invitation for relatives who wanted to attend a focus group on the final day of the inspection.

Inspection site visit activity started on 12 March 2019 and ended on 18 March 2019. We visited the office location on 12 and 18 March 2019 to see the registered manager.

What we did:

The provider had not completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we covered the information which would have been contained within the PIR. We looked at other information we held about the service and provider before the inspection visit. We also contacted health and social care professionals who were in regular contact with the service.

We spoke with 20 people who used the service and had more informal interactions with five people who had limited verbal communication. We carried out observations during visits to each of the supported living settings. During the inspection we spoke with one relative on the telephone. On the last day of inspection, we held a focus group which 11 relatives attended.

We spoke with the registered manager, performance coach and 23 members of staff including locality managers and care staff.

We looked at 12 people's care records in various depths. We observed care and support in communal areas. We looked at staff files, information received from the provider, staff rotas, quality assurance audits, staff training records, the complaints and compliments system and medication records.

Following the inspection, we asked for further information. We received all the information in the timescales given and the information has been included in this report.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

● Most people told us they were safe or demonstrated they felt safe by being comfortable when with staff. One person said, "I feel safe. I feel more secure". Another person told us they felt safe. They told us an example of how staff had helped them when they felt unsafe. We saw people with limited verbal communication smiling and taking staff by the hand. Sometimes they would joke with them and laugh if staff fell for what they were doing. Relatives thought their family members were safe.
●People were supported by staff who knew how to keep them safe and recognise potential abuse. This was important as many of the people had minimal verbal communication. One member of staff told us they would look at the way people reacted to staff. Whilst others told us about identifying marks during intimate care.
●Relatives thought their family members were safe. However, they gave some examples of times during the change between providers when they had concerns about their family members being placed at risk. All relatives agreed this was getting better. One relative explained they had been struggling to sleep at night because they were worrying. They said, "It is settling down now".
●All staff knew who to report any concerns to and believed some action would be taken.
●Staff were aware of other agencies they could report concerns to keep people safe. Posters were up in the office in each supported living setting for staff to refer to.

Assessing risk, safety monitoring and management

●People had risks assessed and ways to mitigate them in place. These were often in line with their specific needs. For example, eating and drinking plans if there was a risk of choking and safe transfers if a person had poor or limited mobility.
●People with diabetes had most risks mitigated. Staff had received specialist training. Guidance was clear in their care plans about blood sugar ranges, how to recognise a decline in health and what to do. However, the machines used to test blood sugar levels were not always being calibrated to ensure it was within a safe range. During the inspection a locality manager acted to rectify this.
●People at risk of behaviours which could challenge themselves or others when their anxiety was heightened had clear risk management guidance in place. This informed staff of the potential triggers to their anxiety and ways to help deescalate them.

Staffing and recruitment

●People were supported by enough staff to keep them safe and meet their needs. Throughout the inspection, in all of the supported living settings, we found people's needs were met and the environment

was calm. No one was seen waiting for long when they needed support. In a couple of the settings, there were occasions when people appeared a little anxious about where the previous staff who had left employment had gone. The people lacked understanding about the changes. Staff spent time reassuring them and helped them to understand.

●Some relatives were concerned about the amount of staff who had left who knew their family members well. They felt important information may have been lost with the staff who left. One relative said, "They [meaning staff] are excellent. Staff have stayed but they did lose a load. They have regular agency". Other relatives thought their family members went out less or did not have staff to say with them in hospital.

●Staff were mainly positive about the level of staff they had. One told us, "Staffing is not too bad". They all acknowledged there had been lots of change in staff and had done their best not to allow it to impact people.

●Some supported living settings had been through more change in staff than others. In these environments, the remaining staff had worked incredibly hard to keep the impact to people at a minimum. One staff member told us, "It has been difficult since the changeover". They went on to explain some of this was related to lack of drivers to take people out. They had noted an increase in people's anxiety. Another member of staff said, "Staff have held this place together. Mega credit to the remaining staff".

●On occasions there were settings which had a high use of agency staff. Where possible it was always the same agency staff to ensure consistency for people. When agency staff were new they shadowed experienced staff members. One agency worker told us, "It is really helpful shadowing".

●Locality managers worked with agencies to make sure staff had appropriate training to meet people's needs. When the training was not the same as the regular staff the agency staff were invited to attend in house training.

●The provider had an ongoing plan for recruiting staff and were aware of where all the highest needs were. They were closely monitoring what was happening in each supported living setting.

