Invicta 24 Plus Limited

Invicta 24 Plus

Inspection report

102-116 Windmill Road
Croydon
Surrey
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06 December 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook an announced inspection of Invicta 24 Plus on 30 November and 6 December 2016. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the manager and staff might otherwise not be available.

Invicta 24 Plus is a domiciliary care agency located in the London borough of Croydon. It provides personal and practical care to a range of people living in their own homes mainly in the Bromley area. Those receiving care had various needs including people living with dementia. Forty people were using the service at the time of our inspection. At the previous inspection in August 2015 the service was meeting all the regulations we inspected it against. At this inspection we found no breach in regulations but we identified some shortfalls in recruitment procedures.

There was a registered manager in post at the time of our 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 positive about the care they received, and told of a reliable service, they received their home visit calls at the time agreed. People felt safe. The agency had procedures in place to identify and manage appropriately risks associated with people's care needs within their home environment. The service developed care plans and arranged for suitably skilled care workers to deliver care and support in response to these. Care staff understood the needs of the people they were supporting. They knew how to recognise the signs of abuse and how to report any concerns.

Recruitment processes had some shortfalls and required improvements when the service was taking up staff references. Induction training and support was provided to new staff. The agency had sufficient numbers of suitably skilled staff to care for people. Staff understood their roles and responsibilities and the codes of practice that needed to be observed. Management made sure staff were suitably trained and competent, overseeing staff practice that ensured staff followed this guidance.

The agency had procedures in place to ensure that people were supported with their medicines safely which staff followed. People were protected against the risk and spread of infection as staff were trained. They used protective clothing supplied and followed infection control measures.

Staff asked for people's consent before delivering care. People and their relatives where appropriate were involved in planning their care, people were in control of the care they received. Staff understood the provisions of the Mental Capacity Act 2005 and how it applied to people they cared for.

People told us staff treated them with respect and kindness. People's healthcare needs were met; care staff

liaised with relevant health professionals to help promote their health and wellbeing. Staff ensured people were encouraged to eat a balanced diet and summoned appropriate intervention if there were any concerns. Regular checks were carried out to ensure staff practice promoted people's health and well-being.

The service had a manager who inspired and led staff to deliver a service of high quality. The provider had systems in place to help ensure the safety and quality of the service provided and monitor the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not entirely safe. Recruitment processes were not robust as pre employment references were not always received for staff employed.

People told us they felt safe, they had confidence in the care staff that supported them; staff turned up at the correct time and stayed for the agreed period.

Risk management processes help promote individual's safety. Staff knew how to transfer people safely and use the equipment supplied. They knew what to do if they thought someone's safety was at risk. Staff had a good awareness of safeguarding issues and their responsibilities to protect people from the risk of harm.

The provider had appropriate systems in place to ensure people received their prescribed medicines safely; these included providing staff with training that developed their competencies in administering medicine.

Is the service effective?

Good

The service was effective. Staff received suitable training and support that helped them develop the necessary skills to carry out their roles. Staff had their work practices monitored and observed to ensure they followed relevant guidance.

People's health care needs were assessed and suitable provision was made to promote their health and wellbeing. People at risk of poor nutrition and dehydration were identified, and staff followed relevant plans to ensure these needs were met.

Staff were competent in recognising when people's needs were changing and liaised with other health and social care professionals to make sure the care package delivered was appropriate to the person's needs.

Is the service caring?

Good

The service was caring. People found their privacy and dignity was promoted and staff respected their homes.

People were involved in making decisions about the support they received and found their decisions were respected.

People described care staff as kind and caring and of possessing the right qualities for their role.

Is the service responsive?

Good

The service was responsive. People received care and support which was responsive to their changing needs. The service was flexible in how it provided support to people.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

Is the service well-led?

Good

The service was well-led. Staff felt well supported by the management team.

All staff were aware of their responsibilities and accountability. Communication between staff members was good, staff dealt with information promptly and efficiently.

