

Bishops Senior Care Ltd Home Instead Senior Care

Inspection report

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Date of inspection visit: 15th July 2014
Date of publication: 07/01/2015

Ratings

Overall rating for this service	Outstanding	
Is the service safe?	Good	
Is the service effective?	Outstanding	
Is the service caring?	Outstanding	
Is the service responsive?	Outstanding	
Is the service well-led?	Good	

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The provider was given 48 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

Home Instead Senior Care provide some domiciliary care services to people who live in their own home. At the time of our inspection there were 31 people with a variety of care needs, including people with physical disabilities or mental health needs, who used the service. The agency is managed from a centrally located office base in Ormskirk.

Summary of findings

There has been a registered manager in place at the service since it began operating in May 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Throughout the inspection we consulted people who used the service and where appropriate, their representatives. We also spoke with staff from the service and obtained the views of a number of community health and social care professionals, who had contact with the service on a regular basis.

The feedback we received from people was excellent. Those people who used the service expressed great satisfaction and spoke very highly of managers and staff. Community professionals were without exception, very complimentary about the service and reported very positive experiences when dealing with Home Instead Senior Care.

The safety of people who used the service was taken very seriously and managers and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager ensured that staff had a full understanding of people's care needs and the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their care workers and were confident in the service. There was a strong

emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care package amended to meet their changing needs.

The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views. Managers were committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement.

Managers demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. Where areas for development were identified, managers responded positively by developing action plans to address them.

The service developed and maintained strong links with external organisations and within the local community. Managers demonstrated strong values and a desire to learn about and implement best practice throughout the service.

Staff were highly motivated and proud of the service. They described a 'supportive' and 'open' working environment within which they were encouraged to challenge, express concerns and share their views and opinions.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People were protected from harm. Risks to the health, safety or wellbeing of people who used the service were fully understood and addressed in their care plans, or with other organisations, where appropriate. Care workers had the knowledge, skills and time to care for people in a safe manner.

Good



There were safe and robust recruitment procedures to help ensure that people received their support from staff of suitable character. People had confidence in the service and felt safe and secure when receiving support. People felt able to raise concerns and were confident that any concerns they did raise would be dealt with properly.

Managers and staff respected and promoted people's human rights and ensured people's best interests were protected. Risks to people's welfare were addressed in a positive and proportionate way and care interventions were designed to be the least restrictive possible.

Is the service effective?

The service was effective. The service ensured that people received effective care that met their needs and wishes. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

Outstanding



Community health and social care professionals reported excellent links with the service and expressed extreme satisfaction with the standard of care they observed to be provided by Home Instead Senior Care.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Is the service caring?

The service was caring. Managers and staff were committed to a strong person centred culture. Kindness, respect, compassion and dignity were key principles on which the service was built and values that were reflected in the day-to-day practice of the service.

Outstanding



People who used the service valued the relationships they had with care workers and expressed great satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be. People felt care workers always treated them with kindness and respect and often went above and beyond their roles.

Staff were proud to work for the service and highly motivated. They felt they were given the opportunity to build meaningful relationships with people who used the service and ample time to meet people's needs and provide companionship.

Summary of findings

Is the service responsive?

The service was responsive. Changes in people's needs were quickly recognised and appropriate action quickly taken, including the involvement of external professionals where necessary. This meant that people received safe and effective care.

Outstanding



People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

The service played an active part in the community for the purpose of seeking additional resources for people who used the service and for the purpose of identifying and sharing good practice.

Is the service well-led?

The service was well-led. The managers of the service promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the organisation.

Good



There was strong emphasis on continual improvement and best practice, both within and outside of the service, was constantly explored. To this aim, strong and positive links with a variety of external organisations had been developed.

There were effective systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service.

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit, we reviewed all the information we held about the service. This included events we had been notified about and any comments or complaints we had received. We also reviewed information sent from the provider about various aspects of the service, such as staffing levels and training figures.

During the inspection we spoke with seven people who used the service or their relatives. We also sent people who used the service a questionnaire about their experiences and received eleven responses.

We spoke with the registered manager, a director of the service, the care manager and four care workers. In addition, nine external professionals shared their experiences and opinions of the service with us. They included community nursing staff, GPs and social workers.

We spoke with people who used the service or visited them in their own homes. We observed staff providing support and interacting with people.

We inspected a variety of records including three care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understand and plan to meet people's care needs and manage any risks to people's health and wellbeing.

