Choices Housing Association Limited

Choices Housing Association Limited - 1 William Street

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

This inspection took place on 17 October 2018 and was unannounced.

At the last inspection the service was rated as requires improvement. We found the provider was not meeting all the requirements of the law by ensuring people were safeguarded from potential abuse and notifying us of changes at the service which are required by law. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve to at least good. During this inspection we found that the provider had done what they said they would do and were no longer in breach of regulations.

Choices Housing Association Limited – 1 William Street 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.

1 William Street accommodates up to six people, who may have learning disabilities in one adapted building. At the time of this inspection there were five people using the service.

The care service has been developed and designed 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 with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from avoidable abuse and harm by trained staff. Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. Medicines were managed safely, so that people received their medicines as prescribed. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were kept clean and tidy. The registered manager had systems in place to learn when things went wrong.

People's needs and choices were effectively assessed. People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and had access to continuous training. People had a choice of food which they enjoyed and they received support to meet their nutrition and hydration needs. The environment was designed and adapted to support people effectively. Healthcare professionals were consulted as needed and people had access to a wide range of healthcare services. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged to make their own choices, as staff met their individual communication needs. People were treated with dignity and respect by staff who knew them well.

Staff understood people and their needs and preferences were assessed and regularly reviewed. People were supported to participate in activities that they preferred. People and their relatives were involved in the planning and review of their care. People's diverse needs were considered as part of the assessment and care planning process. People felt confident to raise any concerns or complaints and there was an accessible complaints policy and procedure in place. People were supported to consider their wishes about their end of life care.

A registered manager was in post and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon. We found the registered manager and provider had systems in place to check on the quality of the service and used this to make improvements. Continual learning and improvements were encouraged. The service worked in partnership with other agencies.

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.

Improvements had been made to ensure people were protected from the risk of abuse and avoidable harm.

People felt safe and relatives were confident people were safe.

There were enough, safely recruited and suitably skilled staff to meet people's needs.

People's medicines were safely managed so they received them as prescribed and people were protected from the spread of infection.

People's risks were assessed and managed to help keep them safe and the service learned lessons and made improvements when anything went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were holistically assessed and their needs were met by well-trained and well-supported staff.

People were supported to eat and drink enough to maintain a healthy diet and had access to healthcare professionals when required.

Staff worked together and with other professionals to provide effective care for people.

People were supported to make decisions in line with law and guidance and the design and adaptation of the home met their needs.

Is the service caring?

Good

The service was caring.

People were supported by kind and compassionate staff who

knew them well and anticipated their needs.

People were supported to make their own choices and communicate effectively.

People's privacy and dignity was respected and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. Staff knew people well.

People and relatives were involved in the planning and reviewing of the care required. People had access to activities they enjoyed.

There was a suitable complaints policy and procedure in place and people felt confident to raise concerns when required.

People had been supported to consider their end of life wishes, when this was appropriate.

Is the service well-led?

Good

The service was well-led.

We were notified of important events which occurred at the service, as required by law.

People, relatives and staff felt the registered manager was approachable and supportive.

There were systems in place which were operated effectively to monitor the quality and safety of the service and improvements were made when required.

People, relatives and staff were engaged and involved in the service and given opportunities to provide feedback which was acted upon.

The service worked in partnership with other agencies.

Choices Housing Association Limited - 1 William Street

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 October 2018 and was unannounced. The inspection was carried out by two inspectors.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service in the key questions of safe and well-led. We found that improvements had been made in these areas and to the quality of care provided.

We used the information we held about the service to formulate our inspection plan. This included information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service.

We spoke with one person who used the service and three relatives. We did this to gain their views about the care and to check that standards of care were being met. Some people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in

communal areas and we looked at the care records of two people who used the service, to see if their records were accurate and up to date. We also looked at three people's medicines management and administration records.

We spoke with four members of care staff and spoke with the registered manager on the telephone as they were not available at the service on the day of the inspection visit. We also looked at records relating to the management of the service. These included two staff recruitment files, meeting minutes and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection, we found that improvements were required to ensure that safeguarding procedures to report incidents of potential abuse and neglect were followed, to ensure people were protected from potential abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

We saw that people were smiling and happy when interacting with and receiving support from staff. Relatives told us they were happy with the care delivered at 1 William Street and felt confident their family member was safe. They said, "Absolutely [my relative] is safe, without a shadow of a doubt. I am protective and wouldn't leave them somewhere if I wasn't sure they were safe."

