

Prestige Nursing Limited

Prestige Nursing - Worthing

Inspection report

195-199 Heene Road
Worthing
West Sussex
BN11 4NN

Tel: 01903700900
Website: [Www.prestige-nursing.co.uk](http://www.prestige-nursing.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?	Requires Improvement	

Summary of findings

Overall summary

About the service

Prestige Nursing - Worthing is a domiciliary care service providing personal care and support to people living in their own homes. The office is based in Worthing and the service currently provides care and support to people living across West and East Sussex. At the time of our inspection there were 126 people using the service. People's packages of care varied depending upon the level of their needs. Some people had complex needs and the service was provided to both adults and children.

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

Management systems were not being used consistently to support governance and oversight of the service. This meant that there was a lack of analysis to identify patterns and trends overtime, leading to lost opportunities for driving improvements. There was an over-reliance on verbal communication which meant that some records were not always complete to show how decisions about care and treatment had been made. We made a recommendation that the provider undertakes a review of their management systems.

People and their relatives told us that they continued to be happy with the care and support they received. Their comments included, "I like Prestige, I think it's well run," and, "The service they provide is excellent, very reliable and often with the same carer. I've had good information from the start."

Staff understood their responsibilities for safeguarding people. Risks were identified and managed and risks were reviewed regularly, including following incidents and accidents. People who needed support, received their medicines safely. There were enough suitable staff to provide the care visits that people needed. Staff understood how to protect people with the prevention and control of infection.

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 had received training that was relevant to people's needs and felt supported in their roles. One staff member said, "The staff are well looked after here and they feel valued." People told us they had confidence in the skills of the staff. People's needs had been assessed in a holistic way. Where needed, people were supported with eating and drinking and to access health care services.

Staff knew the people they supported well and had developed positive relationships with them. People told us they felt respected and were treated with kindness. One person told us, "I have the most brilliant main carer. Some of the other regular carers are also outstanding, they go the extra mile to show they really care."

People were receiving a personalised service. Some people had complex needs and their care plans were comprehensive and detailed. People told us they felt in control of their care. One person said, "My original assessment arranged what care I would need and I still feel it's my say how I want my care time to be used." People knew how to complain and felt confident that concerns would be addressed. People were supported with end of life care.

People spoke highly of the service they received, the staff and the management of the service. One person said, "It's a well-run and caring service."

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 01 March 2017).

Why we inspected This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Well Led section of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Prestige Nursing - Worthing

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that staff would be available to support the inspection and to let people know that an inspector might contact them.

Inspection activity started on 24 September 2019 and ended on 25 September 2019. We visited the office location on both these dates and we spoke with people or their relatives by telephone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager and the business manager,

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us the support they received helped them to feel safe living at home. One person told us, "There are procedures for them (staff) to follow so I feel very safe." Staff demonstrated an understanding of their responsibilities to protect people from abuse. They could identify signs that might indicate abuse and knew how to raise an alert if they had concerns. One staff member said, "If I was worried I would always report it."
- Records showed that safeguarding alerts had been reported to the local authority appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Some people had complex needs and risk assessments were comprehensive and had been regularly reviewed to ensure risks continued to be managed. Care plans provided clear guidance for staff in how to provide care and support to people safely. For example, some people were at risk of developing pressure sores. Their care plans included clear guidance for staff on the support they needed with positioning and posture.
- Some people had risks associated with their health condition. Risks were clearly documented and care plans included details of equipment and how it should be used to support the person safely. Staff had received additional training where specific equipment was needed and competency assessments had been undertaken to ensure they were competent and confident to provide the care.

Staffing and recruitment

- There were safe systems in place to ensure that staff had appropriate recruitment checks before working with people. There were enough suitable staff to provide all the care visits. Staff told us that they were sometimes asked to cover additional visits but that this was rare. People told us that the service was reliable and calls were not missed or cut short. One person told us, "They will always ensure someone comes, I've never had a missed call."
- Records confirmed that care visits were usually allocated to regular staff. People told us their care visits were consistent with familiar staff allocated regularly. One person told us, "I've had the same carer for five years." Another person said, "I have one particular carer most of the time." The provider employed co-ordinators to plan visits and ensure that all visits were allocated. An electronic care planning system was used to plan visits and co-ordinate the staff rota. This enabled staff to monitor that all call visits were allocated, including when there was planned or unplanned absence. A staff member explained that if necessary, office based, appropriately trained staff could also cover care visits for people.

Using medicines safely

- People were receiving their prescribed medicines safely. Staff received training in administration of

medicines and their competency was assessed regularly. Some people had complex needs and needed to have medicines administered using specialist techniques, for example, through enteral feeding systems. This is when nutrition and sometimes medicines are fed directly into the stomach or intestine through a tube. Where appropriate, staff received additional training in specialist techniques, specific to the needs of the person.

