Suffolk County Council

Home First Mildenhall

Inspection report

College Heath Road
Mildenhall
Suffolk
IP28 7EY

Tel: 01284758561

Date of inspection visit:
20 October 2016
25 October 2016

Date of publication:
20 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 20 and 25 October 2016 and was announced.

Mildenhall Home First is a domiciliary care service who provide short-term re-enablement packages to people in their own homes. At the time of our inspection there were 38 people using the service. The service shares a registered manager and additional resources with two other services in the area.

There was a registered manager in post. 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.

The service took a proactive approach to safety and carried out a thorough assessment of risk before providing care to people. Staff understood how to safeguard people and report concerns to the relevant agencies. People received their calls on time and staff were able to stay for the correct amount of time to provide care and support. People had a skilled, experienced and knowledgeable staff team who supported them to work towards positive outcomes, as identified by their care plans. People were treated with dignity and respect and staff often went 'over and beyond' their duty of care to provide exceptional support for people.

People's backgrounds, social histories, preferences and cultural needs were included in their care plans and they were involved in reviews and meetings about issues relating to their care. Where people required support with administration of their medicines, the service kept appropriate records and information on their file. The service worked closely with other healthcare professionals to support people towards recovery and rehabilitation.

Quality audits were completed regularly to ensure that the service was identifying any areas for improvement and taking appropriate action to resolve them. People were positive about the registered manager of the service and the staff team shared her visions and values. Staff were supported to develop and be empowered within a positive and person-led culture. People knew who to complain to if necessary, and there was an effective system in place for handling and resolving complaints.

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.

Risk assessments detailed ways in which risks to people could be minimised to help them safe from harm.

Staff were recruited safely to work in the service.

People's medicines were administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received the correct training and supervision to enable them to fulfil their roles effectively.

People gave consent to care and staff had knowledge and understanding of the Mental Capacity Act and how it applied in practice.

People's healthcare and dietary needs were assessed and met where appropriate.

Is the service caring?

Outstanding

The service delivered outstanding care and support.

Staff were kind and compassionate and understood people's needs, preferences and cultural backgrounds.

People were treated with dignity and respect, and staff often went the 'extra mile' to provide truly person-centred support which resulted in positive outcomes for people.

Records were kept securely and confidentially.

Is the service responsive?

Good

The service was responsive.

Staff had hand held electronic devices that could be updated with relevant information about changes to people's care needs immediately and so always had the most up to date information about a person's needs available.

Staff worked closely with other health and social care providers, charities and organisations to ensure people's holistic needs were met

Care plans contained an appropriate level of detail to enable staff to offer effective support, and were regularly reviewed with involvement from the person and their relatives.

There was a complaints system in place to handle and resolve people's complaints promptly.

Is the service well-led?

Good

The service was well-led.

People and staff were positive about the manager of the service.

There were robust quality assurance systems in place which identified improvements and changes that needed to be made.

Team meetings were held regularly to give staff the chance to discuss issues affecting the service.

Home First Mildenhall

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 20 and 25 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that somebody would be available at their registered office. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of using this type of service.

Before 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 also reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people who used the service and one of their relatives. We spoke with four members of staff and the registered manager. We looked at three care plans which included risk assessments, guidelines, healthcare information and records relating to medicines. We looked at three staff files including recruitment information, training and induction records and details of when staff were supervised. We also looked at quality audits, satisfaction surveys, minutes of meetings and the management of complaints received by the service. We reviewed information on how the quality of the service was monitored and managed.

Good

Is the service safe?

Our findings

People using the service told us they felt safe receiving care from staff. One person said, "I feel very safe and I've had no accidents with them." Another person told us, "Yes, I know the risk assessments get done; I do feel very safe with them."

Staff were able to provide us with some positive examples of how they kept people safe. One member of staff said, "We make sure they have a sufficient care package to ensure their safety and we'll always consider this before we start or adjust a care package. For example, we'll have a trial of a reduction in care hours before we try them. We'll review staff practice and check whether moving and handling is being carried out appropriately. We'll work with the safeguarding team and the allocated workers too." To support the safety of staff working in the community they were issued with equipment such as head torches, snow shoes, first aid kits and personal alarms by the provider.

