

Midshires Care Limited

Helping Hands Fareham

Inspection report

189-99 West Street
Fareham
PO16 0EN

Tel: 01329559224
Website: www.helpinghands.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Helping Hands Fareham is a service providing personal care to people living in their own homes. At the time of our inspection there were 52 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were supported by staff who knew how to prevent and manage risks and keep people safe. Systems were in place to reduce the risks of avoidable harm and abuse.

Recruitment practices were safe and there were sufficient numbers of consistent staff available to meet people's needs. People received their medicines as prescribed. The service's arrangements for controlling infection were effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received effective training that gave them the skills to support people with their needs. All people and relatives spoken with were confident in the staff's abilities and thought staff had the right skills to look after them. New staff completed a comprehensive induction to their role prior to commencing employment and ongoing training and supervision was provided.

People were supported to access health and social care professionals if needed. The registered manager and office staff worked in close partnership with health and social care professionals and agencies to plan and deliver care and support. People were supported to meet their nutritional and medication needs where appropriate.

People were positive about all aspects of the service and told us staff supported them in a kind and caring way. Staff treated people with dignity and respect. People were treated equally and had their human rights and diversity respected. People were encouraged and supported to remain independent.

Care plans were personalised, and ensured people received personal care tailored to meet their individual needs and wishes. People were encouraged to make decisions about the care and support they received and had their choices respected. People were confident that if they raised any issues, concerns or complaints these would be dealt with effectively by the registered manager.

The staff and management team were mindful of the risk of social isolation for people living in the community. People were supported by staff to attend social events that were important to them. Full

consideration had been given to people's communication needs to help ensure effective communication.

The registered manager was open and transparent and understood their regulatory responsibilities. People and their relatives felt the registered manager and staff were approachable and supportive. There were effective governance systems in place to identify concerns in the service and drive improvement. They were responsive to feedback from people, staff and professionals and acted to make improvements in the service. The service worked well with other partners, organisations and commissioners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 26 July 2017).

Why we inspected

This comprehensive inspection was a planned inspection based on the date the service was last inspected.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Helping Hands Fareham

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 October 2023 and ended on 13 October 2023. We visited the office location on 6 October 2023.

What we did before the inspection

Prior to our inspection, we reviewed information we held about the service. This included the previous inspection report and notifications. Notifications are information about specific important events which the provider is required to send us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager for Helping Hands Fareham and 6 staff members. We also spoke with 5 people who use the service and 5 relatives.

We reviewed a range of records, including 6 people's care records in detail and staff records in relation to recruitment and training. A variety of records relating to the management of the service, including audits, policies and procedures, complaints and compliments and surveys were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives indicated they felt safe with all aspects of the service and the care they received. A person said, "They [staff] will always make sure everything is locked up when they leave." A relative told us, "We have no problems with them [staff] at all."
- Staff had received training in safeguarding and understood their responsibilities to identify and report any concerns. Staff were able to describe what actions they would take if they had any safeguarding issues or concerns.
- Staff were confident action would be taken by the registered manager or providers if they raised any concerns relating to potential abuse.
- There were processes in place for investigating any safeguarding incidents.

Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Detailed and informative care plans had been completed for people which included relevant risk assessments. These identified potential risks to people and how they should be managed and mitigated. The risk assessments covered a range of areas, including, medicine management, moving and handling, skin integrity and risks associated to specific health conditions.
- People were supported by a consistent stable and well-trained staff team who understood people's needs well. This helped to ensure risks to people and changes in their health and wellbeing could be identified in a timely way and action could be taken to mitigate risk.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- Risk assessments were reviewed regularly by the registered manager and updated, where required to ensure staff had up to date information to support people safely.

Staffing and recruitment

- There were enough staff employed to meet people's assessed needs. Staffing levels were determined by the number of people using the service and the level of care they required.
- People and relatives told us staff usually arrived on time and stayed for their allotted time. A relative said, "They are always on time and will ring if they are running late." A person told us, "They [Staff] come on time and stay the full amount of time." A relative said, "Sometimes they can be a bit late due to traffic problems, but they stay the full amount of time."
- The registered manager explained care calls were arranged in areas and staff were provided with travel time between calls to enable call times to be met as required. We observed this to be the case on staff rotas

and people's care records.