The registered manager and senior staff planned and effectively organised the care arrangements, and gave attention to ensuring staff schedules considered where people lived and excessive travelling times avoided.

The provider had quality assurance monitoring systems in place to make sure that any areas for improvement were identified and addressed, work was underway to make this more robust.

Invicta 24 Plus

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 30 November and 6 December 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Prior to the inspection the provider completed 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 reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law. The agency was delivering a service to 40 people. We telephoned thirteen people who used the service and four relatives of other people to obtain feedback about their experiences of using the service.

On our visit to the agency office we spoke with the provider, the registered manager and the deputy manager, a field supervisor, two administrators and five care workers. After the inspection, we requested feedback from two social care professionals but received no response from them.

We inspected a range of records. These included five care plans, six staff files, training and supervision records, minutes of staff meetings, records of spot checks and audits, quality assurance surveys, and the service's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe, and had confidence in care workers that looked after them. One person who lives in an isolated area told us, "Staff are very professional, I am totally housebound and live alone but I can rely on carers always turning up at the time they should." One person told us their family member could not have returned to their own home following discharge from hospital without the care they received from this agency, they said, "Absolutely fabulous care staff that come, all the equipment was provided to move my relative safely, and staff are trained to use this correctly."
Another person we spoke with told us their family member needed a large care package. They said, "Two care staff come together four times a day to look after my relative, it is reassuring that staff are competent in caring for people with restricted mobility, they make sure my relative's skin is clean and they are comfortable, things are going well."

Recruitment systems were not fully robust at the agency. Of the six staff records we examined two of these did not contain previous employment references. The compliance administrator told us they had made several attempts to obtain the references from the staff members' previous place of work. Additional personal references had been obtained to compensate for the lack of previous employment references; these alone could not verify the person's suitability for the role of carer. On one staff file we saw that reference requests had been made twice to one previous employer but they had not responded on each occasion. All staff were interviewed before their appointment; they had Disclosure and Barring System (DBS) checks, proof of identity and right to work, and a signed health declaration.

Risks to people using the service and to the staff supporting them were appropriately. A senior competent person undertook the first assessment of the person's needs in their home. On the visit they completed a risk assessment of the environment and one for the person's support needs. Records were made of the outcome of the risk assessment and of the support plans needed to manage these appropriately. Copies of these plans were provided in the person's home to guide care workers, we saw there was also a copy held at the agency office. In discussions with staff it was clear they recognised the need to keep people safe while ensuring they were not overly restricted. The care plans provided care workers with clear guidance and direction on how the person should be supported in relation to specific identified risk. This included safe moving and handling guidance for a person with reduced lower limb function. The risk assessments were regularly reviewed and updated to reflect any changes to identified risks. Daily records held at the office showed that care staff communicated well with office based staff and reported any changes to the person's needs. Staff told us they were alert to any skin changes or friction as a result of people using equipment or remaining in bed or in a chair for long periods. Body map records and incident reports were supplied in care folders; we saw these were completed on occasions and relevant health professionals informed when staff noticed skin changes. The communication records showed that when changes were observed these were reported to the manager who liaised with community health team. The service had risk assessments in place which reflected the values of the service, these helped encourage people to maintain their independence and live as ordinary a life as possible.

There were effective procedures in place to help ensure people were safe. For example, it was specified in

the risk assessment how many care workers were needed to support people in their home and the time and length of each visit. All staff assigned to support people were trained and deemed competent in following safe moving and handling procedures and using specialist equipment such as hoists. People told us that two staff always completed the tasks of transferring them in and out of bed. The agency had developed a system to improve service delivery with assigning carer drivers to transport the second carer. This helped ensure timekeeping was good as staff arriving together at the person's home, additional drivers were also employed to transport carers to care for people in more remote areas.
The agency employed sufficient staff to deliver the service, although staff retention was not good. The staff rota showed that care and support was provided by a team of regular care staff, for example we saw that up to ten regular care staff were involved in delivering the service to a person with four visits a day who required two staff on each visit.

