

You First Support Services CIC

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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

You First Support Services CIC is a domiciliary care agency which provides personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing, medicines, eating and drinking. We call this type of service a 'supported living' service. In a supported living service, people's accommodation is provided by separate housing providers or landlords, usually on a rental or lease arrangement. Occasionally, people own their own homes. This means people can choose an alternative support service provider if they wish.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service provided support to adults with learning disability, autistic spectrum disorder, sensory impairment and physical disability. Personal care was provided to people as they required it. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. For example, in addition to personal care, staff helped people with their housekeeping, shopping, attending appointments and other independent living skills. At the time of the inspection the service provided personal care and support to two people living in their own homes.

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

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

People's care and support was planned in partnership with them and with those close to them. Staff used individual ways of involving people so that they felt consulted, empowered, listened to and valued. People's communication needs were identified within their care plans.

People's views were central to how the service was run. They were involved in every aspect of the service, including in the recruitment and training of staff.

The service was responsive to people's individual needs and preferences, which enabled people to live as full a life as possible. People had been supported to overcome prejudice, mistrust, fear or great anxiety to live as equal members of their community.

The provider's vision and values made sure people were at the heart of the service. The service worked in

partnership with other organisations to make sure they were following current practice and providing a high-quality service.

The service was very well managed. The management team were open, honest, knowledgeable and outward looking. There were effective systems to monitor the quality and safety of the service. There was a strong commitment to drive continuous improvement.

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

People were safe with staff who supported them. The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse. Safety assessments were in place which identified possible risks to people living in their own homes. Healthy risk taking was supported and encouraged to enable people to lead the lifestyle they chose.

People's needs were thoroughly assessed before the service started to support them, to ensure their needs could be met. Each new service was planned very carefully. People's needs were met by suitable numbers of staff. Staff were closely matched to the people they supported.

People were supported by staff who were trained to meet their individual needs. The service worked closely with people's families and other professionals to improve the care and support they provided.

Staff asked people for their consent before supporting them. People were supported well by staff, who respected their choices and decisions. People were supported by staff who saw them as equals; staff respected and promoted people's privacy, dignity and independence.

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

Rating at last inspection The last rating for this service was Good (Report published 15 September 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 ●

You First Support Services

CIC

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

We gave the service advanced notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager and staff would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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 looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this

information to plan our inspection.

During the inspection-

During the inspection we visited one person in their own home. We also spoke with four care staff, the registered manager and the chief executive officer (CEO). We looked at both people's care records. We asked people's relatives to share their views of the service with us; five contacted us and shared their views.

After the inspection

We looked at staff training records, quality assurance processes and records, satisfaction surveys, various meeting minutes, the provider's website, current strategic plan and finance report.

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 were safe with staff who supported them. One relative said care was, "Centred around what is important to each individual, keeping them safe." Another told us, "It's taken a lot of worry away from the family knowing You First are there and they are caring for [name] and making sure [name] is safe."
- The provider had policies and procedures in place designed to protect people from the risk of suffering harm and abuse, which staff had read.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. None of the staff spoken with had any concerns about people's safety. Where there had been concerns, the registered manager had contacted the local authority safeguarding team and taken any appropriate action to ensure people were safe.

Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- Safety assessments were in place which identified possible risks to people. These included assessments relating to people's health conditions, the medicines they took and their environment.
- Healthy risk taking was supported to enable people to live the life they chose. Staff knew about risks people faced and told us how they worked in ways which reduced them. Records showed safety assessments were reviewed regularly and were up to date.
- Any incidents or accidents which occurred were recorded and reviewed by the registered manager and CEO and then discussed with staff. This was so that trends could be identified and measures put in place to avoid recurrence.

Staffing and recruitment

- People's needs were met by suitable staff support. People were supported on a one to one basis. The staff rota was planned in advance, so people knew which staff were supporting them and when.
- People helped recruit new staff. The provider focused on recruiting staff with the right values so they would 'buy in' to the ethos of the service.
- Safe recruitment procedures were in place, which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Each staff member spoken with told us the recruitment process was very thorough. One said, "Everything was gone through in depth before I was able to start."

Using medicines safely

- People were supported with their medicines. Records were kept which showed what medicines people took and when they needed to take them. People received their medicines as prescribed.
- Staff were trained in administering medicines and their competency was assessed before they supported people. This included medicines used 'as and when required', such as painkillers.
- Staff told us they felt confident that the training met their needs and were clear about what they could and could not do with regard to medicines.
- People had a safe place to keep their medicines in their own home.

Preventing and controlling infection

- People were protected from the risks of infection.
- Staff received training regarding infection control and used personal protective equipment such as gloves when supporting people with personal care. Staff were also trained in safe food hygiene procedures as they cooked meals for or with people.
- People's homes were kept clean and hygienic. The person's home we visited was clean and met the person's individual needs.