- Short term staff absences were managed using overtime from existing care staff, as well as additional support provided by the registered manager and office staff.
- Staff confirmed they were given enough time between calls to allow them to spend appropriate time with people and provide them with care in a calm and unhurried way.
- The provider had robust recruitment practices in place which helped them to ensure the right staff were employed to support people to stay safe.
- Checks on new staff included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS check provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Care plans detailed how people liked to receive their medicines.
- Information regarding the support people needed with their medicines were recorded within their care plans and was clear, up to date and accessible to staff.
- Staff were provided with detailed information about the medicines people were prescribed including, what the medicines were for, and risks associated with these medicines. This provided staff with increased knowledge and understanding of the person's health conditions and how to identify any issues or concerns in relation to their wellbeing and health.
- Staff received training in medicines management and had their competency regularly assessed.
- Regular checks and audits of the medicines system were carried out to ensure they continued to be managed in a safe way.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place which was accessible to staff.
- Staff had completed training in infection prevention and control which was updated annually.
- The registered manager completed infection, prevention and control audits and spot checks of staff practice to ensure PPE was used effectively and safely and to minimise the spread of infection.
- The provider's infection prevention and control policy was detailed and up to date.

Learning lessons when things go wrong

- There were effective and robust systems in place to assess and analyse accidents and incidents. These systems allowed themes and trends to be identified and acted on to prevent and mitigate reoccurring risks.
- People and staff told us the registered manager responded quickly to make changes and deal with any emerging issues or problems.
- Lessons learned were shared with staff to help ensure actions would be taken to improve the service and reduce the risk of similar incidents occurring to other people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support was planned and delivered in line with current standards and legislation.
- Comprehensive assessments were completed prior to the service starting. This was to ensure people's needs could be met. The registered manager told us, "On initial consultation with customers and their families it is imperative that we obtain as much information as possible in relation to the multi-disciplinary team around the person and this is then documented on their individualised, person-centred support plan."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the skills and knowledge of the staff. Comments included, "The quality of care is second to none and I can't see how it would be possible to improve on their quality and their training" and "The carers know exactly what they are here to do."
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. The induction also included the completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed training which included, infection control, medicines and safeguarding. Additional training was provided in relation to specific needs. For example, diabetes, catheter care and epilepsy. The registered manager told us staff would only support people in the management of these specific needs if they had received the appropriate training.
- Staff were up to date with their training. Staff were encouraged and supported to access additional training to continually develop their knowledge and skills.
- Staff received a rolling programme of supervisions and direct observations which was monitored by the registered manager.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the MCA.
- People told us they were informed of the care being provided, asked for their consent and given choices about the support they received.
- Staff had received training on the MCA to ensure they had up to date knowledge and provided care within the legal framework.
- People's capacity to make their own decisions had been considered as part of the initial and subsequent assessments. Where people lacked the capacity to make specific decisions, appropriate assessments were carried out by the registered manager with the involvement of people and their relatives.

Staff working with other agencies to provide consistent, effective, timely care, Supporting people to live healthier lives, access healthcare services and support

- The registered manager understood the importance of working collaboratively and effectively with external health and social care professionals. The registered manager told us by doing this it, "helps to ensure safe practice and achieves best outcomes for our vulnerable customers."
- The staff were proactive in requesting support from health and social care professionals should a person's needs change. People's records demonstrated the staff made timely referrals where needed to healthcare professionals such as GP's, community nurses and Occupational Therapists.
- Staff were able to demonstrate they understood people's specific health needs and how to best support people and manage these needs. A staff member told us, "I'm very impressed with the care plans and risk assessments, they are really helpful and are very clear on how best to support people with both their physical health and their wellbeing. They [care plans] tell us what needs to be done, how and when."
- People told us staff understood their health needs and would support them to access medical support if required.
- Information was shared appropriately if a person was admitted to hospital or another service which supported person centred care to be provided consistently.