Care workers understood their role in protecting people from avoidable harm. All of them had received training on the safeguarding of vulnerable adults and were able to explain how they would respond to any incident of suspected abuse. They said they would immediately report any concern to their manager who, they were confident, would take appropriate actions to protect the person. Staff understood the role of the local authority in the safeguarding of vulnerable adults and contact information was available in the service's staff handbook. The provider and senior team had a sound knowledge of safeguarding. A monitoring officer from the local authority told us there were no safeguarding concerns about any of the people receiving this service.

There were arrangements in place to deal with foreseeable emergencies; people received contact details of the service for office and out of office hours. There was a management team familiar with people who used the service on call during out of office hours to deal with any emergencies. The registered manager told us staff carrying out evening and weekend duties were aware of the duty rotas in advance and knew the importance of care staff informing them as early as possible if they were unable to attend their duties or if there was no reply at the person's home. Care staff confirmed the on call system in place and of using this when needed for emergencies.

The agency had medicine policies and procedures in place to assist people with taking their prescribed medicines safely. All care staff were trained in medicine procedures and had been assessed as competent to administer these. The manager had plans to undertake annual medicine competency assessments for all staff. We saw that the needs and risk assessment considered what medicine people were prescribed and each person had a medication profile in place, if they could take their medicines independently or if they needed assistance or prompting. This information alerted staff who monitored if individuals were able to continue to self-administer their medicine. Records we saw confirmed the majority of people were independent in taking their medicines but required prompting. One person had dementia and was at risk of taking their medicines incorrectly. The registered manager had liaised with the relatives to have the person's medicines dispensed by the pharmacist in a dosset box and to have it stored safely in their home. Care staff recorded medicines administered. These records were checked by the manager or supervisor during spot checks.

Staff told us they were trained in storing substances safely and those listed under COSH. They told us they followed infection control measures in accordance with their training, and this included the importance of good hand hygiene and using protective clothing issued such as gloves.

Good

Is the service effective?

Our findings

People described care staff as being able and competent. All the people spoken with experienced consistency of care and had regular care staff assigned. A large number of those using the service were new to the agency, (care packages had started in the last six months). The weekly schedules we saw showed that each person was assigned regular care staff, and for those with large care packages there was a team of staff assigned to provide the care over seven days. People told us the care staff that came to their homes were familiar to them and understood their role. We spoke with five care workers; they were all assigned as regular carers. One carer told of working in a specific area five days a week, she knew the people well that she cared for. Two of the people receiving the care said the carers provided the care they needed. Their comments included, "Pleasant well trained staff that follow the instructions given." "They never rush me which I value." We saw that team work was encouraged by management to provide consistency in care delivery. For example the provider had arranged transport for care staff who worked in pairs; this arrangement made sure they care staff arrived at people's homes at the same time and did not cause any inconvenience or delays by arriving at different times.

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 the 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. The application procedure for domiciliary care services is called the Court of Protection. None of the people receiving support were subject to an order of the Court of Protection. Records showed that some people had a Lasting Power of Attorney in place and others who chose to be supported by family members when making decisions.

People told us their consent was gained at each visit and the care records we saw showed that the person had signed to acknowledge their written care plan. We saw that people had MCA assessments carried out and where they had been assessed as lacking the capacity to make decisions 'best interest' decisions had been made on their behalf following the MCA 2005 legislation. Records showed when a person lacked the capacity to make a specific decision; social care professionals and people's families were involved in making a decision in the person's best interests. The records in place demonstrated people were supported to make their own decisions and choices. The registered manager and care staff understood this process.

The registered manager told us that following an initial needs assessment they endeavoured to match care staff to the person needing support. The matching process considered people's cultural and religious needs and staff skills and experience. Times requested for the visits and people's location was taken into account to plan the care arrangements appropriately, we saw that travelling time was considered to enable staff attend to the visit at the expected time. Reports we received from people who used the service and their families were that timekeeping was good. We saw the process in place promoted effective communication among the staff team in the office. For example a person had requested a staff member did not visit again this had been respected, and another staff member was assigned which we were told had a better

understanding of the person's needs.