Before people began to receive a package of care from the service an appointment was booked for one of the senior members of staff to complete a thorough risk assessment. We spoke to one of the Team Leaders who told us, "There are risk assessments in place for people and we encourage carers to be doing dynamic risk assessments during visits and update us if there's anything that needs changing." This included looking at how the person mobilised and any support they might require with this.

The environment was also risk assessed to check that it was safe for people and staff. If any risks or hazards were identified control measures were put into place to reduce the risk as far as possible. For example we noted in one person's care plan that their previous history of falls had been listed and identified the difficulty they had mobilising in different areas of their home. The risk assessment indicated that the person should be encouraged to mobilise independently gradually, and detailed how staff could support this. This meant that the service was safely balancing the potential risk with the ultimate outcome of re-enablement and independence. Through this process the person was eventually able to mobilise without the support or supervision of staff, which rebuilt their confidence and independence. People told us that there were involved in the risk assessment process and that the staff explained to them how they would manage any risk prior to delivering the package of care.

The people we spoke with told us that staff were usually able to complete their visits on time. One person said, "Yes, the care staff are nearly always on time." Another person said, "I've had no complaints, they cannot always come at the times I'd like but they have not let me down." We spoke with the registered manager about visit times and they explained that due to the nature of the service they were only able to provide people with specific windows of time when they would deliver care. This was because they were providing re-enablement care to people at short notice and had to manage the deployment of staff in a way that would have made it challenging to promise specific times for people. This was clearly stipulated as part of the initial contract of care with the reasons for it explained to each person.

Staff told us they were able to get to people on time and stay for the correct amount of time. One member of staff said, "We're not time-controlled, we're person controlled which means we can always review the times

that people receive care and how effective our visits are. We'll go out to somebody and if it's a half hour visit but it takes two hours then we'll stay and feedback to the manager."

If visits were shortened or missed then the reasons why were clearly recorded as part of the on-going monitoring introduced by the new electronic system. For example a staff member told us that they had arrived at a visit to find that the person's family were staying with them and had taken on some of the normal responsibilities adopted by the care staff. By evidencing the reasons for missed, late or shortened calls, the service were able to demonstrate how they managed their rotas and staffing effectively and accounted for any issues as they arose. We looked at rotas for staff and saw that travel times had been incorporated into their schedules to allow them adequate time between visits.

Staff told us that staffing was sometimes stretched but that there were enough staff to support people safely. One member of staff told us, "No we could do with more staff and I don't understand why more people don't apply because it's a good job. It's a niggle but I don't think any of us would allow people to be put at risk due to a lack of staffing. The managers try and anticipate problems and they'll go out themselves to help us out. We can tell the managers if we feel unsafe." Another member of staff said, "I've had to fill in for other areas because we're understaffed. Weekends are tight and evenings too, we're reliant on people being flexible. Most of us do help out though and in the end we do keep people safe." When we looked at how staff were allocated on the service rota we found that they were able to fulfil people's visits within the specified times and that calls were not being missed or shortened unless a reason was clearly given. Despite the recruitment challenges there were enough staff deployed to keep people safe.

The provider followed a robust recruitment process to employ staff who were of suitable character, skills and experience for their roles. Staff were asked to complete a detailed application which tested their existing knowledge in areas such as safeguarding and promoting independence. Once assessed as being suitable, prospective staff were then asked to provide two employment references and complete a DBS (Disclosure and Barring Service) check. DBS is a way of employers checking whether employees have any prior convictions to allow them to make safer recruitment decisions. We looked at the files for three members of staff and saw that each of them had the relevant checks in place prior to commencing their employment.

