

Southways Group Limited

Southways Group Ltd

Inspection report

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Ratings

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|---------------------------------|--------|
| 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

Southways Group Ltd provides care and support to people living in specialist housing. At the time of the inspection, people lived in an adapted household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for this type of housing; this inspection looked at people's personal care and support service. At the time of the inspection five people were being supported with personal care.

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

The previous inspection in December 2019 found that standards relating to the quality and safety of the service needed to be improved. The provider had not always recorded areas of risk; safeguarding concerns were not raised with the appropriate bodies; the way people's medicines were managed needed to improve and staff had not received all the training they required, especially in relation to mental capacity and infection control. Care plans did not contain all relevant information about people's needs and had not been reviewed to ensure their care and support was relevant and up to date. Accidents and incidents monitoring, governance systems and quality audits were not robust enough to ensure the management of the service was effective.

Improvements had been made throughout the service.

People who were able to talk with us over the telephone told us they were safe using the service. Family members told us their relatives were being cared for by staff who knew them well. Health and social care professionals thought the service had improved and people had better outcomes.

People were cared for by staff who were reliable and consistent. Rotas were organised in a way which meant people saw the same team of staff so that relationships were developed and maintained.

Staff had a good understanding of safeguarding processes to keep people safe and how to report any concerns. Staff understood and were aware of their responsibilities to raise concerns and report all incidents. People were supported with their medicines when they needed them. We were assured the service met good infection prevention and control guidelines and personal protective equipment (PPE) was readily available. There were enough staff to provide care and support to people and staff had been suitably recruited to their role.

Staff were aware of people's needs and supported them to manage risks to their safety whilst supporting them to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's needs had been assessed and reviewed. Care plans contained information about people's needs

and ways in which they should be met. This included their routines, preferences, and more recently, gathering information about their protected characteristics, culture and lifestyle.

Staff confirmed they had received training which gave them the knowledge and skills to carry out their roles. Spot checks were carried out to monitor staff practice and ensure they were working safely. People had good support with their meals. People were supported to access healthcare where needed. Staff worked very well with other professionals to ensure people's healthcare needs were met

Staff treated people with dignity, respect, kindness and promoted their independence. Staff recorded information about people in a respectful way. Obtaining people's views as to their end of life wishes was ongoing and information was being captured at their pace. The manager was seeking support and training for staff in order to explore with people their wishes and choices.

Systems had improved to assess, manage and monitor the oversight and quality of the service. Complaints were investigated and responded to. Where things had gone wrong, the manager was open and transparent with people, and their relatives and used their feedback to improve the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 7 January 2020). Where we identified breaches of the regulations and made recommendations for the service to improve, the provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvement had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service. 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?

Good ●

The service was safe.

Details are in our safe 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.

Southways Group Ltd

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 was carried out by one inspector.

Service and service type

This service is a domiciliary care agency providing support to people living in shared accommodation so they can live as independently as possible.

The service had a manager registered with the Care Quality Commission. However, they were only working a very few hours and planned to resign from their role. An application had been submitted to us for a new manager to be registered to provide the regulated activity and manage the service. This means the registered manager 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to meet with us. Inspection activity started on 10 May 2021 and ended on 28 May 2021. We visited the office location on 12 May 2021.

What we did before the inspection

We reviewed all the 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. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the

service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two family members about their views of the care provided. We spoke with the director, manager and two members of staff. We also had feedback from a further five members of staff via email. We spoke with two health and social care professionals and had email feedback from another three about their views of the service.

We reviewed a range of records. This included three people's care records and medicine records. We looked at two staff files in relation to recruitment and training. 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 and further information was sent to us as requested.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection, robust procedures were needed in order to keep people safe. Enough improvement had been made at this inspection to show that people were protected.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to identify and minimise the potential risks when supporting people to access their money. Staff had been retrained regarding the management of monies, the importance of security, recording and keeping receipts.
- Governance and accountability systems were in place including audits of people's financial affairs and when and where staff assisted people with their money. Auditing of cash books took place and receipt books were checked by the manager.
- Safeguarding concerns were raised and followed through using the correct policy and procedure. The manager raised alerts and sent notifications to the relevant bodies. They acted promptly to mitigate risk, by investigating and taking appropriate action. One social care professional said, "Overall, there have been big improvements with communication with the team, managing risks and raising safeguards appropriately."
- Staff confirmed they had received training in safeguarding people from harm. One said, "March 2021 was the last training I did. I learnt how to protect vulnerable adults from all types of abuse."
- A policy regarding the non-use of restrictive practices had been written, implemented and disseminated to staff in order for them to respond quickly to deal with crisis situations.