Other records we viewed included records of staff induction, training and supervision, safety and quality audits and records related to the overall management of the service.

Is the service safe?

Our findings

We sent people who used the service a questionnaire, which asked them about their experience of Home Instead Senior Care. We received eleven responses and everyone who replied told us they felt safe from abuse or harm from the staff of the service.

In discussions, people said they felt safe and that staff understood their needs. Comments from people included, "We are very reassured knowing we can expect such a high level of care." "I feel safe with this lot! I know they take good care of me."

Staff we spoke with demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. Care workers were able to discuss risks individual people faced and speak confidently about how they maintained their safety.

Several staff members we consulted commented that because they had time to develop relationships with people who used the service and got to know them well, they were able to quickly identify any concerns. One care worker said, "You just know if something isn't right, you can spot it straight away even if people can't tell you." Another staff member gave us an example of how she had very quickly identified that a person who used the service was unwell 'just by the way she was.' Medical attention was quickly sought, which resulted in the person being admitted to hospital.

We saw that there were effective processes in place to ensure that any concerns about a person who used the service were carefully recorded and passed on to the registered manager, so that their wellbeing could be carefully monitored. The 'Recognise, Record, Report!' system was used throughout the agency and all staff were fully aware of it.

Through the service's assessment and care planning process, any risks to a person's safety or wellbeing, for example in areas such as falling, nutrition or pressure sores were carefully assessed. Risk management plans were implemented, which were followed by staff to help ensure people received safe and effective care. We saw a number of examples of successful outcomes for people as a result of staff following their plans. For example, changes to the skin of one person who was at high risk of developing

pressure sores had quickly been noticed. Care workers had immediately sought advice from health care professionals, which resulted in any breakdown of the person's skin being prevented.

Risk assessment processes were robust. Whilst in place to protect people's safety and wellbeing, managers and staff were aware of the importance of recognising people's rights and promoting their autonomy. We saw a good example of how risks associated with one person refusing to take important medicines had been addressed in a positive, effective and none restrictive way.

As part of the service's assessment process, a home safety checklist was completed. This helped identify any potential hazards in a person's home. We saw that the registered manager took effective action where any concerns were identified and where necessary, worked with external organisations to address them. For example, arrangements had been made with the help of the local fire service, to have a special isolator switch fitted for one person with dementia, so that they could use their gas appliances safely.

People we consulted told us they felt their care workers were competent and had the skills required to support them safely. Care workers told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control, first aid and food hygiene.

People told us they were actively encouraged to raise concerns about safety and were confident any concerns they did raise would be acted upon appropriately. One care worker said of the management, "They would absolutely thank you for flagging something up." Another told us, "We are encouraged to speak up if we have any concerns. That's how things can be improved."

There were processes in place to enable managers to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

A robust policy and associated procedures were in place in relation to the safeguarding of vulnerable adults from

Is the service safe?

abuse. All staff members we spoke with were fully aware of the processes to follow should they have concerns that someone who used the service had been the victim of or was at risk of abuse. We also noted that every staff member who worked for the service had been provided with training in the area of safeguarding vulnerable adults. However, four people who used the service that we spoke with were not aware of the service's safeguarding policy although they did tell us they knew how to raise concerns and were

confident these would be addressed. We discussed this with the registered manager who advised us they were in the process of reviewing how information about the service's safeguarding policy was communicated to people who used the service. The registered manager told us they had recognised the need to raise the profile of safeguarding and they intended to do so within the Service User Guide and quarterly newsletter issued to people who used the service.



Is the service effective?

Our findings

We received some excellent feedback from people who used the service. Each of the eleven people who completed our questionnaire told us that care workers always carried out all the care and support they were supposed to during their visits. In addition, every respondent told us they were happy with the care and support they received.

Those views were echoed during discussions we had with people who used the service or their relatives, whose comments included, "I can't thank Home Instead enough for what they have done for us as a family. We are absolutely confident that we can always rely on them." "They are extremely professional. They know what is needed and make sure it's delivered." "They have enabled me to help myself so I need less support."

We saw that the service followed thorough assessment processes. All the care plans we viewed included care needs assessments, which had been carried out before the person's package of care was commenced. This meant that care workers had a good level of information about people's needs and some understanding of the support they required, from their first point of contact.

We viewed a selection of people's care plans and found them to be comprehensive documents, which provided a good level of information about people's health and social care needs. The plans were well detailed and included clear protocols in providing specific aspects of care.

