North Yorkshire County Council

# Scarborough, Whitby & Ryedale Branch (Domiciliary Care Services) (North Yorkshire County Council)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 |
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# Summary of findings

## Overall summary

This inspection took place on the 13 July 2016 and was announced. Scarborough, Whitby and Ryedale branch (Domiciliary Care Services) (North Yorkshire County Council) provides care and support to people in their own homes and at two extra care housing homes. They work primarily to help people rehabilitate following a hospital stay or illness and to become more independent. This is known as the Short Term Assessment and Reablement Team (START). However, for those people who require assistance beyond the six week period this can be arranged and so there are also people being supported in the community for longer than the START initial support timescale.

A service is offered to adults over 18 years, people with dementia, learning disabilities, sensory impairments and for people who required care and support owing to their mental health care needs. On the day of inspection the service was providing care for 102 people.

The service had a registered manager. 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 using the service told us they felt safe while staff were supporting them with personal care. Staff told us they were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to relevant external agencies.

Potential risks to people were assessed and used to develop plans of care to protect them from harm while maximising their freedom.

Staff had undergone a robust recruitment process and received training and supervision to enable them to meet people's needs in a safe and timely way.

People's needs were met, which included support with their clinical needs and with meals and drinks when required. Staff liaised with health care services and external agencies where appropriate to meet people's needs.

People's choices and decisions were recorded in their care records and staff gained consent from people before delivering care. Staff promoted the rights and decisions of people and were aware of the principles of the Mental Capacity Act 2005.

People's needs had been assessed prior to them receiving a service and they told us they had been involved in the development and reviewing of their care plans.

People were happy with the care and support they received. People made positive comments about staff and told us they were kind and helpful.

Appropriate information was given to people using the service to ensure they knew how to raise concerns or complaints. Complaints had been addressed and actions had been recorded.

The service responded to people's individual needs and preferences and care plans reflected the knowledge staff had of each person so that they could be placed in the centre of care. Staff were organised into teams which meant that people most often received care from staff they were familiar with and who knew their needs well.

Systems were in place to check the quality of the service provided. The registered manager sought regular feedback from people in order to develop and improve the service.

Regular staff meetings were held where staff were encouraged to voice their views. Staff told us that communication was effective and that they felt supported by the registered manager.

## 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.

People were protected from abuse because staff knew what abuse was and understood their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and plans were in place to ensure staff supported people safely.

There were sufficient numbers of staff available to keep people safe.

Safe recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

Medicines were administered safely. People received support with their medicine where it was required.

### Is the service effective?

Good

The service was effective.

Staff received training and supervision to enable them to provide appropriate care and support.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

People were supported by staff who liaised with health care professionals when needed.

### Is the service caring?

Good

The service was caring.

The staff knew people well and had formed positive relationships

with people.

People were treated with respect and regard to their dignity.

People were supported to make choices and decisions for themselves.

## Is the service responsive?

Good

The service was responsive.

Staff responded to people's individual needs and preferences.

People were aware of how to complain.

People were asked about their views on their care and supported to be involved in the local community.

## Is the service well-led?

Good

The service was well led.

The registered manager provided staff with good leadership and support.

Quality assurance systems in place to monitor the quality of care and act on identified required improvements to the service.

Staff supported people to comment on and influence the running of the service.

# Scarborough, Whitby & Ryedale Branch (Domiciliary Care Services) (North Yorkshire County Council)

**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.

Scarborough, Whitby and Ryedale Branch (Domiciliary Care Services) (North Yorkshire County Council) provides care and support to people in their own homes and at two extra care housing homes. They work primarily to help people regain their independence following a hospital stay or illness, however they also provide longer term support for people in extra care housing.

This inspection took place on the 13 July 2016 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we wanted to be sure that someone was at the service when we inspected.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that the provider had sent to us. This included

notifications of significant events that affect the health and safety of people that used the service. Before the inspection visit we received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also gathered other information we required during the inspection. For example, we looked at the records of six people, which included their plans of care, risk assessments and records about the care they received. We looked at the recruitment, training and supervision records for four members of staff, a range of policies and procedures, quality assurance audits and minutes of staff meetings.

During the inspection we spoke with six members of staff including the registered manager. The day before the inspection visit we spoke with nine people who received the service and/or their carers.

Good

# Is the service safe?

## Our findings

People told us they felt very safe with the staff who attended them. One person told us, "Yes. We know which carers are coming." Another person said, "They turn up on time and stay as long as I need them." One person receiving support told us they had assistance from two carers each visit when the hoist was used. They indicated that everything worked well and they felt safe when using the equipment. Another person told us that the provider checked to ensure they'd taken their medicines and that they were happy with how this system worked.

