

## The Link Nursing & Care Agency Ltd

# Link Support

### Inspection report

6 Forest Court  
Oaklands Park  
Wokingham  
Berkshire  
RG41 2FD

Tel: 01344488155  
Website: [www.linknursing.com](http://www.linknursing.com)

Date of inspection visit:  
31 May 2017  
01 June 2017

Date of publication:  
20 June 2017

### 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 31 May and 1 June 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection carried out at this location since the new office opened on 9 June 2016.

Link Support is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection 15 of the 17 people receiving a service were living in supported living accommodation.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 registered manager was present and assisted us during this inspection.

The service and staff were exceptionally caring in enabling and supporting people to rekindle family relationships and to maintain their independence. The service went above and beyond what they were commissioned to provide, to the great benefit of people who use the service. One relative commented, "Thank you for giving me the opportunity to say how much I appreciate the great support my relatives receive. The staff seem to care very much."

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people we spoke with and relatives who provided feedback.

People were protected from the risks of abuse. Some staff recruitment issues were identified, but were dealt with by the registered manager immediately following the inspection. People and their relatives confirmed people were encouraged and supported to maintain and increase their independence.

People received effective care and support from staff who knew them well and were well trained. They told us staff had the training and skills they needed when providing their care and support. People received effective health care and support. Medicines were stored and handled correctly and safely.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Where people were potentially being deprived of their liberty, the service had made the relevant commissioning authorities aware. This was so that commissioners could make applications to the Court of Protection for the appropriate authorisations.

People's diversity needs were identified and incorporated into their care plans. People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs.

People and their relatives knew how to complain and knew the process to follow if they had concerns. They confirmed they felt the staff and management would act upon any concern raised.

Staff were happy working for the service and people benefitted from staff who felt well managed and supported. People and their relatives thought the service was well-led, which was confirmed by social care professionals.

People benefitted from a service which had an open and inclusive culture and encouraged suggestions and ideas for improvement from people who use the service, their relatives and staff.

## 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. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Recruitment processes had been improved to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

There were sufficient numbers of staff and medicines were handled correctly.

### Is the service effective?

Good ●

The service was effective. People benefitted from a staff team that had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. Where people were potentially being deprived of their liberty, the registered manager had taken appropriate action to ensure the least restrictive option was used and was within the law.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health needs were met.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring. People benefitted from a staff team that was caring and respectful. The service went above and beyond what they were commissioned to provide, to the benefit of people who use the service.

The service was excellent at enabling people to regain, increase and maintain contact with those most important to them. Staff demonstrated a strong, pro-active commitment to supporting people to maintain and increase their independence where they could.

People received individualised care from staff who were compassionate and understanding of their known wishes and preferences. People's right to confidentiality was protected, their dignity and privacy were respected and they were able to live as full a life as possible.

### **Is the service responsive?**

**Good** ●

The service was very responsive. People received care and support that was personalised to meet their individual needs. The service provided was continually reviewed and improved in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences. Staff continually looked for ways to improve and enhance people's lives by exploring new activities and employment people could participate in. This resulted in people leading fuller lives than they had previously.

People and their relatives knew how to raise concerns and were confident the service would listen and take action on what they said.

### **Is the service well-led?**

**Good** ●

The service was well led. People were relaxed and happy speaking with us and with the staff. People and their relatives thought the service was well managed and said they would recommend the service to another person.

Staff were happy working at the service and we saw there was a good team spirit. They felt supported by the management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

# Link Support

## 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.

The inspection took place on 31 May and 1 June 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection, the registered manager 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 looked at the PIR and at all the information we had collected about the service. This included inspection reports from the previous location, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager, the operations manager, the two service managers and four people who use the service. We received feedback from 16 members of the care staff. We also received feedback from six relatives and three social care professionals.