We noted that each plan included the person's preferred term of address and was signed by the person who used the service to show their agreement with the information recorded. People's own views about how they wanted their care to be provided and the things that were important to them were central to the care plans, demonstrating that their personal wishes had been taken into account.

Key areas such as mobility, nutrition and personal care were regularly reviewed to ensure any changes in a person's needs were recognised and addressed. Reviews took place with the person who used the service and their representatives to ensure that their views on how well the care provided met their needs, were central to the process.

We saw that the service used some innovative methods to support important areas of wellbeing, such as nutrition. For example, the registered manager had recently introduced a

weekly menu planner for people who required support around meal times. This involved a weekly meeting with the person to plan meals for the week ahead. This helped ensure that staff were supporting people to eat a varied and balanced diet, which was in line with their personal preferences.

We saw that, through care planning, staff identified and addressed not only health and physical care needs but also social and emotional needs. For example, the risk of isolation or loss of independence, were identified and addressed through holistic, person centred care plans.

Managers spoke passionately about the importance of holistic, person centred care that was not task orientated, but focused of the needs of the individual. Our discussions with people who used the service and external professionals confirmed that these values were put into practice on a day-to-day basis.

We received some outstanding feedback from external professionals who were all extremely complimentary about the service provided by Home Instead Senior Care. One person told us she found the agency to be 'professional, dedicated and committed to providing a high level of service'. Another professional commented, "Their integrity, passion for what they do and commitment to the older/disabled people they support, is clearly evident in everything they do."

We saw examples of very positive outcomes for people who used the service as a result of the holistic care packages provided. One person had been supported by the agency to return home from hospital after a period of illness. A community professional told us the agency had provided excellent support to the person by preparing their home for their return and arranging all the necessary adaptations and equipment. They commented, "It is very refreshing to work with an agency who really do care and provide an excellent service above and beyond their role."

A relative described how the agency didn't just provide the commissioned care, but took responsibility for his loved one's whole wellbeing. He described it as an 'additional wrapper they put around the care.'

At the time of our inspection the service had recently been recognised in two independently assessed awards for outstanding practice. One award had been presented by a national organisation and the other by the local authority



Is the service effective?

for excellence in the area of 'Wellbeing and Prevention.' Both awards related to specific care packages provided by the service which had resulted in excellent outcomes for the individual people using the service.

Managers told us that they felt consistency of care was an important aspect of the service, as it helped ensure people received their care from people they were familiar and comfortable with. This was supported by the feedback we received from people who used the service or their representatives. One person commented, "They do an amazing job with consistency of care workers," and another said, "I am pleased that no strange face will ever appear at her door without her having been personally introduced by someone she knows from the service."

Care workers told us they were able to build relationships with people who used the service and increase understanding of their needs, due to the fact that they consistently attended the same people. Care workers were also very pleased that the minimum care visit was for one hour. One care worker said, "The one hour visits are really good. You are never rushed and you get to do the little things that are important to people. We have time for companionship, which for some people is just as important as the care side."

We saw that managers had effective processes in place for the induction and ongoing training and support of staff members. Records demonstrated all new staff were provided with an in-depth induction prior to carrying out any care visits.

We saw that the induction covered a variety of areas including principles of good care, such as promoting privacy and dignity, as well as practical training in areas like skin care and moving and handling. We noted that new care workers were required to undergo a number of competence assessments, prior to completing their induction and receiving their 'care passport.'

The staff we spoke with were very complimentary about the induction they had received. Their comments included, "It was a brilliant induction! The best I have ever had!" "My induction gave me lots of excellent information and a lot of practical training as well."

Each staff member had a personal development plan in place, which was constantly reviewed during one-to-one supervision sessions. We saw that both supervision and ongoing training was tailored to the individual staff member and their own development needs. For example, one staff member who reported she felt she would benefit from some additional training in a specific aspect of moving and handling, was provided with this immediately.

We were also able to confirm that training programmes were adapted to meet the needs of people who used the service. For instance, one person had developed some additional health care needs during a stay in hospital and required some complex health care support on her return home. We saw that the registered manager had made arrangements with community professionals to have all the staff team trained, prior to the person's discharge. This meant that staff had the skills to support her safely and effectively.



Is the service caring?

Our findings

Many people spoke of staff 'going the extra mile' or 'above and beyond' when providing care. Some comments we received included, "It's not just the care they are contracted to do, it's the other things they do as well!" "The service is beyond our expectations. There are two sides to it – the service they provide and the wrapper they put around it. They don't just care, they take responsibility for everything! We found other services lack this holistic approach. Home Instead are developing a lovely service." "The care and kindness we have received has been overwhelming."