Staff knew how to safeguard people from abuse. They were knowledgeable about safeguarding adults' procedures and told us how they would report any concerns. A staff member said, "I would inform the manager and ring safeguarding. I would also ensure the person's safety. There are posters up telling us how to report concerns. You always know where to find the information you need if you don't know." We saw that clear instructions and contact details were readily available for staff to help them report any concerns and protect people from potential abuse. The registered manager kept a clear record of any incidents of concern or potential abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. Safeguarding referrals made to the local authority were discussed at staff meetings so that any learning, alterations to care plans or practice could be shared with staff. Staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

At the last inspection we found improvements were needed to ensure medicines administration was accurately recorded. At this inspection we found improvements had been made and there were robust procedures in place to ensure people's medicines were safely managed. We saw that staff administered medicines to people in a calm and caring manner and that people got the medicines they needed, in line with their prescription. A relative said, "They have a really good medication process here. [My relative] has to bring it home and we are given very clear instructions. We have to sign it out and in and it is counted." Some people required their medicines to be mixed in food and drink and we saw clear plans were in place for these which had been agreed with the GP and Pharmacist. There were thorough protocols in place to guide staff about when and how to administer medicines on an 'as required' basis and records showed that staff followed these. Staff who administered medicines told us they had received training which helped them to safely administer medicines and their competency was regularly checked via observations of their practice. The systems and processes in place were operated safely to ensure that people received the medicines they needed.

At the last inspection, we could not be sure that all people received safe support during the night time when only one staff member was available. At this inspection we saw that one staff member was still available at night time. The registered manager told us how they assessed this was safe. They had reviewed the night

time needs of people and their history of requiring support at night time, and found no occasions when anyone would require two staff to support them during the night. We spoke with a member of staff who had occasionally worked at night time and they told us, "I felt it was safe. I had no problems." The registered manager told us that an on-call manager would be available if any person did require a second staff member to safely support them during the night.

We saw that staff were available to support people when they needed it. Some people chose to spend time in their bedrooms and used a call alarm to request staff support when they needed it and we saw these calls for support were responded to promptly. Relatives we spoke with told us they thought there were enough staff available to safely meet people's needs. Some people needed two staff to support them to move or with personal care and we saw they had this support at the time it was required. Additional staff were available to support people to attend planned appointments and this was reflected on the staff rotas. The registered manager kept staffing levels under review to ensure they continued to meet people's changing needs. Additional one to one support hours had been requested and agreed for a person whose needs had increased in the evening time. Staff told us and rotas confirmed there was now an additional staff member available to support this person until 10pm. This showed how the provider ensured there were enough staff to keep people safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

People's risks were assessed and managed so they were supported to stay safe. When risks were identified, we saw risk assessments and management plans were in place which were understood and followed by staff to keep people safe. For example, one person was at risk of choking and was known to eat food that may not be suitable for them. All staff were aware of the risk and the plans in place. We saw a key coded lock was installed on the kitchen door to restrict the person's access to food that may cause them to choke or harm them. When staff were present to supervise, the door was left open so that other peoples' access to the kitchen was not restricted. We saw that staff managed the risk in line with the person's plan, whilst ensuring they had access to safe food and drinks throughout the day, which protected theirs and others' freedom.

We observed that all areas of the home and equipment looked clean and hygienic. Staff understood the importance of infection control and we observed them following safe practices during the inspection, including the use of Personal Protective Equipment (PPE) such as gloves and aprons. This meant people were protected from the risk of infection and cross contamination.

We saw that lessons had been learned and improvements made when things had gone wrong. The registered manager reviewed incidents and accidents that had occurred at the home and considered whether improvements could be made. For example, one person had tipped their wheelchair whilst accessing the home's garden. The incident had been reviewed and anti-tip roll bars had been sourced and introduced as a way of mitigating the risk of a similar incident occurring again. The person's care plan and risk assessment had been updated to reflect this. No similar incidents had occurred since. The showed the service learned lessons and made improvements when things had gone wrong.

Good

Is the service effective?

Our findings

At our last inspection, the service was effective. At this inspection, we found it continued to be effective.

