

Developing Lives Services (2000) Limited

Meyrick Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Meyrick Lodge is a care home registered to provide accommodation and personal care for up to six people diagnosed with learning disabilities. At the time of this inspection there were five people living at the home.

The service has been developed and designed in line with the values that underpin the 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 of them.

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

There was a relaxed, happy and welcoming atmosphere at Meyrick Lodge. People were supported by staff who knew them very well and provided kind, caring person-centred care and support. People were treated with dignity and respect that valued them individually. People told us they enjoyed living at Meyrick Lodge and they liked the staff and people who lived in the home.

People were supported to have maximum choice and control of their lives, with staff providing support in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People led active lives, supported by staff to take part in a variety of activities, hobbies and voluntary work that they enjoyed and that maintained their independence.

We received positive feedback from relatives about the kindness, compassion and professionalism of staff. Staff understood how to identify, and report abuse and were well supported in their roles. Staff received regular supervision meetings and a variety of training courses to enable them to carry out their roles competently.

There was a clear management structure and people, relatives and staff spoke highly of the registered manager who ensured there was an open, supportive, friendly culture at the home. There was a strong ethos and culture of delivering personalised care and support to people.

The service was safe. Risks to people's health, safety and well being were assessed and management plans put in place to ensure risks were reduced as much as possible, whilst providing positive risk taking support for people.

People were supported by safely recruited staff and there were enough appropriately trained and experienced staff to support people in ways that suited them. Communication styles and methods were

tailored to individual people and staff supported people to understand the choices available to them.

The service worked collaboratively and closely with health care professionals to ensure people received the best care and support at all times. Staff were responsive to people's changing support needs and adapted care and support according to their health needs.

People's health care needs were met, and staff supported them to see healthcare professionals when appropriate. Medicines were managed, stored and administered safely. People were supported to take their medicines safely by staff who had received the appropriate levels of training.

There was a clear complaints policy and relatives told us they knew how to make a complaint if the needed to and felt any concerns would be taken seriously and action taken straight away.

There were established quality assurance systems in place to drive improvement and ensure the home offered a safe, effective, caring and responsive service.

Rating at last inspection

The last rating for this service was good, (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

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 ●

Meyrick Lodge

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.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Meyrick Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also registered as manager for another local care home.

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our 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 inspections.

During the inspection

We met with all of the five people who used the service, spoke to three of them and spent time observing

and listening to how staff interacted with people. During the visit we spoke with the registered manager, the occupational therapist, two members of staff and a visiting professional.

We observed how people were supported and, to establish the quality of care people received we looked at records related to people's care and support. This included two people's care plans, care delivery records and all five people's Medicine Administration Records. We also looked at records relating to the management of the service including: staffing rota's, staff recruitment, supervision and training records, premises maintenance records, quality assurance records, training and staff meeting minutes and a range of the providers policies and procedures.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also spoke with three relatives and obtained written feedback from four health care professionals on their views 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.

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 told us they felt safe living at Meyrick Lodge. One relative told us, "It's very safe."
- The service had systems in place that protected people from abuse. Staff spoke knowledgeably about how to recognise the different types of abuse and knew how to report any concerns.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow in the event they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people and the service were managed so that people were protected, and their wishes supported and respected. People were supported by a staff team that knew them very well, staff knew how people preferred to be supported to remain safe.
- Risk assessments were in place to reduce the risks to people and gave clear guidance for staff on what may trigger anxiety or incidents for each person and how to safely de-escalate a situation.
- There were systems in place to ensure the premises were maintained safely. There were plans made for safe evacuation from the premises in an emergency situation such as a fire.
- Up to date service and maintenance certificates relating to electric, gas, fire, lifts and water systems were available. Legionella testing had been completed which showed the premises were free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- There was a stable, experienced staff team and a low turnover of staff. People benefited from being supported by staff who knew them well.
- Staffing levels were flexible and provided in a personalised way to ensure people were supported to lead the lives of their choice. There were enough appropriately trained staff employed to support people. Recruitment practices were safe, and the relevant checks had been completed on all staff.
- One member of staff told us, "There are enough staff on shift, we all work very well together... there is always someone to ask for advice and we get advice straight away."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. Annual leave or staff sickness was covered by existing staff. If this was not possible the service used their own supply of bank staff, this ensured consistency of care for people living at the home.

Using medicines safely

- Medicines continued to be safely managed, stored and administered. Medicine Administration records were complete and contained no gaps or errors in administration.