- Some administration of medicines was only provided by registered nurses. Care plans detailed how people should receive their medicines and provided comprehensive guidance including for specialist techniques. Medicine Administration Record (MAR) charts were completed consistently and there were systems in place to monitor the administration of medicines.
- People told us they were satisfied with the support they received with their medicines. One person said, "It's a strength of Prestige that they understand all about medicines." Another person told us, "I look after my own medicines, but it's part of the care plan that the staff will always ask if I've taken them and they sometimes check the blister pack."

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us that they had access to the personal protective equipment (PPE) they needed. One staff member said, "We get all the gloves we need, we only have to ask." Staff were knowledgeable about how to prevent and control the spread of infection.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded on the electronic call monitoring system. The registered manager explained how staff dealt with incidents and accidents in a responsive way. They said that the introduction of field based supervisors had improved the response to incidents, including making amendments to care plans to reduce the risk of reoccurrence. For example, staff had sought advice from an Occupational Therapist (OT) following an incident due to a person's deteriorating mobility. This had ensured that the manual movement care plan was updated and that staff were using the most appropriate techniques and equipment to support the person.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed in a holistic way to take account of people's physical health, mental health and their social needs. Appropriate assessments were undertaken to identify how to achieve effective outcomes for people. Assessment tools were used to measure risks to people and to identify changes. For example, some people were at risk of skin breakdown and an assessment tool was used to measure and monitor risks and to review changes that might increase the risk of developing a pressure sore. This informed the care plan for skin integrity and if skin damage occurred, pressure wound care plans were put in place.
- Care plans included clear goals that people wanted to achieve. One person explained how they had needed to improve their mobility and this was included within their care plan. They told us how their regular staff member supported this goal, saying, "She takes me for walks with my walking frame."

Staff support: induction, training, skills and experience

- Staff received training that was appropriate for the needs of people they were supporting. One staff member said, "There is lots of training provided, we have regular updates." Staff described being well supported with an induction programme when they started work with the provider. One staff member said, "I had some classroom training and then shadowing with experienced staff before I went out alone." Another staff member told us, "I completed the care certificate when I started and that was really helpful, that was as well as the corporate induction." The care certificate is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.
- People said that they had confidence in the skills of the staff. One person told us, "All the carers seem well trained and skilled." Another person said, "The staff all mention their training, it seems good."
- One staff member described how dementia training had been effective in improving their practice. They explained the training had helped them understand how people who were living with dementia might experience the world around them. They told us, "It really helped me to understand and I have more empathy now and more patience."
- Some people with complex needs were supported by registered nurses and care staff who had received additional training in complex needs. Nurses were supported to maintain their clinical skills, for example, one nurse described having received training in tracheostomy care and enteral feeding systems.
- Care staff told us they could request additional training and were supported to undertake vocational qualifications. One staff member said, "There are opportunities to progress and get more experience. If you want to move into providing more complex care then you get a lot of additional training and some of it is specific to the person's needs so it is very personalised."

- Staff said they were well supported and described having regular supervision meetings. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Records confirmed that staff received supervision and appraisals regularly.

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

- People were receiving the help they needed to have enough to eat and drink. Some people were receiving support with preparing meals and some people needed support with eating and drinking. One staff member described the help they provided to people saying, "If I am supporting someone with eating I always make sure I am going at their pace and check that they are ready for the next mouthful."
- People told us that they were able to make choices about their food. One person said, "I like it that they help keep track of my provisions and what shopping I need." Another person described how staff reminded them of what food they had in the cupboard so they could choose their meal.
- Risks associated with eating and drinking were identified and assessed. For example, some people were assessed as being at risk of choking. Care plans provided clear guidance for staff in how to support people safely. Some people had specific dietary needs and these were clearly identified in their care plan. Food allergies were recorded as well as people's preferences and their diverse needs. Staff demonstrated a clear awareness of people's requirements, including their religious needs with regard eating and drinking.
- Some people who had complex needs, had their food and fluid intake monitored and their weight recorded regularly. Records were consistently maintained to support effective monitoring.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked co-operatively with other agencies to deliver effective care to people. People told us that staff worked well together and with other agencies. One person said, "The service dovetails well with other services I receive."
- Staff told us that they had developed positive working relationships with other agencies including health care professionals. One staff member described how a health care professional had supported staff with stoma care for one person. They said, "We worked with the community stoma nurse, it really helped to build our knowledge and confidence. Now they have discharged the person into our care but we can contact them at any time if we have concerns." Another staff member described working with hospital staff to understand how complex care needed to be provided before a person could go home. They described the positive impact this had in supporting the person's transfer home from hospital.