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; Staff support: induction, training, skills and experience

- People's needs were thoroughly assessed before the service started to support them, to ensure their needs could be met. The provider planned each new service very carefully, matching staff personalities, interests and skills to new people being supported so a small, bespoke staff team could be created. Additional staff were recruited before a new service started, if this was required.
- People's care plans were clear, up to date and reflected their individual needs and choices.
- People were supported by staff who knew them very well and fully understood their preferred routines, lifestyles and needs.
- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date. People using the service helped train staff.
- New staff completed a comprehensive induction programme to enable them to provide effective care. This not only looked at good practice, but also covered high profile examples of where people had received poor care from other care providers. New staff always 'shadowed' more experienced staff to enable people to get to know them and for staff to understand their needs and preferences. One staff member said, "My induction was excellent; very thorough. We went through everything in detail. I have been supported more than enough."

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

- People were supported with cooking, eating and drinking. People chose what they wanted to eat and drink. They were encouraged to have a varied and healthy diet.
- People's dietary needs were met. One relative told us, "Just as an example, [name, has a health condition] and is accompanied by a support worker each week to an appointment with a health coach for dietary guidance. The support workers help [name] to follow this through on a day-to-day basis in the food [name] buys and what [name] cooks."
- One person had been very underweight when their service started and they only ate a very small variety of foods. Since being supported by the provider, they had gained and maintained a healthy weight and eat a wide variety of foods. We saw they looked very healthy when we visited them.

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

- People saw healthcare professionals according to their individual needs. Relatives said people were very well supported with their health care. One told us, "You First helps [name] to stay in good health and involves them in decisions about their health needs. [Name] is now in need of an operation. [Staff] cared enough about [name] to accompany them when this operation was discussed and will also accompany them to the operation. [Staff] also provide a lot of emotional support because quite naturally the thought of an operation is causing [name] a considerable level of anxiety."
- Care plans described people's health care needs; these were closely monitored.
- People's on-going healthcare needs were met by staff working together with other professionals such as GPs, dentists and a speech and language therapist.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of People who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, People make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People made decisions about their day to day lives and the care they received.
- People had their capacity assessed to determine their ability to make decisions. When more complicated decisions were made in people's best interests, either their legal representatives (if they had them) or others close to them decided. For example, one person needed sedation for specific treatment to be carried out. It was decided it would be in their best interests by those close to them and the health professionals involved.
- At the time of the inspection no one was being cared for under the Deprivation of Liberty Safeguards.

Is the service caring?

Our findings

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

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

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

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

- People were well supported by staff. Staff treated them as equals. They respected and cared about people. One staff member said, "I can honestly say we all try to provide excellent care. People are treated like family members. Staff are all genuine, with good hearts who all really care."
- One relative said their family member had always "Been treated with dignity and respect." Another told us staff were "Always very caring. This means such a lot to [name] as they suffer with learning difficulties and mental health issues so look forward to this time in the week."
- People had built trusting relationships with staff over time. One relative said their family member, "Had time to develop trusting relationships with both [name's] support workers and the management team."
- We saw the person we visited being treated with much dignity and respect. They were clearly very fond of staff and trusted them. Staff spoke to and about them in a very respectful way.

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

- People were supported to make decisions about their day to day lives and the care they received. They were involved at every level of the organisation and their views were listened to.
- They were involved in planning their care as much as they were able to be and planned and attended their care reviews. One relative said, "Support plans are regularly updated. [Names] have been encouraged to express their views."
- Staff also worked closely with people's families to plan and review care. Relatives said communication with the service was very good and they were always listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy and dignity. Staff had been trained to provide care in a sensitive and dignified way.
- Staff described how they ensured people's privacy was maintained when they supported them with their personal care.
- People were supported to be as independent as possible. Staff saw their role as enablers rather than just carers. This was a particular focus of the service.