Supporting people to eat and drink enough to maintain a balanced diet

- People who were supported by staff to eat and drink were happy with the way in which this support was provided.
- People's care plans contained information about any special diets they required, food preferences and support needs, which staff were aware of.
- People's food and fluid intake would be closely monitored should concerns arise in relation to weight loss or reduced appetite. If required, actions would be taken to address these concerns, including supporting people to access health professional input.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were complimentary about the care and support the service delivered. Comments included, "I would just like to say I am happy with the carers and what they have done for [person] and me, they have all been brilliant", "Have found the carers to be very good and very pleasant, they are friendly, polite and very respectful of our home", "The carers are polite, very friendly and caring" and "They [staff] come in happy and it's important, we have a good laugh."
- The service had also received several recent written compliments praising the overall care provided by the service. One of these compliments stated, "2 years on and we are still very happy. All the carers are so kind, considerate, and polite. We are so pleased we chose this company as our carers." Another compliment stated, "I just wanted to say that [name of staff member] was supporting [person], their professionalism and attention to [person] was absolutely first class, engaging with them the whole time and nothing was too much effort."
- Staff spoken with demonstrated a caring and kind attitude and spoke of wanting to provide people with high quality care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be independent. A relative told us, "[Person] has been in hospital and has got quite weak, they used to lie in bed and wait for the carers to get them up, now they get out of bed and do as much as they can for themselves. The carers will come in and finish what he can't do, they wash and dry his feet and will encourage him to do as much as he can. [Person] is improving all the time."
- People's care plans provided staff with clear and detailed information about the level of support people required and things they could do for themselves. This helped to ensure people were supported effectively to remain independent.
- Staff described to us the ways in which they encouraged people to be independent. A staff member told us, "I always encourage people to do what they can for themselves, even if I know they find something particularly difficult I always check if they want me to help."
- People and their relatives felt staff respected privacy and dignity.
- We spoke with staff and they explained how they ensured people's privacy and dignity were maintained. Staff described how they would ensure doors and curtains were closed before providing personal care.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Supporting people to express their views and be involved in making decisions about their care

- People were consulted about care and support and contributed to how their care would be delivered.
- Care records included information about the best ways to support people to express their views. Staff understood the importance of involving people in decisions about their care.
- People and relatives told us they received contact from the registered manager and office staff to check they were happy with the care they received and that it met their needs. Comments included, "The office call now and then to see if everything is ok" and "I do hear from [name of registered manager], she has rung 2 or 3 times."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care plans and assessments we reviewed demonstrated detailed person-centred information was gathered which clearly reflected people's needs, including aspects of their life which were important to them. Additionally, these care plans included information in relation to people's likes and dislikes, personal preferences, healthcare, social care needs and tasks they required support with during each visit. Daily records showed people received care and support according to their needs and wishes.
- Staff and the registered manager were responsive to people's changing needs. Staff reported any changes to the registered manager and documented these changes within people's care records. Changes that required urgent attention were acted on as required.
- People and relatives confirmed that staff knew them well, understood their needs and described how actions of the staff had improved people's wellbeing and sense of purpose. For example, a relative said, "Since [name of staff member] had been seeing [person] regularly there has been a noticeable improvement both in [persons] demeanour and the way in which the house is left after the visit. [Person] feels happier in themselves, which is all important, they now have a shower every day as well as some social interaction."
- Another relative told us, "[Names of individual staff members] have been with us since we started with the service, I couldn't have done it without them and I don't think [person] would be here if it wasn't for them." A third relative said, "The carers are very good, they will work around [persons] unusual sleeping pattern, and they will do what [person] want."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The staff and management team were mindful of the risk of social isolation for people living in the community. People were supported by staff to attend social events that were important to them. For example, a person was supported to regularly attend meetings which met their religious beliefs and another person was supported to take part in a charity event that was important to them.
- Social events were organised by the service which people were invited to, such as coffee mornings and fun activities which people could partake in. This provided people with the opportunity to meet and socialise with others.
- People were welcomed into the service office anytime for a cup of tea and a chat. The registered manager told us about how a person did this regularly. Staff described how they would often spend time chatting to people following the completion of their work.
- The provider had allowed the registered manager to spend a period of time being a befriender with a local charity within their employed hours.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager demonstrated they had extensive knowledge of the Accessible Information Standard and described in detail how this was achieved in practice. For example, the registered manager said, "Good communication is an integral part of any care provision. Our support plans were devised to ensure individual communication needs and preferences are holistically recorded, highlighted and shared. Preferred method of communication is established at initial assessment and reviewed at regular intervals."
- Care plans we reviewed demonstrated people's communication needs had been clearly and robustly identified in people's care plans. These care plans included detailed guidance for staff on how to best communicate with people in line with their individual needs.
- People and their families, if appropriate were provided with service and personal information which was accessible to their specific needs. For example, where required information was provided in a variety of methods including Braille, audio, easy read and large print. Additionally, the registered manager would source the support of other agencies where required should a person communicate through British sign language and interpreters.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place, which was followed by the registered manager and staff.
- There had been 2 recorded complaints in the last 12 months. Records demonstrated the complaints policy had been followed and these complaints had been dealt with effectively and robustly. The actions taken included, a full investigation, ongoing communication with the person who raised the concern, both verbally and in writing and considering and implementing any actions required to prevent reoccurrence.
- People told us they felt confident if they had a complaint, it would be acted on. A person said, "If I have a problem I can contact and speak to [name of registered manager]."