●Systems were in place to safely recruit staff to make sure they were suitable to work with vulnerable people. This included checks with previous employers and to ensure they did not have a criminal record. One member of staff told us the process of their recruitment which reflected this.

Using medicines safely

●People were supported by staff who knew how to administer medicines safely. One person told us staff helped them to, "Shower and take their medicines". Medicines administered 'when required' and topical creams had clear guidance for staff to follow. This promoted consistent administration in line with prescribed instructions.

●Most medicine was stored safely. Temperatures of medicine cupboards were monitored to make sure it was in a safe range. Medicine requiring additional controls were stored and manged safely. ●However, medicine requiring storage in the fridge in two settings was not managed safely. Fridge temperatures were not consistently being checked daily. Nor were they having the ranges checked they were safe for medicines to prevent damage. When they had gone outside of range it was not clear what had been done from the records. The registered manager and locality managers assured us practices would be changed in line with best practice. By the end of the inspection action had been taken to rectify the issue.

Preventing and controlling infection

●Staff had access to a range of personal protective equipment, such as gloves and aprons, to reduce the risk of infections spreading.

Learning lessons when things go wrong

●The provider had a proactive approach of learning lessons when things went wrong. All staff and management were aware of these values. Examples were seen of how these had been applied in practice.
●Accidents and incidents were all logged on a central system so staff and management could learn from each other. It also meant staff at provider level could monitor whether there were any patterns of events. If any patterns were found appropriate action would be taken.
●Staff were all aware of the provider's 'never events' and what actions should be taken. These were a list of significant accidents or incidents which would be investigated at senior management level to keep people safe.

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

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 had been living in the various supported living settings for long periods of time. It was clear their care plans reflected any reviews which had occurred. This meant they contained relevant, up to date information.
●Staff were proactive at identifying when people's needs were changing. When required, they contacted appropriate specialists to reassess a person. One person had recently been assessed as requiring a different type of service and this was being actioned by staff.
●The provider had a proactive approach of making sure current best practice was being applied across the supported living settings. They had systems to share this information and delivered training where necessary. For example, they were working on reducing any unnecessary or overuse of medicines for people with learning disabilities.

Staff support: induction, training, skills and experience

●People were supported by staff who had received a range of training to meet people's needs.
● When specialist training was required for a person, the management of a service liaised with other professionals. For example, in one supported living setting two people had diabetes. The locality manager of the setting had sourced diabetes training from the local health team.
●However, there were occasions when due staff and management changes these additional training requirements had been missed. For example, in one home a person had medicine controlled epilepsy with no seizures for many years. Not all new staff had training though to be able to identify if this changed. The new locality manager was straight onto sourcing training when this was highlighted to them.
●Staff had regular competency checks for skills such as medicine administration and moving and handling. This made sure people were being supported by staff who had skills in line with current best practice.
●Staff were supported to undertake specialist health and social care training. In one home a member of staff told us they were currently at college completing their care qualification. The management had adapted their shifts and worked around this to enable the staff member to undertake this training.
● New staff completed shadow shifts and went through a thorough induction. This included working through the Care Certificate. The Care Certificate is a set of standards all health and social care workers should complete. One member of staff told us they were given time to read people's care plans. This meant they could familiarise themselves with people's care needs.

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

●People were supported to eat and drink a healthy, balanced diet in line with their needs and wishes.
●Diets were designed around people's health needs. For example, one person required a low sugar diet and snacks to maintain their health around their diabetes. Staff supporting this person could tell us about this diet and what was important for the person.
●During our visits to supported living settings we saw people have access to a range of food. People clearly enjoyed their meals. When people required specialist arrangements to prevent choking these were in place. For example, one person required two plates to help them eat more slowly.
●Some people chose to have fridges in their bedroom and staff helped them to buy food and keep it safely stored.
●People were involved in helping with the shopping so they could choose which food was brought.

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

●People were supported by staff who had developed positive links with other agencies and health professionals. One person was receiving part of their care package with another care agency. The locality manager of the service had developed positive systems to make sure there was good communication and handovers between the two sets of staff.
●When it was appropriate, staff worked with previous employees working in other agencies to ensure people's complex needs were met. For example, in one home some previous staff now worked in a specialist team in the local authority. The new staff worked with these staff to ensure important information was passed on. This meant people with complex needs and minimal communication continued to have consistent care.

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

●Although not part of the regulated activity we found people's environment had been personalised to meet their individual needs and wishes. One person had photographs of their family and staff who had previously worked with them. Their bedroom was sparse except for these which demonstrated staff knew them well and what was important.
●Other people had self-contained flats in their services. This encouraged them to build independence and met their individual, complex needs.
●Some supported living settings were very home like and had multiple communal spaces where people could spend time with others. Other settings were designed around the needs of the people. This variety demonstrated staff and the management understood what was important to people and respected their needs.