Staff understood the safeguarding and whistleblowing policies of the service and knew what to do if they had concerns about the welfare of any of the people who used the service. Staff were trained in safeguarding adults and children which was regularly updated. The registered manager explained that though the staff did not work with children directly they were sometimes working in situations where children were present and this was why staff received training in safeguarding children. The registered manager told us that safeguarding was regularly discussed at staff meetings and staff confirmed this.

The service had raised safeguarding concerns with the local authority safeguarding team and CQC had been informed as necessary. Copies of completed alert forms were kept securely in the office and the details were discussed in team meetings as learning points.

Care plans provided guidance for staff on how to manage situations to ensure the safety of each individual. Staff told us about how risks were managed which reflected the information seen in the records. Risk assessments were in place, for example nutrition, moving and handling and falls so that staff had guidance in these areas. We found staff had a positive attitude to risk taking, which allowed people to take risks safely.

For example, one member of staff told us how they encouraged positive risk taking with a person who was supported in extra care housing. They supported the person to access the community as part of that person's agreed plan to increase their confidence in social situations. Another member of staff told us about supporting a person who was living with dementia to make drinks and snacks safely. This involved arranging to use a cooker hotplate only when a member of staff was present and supporting the person to use a safety kettle to make a hot drink.

Staff told us they were allocated travelling time between calls which meant that they did not need to rush. Also calls were not limited by time. If a person needed care staff to stay longer than anticipated then this could be arranged through liaising with the office staff, who would arrange for staff to be redeployed or for staff to take extra work.

People agreed that staff did not rush and that they always had time to ask if there was anything further they needed. The registered manager explained that the service operated a system of geographically based teams. They made a point of matching staff skills and experience with the people who were receiving the service. This was in relation both to the limited six week service, those people receiving an extended

rehabilitation service and to the longer term service for people in extra care housing.

When we spoke with staff it was clear that those who supported people in extra care housing had specific skills and had received training in any specialist areas of care each person required. Those staff who supported people through the START team, and who were focused upon rehabilitation, had skills and training in this specialist area of care.

People told us that staff arrived on time and that they stayed for the time they were allocated. They indicated that this made them feel secure and cared about. If staff were going to be late, people told us they were always contacted and reassured about when they would receive their call.

The registered manager told us that staffing levels were monitored and were flexible to ensure that people received support when they needed it. Staffing levels were planned in relation to people's needs, and may for example mean that more staff were on duty if people had more complex or intensive needs.

Staff told us that staffing levels enabled them to support people to rehabilitate and to gain independence and confidence safely. Staff told us that staffing levels were good and sufficient to meet the needs of people supported in their own homes. Team members were on rota with easy access to other staff which they worked alongside and they told us they could call on colleague if needed.

We looked at the recruitment records for four members of staff. Each applicant completed an interview process by a panel, which tested the applicant's knowledge, values and behaviours. We saw essential checks had been completed for each member of staff such as two references and a Disclosure and Barring Service check (DBS). The DBS check supports the service to make safer recruitment decisions, through ensuring potential staff are not known to be unsuitable to work with certain groups of people. Staff confirmed this recruitment process had been followed.

The service had disciplinary procedures in place and the registered manager told us that they had used this to ensure people were protected.

The registered manager ensured that equipment used for moving and handling such as hoists, were regularly serviced so that they remained safe for staff to use and for the people they cared for.

We examined the way in which medicines were managed. Senior staff assessed each person's needs in relation to safe medicine handling through a medicines screening tool. We saw that the service had a policy on the safe handling of medicines. Staff told us they followed this.

The medicines people received were recorded on Medication Administration Records (MARs) which were kept in each person's home. We were able to check archived records which showed that staff had signed for medicines correctly and that the right medicines were given at the right time. Medicines which were to be administered as needed (PRN) were recorded and accounted for according to the medicines policy. Medicine handling practice was regularly audited and staff were given feedback individually and in team meetings to improve the safety of practice.

All staff received safe medicines handling training in their induction and they received specific instructions from care staff they were shadowing before they worked unsupervised. Medicines training was up to date for all staff.

Staff told us that they involved the GP if they considered that medicines needed to be reviewed. When we

spoke with staff they were knowledgeable about individual's needs around medicines and what risks were associated with this.

Incidents, accidents and missed calls were reported, recorded and the results sent to head office where records were analysed for trends and suggested action plans returned. We saw records of missed calls with an analysis of the possible causes and plans to minimise the risk of these happening again.