Supporting people to live healthier lives, access healthcare services and support

- People were receiving the support they needed to access health care services. People spoke positively about how staff supported them. One person said, "They made GP appointments for me and accompanied me to the surgery." Another person told us that staff, "Worked closely with the district nurses when I was recovering from an accident." A third person told us, "They are very competent with any health issues that arise." They explained that a staff member had recognised when they were unwell and had called an ambulance. The person said that this had happened on more than one occasion.
- Staff told us that could support people with accessing healthcare services when they needed them. One staff member said they regularly contacted the GP and the chemist to chase up medicines and to ask for test results, when a person asked them to.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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. We checked whether the service was working within the principles of the MCA.

- People told us that they felt in control of their care and that staff checked with them before providing care and support. One person said, "The carers ask what I need and want."
- Staff had received training in MCA and demonstrated a clear understanding of their responsibility to protect people's rights. One staff member said, "I always check with people first. If they refuse the care, all you can do is encourage them, it's their right to say no." Another staff member said, "Even if people have dementia , I always still check, people need to be offered the choice."
- Some people had been assessed as lacking capacity to make certain decisions. Where best interest decisions had been made these were clearly documented. Where appropriate, the provider had checked that people had the legal authority to make decisions on behalf of people who lacked capacity.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff continued to treat people with kindness and respect. People told us that they had developed positive relationships with staff who visited regularly. One person said, "They all treat me kindly. One carer comes to me more than the others and I appreciate that, we have built up a relationship." People said that staff had got to know them well and they felt comfortable with their regular staff members. One person said, "I have the most brilliant main carer. Some of the other regular carers are also outstanding, they go the extra mile to show they really care."
- People told us staff were caring. One person said, "They all show kindness." Another person told us, "With my condition I can have a really bad morning. The carers recognise that and will sit and talk with me."
- Staff knew people well and spoke positively about the people they supported, describing them with respect, empathy and genuine fondness. One staff member said, "I have got to know people really well and they know me too. You have to remain professional but I can't help getting attached to people." Another staff member spoke about how they respected people's diverse needs. They told us, "It's about ensuring you are not discriminating against people. It's about providing them with the best care possible in the way that suits them."

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

- People were involved in making decisions about their care. People said that they were included and supported to express their views about their care and support. People's comments included, "I feel totally involved in my care plan," and, "We went fully into the care plan together, it's what I have agreed."
- Records identified that people's views and wishes were considered and included in decisions about their care. For example, care plans included details that were important to people about their daily routines including choices that should be offered to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were supported. People told us that staff were respectful and supported them to maintain their dignity. One person said, "They all totally respect issues of privacy and dignity." Another person told us, "I always feel comfortable with all the staff, I've never had any worries around my privacy or dignity with them."
- Staff demonstrated a clear understanding about how to maintain people's confidentiality. One staff member said, "I'm always careful, I make sure nobody is around to overhear if I need to pass information to the office." People's confidential information was kept securely in the provider's office.
- People were supported to retain their independence and to regain skills where possible. One person

described how staff had supported them saying, "I've become more independent; I couldn't do showers before." Another person told us their regular carer had supported them with rehabilitation saying, "They help with doing my exercises." A staff member told us how they enjoyed this aspect of their role saying, "It's about building confidence and helping people to achieve goals so they can be as independent as possible. It's very rewarding."

● People told us that they did not feel rushed and that staff were encouraging and supportive when providing care. One person told us, "They all take time while they are with me, for example to see me safely to and from the toilet." Another person said, "I like the companionship, it does help my independence." Staff told us they had enough time to spend with people and did not need to rush or hurry. One staff member said, "It is busy but we are able to spend the time that people need, I would never want to have to rush someone."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People continued to receive a personalised service. One person told us, "I feel I get a very personal service." Care plans reflected people's wishes and choices. People told us they had been included in developing their care plans and that they felt in control of their care. One person said, "I feel the contents of the care plan are what I have agreed, including how I am involved in using the hoist." Another person said, "My original assessment arranged what care I would need and I still feel it's my say how I want my care time to be used."
- People's needs were regularly reviewed to check that care plans continued to meet their needs. If people's needs changed, staff were proactive in identifying that a review was needed. One staff member described how a person had needed additional support and extra time was provided for their care visits. They said, "I reported it to the office but they already knew because the call time had been longer than usual, so they came out and did a review." People told us they were included in reviews of their needs. One person said, "I made an agreement at first about what help I need, and we have refined it since."
- Some people had complex needs and their care plans were comprehensive and detailed to guide staff. For example, one person needed support with positioning when in bed. There was clear guidance for staff in how to achieve the correct position, including photographs. This meant that the person was supported in a personalised way to be comfortable and safe.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed. There was clear guidance for staff in how to support people with communication including any equipment or tools that were needed. For example, some people used electronic devices, writing pads and alphabet boards.