The agency employed a number of staff at the office to coordinate the service. Office based staff shared their duties of entering information on the computer and informing care staff promptly if visits were altered. The information we received from people using the service and from relatives confirmed that people had not experienced missed visits in recent months. One relative told us of a late visit one time because the carer was not informed in good time of the change in arrangements, this had not occurred since. The service had introduced an electronic system to record when care staff attended and left the persons home, they were working towards fully implementing this within six months.

Staff understood their roles and responsibilities; they were provided with a staff handbook which outlined codes of practice/conduct expected of staff. A record was held on each staff record and signed to acknowledge receipt of this. The registered manager told us care staff had opportunities to discuss their learning and development through team meetings, spot checks, and one to one meetings with their manager (supervision). Spot checks were regularly undertaken by senior staff, these could be unannounced or announced whilst staff were undertaking visits to people. During these visits observations of staff practice were made and checked against good practice, such as communication, infection control procedures, respect and offering choices to people.

All staff completed an induction and shadowed an experienced staff member during the induction period, which included mandatory training. The provider told us they planned to implement the Care Certificate as part of their induction training for all new staff in 2017. This is a set of standards that have been developed for support workers to demonstrate that they have gained the knowledge, skills and attitudes needed to provide high quality compassionate care and support.
They had been in touch with Skills for Care coordinator to confirm arrangements were appropriate. Staff received training relevant to their role. The agency had a programme of training and development in place, refresher dates were flagged up electronically. A number of topics were covered through E learning, attendance at training sessions was monitored via a training matrix. Training included health and safety, dementia care, safeguarding adults, first aid awareness, infection control and basic food hygiene. Staff told us they received the necessary training to meet people's needs such as moving and handling, supporting people with their medicine, and health and safety.

People told us they felt staff had the right skills and experience to meet their needs, and were patient and considerate. Relatives told us they felt staff had developed a good understanding of their family member's care and support needs. One relative who was the main carer for a young family member told us they became involved in training staff. The relative told us told us their family member was unable to communicate their needs verbally and so they worked with care staff for a period to help them understand the specific ways the person expressed their need, and this worked well. One of the carers said the care plan reflected the guidance from the family member. Another person's relative told of the dedicated and consistent care provided to their spouse over long periods living in, as a result the outcome they experienced was positive. A carer who was experienced in this field described how they supported a person with dementia. They had developed a good relationship with the person, they found that speaking and prompting the person to take drinks or snacks in between calls worked, the person responded better when they were reminded the same carer was returning later. This demonstrated the training and the experience of the carer contributed to a more positive experience for the person.

People told us they had confidence in staff as they were observant and noticed changes in their physical and mental state. One person caring for their spouse said, "The carer is diligent and soon notices if I am out of sorts and stressed, they are very reassuring." Records showed people were enabled to access to healthcare

professionals and attended regular appointments. We saw examples in care records of staff contacting health professionals and relatives when they were concerned about a person's welfare. A relative told us they felt confident that care staff were observant and of taking correct and appropriate action to seek medical help when their family member had appeared unwell. They had kept them informed of the person's progress throughout.

People's needs in relation to eating and drinking were assessed and recorded. A number of people required some level of support with their meal preparation and drinks; this was supported by care planning records. Most of the meals were prepared or bought by relatives and stored in the fridge; the carer was responsible for heating thoroughly and serving. All care staff had completed food and hygiene training, those we spoke with were aware of the importance of preparing and serving food correctly. People told us that staff asked what they liked and offered them a choice. The registered manager highlighted the support people at risk of poor nutrition or dehydration needed; this was shared in care plans and at team meetings. A care worker told of a person they supported who was at risk of poor nutrition due to dementia. They offered the person a choice of meals daily and encouraged them to eat the meals. They also told of leaving the person snacks to have in between meals along with drinks. The carer told us the person was responding well.

Good

Is the service caring?