We looked at four people's care plans, monitoring records and medication sheets, six staff recruitment files, staff training records and the staff supervision log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, management audits, incidents records, concerns and compliments received, a selection of policies and the quality assurance survey analysis for 2016.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff knew what actions to take if they felt people were at risk. They were confident they would be taken seriously if they raised concerns with the management. People told us they felt safe when they were with staff. Relatives said they felt their family members were kept safe by the service. One relative commented, "I feel very confident about all the support staff and know they will protect my relative." Another told us, "Staff are totally dedicated to residents' needs, watchful and proactive." Social care professionals felt people were safe at the service and that risks to individuals were managed so that people were protected. One professional commented, "Their assessment of risk is very thorough and they are proactive in managing risks where they are identified. They have put staff in place to manage risk even when funds have not been in place to pay them for this."

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with going out in the community or related to specific health conditions such as epilepsy. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People were mostly protected by recruitment processes. We looked at the recruitment files for six recent employees. Checks had been made for all of them to see if they had any criminal records or if they were barred from working with vulnerable adults. Checks had also been carried out to see if there were any medical reasons why the employee would not be able to fulfil their role. Their identity had been checked and there was a recent photograph on file for each new employee. However, for two of those employees there were some gaps in employment that had not been explained in writing and that had not been identified. In three files the dates of employment given by a referee did not tally with the dates of employment given by the staff member. One reference had not been checked for authenticity and turned out not to have been sent by the previous employer. These discrepancies had not been picked up and checked by anyone involved in staff recruitment. The registered manager took immediate and appropriate action and obtained the missing information the day after our inspection. The registered manager also put plans in place to check the remaining staff recruitment files. A new system was devised and implemented to ensure that, in future, the registered manager would do a final check of recruitment documentation prior to allowing a new employee to start working with people who use the service.

Staff were provided in line with the hours of people's individual care packages. Staff said they had enough time to provide the care people needed within the time allocated to them. People and their relatives said they received care and support from familiar, consistent care and support workers. One person said, "I like my staff." One relative commented, "There always seems to be consistent staffing, which is important to me and my relative." Another said, "New staff are introduced with great care." Social care professionals felt there were enough staff to keep people safe and meet their needs. One professional added, "[Name] is supported one to one by a core team of staff who understand his needs very well."

Emergency plans were in place, for the service as a whole and for each supported living premises. Those

plans included emergency evacuation plans, missing person's plans, loss of services plans and plans for extreme weather conditions. Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. The log showed appropriate action was taken promptly to deal with the incidents. Care plans were updated with actions staff needed to take to reduce the risk of a recurrence of incidents wherever possible.

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. The training log confirmed staff had received training and staff files showed that their competence had been checked by a manager observing them administering medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.



## Is the service effective?

### Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. People told us staff knew what they were doing when they provided support. Social care professionals felt the service provided effective care and supported people to maintain good health. Comments received from professionals included, "The Link staff have been trained appropriately and been able to adapt skills to create person centred support for the individuals they support in all aspects of their lives." Other comments included, "Staff receive mandatory training with regard to safeguarding awareness/Mental Capacity and additional specialist training where applicable." and, "The staff understand this person's needs very well. I would single out [staff member's name] as exceptionally good." This comment was passed to the registered manager so that the staff member could be made aware of the positive feedback.

The operations manager explained that staff new to care would be provided with induction training which followed the care certificate developed by Skills for Care. The care certificate is a set of 15 standards that new social care workers need to complete during their induction period. Ongoing staff training was overseen by the registered manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire safety, health and safety, moving and handling and safeguarding adults. Other mandatory training included first aid and safe handling of medicines. The training records showed staff were mostly up to date with their training, apart from five staff who were overdue their moving and handling refresher training. The operations manager told us those staff would receive their training updates by the end of June 2017.

We noted that the current training provided to staff was not in line with the Skills for Care (SfC) latest guidance (2016) on ongoing training in social care. Some topics were not included by the provider routinely, and some frequencies between refresher training was longer than those set out in the SfC guidance. We pointed this out to the registered manager who downloaded a copy of the guidance. The registered manager told us she would review and amend their training provision to correspond with the SfC guidance.

Staff were encouraged and supported to gain additional qualifications. Eleven members of the care team held a National Vocational Qualification (NVQ) level 2 in care, eleven held an NVQ level 3 in care and two held an NVQ level 5 in care.