People's needs and choices were assessed and care was delivered in line with relevant guidance. For example, one person had recently moved to the home and we saw their needs were thoroughly assessed over a period of time, which involved visits to the home and gathering information from others when required. The person's family had been involved in providing information about the person as well professionals which created a holistic assessment of the person's needs and we saw care was delivered in line with those plans. A relative said, "I think the transition period has been remarkable, the communication with me and helping [my relative] to settle in has been fantastic." The initial assessment period continued for three months whilst the person settled into the home and staff got to know them, we saw their care plans continued to be updated during this time.

Relatives had confidence in staff skills and knowledge and felt they had been well trained. A relative said, "They [staff] have great training." Another relative said, "Training is all done I believe and staff know what they are doing." Staff told us and records confirmed they had received the training they required to effectively meet people's needs. This included specific training to meet particular needs of people who used the service, which the provider had arranged. Staff told us they felt well supported in their roles and records confirmed they received regular supervision and appraisals to address any performance or training needs.

People were supported to eat and drink enough to maintain a healthy diet. We saw that people were offered choices and were included in menu planning and weekly shopping to ensure their choices and preferences were catered for. One person required a pureed diet. Staff explained how they had worked with the person to explore their preferences and developed recipes and ways of presenting the food to ensure the person could still enjoy their favourite meals. For example, the person requested two eggs for their lunch. The person had a menu book showing, "Eggs like my Mum used to make" which described how staff should cook and prepare the meal so that it met the person's assessed dietary needs, whilst looking appetising to them. We saw the person enjoying their meal and staff said the person was now enjoying three meals per day, as they had previously disliked the pureed food. This showed how staff supported people to ensure they received enough food and drink to maintain a healthy diet.

Staff worked together well and with other professionals to ensure people received effective care. Staff attended a handover session at the change of each shift to ensure important information about people was shared to promote consistent care. Handover records showed these sessions were effective, for example, communication from a doctor was shared to ensure a person received their cream in the way the doctor had prescribed, to keep their skin healthy.

People had access to healthcare professionals when this was required. One person attended a dentist appointment on the day our inspection visit and we saw that when people had planned appointments, these were kept in a diary and additional staff were available to support people to keep their appointments. Records showed that people had access to doctors, physiotherapists and occupational therapists and any

recommendations were followed and incorporated into people's plans.

The design and adaptation of the service met people's needs. People's bedrooms were decorated in line with their personal preferences, for example one person's bedroom was decorated with the colours of their favourite football team and they proudly showed this to us. We saw a bathroom with an accessible bath was available as well as a shower room so that people could choose whether to have a bath or shower. When people required specialist equipment we saw this was provided for them.

People were supported to make their own choices and consent to their care when they were able. When people were unable to make certain decisions, we saw they were supported in line with the Mental Capacity Act 2005 (MCA). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that a decision specific test of people's capacity was carried out when required, in line with the MCA. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person, for example, relatives and health professionals. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that people had been referred for a DoLS authorisation when this was required. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

Good

Is the service caring?

Our findings

At our last inspection, the service was caring. At this inspection, we found it continued to be caring.

We observed throughout the inspection and relatives confirmed that people were treated with kindness and compassion. Relative's comments included, "Yes, it is exceptional care, in fact I would go so far as to say it is exemplary, there is hardly a weak link, no actually there is no weak link", "They [staff] are very kind and compassionate, even more than I would expect and I would expect a lot" and "[My relative] is treated well." Staff took the time to ensure that people were happy and comfortable and had everything they needed. They knew people well and anticipated their needs. For example, a staff member said, "I think you must be hungry if you are sitting at the table, what would you like?" The staff member supported the person to choose something to eat and sat with them whilst they ate their food.

People were given choices and supported to be involved in decisions about their care, as much as they were able. A relative said, "Certainly, staff offer [my relative] choices. They use [my relative]'s iPad to help them to see things and to help them make their own choices." We observed people were given choices in all aspects of their care including what they ate, drank and how they spent their time. We saw that staff used a range of methods of communicating effectively with people depending on their individual needs. For example, two people had been supported to purchase iPads which helped them to be involved in choices using pictures and video. We saw one staff member communicating with a person using Makaton and song. Makaton uses signs and symbols to help people communicate. The person responded to the staff member by smiling and laughing. Each person had a detailed communication plan which gave staff details on how best to the communicate with them and we saw these were followed to help meet people's individual communication needs.