Our findings

People spoke of a caring service, a number of people spoke of care staff that had integrity and were compassionate. One person told us staff listened and acted upon their views. People were complimentary about the staff that came to their home to provide their care. The comments we received included; "The carers are excellent, they always do what I ask them to do and what I am unable to do, and I feel they look after me very well. "Another person said, "The staff are very kind and gentle, they help me to be independent and assist me to do as much as I can for myself." People we spoke with said the staff had enough time to meet their needs in the way they wanted them met. One person told us that initially there was insufficient call times allocated by the local authority but the agency had reported this back and resolved the issue.

The care plans we saw showed people were involved in making decisions about the care and support they received. People said they felt involved in the support they received. Relatives said they had opportunities to become involved and to express their views about the care and support their family members received. People's preferences regarding their daily care and support were recorded and reviewed. Staff had a good understanding of what was important to people and how they liked their care to be provided, for example people's preferences for the way their personal care was provided and how they liked to spend their time. People explained that a manager visited to check how the care package was going and if any changes were needed. Details of any actions needed or changes to arrangements were recorded in people's care plans.

One person said, "Care staff attitude and approach is very good which I like." One relative told us, "Care staff have developed a great relationship with my sibling and help me to provide the care needed, they know their job and are aware of their responsibilities and boundaries."

Care staff were respectful in conversation about people they cared for. People told us the carer valued them as people, a number complimented staff and made remarks as follows. "My carer goes the extra mile; they spend quality time with me." "The carers that come to my home are totally dedicated to helping people, always have a smile." Care staff told us they felt motivated to provide people with good quality care. Staff told us their management demonstrated these values to staff on a day to day basis. The manager explained measures in place to ensure good team work and effectively meet people's needs. They acknowledged and recognised the skills and attributes of individual staff, their strengths and weaknesses. They endeavoured to match staff accordingly to the people receiving care. A person told us the care staff they had come to their home to help them look after their spouse were experienced and related well to the needs of older people, and particularly understood their spouse's need that had dementia.

People said staff practice maintained their dignity and privacy. We saw that privacy and dignity observations were made and subsequently discussed during spot checks and at care reviews with people, and at team meetings. Staff were able to demonstrate to us how they would ensure people had privacy and dignity protected when providing personal care, for example ensuring people had their modesty promoted when being transferred in a hoist, and not discussing personal details in front of others. A relative we spoke with told us, "I observe respectful staff practice when I come unexpectedly to visit my family member."

Good

Is the service responsive?

Our findings

Although staff turnover was high in the first 18 months stability has been established in recent months. People said they received care from staff that knew them well, and were able to meet their needs. People and their relatives spoke well of staff, comments included, "The service is top class," and "Very good carers indeed."

Before people started using the service the manager or deputy visited them to assess their needs and discuss how the service could meet their wishes and expectations. From these assessments care plans were developed, with the person, who was asked how they would like their care and support to be provided.

Care plans contained details about each person's specific needs. For example, their personal care, moving and handling and dietary needs. Care plans had good detail and gave staff guidance and directions about how to provide individualised care and support that met people's needs and wishes. For example, one person was highly dependent and was unable to express themselves, there were directions and care plans developed with the person's parent about the support needed and how tasks were to be carried out safely. Staff told us that the person's relative the main carer worked closely with them as to how much assistance they required. We received positive comments from main carers (relatives) on how well staff worked with them. People confirmed that their care needs were always met by the care staff and that they would do any additional care and support that was asked of them. People confirmed their dignity and privacy were protected by staff during personal care. The manager assured us that they would take immediate action to ensure the care plans contained sufficient information to direct staff on how to meet individual's specific needs.

Care staff recorded details of the daily care and support provided to people in daily notes. People's care plans also included information about their medical history, past lives and interests. This gave staff useful information about people backgrounds to help them understand the individual's current care needs. Staff told us they were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Care plans were reviewed and care arrangements tailored to take account of people's changing needs.