Some people were not able to communicate verbally. Care plans included a description of signs, facial expressions and behaviours that people used to communicate. This supported staff to understand people's needs and provided guidance in how to respond.

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

- People told us that staff were able to support them to maintain contact with the local community. One person said, "They are usually able to be flexible, which helps me remain independent in the community."

Staff said they were able to support people to attend events and appointments in the community to prevent people from becoming socially isolated.

End of life care and support

- Records showed that people were supported to plan for care at the end of life. Staff demonstrated a clear understanding of how to support people with end of life care. One staff member said, "We work with hospital staff and sometimes with the local hospice to support people to die at home if that is their wish." Staff spoke with compassion about their experiences and described the care that had been provided. One staff member said, "It's always sad but also one of the most rewarding aspects of the job. We are able to support family members too."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and actions were taken to resolve issues when they arose. People told us that they knew how to complain, one person said, "I haven't needed to raise any concern, but it is clear how to do so and who the management team are." People said they were confident that their concerns would be dealt with. One person told us, "I had a complaint about arrangements for taking me shopping. I contacted their head office, who spoke to Worthing branch, and it got fixed. They also checked whether I had any other issues for them to address."
- Staff told us that people rarely raised complaints but that the registered manager took action to address issues straight away. Records showed that individual complaints were addressed in a timely way.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management systems were not consistent in providing oversight and driving improvements at the service. Policies were in place to guide staff in governance arrangements, including when and how to report incidents. However staff were not always aware of the relevant policy and procedures and this had led to inconsistent practice in recognising when an incident needed to be reported. The registered manager explained that they were informed of incidents and accidents as they arose and dealt with each incident individually. There was a reliance on verbal communication and not everything was recorded to provide assurance that actions had been taken. This meant that records were not always complete to show how decisions about care and treatment had been made. Whilst we could find no evidence to suggest that people had come to harm as a result of these shortfalls, this was identified as an area of practice that needed improvement.

- Governance systems were not always effective in providing oversight including for safeguarding, complaints, incidents and accidents. This meant that there was a lost opportunity to identify any patterns and themes over time. The registered manager acknowledged that there was a lack of analysis of data. For example, they could not easily identify how many incidents had occurred and they were not able to assure themselves that each incident had been dealt with effectively or that any themes or trends were identified to drive improvements.

- Feedback had been received from people and relatives about poor communication when changes were made at short notice. People and staff told us that this remained an issue. Some people said they did not receive information in advance about who would be supporting them. The registered manager acknowledged that some staff changes were not always communicated to people. This showed that there had been a failure to use feedback effectively to drive improvements.

We recommend that the provider reviews their management systems and processes to ensure that information on the quality of the service, including people's experience of the service, is analysed, reviewed and that the information is used to drive improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 values of the service were understood by the staff and were embedded within practice. Staff

described an open culture where they felt able to seek support. One staff member said, "You can feel isolated sometimes, it's the nature of the job, but there is always someone to ring for advice and support so you do feel part of a team." Staff demonstrated a clear understanding of the ethos of the service to support people to be as independent as possible and to provide high standards of care.

- People told us they were happy with the service they received and spoke highly of the staff, including the office based staff and the registered manager. One person said, "I like Prestige, I think it's well run." Another person said, "It's a well-run and caring service." A third person told us, "The office staff are all friendly and accommodating on the phone."
- The registered manager understood their responsibilities under the duty of candour.

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

- The provider's systems supported engagement and involvement. People told us that they felt involved with the service and had opportunities to provide feedback and to give their views and suggestions about improvements. One person told us, "Every few months someone comes from the office and discusses things, which is necessary and works well."
- Staff told us their views were welcomed and described how ideas were raised at staff meetings. One staff member said, "Everyone can share their views and ideas get discussed and thought through."
- The registered manager told us that people had told them they had difficulty in getting through to the office by telephone on some occasions. They described how this had led to field based supervisors dealing with some calls. The registered manager explained how this had improved the ability of staff to respond to any issues as they arose.

Working in partnership with others

- The provider's systems supported effective partnership working. Staff described working in partnership with other agencies including health care professionals to support people effectively. Records showed how staff worked collaboratively to ensure there was a smooth transfer of care, for example when people came home from hospital or from a hospice.
- Staff described receiving training and instruction from health care professionals who were working with people who had complex needs. This ensured that people's individual needs were understood and met by staff who had received the training before providing care.
- Staff described working in partnership with the relatives of some people with complex needs. They explained how relatives were involved in introducing new staff members who would be working with the 'cared for' person. Over time, this had enabled staff to build a positive and trusting relationship with relatives and the person who had complex needs.