The service had a policy and procedure on infection control and staff confirmed that they followed this. Staff told us that they received infection control training in their induction, and we saw records that staff had received training in this area. Staff understood good infection control practice and told us that they had ready access to aprons, gloves and hand gel so that they could carry out safe infection control practice.

The service had policies and procedures around lone working. Staff were issued with mobile phones and torches. They also completed 'personal safety for staff' training. Staff told us that the registered manager considered their safety and protected them from the risk of harm. Staff told us there was always either the registered manager or a senior member of staff on duty during the day and they had an out of hours back up to support them at all other times they were working.

Good

# Is the service effective?

## Our findings

People told us that the service supported them well and offered effective care. For example, one person told us, "They helped me 'relearn' things again." Another person said, "We prepare our own food but they will check to ensure I've eaten." Another person said," They always ensure I have access to fluids." People told us that the staff would support them to access health care professionals when this was necessary and one person told us that staff had suggested they contact the district nurse about a health concern and checked about this later.

The registered manager told us that care workers had received induction that included training in all the essential areas of their work. All care staff had completed the Care Certificate. The Care Certificate is a set of standards to guide social care and health workers in their daily working life. Records of training showed that staff had completed induction and that this covered all core areas of training so that staff became familiar with these areas of competence. Staff also worked alongside experienced members of staff until they were confident and competent to work unsupervised.

After induction, staff completed a comprehensive range of training suitable for their role. This included training in specialist areas of care such as learning disability, behaviour which may challenge, diabetic care, continence care, Speech and Language Therapy (SALT) awareness and care for people reaching the end of their lives. The service also had designated champions of care, for example in autism, to support other members of staff to meet people's specific needs.

Staff told us that the registered manager was proactive about sourcing training that was needed. The registered manager showed us a training matrix which gave evidence that training was up to date and highlighted when this needed to be refreshed. This was through face to face in house training or through external providers, depending on what was most effective. This showed that staff had the training to offer people appropriate care.

The registered manager told us that all care workers received regular supervisions and appraisals and records confirmed this. Staff told us that supervision was an opportunity for them to discuss their development needs and any issues that affected their work. They told us that the registered manager was available to discuss concerns or to communicate information and that they regularly met with them.

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. We checked whether the service was working within the principles of the MCA.

The service had a policy and procedure on the MCA and Deprivation of Liberty Safeguards (DoLS) to protect

people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect a person receiving the service. A Best Interest Decision is one which is made on a person's behalf when they lack capacity to make the decision for themselves. This involves a multidisciplinary team to ensure the decision is appropriate for the person's needs and is in their best interests.

Applications to Deprive a Person of their Liberty when they live in the community must be made to the Court of Protection. The registered manager told us that no applications had been made to the Court of Protection.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. It was clear from speaking with people that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. For example, people's consent to care, sharing information when appropriate, medicines handling, key holding and photograph use were recorded. Care workers demonstrated an understanding of how and why consent must be sought.

People were supported to access healthcare as required. People's health care needs were recorded in their care plans and professional advice had been incorporated so that staff had the information they needed to meet people's needs. For example GPs, occupational therapists, Independent Mental Capacity Assessors (IMCAs) and mental health practitioners were involved where necessary. The service had access to specialists in the care of people with needs such as autism. Staff were knowledgeable about professional advice which had been given and understood how to put this into practice.

We saw in daily notes that when people had a medical or health problem the service was quick to refer to health care professionals with people's consent. One health care professional told us that the service was good at liaising with them and that they followed their advice. They told us that the service was reliable. Another told us that the service was good at working with people with a learning disability which was their area of expertise, and that they listened to guidance and included this in care plans. This showed that the service worked in partnership with health care professionals.

Where the service was responsible for needs relating to eating and drinking, care plans included instructions for staff on how to meet people's needs in this area. Risks were assessed and the registered manager told us that guidance from health care professionals such as the Speech and Language Therapy team (SALT) would be included when necessary.

People's likes and dislikes, any food allergies or intolerances relating to food were recorded. Where relevant, care plans included specific instructions about healthy eating plans and shopping arrangements. People told us that the staff supported them appropriately with their needs around eating and drinking.

Good

# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person said, "They'll always help me and take their time with me." Another person said, "They are so careful and always make sure I'm ok." Another person told us, "They just do that little bit extra." People also indicated that they felt involved in their care and respected by staff who treated them with regard to their dignity. One person said they would give the staff, "Ten out of ten."

Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example with their choice of meals and food. We saw that the care plans contained assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff told us that their induction contained guidance on how to treat people with kindness and compassion. The service had appointed dignity champions whose role was to promote care which upheld people's dignity across the staff group. Care workers told us that the registered manager also placed emphasis on staff caring about the welfare of each other and being valued members of a team.

Staff told us that they felt supported and valued in their role. One member of staff said, "I like being in a specialist team, we get to know each other and the people we are supporting really well. We get to know each other's strengths and we can help each other give the best care to people."

Another member of staff said, "We are aware of the needs of person we are supporting, but also their carer if they have one, and the whole support network for that person. We are there to offer an opportunity for them to confide in us, and we also signpost them to other sources of support." They gave us examples of benefits advice, clubs and day care provision.

One member of staff described how they had supported a person to regain confidence through accompanying them to a library, another emphasised how they reassured people and gave them encouragement when they were working at reaching their goals. They gave an example of supporting a person to reconnect with their interest in piano playing.

Records confirmed that staff had received training in equality and diversity. This ensured that staff had information necessary to offer support which did not discriminate against people. People told us that staff respected their choice to live their lives the way they wanted to.

Staff told us that they always placed the person at the centre of care and considered what the experience of care was like for each individual. They told us that although they had tasks to complete they always approached the care they offered from the point of view of that person's experience. Staff told us that they respected people's need for privacy and that they made sure that they intervened only as much as was necessary to provide the care and support people needed.

People told us the registered manager and care workers responded quickly to their requests for assistance. A care worker said, "I always ask people if there's anything else they need me to do for them."

The service respected the confidentiality of people using the service. Care workers told us that they did not share information about people inappropriately and respected their confidentiality. Care workers told us that they made sure that confidential information in people's homes was securely stored and that the information in the office was kept locked away in secure filing cabinets.

Good

# Is the service responsive?

## Our findings

People told us that the service was responsive to their needs. One person said, "We have regular carers and we are getting to know them," Another said, "I've got regular carers and they are very helpful." People told us that their needs were reviewed at the end of the initial six week re-ablement package, and that the care would then either stop if they had reached their goals, or continue in a way which met their reassessed needs.

Staff worked in specialist teams. For example, there was a team which focused upon care for people who required support in extra care housing. A large proportion of these people lived with a learning disability and staff were trained to work specifically with these people to meet their needs. Other staff worked with people in the START team, which cared predominantly for people who needed rehabilitation support. All people the service supported were working towards regaining independent living skills.

People told us that the team specialist knowledge gave them confidence that staff understood what support they needed. Staff told us this way of working was helpful and that they gained the knowledge and skills to give people the care they needed. This meant that support was organised to respond to people's individual needs.

People received personalised care and support specific to their needs and preferences. Care files were personalised and reflected that people were at the heart of planning their care and support. Some plans had identified specific goals, such as around developing mobility or support to improve mental health. People told us that this made them feel that all the care staff were working towards improving their independence.

Care plans reflected people's health and social care needs. People were given a 'preparing for your assessment' form which gave people prompts and guidelines to support them to contribute to their care planning. Communication aids were available in the form of photographs and pictorial prompts where necessary. Guidance for those care staff who conducted reviews was written into care plans, for example, some plans would instruct staff to use simple sentences, or to wait and allow for people to respond to questions without rushing them. People felt they were involved in organising their care plans and described how they had been involved in the assessment and on-going review process.

Staff commented that the information contained in care files enabled them to support people appropriately in line with their preferences. For example, one care worker told us how they had supported a person who who could not use one arm, and who also lived with a learning disability to regain independence in cooking skills through showing them innovative ways of preparing meals. They demonstrated how to prepare some foods using one hand through working alongside the person, restricting their own movements to mirror the way the person needed to work to complete a task independently.

Care plans were reviewed each week and for those who were supported by the START team, an overall review took place at the end of the initial six week support package. If people required their support to continue then they were never left without the care they needed, and a number of people were receiving on-

going support.  For these people and for the people who were receiving care through extra care housing their care was also regularly reviewed with their involvement. People told us they were involved in this process and were asked for their ideas and opinions which were acted on.

Care files included information about people's life histories and included their interests and goals. Care plans were very detailed and included the things which mattered to people, such as what they liked to do with their time, what their preferred routines were and their preferred drinks and snacks.

Care plans identified significant people involved in people's care, such as their relatives, friends, and health care professionals and identified ways to maintain people's support networks. The registered manager told us that they liaised with the community mental health team to support people to integrate into the community and to live as fulfilling a life as possible.