The registered manager told us that the service put people's safety first at all times, and was able to describe to us an innovative scheme using their new electronic system that was being used to keep people safe. Because the provider received information from the police about local crimes and concerns, the office staff at the service were able to send out alerts to people and staff to make them aware of any local risks or dangers they might need to be aware of. This demonstrated a strong commitment to protecting people's safety.

Any incidents that occurred within the service were recorded in detail alongside remedial actions taken to reduce the risk of recurrence. The lessons learned from each incident were recorded in detail to demonstrate the response from the service to protect people and staff. The service had accounted for various emergency situations that might have caused an incident or meant that staff were unable to attend to people's calls. The registered manager told us about a 'dummy run' they had held just prior to our inspection where they had tested how robust their emergency policy was in case of adverse weather conditions. This demonstrated that the service was being proactive in regard to people's safety and any potential risks that could be presented.

If people required support with taking their medicines then this was indicated in their care plan with a list of the medicines they took and the level of assistance required. Staff received training to understand the

administration of medicines and were subject to a competency assessment prior to carrying out this element of their role. One of the team leaders told us, "The staff do their medication training and they are observed, we have a nocturnal team leader who frequently visits the care staff and assesses them for competency. On discharge we'll always do a double-up call so we can account for any medication bought home from hospital. It's important to make sure that the information we're receiving on referral is accurate and that the medication charts are up to date."

Good

Is the service effective?

Our findings

The people we spoke with told us that staff were suitably trained and skilled to carry out their duties effectively. One person said, "They've been absolutely brilliant. I've no complaints at all. They have been so good over the last year and they have helped me shower and dress and have always been on time and they have helped me on two separate occasions during that time. They just seem to know what to do." Another person said, "They were very nice and they helped me keep safe whilst I had a wash and they stayed with me as I did things for myself. They were very good and the staff were reliable and very pleasant."

Staff were positive about the training they received and how it helped them carry out their duties effectively. One member of staff said, "Last night I just finished my QCF level 3. I've done mental health awareness, dementia, risk assessment training and quality recording. Training is never an issue here and they'll always ask if there's any other training you want to go for." Another member of staff said. "I've had medication training with the pharmacist recently which was really useful for understanding how the new MAR charts were devised. We saw examples from other care companies which was helpful." A team leader told us, I have a lot of training and I've just done a 21st century management course which helps us to understand how to manage people and use strategies to find outcomes for people. It was good for reinforcing the value of the care staff."

When staff began their employment with the service they were given a comprehensive induction which included the opportunity to read through policies and procedures, learn to use the equipment operated by the service and begin completion of the care certificate. One member of staff told us, "I was shadowing (working alongside experienced members of staff) for about six weeks because I hadn't had my manual handling training completed. I already had it but I hadn't done it with this company so they waited and I was able to do my training and learn from the other carers."

The first day of induction was completed at the office. They then worked alongside an experienced member of staff. Once they had completed their induction they were observed by Team Leaders while providing care in people's homes. They were rated in areas such as punctuality, working to the care plan and health and safety. We saw that where issues had been identified, remedial action had been taken to suggest improvements to practice. Staff were provided with opportunities to complete QCF qualifications Level 2 and 3 in health and social care.

Staff told us they received regular supervision and performance review from their manager. One member of staff said, "We have supervisions regularly and they are useful for catching up, making sure we have the appropriate training and checking whether there is anything we need. They're very thoughtful managers here and they're always asking how we are or following up on something if they feel it needs to be discussed."

Staff received training to understand the Mental Capacity Act (2005). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications for people using a domiciliary care service must be made to the Court of Protection. No applications had been made to the Court of Protection for people who were using the service at the time of our inspection.

The staff we spoke with demonstrated a good understanding of MCA and how it applied in practice. We saw that before commencing a package of care people were asked to sign to indicate consent to receiving support from the service. One of the team leaders told us, "We would go out and assess them and if they're saying they don't want the care then we would speak to the other stakeholders to inform them of issues of consent but usually we would make sure that we have their consent initially."

People told us they received support with their on-going healthcare needs. One person said, "They said [a wound] was okay after I came home but the care staff then picked up when it was not right and alerted me. They also made the appointment and they have asked me how I got on at the doctors. I now have [wound] as well which I am having treated. They look out for things that way."