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

●People were supported to access regular appointments to health professionals such as doctors and dentists. One person told us, "My feet are being looked at tomorrow [meaning visiting the podiatrist] and I go to the doctor if I am ill".
●When people's health declined appropriate timely referrals were made to relevant health professionals.
●Annual health checks were arranged with GPs in line with current best practice for supporting people with learning disabilities.
●When people struggled to access hospitals due to anxiety and fear caused by their learning disability or autism, active measures had been taken to improve this. For example, one person in one home needed some surgery. The staff spent weeks working with the doctors and learning disability nurse at the hospital prior to a procedure. As a result, the person had successfully had the treatment.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Consent was sought from people who had capacity to make specific decisions.
- People who lacked capacity had specific decisions made in line with current legislation.
- Staff had contacted relevant people to involve in the decisions such as relatives and health professionals.
- All decisions made had been considering the person's best interest and were the least restrictive options.
- When restrictions to people were necessary there was clear information for staff to follow. This made sure it was the least restrictive and in the person's best interest. For example, to keep someone safe in the community specialist equipment was worn. Guidance was clear around its use and staff were aware of this. Other health and social care professionals, plus the person's family, had been involved in the decision.

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

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 were treated with kindness and supported by caring staff. One person said, "It is alright living here…Staff help me…Staff are very nice". Other people told us, "Good people [meaning staff] here" and "Love it" when we asked them about the staff. Another person put their thumbs up and smiled at us when asked about the staff who supported them.
●All interactions between staff and people were caring and people were comfortable in staff presence. One person's anxiety rose whilst speaking to the inspectors. Staff immediately recognised the issue so provided reassurance to them.
●Staff could joke with people in a kind way and knew them incredibly well.
●People's diversity was respected at all times by staff. If they had religious beliefs then staff supported them to attend church.
●People's wish to explore their sexual identity was supported in a sensitive and meaningful way by staff. One person said, "I like being treated properly".

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

● People were offered choices using a variety of methods of communication. Their selection was always respected. For example, one person with minimal vocal communication indicated they wanted a drink. The member of staff recognised this and immediately offered choice using the person's own signs. Once the selection was made the drink was prepared.
●Other people used specialist forms of communication such as exchanging pictures or pointing at objects to communicate their choices. One person was using specialist sign language to support their speech whilst communicating with a member of staff.
●If people were able, they were supported to make decisions about all their care. One person told us about how they had been involved in deciding what activities they were going to do and when.

Respecting and promoting people's privacy, dignity and independence

●People were supported by staff who knew how to respect their privacy and dignity. Staff did not talk about personal things in public areas of the supported living settings.
●Staff described how they protected people's privacy and dignity during intimate care. One staff told us, "I close doors. Put a towel round them and make sure curtains are shut".
●People were encouraged to be as independent as possible. If they could support with cooking or prepare

simple food themselves then this was encouraged.

●In some supported living settings, people were more able and could access the community independently. One person participated in work experience whilst others accessed learning through day services.

●One person, with visual impairments, had developed so much independence they were able to move to a more independent flat at the home. Staff had accessed guidance and resources from other health professionals to help the person achieve this.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●People were involved in writing their care plans if they were able. This made sure it reflected their needs and wishes. One person told us they had helped staff with what to put in their plan. Most care plans reflected people's needs and wishes. They contained a wealth of detail and guidance for staff to follow. For example, one person had clear guidance around how they communicate their needs and wishes. There were details on their daily routines and photos to support guidance on a specific task they needed help with. This made sure all staff were aware of how to support them and it was consistent.
●Staff were familiar with people's care plans and knew people well. This was important due to people's verbal communication difficulties.
●Each person's care plan contained a 'hospital passport'. This was a document containing key information other professionals would require should the person be admitted to hospital. Examples of what they contained included communication methods, health issues and dietary needs.
●Staff worked closely with people's relatives when they were unable to communicate their needs and wishes themselves. One locality manager told us, "We work and meet with family regularly".
●People had improved lives whilst living at some of the supported living settings due to the knowledge staff displayed about the them. For example, one person was sleeping better and getting less anxious due to the consistent support they received from staff.
●In most supported living settings, when people's needs changed, care plans had been updated so staff had relevant information to follow.
●However, there were occasions when care plans in supported living settings were not as up to date with the details. Members of management informed us this was because consistent management and staff issues had led to this. The provider was aware and resolving the management issues. One locality manager shared their action plan of how they were resolving the issues in one of their supported living setting.
●There were inconsistencies across the supported living settings about how frequently people's needs were reviewed. Some of this was in relation to the stability of management in the service. One locality manager informed us how important reviews were to make sure care plans were up to date.
●People had information shared with them in multiple ways to demonstrate the Accessible Information Standard being applied. One person showed us their daily visual timetable. Staff used this to show them what the plan of the day was and reduce their levels of anxiety. Other staff shared information using simple sign language to support their speech. This helped people visually process the information. Documentation in care plans had been created in using pictures and symbols to support words when it was for the person. Throughout some supported living settings visual aids were used to label areas and items to help promote independence.