- Staff who administered medicines had received up to date medicine training and had their competency checked.
- For people who were prescribed medicines 'as and when required' staff demonstrated a good understanding of when it was appropriate to administer these, and clear guidance information was contained in support plans.
- People had known allergies recorded and there was a photograph of people on their Medication Administration Record to help ensure medicines were administered to the correct person.

Preventing and controlling infection

- People were involved in the management of controlling infection within the service. They enjoyed helping with household jobs to keep the home clean and tidy. One person told us, "I cleaned my bedroom by myself, sometimes staff help me but today I did it by myself." Staff had access to personal protective equipment and wore it when appropriate.
- Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.
- The home and equipment was clean and well maintained.

Learning lessons when things go wrong

- Accidents and incidents were used as an opportunity for staff to learn develop and improve. There was a clear procedure in place for reporting and recording accidents and incidents. All incidents were reviewed, analysed and monitored for any trends or patterns of behaviour, this ensured incidents were responded to appropriately and lessons shared and learned with staff.
- Lessons learned were discussed in staff meetings where staff could discuss different or improved ways of supporting and caring for people. The registered manager told us the service had successfully reduced the amount of supported hours people needed. People were supported in highly person centred ways that had led to a reduction in the number of incidents. This had resulted in a reduction in the amount of support needed from two staff needing to support a person safely, down to one to one person support.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- One relative told us, "Meyrick Lodge has been a life raft, we feel they have given us back the best side of [person] it has been wonderful, they know [person] so well."
- Thorough assessments were completed on people before they moved into Meyrick Lodge to ensure the service could provide the individualised care and support people needed.
- Each person was assigned a key worker who spent time with them, getting to know them well and ensuring they were able to provide their care and support in ways people preferred.
- People were given the opportunity to make choices and be involved in their day to day planning of their care
- Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were comprehensive, detailed and reflected people's personal preferences and wishes.

Staff support: induction, training, skills and experience

- Staff completed a detailed induction when they started their employment at the service. The induction included a mix of practical face to face training, electronic on-line learning and small group training sessions which staff found effective.
- One member of staff told us, "It's good...completely different from what I was doing...we use a gentle form of development training for people using meaningful, practical sessions. The care certificate induction training was ok, there were aspects I hadn't come across before, so it was helpful. I was given plenty of time to learn before working with people on my own." The care certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working lives.
- A health professional provided written feedback that said, "My experience has been that [manager] is proactive in terms of training for staff and maintaining a consistent staff group."
- Training was relevant and specific to the needs of people living in the home. If specialised training was required, for example epilepsy training, this was provided which ensured staff could support people effectively and safely. Relatives and family members were encouraged to attend the training alongside staff to ensure people received their care in a consistent way.
- Staff told us they were very well supported by their manager and colleagues with effective use of supervision meetings and ongoing support. One member of staff told us, "I've had regular supervisions, about one every six weeks, it's been very beneficial and an opportunity to raise any development needs. I've always been supported with flexibility, anything I have raised has been dealt with."

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

- There was an ethos of providing fresh, nutritionally balanced meals for people. People were fully involved in the planning, preparation and shopping for the meals for themselves and others living at the home. Meal times were relaxed and friendly with people choosing where and what they wanted to eat.
- One person told us, "The food is very good, we had sausage and egg last night, all the food is nice. Tuesday night is our house meeting night, we say what food we like. I like cooking, the food is all fresh not frozen. We make shepherds pie, brunch, some days we have a roast dinner, fish pie, macaroni cheese or jerk chicken."
- There were pictorial menus on display showing people the planned meals for the week.
- People had their weight monitored with their permission and were referred to the dietician if there were any significant weight loss or gain or risks regarding them being able to eat safely.
- The kitchen had recently been assessed by the local food standards and awarded a grade five rating. The kitchen and cooking equipment was clean and well maintained.

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

- A health professional provided written feedback which said, "Significant effort is made to personalise bedrooms and to adapt activities to their needs and interests." A relative told us, "The decoration done to [person] bedroom was wonderful... all hand painted and they involved [person] in it all so they felt empowered."
- The home had a warm, welcoming atmosphere that reflected the bright, comfortable communal areas. People's bedrooms were highly personalised to their taste, the registered manager had personally completed individual motifs and decorations in people's bedrooms to ensure they felt comfortable and enjoyed their bedroom as their personal, private space.
- There was clear pictorial signage throughout the home which helped people orientate themselves. Kitchen cupboards and drawers included pictorial signs that displayed what was contained within. This supported people to cook and prepare their own meals which enabled them to maintain their independence.
- The home had a garden that people enjoyed using and learning about the variety of animals that visited the garden and nature in general.