The service was able to demonstrate how they worked with community based professionals including occupational therapists, nurses and physios to support people's on-going re-enablement. One of the team leaders said, "We did have our own occupational therapist and we work closely with those in the office now. We are also working with the physiotherapists and we work closely with the community nursing team. This means we can be responsive to all of their needs like pressure care if the person needs it." Another member of staff said, "We've got a person at the moment who refuses to be hoisted so we've worked closely with the occupational therapist to adapt to their needs and provide care which supports their rehabilitation without compromising their choices."

One person's care notes showed how, during a short-term care package, the service had sought the input of community-based professionals such as opticians and physiotherapists for sensory and mobility issues. We noted, for example that a referral had been made to a support service for dogs to assist a person with toilet training and grooming for their pet. Through this strong partnership working with community-based healthcare teams the service could develop a strong holistic package of care. It brought people to the attention of relevant services and helped enable long-term input and support where required.

Where people had specific dietary needs, allergies or food preferences these were listed in their care plan along with the support they required from staff. One team leader told us, "When we have customers referred to us we'll look at their dietary requirements. We've got a customer who is only allowed a certain amount of fluids a day and we've reflected that in their care plan so we know to only give them the set amount."

Outstanding ☆

Is the service caring?

Our findings

During the inspection we were told about a number of occasions where staff went 'above and beyond' to provide outstanding person-centred support. For example we were told about a referral for one person who had struggled to maintain their living environment following a stroke. With the person's permission, a team of carers had agreed to declutter, tidy and clean the person's house and had provided them with linens and bedclothes from their personal supply. Over time the staff were able to build up a positive relationship with the person and supported them to move to sheltered accommodation. The staff team assisted them to pack their belongings, find items of furniture and settle into their new property.

Another person had recently suffered a bereavement and was provided with care and support from the service that went beyond their traditional duty of care. This included care staff visiting the person during the night when they called the out of hours number in distress, proving them with details of local agencies that could support them and waiting with them during the night when they required an admission to hospital.

Another person had been referred to the service having been isolated at home for a significant period of time. The staff were able to gradually spend more time with the person, supporting them to rediscover things they had enjoyed in the past such as drawing and artwork, and through this the staff were able to encourage the person to build upon their daily living skills such as washing and cleaning. At Christmas time the staff decorated the person's house. Soon they were able to support the person gradually to leave the house, first to the top of their driveway and then later to attend day centres and for daily walks. Eventually the person's confidence was developed by the service to the extent where they were able to move into a group home, which alleviated the risk of self-neglect and isolation. This commitment by the staff to offering care and support to people beyond the scope of their care plan demonstrated exceptional practice. It enabled people to regain their confidence, independence and enhance the overall quality of their lives.

The people we spoke to, without exception, were positive about the care and support they had received from the service and the kind, caring attitude of the staff who visited them. One person said, "I've had people call that I have known and got to know them like friends. We chat like I do with my friends. In the past they have checked me out when it is no longer needed." Another person told us, "They are pleasant, they make me feel at ease and they are like friends."

As part of their on-going support in addition to providing the details of local advocacy services, people were also given the details of other services that could provide immediate or long-term support. The service asked people if they were aware of their benefit entitlements and personal budgets, the availability of assistive technology, local meal providers and any other service that might prove useful to them. This demonstrated that the service was committed to supporting people's on-going rehabilitation and recovery beyond the mandate of their service.

The staff team were positive and enthusiastic about the care they provided and the relationships they had with people. One member of staff said, "I love the team I work with and we support so many nice people. The best thing about working here is that we don't have to rush people. We make people feel close and it's

just so rewarding making a difference for people." One team leader told us that the experience and maturity of the staff team helped them to deliver excellent care. They said, "So many of our carers have been here over fifteen years now so we have real long-term continuity and people who know what they're doing inside out."