Staff that we spoke with appeared highly motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke of how they appreciated having time to get to know people and understand the things that were important to them. One care worker said, "It's often the little things that matter to people the most. You can make such a difference to someone's life just by finding out what's important to them." "We get long enough to spend with people and we have time for some companionship, which is so important to people," was another care worker's comment.

Another care worker told us about a person she supported who had mentioned that she had loved a particular poet as a child. The care worker went on to tell us how she researched the poet and ordered books of his work from the local library for the person. She said, "She was absolutely delighted."

Managers we spoke with demonstrated a clear commitment to promoting a strong, person centred and caring culture throughout the service. We were told, "Our service model is not about rushing in and rushing out. We want our care to be about the whole of the person and not task centred." We were told kindness, respect, dignity and compassion were key principles on which the service was built. This information was strongly supported by the feedback we received from people who used the service, external professionals and through discussions with staff members.

All eleven people who used the service and responded to our questionnaire told us that care workers were kind and

caring and confirmed the staff always treated them with respect and dignity. In further discussion, people who used the service were extremely positive about the care they received and spoke highly of their care workers.

The need for emotional support was recognised in people's care plans. We viewed the care plan of one person who had recently had a lot of health problems, which had left her with a permanent increase in health needs. Her care plan recognised the emotional impact this had on her and directed care workers to provide support in this area. We also noted that the registered manager of the service had arranged some counselling for the person from an external agency.

We saw that when one person had a short term respite stay in a care home, care workers from Home Instead regularly visited her, to provide reassurance and a 'friendly face.'

Professionals we consulted were highly complimentary and several commented on the positive culture of the service. One person told us, "The general feeling is that they really do care about providing a very person centred and individually tailored first class service." And another said, "I have always found this service to demonstrate professional, respectful, person centred care for their clients. They are keen to work collaboratively with services to ensure holistic care. Clients have spoken highly of the care they receive. I believe them to be one of the best providers in our local area because of the attention to detail and level of care they provide."

Reflective practice was encouraged and used to constantly improve the service. There were processes in place to regularly review people's care and ensure it was meeting their needs and wishes. Regular, quality reviews were held with people who used the service so that they could express their views and opinions.

The registered manager audited daily care records for every person, to ensure that any issues had been identified and acted upon. One care worker described how following a care review with one person, there was a whole staff meeting the same day, to ensure changes the person requested were communicated to all.

We saw that the registered manager carefully monitored each care package looking for both areas of development and examples of best practice, which were reflected upon with staff, during team meetings and one-to-one supervisions. One of the examples of best practice



Is the service caring?

identified and communicated to staff was that of a care worker supporting a person who used the service to develop skills to use an I Pad, which in turn had enable the person to achieve more independence.

Staff communicated effectively with people who used the service. Any specific communication needs and people's

individual methods of communication, were addressed in their care plans. Through having the opportunity to build relationships with people they supported, care workers were able to develop understanding of them and recognise none verbal cues.



Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, choices and preferences. Care workers understood the support that people needed and were given time to provide it in a safe, effective and dignified way.

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We tracked the care of one person who had suddenly become ill. The fact that she required medical attention was immediately identified and acted upon by the service.

We saw that the service had continued to liaise with the person who used the service and her family to review her care plan and ensure it met changes in her needs. We also saw evidence that managers and care workers had worked very closely and successfully with external agencies, to ensure the person had the support she required.

We spoke with this person's relative who was exceptionally positive about their experience. They told us that the service had been entirely flexible to meet their loved one's needs and had taken responsibility for her overall welfare.

People we consulted felt the service was flexible and responsive to their needs. People said they were fully involved in their or their loved one's care planning and were happy to express their views or raise concerns. One person commented, "It's a genuine partnership." And another said, "They are great at keeping in touch. They have excellent judgment about when to contact me. They are completely responsive, last weekend they sorted out an extra visit within minutes. They always have time, for me and for (name removed). She gets anxious about really trivial things and rings them a lot, but they always have time for her."

Professionals we consulted felt managers and staff at the service were very proactive and that care was consistently focused on people's needs and wishes. One community health worker commented, "I have worked in conjunction with Home Instead in getting people out of hospital and in the community. They have provided appropriate care packages in the community and have been excellent in their approach and commitment to each individual."