End of life care and support

- At the time of the inspection no one receiving support from Helping Hands Fareham was requiring end of life care. However, it was evident from discussion with the registered manager effective person-centred support would be provided which fully considered people's views and wishes.
- The registered manager was mindful of the impact losing a loved one could have on relatives and also on the staff caring for them throughout their end of life journey. Therefore, a pastoral room had been introduced within the service office. This pastoral room was a comfortable, calming space which could be used to provide both support to staff and relatives if they wanted to come in and talk following bereavement.
- Staff received training in end of life care.
- The registered manager had developed links with other professionals to help ensure people had a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had formal systems in place to monitor how the service was performing. These systems were robust, comprehensive and effective in identifying areas of good practice, implementing improvement and to ensure continual monitoring of all aspects of the service. These systems included the completion of audits for care plans and medicine administration records, and the completion of quality assurance questionnaires.
- All findings and feedback received was reviewed and monitored and where issues or concerns were highlighted, action was taken as required. For example, following feedback from people that they were not always informed if staff were running late the registered manager implemented, 'Make a change, make a call which helped to ensure people were notified immediately of any changes to their care.
- Spot checks and competency monitoring of care staff were completed which enabled the management team to review staff performance. The performance of the service was overseen by the compliance team at head office. The registered manager told us they were supported through regular visits from the provider's area care manager and regional manager.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Continuous learning and improving care

- There were robust systems in place in relation to the monitoring of complaints, accidents, incidents and near misses.
- During the inspection the registered manager demonstrated a proactive approach to make improvements that would have a positive impact on the lives of the people living in their own homes.
- Staff performance was closely monitored by the registered manager who worked in collaboration with the staff team and completed regular spot checks of the service. Outcomes of these were recorded and shared with staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture which resulted in good outcomes for people. Staff generally spoke highly of the service and told us it was a good place to work. A staff member said, "I feel very valued by the organisation and would recommend it as a good service to work for." Another staff member told us, "I feel really well supported by the manager, 100%. I can talk to them anytime and when I go in the office it's really relaxed and you are made to feel welcome."
- The provider, registered manager and staff were committed to providing a good quality service that met people's individual needs. A relative told us, "I would highly recommend them [Helping Hands Fareham] for helping care for a loved one. They truly understand [persons] condition and if we ask them to do something, if possible, they will do it. The support they give the family also is amazing. They are there for you and your loved one." Another relative said, "It's been a brilliant experience, we have not had carers before. My relative was reluctant to have carers but did agree in the end and it has worked out lovely." A compliment received by the service stated, 'Helping Hands was so easy to deal with in every aspect from start to finish. All the staff in every department were superb.'
- The registered manager demonstrated a dedication to make the service the best it could be to help ensure people were provided with person-centred and empowering care. Staff were encouraged and supported to take on active roles and additional training to allow them to meet people's specific needs. For example, staff members had roles as dementia, dignity and Lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) champions. Staff were also 'dementia friends' which is a charity run initiative which supports the public to learn about dementia so they can help their community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team engaged with people and staff to gather their views.
- Regular staff meetings took place, which provided the opportunity to discuss any changes in people and their needs, make suggestions to improve the service and received guidance on the requirements of their role.
- Staff had access to team and provider newsletters and an employee magazine. Social networking sites were also used to connect with and share information with people, relatives and the public.
- Individual staff members were recognised by the provider and registered manager regularly for any outstanding contributions to care. They were awarded with a token of appreciation for the work they had done. This helped improve staff morale and led to them feeling valued.
- The majority of people and relatives told us they felt they were being kept updated when there were concerns about a person's wellbeing.

Working in partnership with others

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences.
- The organisation had developed links with a number of charities.
- The registered manager had taken active measures to provide support to the local community and engaged with other organisations. For example, the training/community room within the services office was made available as a safe comfortable space for specific community groups to meet. The organisation was also part of the 'restart employability programme', which supports people back to work.