The service aimed to provide staff with one to one meetings (supervision) once a year with their managers. Staff confirmed to us that they received regular supervision from their managers which enhanced their skills and learning. However, a suggestion was made that one to one supervisions could be more frequent than once a year to help staff develop and feel part of the service. Other supervisions included an annual appraisal meeting, one to one observations of staff practice when working with people and one to one competency checks for medicine administration. In addition, the staff had received supervision and support from the seniors and service managers working alongside them in the supported living houses. Staff said their managers were accessible and approachable and dealt effectively with any concerns they had. The service had a system of annual appraisals although we did not check this as the service had not been

opened a year on the date of the inspection.

People told us staff asked their consent to the care they received. In each care plan the provider had incorporated a mental capacity assessment in each area of the care to determine if the person had capacity to make each specific decision. We saw there were notes indicating the outcome of that assessment in each care plan. People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and understood their responsibilities. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager had a good understanding of the MCA and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in their best interests, via an application to the Court of Protection. The registered manager was aware that applications to the Court of Protection were necessary. Where applicable, she had contacted the people's funding authority to have appropriate assessments carried out and, where indicated, applications made to the Court of Protection for a deprivation of liberty order.

Where meals were part of the care provision, people were able to choose their meals, which they planned with staff support. Where there was concern that someone was losing weight, staff made referrals to the GP. The care plans incorporated advice from dietitians and speech and language therapists where people were on special diets or swallowing problems were a concern.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. People had health action plans. The health action plan held information about a person's health needs, the professionals who support those needs, and their various medical appointments. All people had an annual health check from their GP as part of their health action plan. Social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional stated, "They work in partnership with the person's family to ensure his health needs are met." and another said, "They will make referrals where necessary for specialist services and be proactive in taking people to the GP for regular day to day healthcare." One relative told us, "[Name] has a nice relationship with a number of carers and they seem to have a real understanding of how to support him. They are knowledgeable about his wants and needs and have been supportive to him over introducing healthy food choices etc."

## Is the service caring?

### Our findings

People and their relatives told us the care workers were caring and kind. One person said, "I like all my staff." Another told us the nicest thing about where he lived was that, "The staff look after me." Social care professionals said the service was successful in developing positive, caring relationships with people using the service and one added, "My overall experience with The Link has been that all staff members who work directly with clients, but also those who are office based' are approachable, committed and compassionate." Comments received from relatives included, "We have seen a number of instances where staff have gone 'above and beyond ' with [Name].", "The staff seem to care very much." and "My relative has built a very good relationship with all the carers and receives very good emotional support, empathy and warmth when required." Another relative told us, "Link staff and carers that I have come in contact with are all good at what they do. They have dealt with any concerns and questions with caring and efficiency, I would not hesitate to recommend their services." When asked if there was anything else they would like to tell us a relative stated, "Since Link began to care for our son we have been extremely pleased with the high level of service our son receives. Without a doubt the high level of professionalism in the carers and the support he has received has enabled him to far exceed our expectations and live a happy, safe and independent life. Link have given us the opportunity to be parents to our son and have plenty of quality time together."

People told us the support and care people received helped them to be as independent as they could be. The care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. The care plans gave details of things people could do for themselves and where they needed support.

We heard about very proactive work the service had done with one person whose mobility was reducing due to a degenerative condition. The reduction in mobility had meant the person was increasingly unsteady on his feet and was becoming unable to manage the stairs in their shared house without direct staff support. Staff reported that this situation was becoming increasingly distressing to the person who, previously independent with mobility, was becoming more and more dependent on staff help and availability. Also upsetting to the person was the possibility that he would have to move out of the home he had shared with a close friend for a number of years. In order to explore all possible options for the person to stay in their home, staff worked with a local occupational therapist, the person and their family and were able to identify a suitable stair lift that could be fitted in the house. Once the stair lift had been installed, a training programme was set up and staff worked with the person until he was able to use the stair lift safely and independently. This work had an extremely positive impact on the person's life and future. It meant they were able to access all areas of their home independently and safely, without support from staff and whenever they wanted to. This in turn meant they could go upstairs or downstairs whenever they wanted without having to ask staff for help. The biggest impact was that the person was able to stay in their home of many years and continue to share with their friend. Staff reported the person was proud of his achievement and happily showed his "special chair" to visitors to his home.