The service had received a number of compliments from people who had received care and wanted to share their positive experiences. These included comments such as, "A great big thank you to all the angels, you will never know how much you have done for me." "For all your help, encouragement and support in getting me to my current level of independence. The care I received was of a very high standard and I would recommend the team to anyone." "Please extend my sincere thanks to the carers who have looked after me for weeks following a fall. They are without doubt the most kind, thoughtful and lovely people I have ever met and I can't thank them enough for all their help towards my recovery." A relative had written to say, "Without exception the help the [staff] gave to [relative] was immense and supportive. The encouragement proved very beneficial and it was a joy to welcome your good people into our home. The laughter coming from the [staff] was very pleasing to me."

People told us they felt treated with dignity and respect. One person said, "Yes, my care is done with dignity, they take the time to do it all properly." Another person told us, "They help me get washed and dressed, and they take the time to do it all right, and it's done with dignity." Staff were able to describe the ways in which they treated people with dignity and respect. One member of staff said, "Dignity and respect is a major thing. You wouldn't have somebody in your house who disrespected you and we expect care staff to treat people the way they would be treated themselves. Some customers might not do things the way that we would but that's their choice."

Good

Is the service responsive?

Our findings

In responding to people's care needs and achieving their desired outcomes and objectives, we found that the service delivered outstanding care and support. Because of the short-term nature of the support that the agency provided, it was necessary that there were robust systems in place for responsive communication, monitoring of the success of care packages and evidence of positive outcomes for people. During the inspection we were provided with substantial evidence of how the service had worked closely with people, staff and other stakeholders to provide consistently high quality re-enablement to people which had allowed them to regain their independence or transition into other suitable services.

The people we spoke with told us they were involved in the planning and review of their care. One person said, "[Team leader] now comes out and checks the plan from the service and they came last week and checked things. Yes, I feel involved. I still do what I can myself, and they respect my independence." Another person told us, "The care plan itself has not been checked but they've done assessments and my progress has been assessed and I know where I'm up to."

We looked at the care plans for four people who used the service, two of whom had received care packages at various times due to repeat admissions to hospital or on-going healthcare needs. We saw that initial assessments had been completed which included information such as the person's social situation, the type of property they lived in, their mobility, dietary needs and sensory profile. One of the team leaders told us "The carers have a handheld device with a brief description of what the customer requires. Everybody has a care plan in their own home. A lot of the time they're repeat customers so we have existing knowledge and we're working with them again. We keep some continuity between periods of input by working with the same plan each time and updating it as required." This meant that when visiting people in their homes the staff always had the most up to date information available to them.

For one person we saw that it had been highlighted that their re-enablement might be impeded by having too many visits as they were beginning to regain their independence with making drinks and meals. It was agreed with them that a trial would take place to determine whether they would benefit from a reduction in calls. We were able to track their continued progress through the robust care that showed the person had been able to manage without one visit successfully. The notes showed that they had then reduce dependence on care at other times of day too. This person had initially been referred because of concerns that they were 'rapidly losing mobility, confidence and skills and was at high risk of becoming completely dependent on care'. The work undertaken by the service to support this person's recovery to independence in a short space of time was a positive example of how their care and support facilitated good outcomes for people.

One member of staff was able to tell us about how they had used other services to improve a person's overall quality of life, saying, "I worked with a person who had a stroke and needed a lot of support through social services because of [their] living conditions. Because of [their] background in the military and we were able to get a lot of free services involved to improve [their] living conditions and be more mobile. Now [they] don't have any care at all which is really massive for them."

Staff were positive about the outcomes they achieved for people and were able to provide us with some examples of the work they had done to support people's re-enablement. A Team Leader told us, "Most of our customers have been re-enabled and when we hear about all the good things the carers have provided it's very pleasing. We'll do all sorts for them, finding befrienders if they need some additional social support. We've made referrals to day centres. We've know of an initiative called 'Wood and Stuff' where people can go and spend time doing arts and craft. I think we provide an excellent service."