- One relative said, "The staff made an immediate difference to [name]. The great thing was they showed [name] he could do things for himself which he had never done before. This added such a lot to his day to day life." Another told us, "[Names] are also respected as individuals and helped to be as independent as possible."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received a personalised service, because staff had an excellent understanding of their needs. Staff were very carefully 'matched' to people they supported. For example, one person needed staff skilled at non verbal communication but who were also resilient in supporting the person with aggressive behaviour. These staff supported this person and had "Turned their life around."
- Staff worked in small, dedicated teams supporting an individual. This meant people and staff got to know each other extremely well and built very close, trusting relationships, which was essential for people.
- Staff had an in-depth knowledge and insight into people's needs, personality, values, beliefs and preferred lifestyle. One relative said, "Staff are chosen for their ability to provide the right care based on their knowledge, qualifications and skills. Staff are very well aware of the likes, hopes and needs of each individual. [Name] has had time to develop trusting relationships with both her support workers and the management team, which has helped immensely."
- People's care and support was planned in partnership with them. Care plans described people's needs, wishes, goals and preferred lifestyle. Staff used individual ways of involving people so that they felt consulted, empowered, listened to and valued. For example, one person did not express their views verbally. The registered manager and staff had therefore spent time with this person as they best expressed themselves through play and engagement. This ensured they had the opportunity to be involved in developing their support. We met this person and it was clear they had full involvement in their service.
- There was a very close relationship with people's families, as relatives often advocated for their loved ones. One relative told us, "The support provided by You First is person centred. Care plans were centred around what is important to each individual. It has been very refreshing and reassuring that, as a parent, I have been able to develop a good relationship with both support workers and the management team at You First. As parents we have been involved in developing our children's support plans."
- People had involvement and influence at every level of the organisation. People who chose to be, were involved in recruiting new staff and in training staff. Each of the provider's charters, such as the director's and manager's charters, were developed in partnership with people who used the service. Key aims included in these charters, such as 'supporting people into paid employment' and 'including people and everyone who is significant to them in their support' had clearly been achieved. This showed people were treated as equals, were valued, had a voice, were listened to and their service was developed around them.

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 received support to achieve their personal goals. The service was committed to enabling people to

live as full a life as possible and staff helped people achieve their goals, often helping people overcome prejudice, mistrust, fear or great anxiety. One relative said, "The service helps people realise their ambitions."

- The service was involved in the local community and was actively involved in building further links. The provider had invested heavily in connecting with the community to find "local opportunities for local people". This had helped people to find paid employment, volunteering opportunities, college courses, various clubs and opportunities to socialise, develop friendships and be part of their community.
- People's wellbeing was improved through compassionate, patient and consistent staff support. Staff received wellbeing training to enable them to support people and to be emotionally resilient themselves as this type of support could be very demanding. One relative said the care and support provided by staff had "Really helped [name's] well-being."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs and preferences were clearly described in care plans. For example, people used speech, objects, body language, play and engagement. One person had increased their verbal vocabulary since being supported by the provider.
- Other innovative methods were used to help people communicate. A secure on-line message board was used by people, relatives and staff. People wrote about their care and wrote messages to staff if they wanted or needed to. One relative told us, "Communication is great. I use [the message board], it's a really good communication tool. I access it and that means I know exactly what's going on with [name]. Staff write an update every day and [name] and I can comment if we want to or need to. I have commented before and it's always been welcomed."
- People also used the provider's website, emails, social media, videos, 'specific scripts' (so communication was clear and consistent) and 'Intensive Interaction' (a recognised approach to help teach the fundamentals of communication to people). The provider was supported by speech and language therapists to develop the most effective strategy for each person.
- It was clear that these strategies were highly effective as people were involved in all aspects of their care and the service and they were listened to.

Improving care quality in response to complaints or concerns

- People were actively encouraged to give their views and raise concerns or complaints. The provider saw concerns and complaints as part of driving improvement. People's feedback was valued and people felt responses to the matters they raised were dealt with in an open, transparent and honest way. One relative said, "Any concerns or complaints, raised by both ourselves and our children, have been taken seriously, investigated thoroughly and responded to in good time."
- People were given information about how to raise a complaint, in a format they understood. For example, the provider had made a video on how to make a complaint. This was available to people and was on their website for people and their families to use. People could give instant feedback on their service using the website.
- There had been one complaint from one person's neighbour. The registered manager had met with the neighbours and listened to their concerns. Staff supported the person to engage with people in their community and have a real community presence. This innovative approach had led to a greater

understanding and acceptance of the person's needs, lifestyle and how they communicated. We visited this person and found they now had good relations with their neighbours; staff support and guidance had been instrumental in this positive outcome.

Is the service well-led?

Our findings

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;