People were encouraged and enabled to maintain and even regain contact with people important to them,

often involving the service to go above and beyond the care packages commissioned for them. For example, two of the people who use the service were siblings but had lived separately for years and had infrequent contact with each other. Link Support gained the contract to provide personal care to both people at the end of 2015. Knowing the people's parents wanted the siblings to spend more time together, the service consulted with the siblings, and ascertained they did wish to have more contact with each other. Since then the staff at the two supported living houses worked together to make the increased contact happen. They worked closely with each sibling to identify things they would like to do together, starting with what they knew each person enjoyed individually. A programme of activities was set up, incorporating transport and providing enough staff to ensure that any support and personal care needs could be met. Staff reported that the siblings now saw each other every Tuesday, Wednesday, Friday and every other Sunday. Activities shared by both included swimming, going to local clubs, going for walks, having meals out, helping prepare their Sunday roast dinner with staff and watching DVDs together. Staff reported that, although both siblings had limited verbal communication, during visits and outings it was obvious to see how much the increased contact meant to them. Staff said the siblings spent their time laughing, playing games, using special hand signs they had used as children and often cuddled when sitting watching television or DVDs together. The sibling's parent told us, "The Link are a great company, I like the fact that they are quite small and the management team know all their clients and do shifts if the need arises. My sons do not live together, they are both now supported by The Link and they spend quality time with each other regularly. I am very happy, my sons have never been happier."

People and their relatives said staff treated them with respect and dignity. Relatives commented, "The staff handle my relative's sometimes difficult behaviour in a positive and good humoured manner." and "My relative is always treated with respect and dignity at all times, and they display a high level of professionalism at all times." Social care professionals told us the service promoted and respected people's privacy and dignity. One professional told us, "They have found ways to balance risks from this person's behaviour whilst also giving privacy when needed." Another added, "Absolutely!" On the first day of the inspection a number of people came to the office to take part in a craft session. In addition, other people came into the office to speak with us and tell us how they felt about the service they received. All interactions we observed between staff and people who use the service were professional and caring. It was obvious the care staff and office staff knew the people well and treated them with affection, dignity and respect.

People confirmed they were consulted and involved in making decisions about their care and support needs. Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. Relatives said their family members were involved in decision-making about their care and support needs. Comments from relatives regarding involvement included, "[Name] is involved to the best of his ability and level of understanding, although may not necessary make the right choices. However, at times we may be contacted by Link to support and be involved in any decision making in his best interests." Another said their relative was involved " ...as much as possible, my relative has communication difficulties. Staff are always trying new ways to facilitate good communication with him where possible."

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. Any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

We saw a number of compliments the service had received since they moved to this location. Those compliments included, "[Name] is so lucky to have the support and excellence of the Link in his life. It is a

great comfort to me as his mother to know he is championed and cared for by such a professional team." and, "We wanted to pass on our huge thanks for all that you and your team have done for [Name]. It was really hard not to worry when he first left home but you made sure we felt absolute confidence that [Name] would be well cared for and he has been. The level of care far surpassed our expectations. It's difficult to put into words the difference you all made to [Name] and our lives but know that you all did. It has been life changing."

## Is the service responsive?

### Our findings

People received support that was individualised to their personal needs. They said they were happy with the care and support they received from the service. Social care professionals said the service provided personalised care that was responsive to people's needs. One professional commented, "They work in a very person centred way." Relatives said their family members received the care and support they needed, when they needed it. One relative added, "Always." and another told us, "The Link seem able to find quality staff who instinctively carry out their required duties admirably."

Each person had an individual weekly activity plan, which included participation in different activities they were interested in. They were involved in the local community and visited local shops, library, cinema, clubs, pubs, restaurants and other venues. Some people were supported to find and keep jobs they were interested in. A social care professional told us, "Link have helped [Name] attend leisure activities that suit his needs, supported him to develop independence skills, build up relationships within the local community and worked with a local business to develop a part-time job for him that suits his needs and interests."