People were supported to maintain important relationships. Relatives told us they could visit whenever they chose and were always made to feel welcome. They told us and records confirmed that regular events were held where family were invited to be involved, such as birthday celebrations. Staff told us that one person was supported to open a social media account and staff helped them to take photographs and share information with their family and friends when they were unable to see them in person. This showed that staff were caring and proactive in supporting people to maintain their important relationships.

People's privacy and dignity was respected. A relative said, "It is a home, it is personalised, that's how staff treat it, just as we do." They described how staff were respectful of people's home by supporting them to be involved in aspects of how the home was run. The registered manager told us how people had been involved in choosing new decoration for the home and we saw that one person enjoyed making wooden models which were displayed in the communal lounge. Staff told us and we saw that people had access to privacy when they wanted it. Some people chose to spend time in their bedrooms and this was respected by staff. Staff described how they respected people's dignity when providing personal care by closing doors and explaining to people what would be happening next. A staff member said, "For example if I needed to spray something then I would warn them it may be a little cold." This showed that staff were caring and respected people's privacy and dignity.

People's independence was respected and promoted. A relative said, "Definitely, [my relative] is happy here because staff encourage them to be independent." Another relative said, "As far as they can, with assisting [my relative] with dressing, they don't just put the socks on or jumper, they will tell [Person's name] what they are doing or going to do and go through the routine, giving [Person's name] clear instructions, and they encourage them to support themselves."

Good

Is the service responsive?

Our findings

At our last inspection, the service was responsive and at this inspection, we found it continued to be responsive.

People received personalised care that was responsive to their needs. A relative said, "They [staff] always deal with the person first, if the phone rang and they were dealing with someone they would allow the phone to ring."

Staff knew people well including their likes, dislikes and preferences and staff used this information to help provide personalised care. For example, a staff member described how one person liked consistency and routine. The service recognised that the person could become upset and cause a risk to themselves when they did not know what was planned. So, staff developed a weekly timetable picture board, which used pictures to help the person plan their week, taking into account their budget and time. This allowed the person to plan all the things they wanted to do and they regularly referred back to it if they were becoming anxious or upset. A staff member said, "The picture board is working really well. [Person's name] now goes out every day and behaviours which may challenge have really reduced since the weekly plan has been in place." The person proudly showed us their picture board and we saw they completed their planned activities. This showed how staff recognised and responded to people's individual needs and provided personalised care.

People and their relatives were involved in all aspects of their care as much as they were able. A relative told us, "I've been involved and provided lots of information for [my relative]'s care plans." We saw that care plans contained valuable information such as people's important relationships, interests and hobbies so that staff had access to information to enable them to provide personalised care. Staff told us they had opportunities to look at people's plans and were familiar with the information contained in them and we saw that care was delivered in line with these. One person's care plan stated they responded well to humour and we saw staff used humour when supporting the person. For example, staff gave each of the person's medicines a funny name when they were helping them to take them, which they told the person alongside telling them what the medicine was for. The person responded well by laughing and participating in taking their medicines with staff support. People's diverse needs were also assessed and planned for including any religious or sexuality needs. A relative said, "[My relative] used to go to church, but not now, they lost interest, but [my relative] knows they could go if they wanted to, the staff would take them."

People had access to activities that interested them. Relatives told us and records confirmed that people accessed activities such as swimming, Rebound Therapy (Rebound Therapy uses trampolines to provide therapeutic exercises to people), community sensory rooms, shopping and social clubs. One person told us how they enjoyed supporting and watching their favourite football team, which staff helped them with. People could also choose to spend time alone when they wanted to and we saw one person enjoyed some time alone with sensory lights to help them relax.

Relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said,

"Yes, I know how to complain though I have not had to. I would if I felt I needed to." Another relative said, "I have every confidence in [the registered manager] to deal with things professionally and not take things personally, all staff deal with things in confidence and quickly." Information on how to make a complaint was available to people and information about other agencies who could help with complaints was available in the home. An 'easy read' version of the complaints policy was available to people who used the service and staff met with people who used the service regularly to explore whether they were happy with the care they received. No complaints had been received since the last inspection but there was a suitable policy and procedure in place to ensure complaints were listened and responded to.