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

- There were clear processes in place for planning and coordinating people's care. The registered manager and service worked collaboratively and closely with external health care professionals and social care specialists.
- The registered manager and staff had built good relationships with a variety of health care professionals. Health care professionals we contacted provided positive feedback regarding the staff team and how they supported people. A health professional stated, "They have provided us with an excellent service" another health professional stated, "They have provided outstanding care... a real success."
- Where people had specific health conditions that needed to be monitored, plans were in place to support this. People had annual health checks and reviews to ensure they received effective health care and support.
- There were systems in place to monitor people's on-going health needs. Staff supported them to keep active and to maintain relationships and interests. A range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure people got the right healthcare. Records reflected this was the case for ongoing health issues and emerging issues.

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. No one living at the service was subject to any restrictions of their liberty.

- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at the service.
- People told us and records showed people were involved in the writing of their care and support plans. This showed people had given their consent to how their care and support was delivered.

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

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

- People were comfortable with staff and each other at Meyrick Lodge. One person told us, "I like living here. I like my friends they are very kind and gentle. They speak up for themselves if they need to. My bedroom is excellent, this house is lovely, it's warm and quiet. I would give it ten out of ten."
- One relative told us, "All staff know everyone so well, they work in tandem with us...it's has such a warm, family feel, it's been excellent."
- A healthcare professional provided written feedback that stated, "I have seen at first hand the way staff and residents prepare for parties and celebrations and feel that life is very much enjoyed by everyone living at Meyrick Lodge."
- All staff received and completed training on equality and diversity and the provider had an equality and diversity policy. Staff treated people as equals and diversity was respected and valued. Staff knew people very well and spoke knowledgeably about how what was important to people and how they liked their care and support to be given.

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

- People were involved in making decisions about their care. Staff supported people to voice their concerns, plan their weeks and people took an active role in completion of their care and support plans.
- There were weekly house meetings where people discussed things that were important to them, their likes and dislikes and any ideas they may have to do things differently. People also attended regular meetings with their key worker staff where their privacy was respected, and private topics could be discussed. Support was given in a person centred way and ensured people were treated as individuals.
- People were offered encouragement and support by staff to make decisions they may find difficult. Staff respected people's choices and their rights to do what they wished.
- People were able to decline planned activities if they wished. We observed staff had adjusted plans and supported people in response to their individual needs and choices.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and acted to ensure their privacy was protected. People were able to lock their bedroom door if they wished. Staff always knocked and sought permission from people before entering their bedroom. New shower curtains had been installed in each bathroom to ensure people's privacy.
- People were supported to develop independent living skills and were supported and encouraged to engage with a variety of tasks, chores and daily living skills. Achievable goals were set for people to promote their independence and sense of well being.

- Some people had requested to go out into the local community unsupported. The provider had put plans in place to support people to achieve their wishes. People had individual step by step plans to support and guide them through this process which would enable them to become more independent and engage with the local community. This would result in people increasing their sense of well being and improving their confidence.
- People told us about the, 'little acts of kindness' project the provider ran. People completed small acts of kindness for people, such as, helping a person with their shopping or picking up dropped litter in a public space. One person told us, "I like our little acts of kindness."
- Staff were fully aware of people's rights to privacy. Staff recognised when people wanted to spend time alone in a quiet environment or their bedroom and their choices were respected. Personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

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 meet people's needs, preferences, interests and give them choice and control

- Staff demonstrated a good understanding of people's individual needs and provided personalised care. People's care and support was planned proactively and in partnership with them.
- People's care and support plans were detailed, informative and provided clear guidance for staff. Care and support plans were regularly reviewed and supported staff to understand people's strengths and weaknesses. They ensured people received tailored, individual care and support that best suited their needs.
- Care and support plans focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given. Care plans included life history information and details of people's likes, hobbies and interests. This information guided staff to get to know people well and identify activities they would enjoy doing.

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 their carers.