We found that the service responded positively to people's views about their own care package, or the service as a whole. The registered manager audited daily care records for every person, to ensure that any issues had been identified and acted upon. One care worker described how following a care review with one person, there was a whole staff meeting the same day, to ensure changes the person requested were communicated to all.

People who used the service were able to contact a manager at any time of the day or night. We were told that the out of hours on call service was available for people who had concerns at any time, 'no matter what they were'.

We found the service worked in innovative ways to promote the wellbeing of vulnerable people. Managers and staff were very active in the local community for example, by working to increase awareness and challenge discrimination. Within the area, the registered manager of the service had provided dementia awareness training to the public, including bank and shop staff, so that they could understand how to help people they came into contact with who had dementia.

One community worker told us, "Not only do they support the efforts of others, they have instigated new initiatives such as, making Ormskirk the first dementia friendly town, holding fund raising and awareness raising events and providing free dementia training. Another commented, "In terms of engaging with Home Instead, we have a very positive relationship. The team are very pro-active when it comes to reaching out to the community of West Lancashire and this is refreshing. They are very approachable and we've had their support at community events. They also organise dementia friendly events and more."

We found that feedback was encouraged and people we spoke with described managers as 'open' and 'transparent'. All the people who responded to our questionnaire survey confirmed that they were asked what they thought about their service and encouraged to express their opinions.

Quality monitoring systems used across the service were designed to explore the experiences of people who used the service. For example, through assessing areas such as dignity, choice and outcomes. There were processes in place to monitor and analyse complaints, to ensure that any themes or trends could be identified.

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating. People who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability.

We spoke with a senior staff member who had recently been appointed. She was complimentary about the additional training she had received to enable her to carry out her role. She said, "I have done a very intensive management course. It certainly covered everything I needed."

Managers we talked with spoke of the importance of effective communication across the service. Regular management meetings took place, including a daily huddle, where any pressing concerns or new issues could be addressed.

It was clear from the feedback we received from people who used the service, their relatives, external professionals and staff, that managers of this service had developed a positive culture based on strong values. We saw that the values of the organisation, which managers reported as being central to the service, such as compassion, respect and caring, were put into practice on a day-to-day basis. Managers spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and strong leadership.

Our discussions with staff found they were highly motivated and proud of the service provided at Home Instead Senior Care. Their comments included, "Our clients are so happy! It's lovely to work for an agency where people are so happy with everything."

Managers described ways in which they encouraged external scrutiny within the service. This included the placement of students within Home Instead Senior Care from external training providers.

People told us that managers of the service were very approachable and supportive. Staff told us they were encouraged to 'speak up' or 'challenge' if they had any concerns and felt that managers would be grateful if they did so as it would give them further opportunity to make improvements.

The quality of the service was monitored using formal tools such as quality audits. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw detailed action plans had been implemented and their success evaluated, to ensure that required improvements had been made. For example, a medication error which had occurred was quickly identified and procedures improved to help ensure it did not reoccur.

At the time of our inspection, managers were in the process of further developing quality monitoring system and an electronic monitoring tool was being implemented. This would enable managers to have an instant oversight of compliance across the service and spot any patterns or trends that could identify potential improvements.

There was also a process to monitor quality by directly looking at the experiences of people who used the service and assessing important areas such as choice, care and dignity. Managers also used this process to identify any areas of best practice, which were then communicated to the staff team.

Two of the people who used the service we spoke with were unsure if they had been given any information regarding the overall performance of the service. We discussed this with the registered manager who explained processes for communicating performance results with people who used the service had recently been improved. Performance results had recently been added to the service's website and were also due to be published in the next edition of the service's quarterly newsletter.

The registered manager also told us about a new initiative, which she was in the process of implementing. This was a quarterly publication, which was to be sent to people who used the service and staff called 'Your Voice'. The purpose of the publication was to encourage people to share their opinions and views and provide them with information about action taken in response to the issues raised.

A regular quality report was completed which provided an overview of any adverse incidents, such as accidents, near misses or complaints and concerns. We saw that any such issue was carefully analysed, to ensure that any potential learning could be identified and cascaded to staff.

We found a number of examples of how managers worked proactively with other organisations to develop their own

Is the service well-led?

knowledge and share best practice. The service worked in partnership with groups that included the Alzheimer's Society, Dementia Action Alliance, the health service led Community Emergency Response Team and a voluntary

organisation aimed at promoting the safety of people with dementia within their own home. Managers explained that they saw this engagement as an important aspect of continual improvement and development of the service.