People could choose what they wanted to do and were also able to try out new activities when identified. For example, staff told us about the extensive work they had done with one person, trying to increase their experiences and find activities they would enjoy. Staff said that while the person had been at a local petting zoo staff had noticed the person showed great interest while feeding the horses. The person was unable to communicate verbally but showed excitement when asked if she would like to feed the horses again. Over the next few weeks the staff found a local stable which facilitated people with disabilities feeding and stroking the horses for a small donation. After a few visits staff noticed the person became very excited when seeing other people ride the horses and indicated, when asked, that she would like to ride as well. Working closely with the person and their family the staff carried out extensive work identifying all that was involved for the activity to go ahead as safely as possible. Staff explained what had happened, "Last August, working in conjunction with the stable team, we supported [Name] to her very first horse riding session. Despite [Name]'s initial and understandable apprehension, staff said she soon lost her fear and just smiled and laughed for the rest of the lesson. [Name] now rides every week. She has her own riding helmet and shoes, which she will pick up when she knows she is going off for her lesson. We are all very proud of [Name], horse riding has become important to her and has clearly added value to her life."

People's care plans were based on an assessment of needs, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes. Relatives said they were happy with the care and support their family members received. People's changing needs were monitored and their package of care was updated when needed.

People and their relatives were aware of how to raise a concern. They were confident the service would take appropriate action and said staff responded well to any concerns they raised. They knew who to contact if

they needed to and felt they would be listened to. Staff were aware of the procedure to follow should anyone raise a concern with them. Comments received from relatives included, "Link are very good in responding to any concerns we may have.", "I have always felt 'heard ' whenever I raise a concern." and, "Any concerns I may have are discussed and implemented. I have no complaints."

## Is the service well-led?

### Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. Records were up to date, fully completed and kept confidential where required.

People received a service from staff who were very happy in their work and said they worked in an open and friendly culture. Staff told us the managers were accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice to the registered manager. Comments from staff included, "[The managers are] always helpful and easy to get hold of. All ideas and views put forward by me are always very considered by my manager and seniors." and "I have always been able to talk about anything I need to with the office at any time of day or night." All staff said they would recommend the service to another person and felt the service was well-managed. They said the managers asked what they thought of the service and usually took their views into account. One person who uses the service commented, "I think the service is very good. It is lovely at my house. The staff and I do things as a team, we work as a team."

The service carried out routine audits of a number of areas related to the running of the service. For example, finance records, medication and health and safety. The management audits were carried out on a monthly basis. The audit reports included findings that needed to be addressed and any actions required were identified and actioned. At the time of our inspection the audits did not include auditing staff recruitment files. During the inspection the registered manager developed a system, to be used within the service, to make sure all recruitment information was in place before new staff were allowed to start work.

Staff told us managers were open with them and asked what they thought about the service provided. The majority felt managers took their views into account. They felt supported by the registered manager and the service managers. Senior staff meetings were held bi-annually, with each supported living house having daily handover meetings. Each supported living house also had a communications book so that all staff were up to date with information they needed to know.

Feedback on the service provision was sought from the people who use the service and their relatives on an annual basis. The report from 2016 showed that action was taken where issues had been identified. Feedback was also sought during the annual reviews each person had to discuss their care package and goals. Remedial action was taken if issues were raised during these reviews. People, their relatives and staff all said they felt the service was managed well.

Social care professionals said the service demonstrated good management and leadership and delivered a high quality service. Comments received from professionals included, "The managers are extremely personable, which makes for good working relationships.", "With regards to those individuals I have worked with, the support has been of a high quality. When they have fallen short they have been very quick to rectify



the situation and apologise to the individual. Also, they created a service where those who are supported are confident to raise issues with the managers and trust any issue will be resolved." and "I would single out service manager [staff name] as exceptionally good. This is in terms of the way they provide direct support to [Name], and also in developing a positive team culture."