- People's care plans included detailed information and guidance for staff on their individual communication preferences and styles.
- Staff were able to communicate effectively with people and had received training in people's preferred methods of communication. Care plans included specific definitions of words, phrases and gestures people used regularly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a range of social activities, based on their individual needs to help ensure they lived a full a life as possible. People had opportunities to be occupied during the day with attending work experience, community projects and helping in the local community. People liked to lead active, busy lives and staff supported them to achieve their goals.
- One person told us about their involvement on a weekly independent charity forum. The charity provides support and information, giving people with learning disabilities a voice and helping people with learning disabilities drive forward change.
- People's care plans outlined the different types of activities people enjoyed and included any sensory activities. Sensory equipment was available within the home and in some people's bedrooms. Staff told us people enjoyed using the equipment which provided them with a sense of calm and improved their well

being.

- Staff supported people with relationships that were important to them. Relatives told us they were always made to feel welcome and free to visit whenever they wanted. They told us they were kept fully involved in the care of their relative and found the staff team very approachable, friendly and professional.
- Information for community events was displayed in the home well in advance of the date so people could decide if they wished to attend or be involved.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and pictorial guidance leaflets were freely available around the home for people to refer to if they needed to complain. This ensured people were supported to make complaints and encouraged to put forward their views and concerns as necessary, which promoted an open, supportive culture.
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service. Any relevant learning was shared in team meetings and staff supervisions.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection. There were systems and procedures in place to enable people's wishes and preferences in relation to end of life care to be recorded.
- Staff had received end of life training and people's support records reflected their cultural and spiritual needs.

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; and 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

- We received many positive comments and written feedback from people, relatives and health professionals regarding the leadership and culture of the service. One person told us, "[Manager] is a very good worker... this is my best house here, this is my home for good."
- Written feedback from health professionals stated, "Every time I have had contact with the staff at Meyrick Lodge, they have been helpful, responsive and are keen to work with me to meet individual needs." And, "I was involved in the early stages as the service was developing and felt strongly that the team were making a home to meet people's needs rather than the other way around, which is brilliant."
- One relative told us, "It's very well led, everyone is treated like an individual. Communication is fantastic, it couldn't be better, they are always honest and present everything in a really nice way, it's all very personalised and conversationally done."
- There was a friendly, homely, supportive and open culture at the service. People were supported and encouraged to lead active, healthy lives that enabled them to live fulfilling, independent lives as far as was possible for them.
- Staff told us they felt very well supported by a management team who were approachable, friendly, professional and always available to staff for advice and guidance.

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

- There were strong visible, leadership and management role models in the registered manager who provided consistent, supportive guidance for staff. Staff felt well supported, appreciated and valued. There was an effective team approach from staff which enabled people to receive the best levels of care and support.
- A health professional provided written feedback that said, "I have a lot of respect for the team of staff and for the home and would describe Meyrick Lodge as excellent."
- Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. People, relatives and staff felt their views were listened to and acted upon.
- Regular team meetings held where staff felt comfortable to raise any issues or concerns and felt they

would be listened to. Staff viewed team meetings as supportive and helpful. Meetings enabled information regarding lessons learned to be shared and proactive action put in place where possible.

- Notifications to CQC as required by the regulations had been appropriately made.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained. There was also a system of out of hours spot checks completed to ensure standards were maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.

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

- Staff told us they felt valued and fully involved in the running of Meyrick Lodge. They gave us many examples of individualised care and support they had given people. This had led to people having a much improved level of independence, communication, self-confidence and sense of well-being whilst still respecting people's choices, preferences, sexuality and gender.
- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- People were supported and encouraged to attend weekly house meetings. These gave people the opportunity to put forward their views and raise any concerns they had. A popular topic for house meetings was the weekly menu, people told us they enjoyed arranging what food and meals they could plan for the coming week.

Working in partnership with others

- The registered manager had recently obtained a health and social care teaching qualification. They showed innovation in training staff through using different techniques and approaches. For example, they ran an exercise with staff in brushing teeth. Staff were encouraged to brush one another's teeth, to raise awareness on how invasive this could be for people. This resulted in increased awareness for staff around supporting people with their personal care.
- Two people had received awards from the local authority pathway schemes. These awards were based on how well people had been doing and they had settled into their new homes. Another person was nominated and won a place on the panel to be a nominated as spokesperson for the Bournemouth and Poole learning disability black community.
- The service worked collaboratively with all relevant external stakeholders and agencies. We received positive feedback from all health care professionals who visited Meyrick Lodge on a regular basis.
- The registered manager kept up to date through the receipt of monthly briefings from CQC, regulation and adult social care guidance documentation. They were a member of the registered managers learning hub which is provided by an independent care company which runs local workshops for managers to share and learn from each other, network and discuss best practice methods.