The service was flexible and responded to people's needs. Comments included, "If I need extra help sometimes carers are very flexible," and "I can't fault the carers at all, I have mainly regular carers. I get everything I need done." We saw in care records examples of the responsiveness of care staff. When a person had experienced some health issues the night care worker contacted the district nurse on call to ensure the person's health issue was resolved. Staff demonstrated a good understanding of people's needs and provided examples of how they took an individualised approach to meet them. Care staff told us they first read the care plans, knew what was needed and recorded in the communication log/daily diary on every visit

People said they would not hesitate in speaking with office staff if they had any concerns. People told us they had not had any reason to complain. Details of how to make a complaint were in the service user pack

in people's homes. People told us they knew how to raise a concern if they needed to but told us issues would usually be resolved informally. The complaints log had not recorded any complaints; the manager told us they had not received any complaints.

The service was responsive to people's requests. For example one person told us they had raised an issue about a particular care worker. They had asked the manager if they would not send a particular worker to them again as they did not get on with them. This was acted upon and they never had that care worker visit them again. The manager respected these requests and arranged suitable replacements.

Good

Is the service well-led?

Our findings

People and their relatives reported positively about how the service was run. One person told us, "I would recommend Invicta, my experiences so far are positive, a well organised agency and staff do what they are meant to do." A relative (main carer) we spoke with said, "I find the care staff very good, have observed carers come together and assist my family member with personal care, they are thorough."

The provider had quality assurance processes in place for seeking the views of people using the service, for staff and stakeholders. The manager monitored the quality of the service provided by regularly speaking with people to ensure they were happy with the service they received. Surveys had been carried out to seek the views and experiences of people using the service. We looked at a sample of these, responses were positive. The agency employed senior staff such as field supervisors who made announced and unannounced spot checks to people's homes, undertook direct observation of staff practice, auditing of care plans. We shared with the provider the importance of compliance checks and audits in other areas such as staff files. We saw examples of where the registered manager had taken action to respond to findings. For example medicine administration records were recommended for change, the manager sought the advice of the dispensing pharmacist in making sure medicines were available on time.

The experiences people described were of a well-organised and personable service that addressed and reassured people. Examples were given by people of the manager or deputy visiting people in their homes to discuss and resolve the issue satisfactorily. People told us the registered manager or deputy had a visible presence in the community, and came to their homes and provided "hands on care" on occasions. The registered manager told us they visited people, completed checks on care provided and staff practice, and provided the care needed on occasions. They said this helped them assess the situation more fully and determine if there was sufficient time given for the person's support needs to be met appropriately. They said that in some instances they found that insufficient time was assigned for the person's support needs to be met appropriately within the agreed time frame. In response they had referred back to the social worker and requested an increase in scheduled time. The care records showed that the necessary time increase was reflected within the updated care plan.

The registered manager told of methods they used to manage the service and achieve the high standards they set. They recognised that public transport was not sufficient in particular geographical areas where people lived. They made sure the planning of care visits to people's homes considered all these factors to "get it right". The provider invested in providing transport for those who did not drive, and carers were transported together. We looked at how schedules were arranged and saw that sufficient time was allowed for staff to get to people's homes on time. All of the care staff had a schedule that was well planned with a suitable number of people they could attend to each day. The service had effective systems to manage staff rosters and identify what capacity they had to take on new care packages. This meant that the service only took on new work if they knew there were the right staff available to meet people's needs. The agency had staff on standby for any additional calls if required. People reported their visits were well planned.

One relative spoken with told us staff at the agency office were attentive and communication with them was

good. They said, "When I place a request about my family member's service this is dealt with correctly, care staff are kept informed of short term changes." Another person told us the agency made sure they were supported in good time to attend a hospital appointment. We saw too that information about security and door entry codes was stored and shared appropriately with staff.

Staff demonstrated a good understanding of how the service could support people to achieve their goals and ambitions. They shared with us their role in promoting people's independence by supporting them to make choices about how they wished to live their lives and participate in the community, keep in contact with relatives. Staff said they felt well supported, attended team meetings and could discuss any concerns or ideas to improve the service people received.