Improving care quality in response to complaints or concerns

●People knew who they could go to if they were upset. One person informed us they knew who they could speak with if they were unhappy. Another person said, "I talk to [name of locality manager] if sad". Staff could recognise when people were upset so they could act upon it.
●Relatives knew who to raise their concern with at a local level. However, they did not always appear to know who to raise concerns with at provider level.
●Some relatives gave examples of where they had raised concerns and the provider had acted upon them. One relative explained they had raised a complaint and the managing director had come to meet with them at their home.
●The provider had systems in place to manage concerns and complaints. All complaints we saw had been responded to in a timely manner.

End of life care and support

●At the time of inspection there was no one receiving end of life care.
●Systems were in place should this be required, and some care plans already reflected people's wishes to have a dignified death.
●The registered manager and some location managers informed us this was an area they would like to complete more work.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

●Structures were in place to manage the supported living settings. The registered manager was supported by locality managers who oversaw at least one supported living setting. There were staff at provider level to support the locality managers with a range of specialist tasks such as human resources and health and safety.
●People and relatives were incredibly positive about the locality managers when they knew who they were. One person told us, "She [pointing at the locality manager] is doing a good job. She is lovely". One relative told us, "I can't really fault the new manager [meaning the locality manager]".
●In contrast, people and relatives were less familiar with the more senior structure of management including the registered manager. The registered manager explained they had sent out correspondence and information. They did appreciate a large amount of information had been shared in a short period of time.
●The management and provider were proud of their systems to be open and honest when there were incidents. When accidents or incidents had occurred people and their relatives were informed as soon as possible. This demonstrated their respect to follow the duty of candour.
●Most staff felt supported and listened to. One member of staff complemented their locality manager for the support they had received. Another member of staff said, "Manager [meaning locality manager] is straight, calls a spade a spade. Very supportive and always available. You know you can trust her, if she says will do something you know she will or she will find someone who can". Staff were positive about the support they received from the registered manager. One member of staff said, "[Name of registered manager] is very supportive. They take on board suggestions".
●Not all staff were as positive; one member of staff said, "I feel a bit of general neglect here" in relation to the support they receive from management since the changes. Whilst another told us, "Don't see a manager as often as we used to but she is open and approachable and will come in if we call."
●The provider and management had a vision to continuously find systems to help improve people's care. They had just introduced a range of electronic tablets into each service. These would allow staff to capture people's care when they were out in the community including through photographs. Additionally, a new care plan system was going to be introduced to encourage people to be at the heart of their care decisions.
● Systems were in place for the provider and managers to monitor the quality of care. One locality manager told us, "It is positive to have quality assurance visits" from members of senior management. They explained this helped them to recognise what was going well and where improvements were required. When concerns

were recognised through the auditing process actions were taken to resolve them.
●During the inspection, when any issues were identified to the management and provider they responded proactively to resolve them.
●The provider was aware of their responsibility to notify other agencies of certain events and incidents in line with their statutory obligations.

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

●Most people were happy at the supported living setting they lived in and felt involved. One person said, "I am happy living here" and continued to tell us how they felt listened to. There were occasions when people were confused about why the changes had happened and felt this had made it worse.
●The registered manager told us they were in the process of setting up 'family forums'. These were going to be opportunities for relatives to come and input into the running of the service provided at each supported living setting. They were also going to use them as opportunities for information sharing.
●Most of the supported living settings had staff meetings and places for staff to share ideas so they could feel listened to. A majority of staff told us they felt listened to and their opinions were valued. One member of staff said, "I feel listened to". There were occasions when a lack of stable management in a supported living setting had prevented these regularly happening.

Working in partnership with others

●The provider and management had developed links with other health and social care professionals. People benefitted from this link by accessing additional support to help meet their health needs.
●People were encouraged to be part of their communities. Staff and the management had worked hard to develop those relationships.