A weekly report was completed which encouraged staff to assess the progress that people had made with daily living tasks, such as washing, dressing and mobilising. Staff were asked to indicate the level of dependence people had for staff assistance and through this identify whether progress was being made in line with their stated aims and objectives. Through this we were able to track the progress of people's re-enablement and see the positive steps that the service had supported people to make towards regaining their independence.

During the inspection we were shown how the electronic system in operation enabled the service to be more responsive to issues as they arose. For example if a member of staff had a concern during a visit, or if there were changes that needed to be implemented which impacted upon the person's care, messages could be sent instantaneously to their personal device. One person told us they had needed to attend a hospital appointment at short notice. The service had been able to provide them with a member of staff to support them by using the system to gauge staff availability and send messages out to ask staff whether they were available to help.

The provider had a complaints policy in place which detailed how people could make complaints and how they would be handled. People we spoke with told us they were aware of who to complain to if necessary. We looked through the complaints received by the service and found that these were being handled appropriately. For more minor complaints or concerns raised, the electronic call system was used to take a record of these and how they had been resolved.

Good

Is the service well-led?

Our findings

The people we spoke with were positive about the management of the service. One person said, "I've had no complaints, and, I can get them easily enough by phone and I can ask for changes and they are usually flexible."

Staff were positive about the management of the service and the support they received from the registered manager and the team leaders. One team leader said, "The registered manager is always pushing for us to do extra. She wants to develop us and find ways for us to progress. She's always supportive and we're constantly doing training. She'll delegate things to people to help them to develop new skills. I do a lot of top-up training and I'm looking forward to doing my Level 5 diploma." A member of staff said, "I love the team I work with and we're a really nice strong team- I've always felt supported from day one. We all pull together." Another member of staff said, "Our team leaders are very good and we're able to see the registered manager if we need to, overall I feel valued and appreciated. I like the team I work with."

We did speak to one member of staff who told us that the senior management team within the provider did not always listen and were not always visible. They said, "Our Team Leaders do everything they can to support us, sometimes the higher management isn't always as visible across social services. I can contact the registered manager if I need to but sometimes we don't always hear from the people above her and they're the ones who make the decisions. We've raised issues with them and nothing's changed."

Staff told us they had regular team meetings and met every fortnight to discuss issues and contribute to the development of the service. One of the Team Leaders said, "We have team meetings every fortnight. We discuss the customers and updates on the progress of care packages. We'll discuss health and safety issues and have updates on manual handling and company updates. We'll have social workers and occupational therapists come in sometimes. If we're doing stoma then we'll have a refresher session with the community nurses." One member of staff said, "Team meetings are a chance to talk about things we're not happy with. We'll update each other on new customers and we'll share points and advice. We can all work together to resolve issues. Our employment might come up as well and we'll talk about changes to the team."

During our inspection we attended a team meeting to give us an opportunity to observe the issues discussed and how staff were able to share views and contribute to the development of the service. Through the open discussions that were held and the person-centred discussions that took place we were able to experience the positive culture and transparency promoted by the management team. This enabled the staff team to be responsive to the most recent needs of people and adopt a consistent and shared approach to their re-enablement.

Staff were clear on the visions and values of the service. One team leader said, "We're trying to help people manage on their own so we try and offer a really comprehensive package to make them as independent as we can. We can go in and provide them with the support and equipment they need immediately and work with other community professionals in joint visits and link working to support their progress. We're always learning and our care is always on-going. I'm always thinking about what works and what doesn't work and

we always reflect on practice."

The service had an efficient system for auditing and identifying any errors, omissions or inconsistencies in recording or reporting. Each month the records for each person were analysed and any discrepancies were incorporated into an 'action book' which presented individual members of staff with a report on any errors made in paperwork or any pertinent issues relating to people's care. The registered manager was able to demonstrate a number of improvements made to the quality of care and support and spoke to us about planned changes going forward. People were asked to contribute their views through regular questionnaires and surveys, which consistently rated the service highly and reflected the positive work undertaken by the staff to support people with their re-enablement.