- The provider was a 'community interest company' (CIC). These are social enterprises that want to use their profits and assets for the public good.
- A person centred, open, inclusive and empowering approach was clearly evident. For example, one person's life had been transformed. When their service started they were very underweight, in very poor mental health, had poor body image, did not sleep or trust carers and were non communicative. Now, they maintain a healthy weight, had good mental health, looked well, trusted staff, slept well and had excellent their communication skills.
- The written aims of the provider had been taken directly from what people said they wanted from their service. This included, being in charge of their support and how this was provided, influencing change in how their services were provided, learning new skills and building social networks.
- Relatives and staff spoke about the quality of care provided and the outcomes for their family members. One relative said the service, "Has helped immensely to improve [name's] self-worth and greatly diminish, almost eradicate, any challenging behaviour. I think so highly of the organisation I have also pointed many other parents in their direction." Other comments included: "Much thought has gone into how best to make [name's] life as fulfilling as possible" and "We are really, really happy with the care. I would absolutely recommend You First to anyone. Remarkable care."
- Staff were carefully matched to the person they supported to ensure they could build close, trusting relationships with them. Staff had an excellent understanding of people's needs and knew them very well; staff supported people to direct their own care and support and to take risks. For example, people were supported to use community facilities, such as local shops, pubs, restaurants and other places of interest where previously they would not as it was considered too high risk due to their unpredictable behaviour. This had enabled people to play an active part in their community, experience new things and meet new people.
- Staff were empowered and supported and told us they found the management team approachable, knowledgeable and receptive. One staff member said, "I find the registered manager inspiring. There is no end to her knowledge and she is really, truly invested in the people we support." Another staff member said the registered manager was, "An absolutely fantastic manager." The support provided to each person was continually discussed and assessed by the management team, to ensure they were working to the standards expected and in line with the ethos of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was supported by an effective management team who oversaw the day to day running of the service. The management team and staff demonstrated a commitment to providing high quality care to people. Without exception, feedback about all of the management team and the staff was positive from relatives. One relative said, "The management team work exceptionally hard to make this organisation as successful as possible and to enhance people's lives." Another relative told us the CEO had, "Gone out of his way to continue with this support as there is such a shortage of this type of care. You First are great."
- People were supported by a provider who had good systems to monitor quality and plan ongoing improvements. People, management, staff, relatives and carers met regularly to discuss and review the quality of care provided to each person, to discuss the service more generally and introduce new initiatives or ways of working.
- There was an inclusive and transparent culture in the service that enabled learning from events and supported reflective practice. This included supporting people to overcome their fears, anxieties and to achieve their goals. One relative said care was, "Planned with each individual, empowering them and helping them to learn new skills. As a result of this, [one family member] achieved a life-long ambition to drive and [another family member] is now a very able photographer, winning several competitions they have entered."
- The registered manager was aware of their regulatory responsibilities. The service received regular updates from the CQC about regulatory matters, which they shared with people and staff. Where mistakes were made, they were open and honest with people and made improvements. They displayed their CQC rating in their office and on their website.
- People's care records were kept securely and confidentially, in accordance with the law.
- An on-call system meant staff always had access to a member of the management team for advice and support. Staff were universal in their praise for the on-call system and never felt isolated. One staff member said, "The on-call system is absolutely brilliant. You get instant support."

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

- Planned reviews checked that the service was able to meet people's current or changing needs. Reviews included people and their relatives who decided how they wanted care delivered. Each relative described this as meaningful engagement, where their contributions were valued. One relative told us, "As parents, we have been involved in developing our children's support plans. Several other support organisations have paid lip service to paying attention to the parental perspective on matters. This team work has helped to make such a difference to our children's lives."
- There were many ways people could engage with the service and share their views. This included meetings, regular care reviews and by raising concerns or complaints. All feedback was used to continually develop the service. Regular comprehensive surveys were sent out and responses collated. Each of the surveys we read was positive. There was use of frequent shorter 'pulse check' surveys, weekly email messages, social media and the provider's website to help the management team 'stay connected' with people and their views. Everyone had a 'voice' which was acknowledged, respected and listened to.
- Staff told us they attended and participated in regular team meetings and their feedback was respected. These meetings put the person being supported at the heart of the meeting so that team discussion was focused upon them. Any training, development or staff related issues then fed into individual staff one to one meetings with their supervisor.

Continuous learning and improving care; Working in partnership with others

- A system of quality monitoring checks was regularly completed covering all aspects of the service. Where actions were required as a result, these fed into the continuous improvement cycle for the service.
- There were various boards which reviewed the quality of the service. The 'advisory board' held the CEO to account, ensured the provider kept in line with its stated purpose and that every decision made benefited people who used the service. The 'staff board' ensured feedback was gained direct from the staff teams so that improvement could be discussed in an open and honest way. One staff member of this board said, "They really do listen to staff. It's good for staff to have their say. It works really well. They're a great company to work for; I love working here."
- Any incidents or accidents and notifications were reviewed by the management team. This was to analyse and identify trends and risks, to prevent recurrence and improve quality.
- The management team was 'outward looking' and worked collaboratively with other professionals, organisations and initiatives, building highly effective working relationships. For example, the provider had signed up to the 'Driving Up Quality Code' (a national code to improve quality in services for people with learning disabilities) and as a 'Mindful Employer' (a commitment to create a supportive and open culture to support the mental wellbeing of all staff). They had also started the process to become a Disability Confident Employer (in recruiting, retaining and developing disabled people who will help the provider succeed).