At the time of this inspection, no-one was receiving end of life care. However, when appropriate, people had been supported to consider their wishes for their end of life care using pictures where required to aid people's own involvement.

Good

Is the service well-led?

Our findings

At our last inspection the service required improvement because the provider had not notified us of changes that are required by law and although the management had identified areas for improvement they had not yet had the time to implement or sustain changes. At this inspection we found that improvements had been implemented and sustained.

There was a new registered manager in post since the last inspection. They were not working on the day of the inspection visit but we spoke with them on the telephone as part of the inspection process. Management documentation was well organised and access was organised for us during the inspection visit. The registered manager understood their responsibilities and was supported by the provider to deliver what was required. Notifications were received promptly of incidents that occurred at the service, which are required by law. These may include incidents such as alleged abuse, serious injuries and deaths. We found that all notifiable events had been notified to us and the provider was no longer in breach of this regulation. We saw that the rating of the last inspection was on display in the home and on the provider's website and a copy of the last inspection report could be accessed by people and visitors to the home.

Relatives and staff told us that the registered manager was approachable, supportive and visible at the service. One relative said, "[The registered manager] is very, very approachable and gives me one hundred percent confidence in her and the service. We talk at least a couple of times a week." Another relative said, "The manager who is here now is the life and soul of the place." A staff member said, "I am definitely supported, I can approach the registered manager, she is usually always here, her door is always open, we [staff] can go in and chat anytime, as do the [people we support]." The registered manager told us of the positive changes that had been made at the service. They said, "The staff team have all worked together and helped so much [to make positive changes] and the support from [the provider] has been fantastic." Staff were happy in their work and there was a positive, open and inclusive atmosphere where staff worked together to achieve good outcomes for people. Staff comments included, "We are a good team and the management is good", "I love it here it's great, every day is different. It's a great house, I wouldn't be here if I wasn't happy" and "Staff are great, [the registered manager] is great, we have a laugh."

The registered manager and provider had effective systems in place to monitor the quality and safety of the care provided. Regular audits took place including checks of medicines and the registered manager's monthly observations to ensure that any issues were identified and action taken to make improvements. We saw that an ongoing improvement action plan was in place. Care plans were regularly reviewed to ensure they were accurate, person centred and up to date and we saw these reviews were effective.

People, relatives and staff were engaged and involved in the development of the service. The registered manager explained how group meetings for people who used the service had not been effective due to the varying communication needs of people. Meetings with people now took place individually on a monthly basis where people's views were encouraged as well as their needs reviewed. One person did not respond well to written words so the registered manager explored how they could be supported to review their progress in a different way. The person experienced incidents of anxiety and they were being supported to

reduce these. The manager developed a graph to show the person the progress they were making in reducing their anxiety. They explained how the person responded well to this and was feeling positive that their incidents had reduced from 19 to one per month following positive interventions from staff. This showed how the provider had made an effort to meaningfully engage the person in reviewing their care and progress.

A family survey was completed annually and relatives told us they received this. Relatives felt engaged and involved and one relative said, "We don't have formal 'sit down and share your concerns' family meetings but there are meetings at head office which [another relative] has attended. We normally meet other family members when they have the events in the service, such as parties." Relatives told us they could approach the registered manager at any time with any suggestions which they felt would be listened to and acted upon. Staff felt engaged and involved with the development of the service. We saw that regular team meetings were held where staff could share their views and their feedback was acted upon. The staff meetings agenda followed CQC's key lines of enquiry to promote quality standards. For example, safeguarding referrals were discussed to share learning with staff and raise their awareness and further learning about potential safeguarding issues. A staff member said, "We have staff meetings regularly, there is a rota to make sure everyone can attend. We go through any new policies, any company issues, each of the people we support and any new health issues for them. We can give feedback and suggestions and they are listened to. [The registered manager] will take feedback higher if she needs to."

The registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as occupational therapists, physiotherapists and specialist nurses. The service also had an ethos of continuous improvement and the registered manager had a desire to continuously improve upon the quality of the service provided. A relative said, "They are a very progressive organisation, they have great training, they won an innovation award, they did a Drama DVD which highlighted bad and good practice." This showed how the provider continuously thought of new ways to make further improvements.