Plans included encouraging people to be as independent as possible and addressed people's social and recreational needs. This was particularly apparent with the care plans for those people who were supported through extra care housing. The registered manager told us that plans considered people's emotional wellbeing and improving people's quality of life. We saw that plans were holistic in this way. People told us that the care workers supported them in a way which improved their sense of confidence and happiness.

Staff were aware that people's needs may fluctuate and told us that care plans were flexible to take account of any changes in people's needs. Staff told us they supported each other so that they could respond at short notice when people needed extra care.

The registered manager explained how the service shared information with health care and other professionals, and that they were aware of the importance of supporting people in transition between services, such as hospital, day care and community support. A health care professional told us that the service was skilled around ensuring people were supported at times of transition. They said that the service was efficient at communicating significant changes to them and that they often provided more intensive support to people at the beginning of the care package, when people needed more reassurance and support. Care staff told us they adjusted the level of care throughout the six week initial involvement in consultation with people so that it met their current needs.

People told us they were encouraged to raise any concerns or complaints and that these were quickly and kindly dealt with. People were made aware of the complaints system when they started using the service, through an information pack and through staff talking people through what they needed to do if they wished to raise a concern about their care. They were reminded of this during reviews. People told us they knew how to complain and that their concerns had always been listened to and acted upon.

The service had received a number of formal complaints. These had been addressed and the head office of the service had been informed and an analysis of these had been completed. Head office sent back actions plans with timescales for the registered manager to work towards. The registered manager had involved the complainant in investigations and informed them of the outcome. The complaints procedure set out the process to be followed by the provider and included contact details of the provider, local authority, ombudsman and the Care Quality Commission. This ensured people were given information about how to complain.

Good

# Is the service well-led?

## Our findings

People told us that the service was very well managed and run. A number of people told us that the service regularly asked them for their views on how their support was going, and that they acted on the information given. They told us that the staff in the office were helpful and that they knew who to contact whenever they needed to.

There was a registered manager in place for the service. Care staff told us that they were very happy with the management arrangements. One member of staff said, "We can talk with [the manager] at any time, they ask us what we think and listen to what we say." Another member of staff agreed, "I really like the way we work in our areas. I think this is well organised by the manager and uses staff skills and experience well."

The registered manager organised staff into specialist teams, which care workers and people who used the service felt worked well.

Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave. The registered manager told us that every member of staff was invited into the office regularly for meetings and at other times so that they could see the management team face to face and pass on any concerns or issues. Staff told us this was a good opportunity to catch up with news and to touch base so that they felt part of a team. The registered manager also told us that they operated an open door policy and staff told us they felt confident about approaching the registered manager at any time.

The registered manager was supported by team managers who were responsible for the day to day smooth running of each team's work. Staff told us that they were clear on who they needed to report to and who could offer them support. This meant that the management structure supported the delivery of a quality care service.

Staff told us there were regular staff meetings, where they discussed any concerns, ideas and suggestions. Staff meeting minutes provided evidence that staff were consulted and that their suggestions were considered. Meetings took place with the teams who supported people living with learning disabilities and those which supported people through the START team re-ablement service. The registered manager told us that they valued their staff. Staff told us they felt valued and respected by the registered manager and management team.

The registered manager was aware of the requirement to submit notifications to CQC for a range of incidents and situations and notifications had been sent to CQC and other agencies as required.

People who used the service had been surveyed for their views. This happened at the end of the initial six week period of support for those people receiving the START team package of care. For those people with on-going support they were also regularly surveyed. The results of surveys were collated and analysed. Plans for improvements were drawn up using the results of these surveys and the registered manager told us that

if people were dissatisfied with any aspect of their care they would address the problem with each individual. People receiving the service and staff confirmed that they were regularly asked for their views and that they were encouraged to raise any issues which were swiftly dealt with.

The registered manager had a quality assurance system in place. We saw a number of internal audits including missed calls, training, medicine management, spot checks on staff performance and infection control. The results of audits were discussed in team meetings and shared with head office where these were analysed and action plans drawn up. Records showed that any improvements identified were acted upon. Staff told us that they were informed of the results of audits in meetings, and that any individual areas for improvement were discussed with them on a one to one basis, in a way which made them feel supported to improve.

The registered manager attended quarterly meetings, these were meetings where they had the opportunity to listen to speakers, share good practice and receive updates. Recent subjects had included personalisation, autism, dementia, and change management.

The registered manager was clear on the key challenges to the service. They recognised the need to ensure sufficient staff were on duty to operate as flexibly as was required over a wide geographical area and were developing the quality assurance system. They expressed a wish to keep on improving the quality of care for people through enhancing the personalised approach of the service and continuing to involve people at every stage of their care and support.