Assessing risk, safety monitoring and management

- Risk management systems had been improved to ensure all risks to people's health and wellbeing were assessed, recorded and monitored. This included their physical health as well as managing their money.
- Risk assessments were kept up to date and covered people's access to the community, moving and handling, nutrition, distressing behaviour and mobility. For example, one person had fallen out of bed twice. The manager had come up with the solution of a bed rail to try and had assessed the possible risks to the person's safety. The person told us, "I agreed to try this and found it helped and made me feel safe whilst in bed."
- Plans to support people with their medical conditions had been reviewed. Clear guidance was available to staff about what actions to take when supporting them. One staff told us, "Everyone's risk assessments have been updated, they are now easier to read."
- People's mobility needs and capacity to evacuate their homes in an emergency had been assessed and updated.
- A system had been introduced to record and register accidents and incidents. This provided management with a quick and easy reference tool when monitoring trends and occurrences.

- The new computerised rota arrangements has been developed to manage staffing and rotas. The rota was published a month in advance which allowed for changes to be made so that people did not go without support. One person said, "The staff I like are not always there so I pick and choose who I have help me and when." We were assured by the manager and staff that the person had the support they needed.

Staffing and recruitment

- The manager told us a full review of staff files had taken place and any omissions rectified. Our view of the files confirmed this. Management had undertaken safer recruitment training.
- There were enough staff to support people well. Some new staff had been recruited in order to meet the needs of people, although several staff had worked for the provider for a long time who knew people well.

Using medicines safely

- A new medicines management policy had been introduced in line with NICE guidance. It had been reviewed by an independent consultant before being put into place. Staff told us they had easy access to the policy.
- Risk assessments had been carried out when people chose to administer their own medicines or when they declined to take them. Staff were clear on the procedures to take. A person said, "I have my own tablets, but staff will help me out if needed."
- Where people were prescribed, as required medicines (PRN), a process was in place regarding their use. One staff said, "It is clear on the medicine administration record (MAR) when a person has PRN medicine. The protocol is very clear."
- Staff had been trained in medicines administration. Assessments were carried out by the manager, to make sure that the staff were competent to support people with their medicine correctly.
- The manager told us they carried out regular audits of people's medicines, including the temperatures of the medicine cupboards where people's medicines were kept. The manager said, "The MAR sheets are fully computerised which allows me to keep a keen eye over all the medicines. I am able to spot any issues as soon as they arise and deal with them in a timely manner."

Preventing and controlling infection

- The provider had kept people safe by having COVID-19 procedures in place. A family member said, "I am happy [person's name] is safe. They must be doing something very well to do that at this time."
- Staff confirmed they had received infection prevention and control training, had seen the updated policy, completed regular testing and had access to the personal protective equipment (PPE) they needed to keep them and people safe. A staff member said, "I have completed my training online on full infection control. I make sure that I always wear a mask and we have plenty of hand sanitizer and soap. I'm sure that all staff comply with this as well." Another said, "Southways management strongly required us to use PPE especially in view of the pandemic. In addition, my food hygiene training helps prevent any infections."

Learning lessons when things go wrong

- The manager told us that a lot of change had taken place since the last inspection. They had learnt many lessons, especially about assessing and understanding risk, making support plans person centred and managing the service more effectively and safely. A staff member told us, "I feel I work for a professional company now. I know where we are going, we have everything we need to know about people's care. People are getting a much better service now. I have noticed a lot of hard work going on improving things for people and supporting staff."

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- Before using the service, an assessment of the person's need was completed. This assessment was put into a support plan together with other relevant information provided by a social worker for example. We saw that information about their physical, emotional and mental health was provided to staff.
- The manager was still in the process of gathering information about people's protected characteristics as we saw only people's religion had been recorded. People's age, disability, ethnicity, sexual orientation and gender were part of who they were and therefore, staff may not be aware of any specific cultural or lifestyle choices or needs. After discussion, the manager included questions about protected characteristics within the assessment process and we saw a copy of this. They also agreed to hold sensitive and relevant conversations with people about their preferences and wishes.

Staff support: induction, training, skills and experience

- Staff told us they had a good induction to their role and responsibilities, shadowing and training. A staff member told us, "The induction covered all the necessary information I needed in order to confidently begin work unsupervised." Another told us, "When I started, the induction was limited. I have noticed the improvement in the new induction when I have had new staff shadow me."
- The staff training programme had been updated and staff had received a range of statutory annual training and additional training where they had gaps in their knowledge. For example, infection control, moving and handling, diabetes, epilepsy and equality and diversity. Oral health had not as yet been provided. Some staff had accessed a range of other courses on topics of interest to further their understanding such as substance misuse and suicide prevention. One social care professional told us, "They are providing better training for staff and support is more consistent with a key support worker at most of the properties daily."
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal. This gave staff an opportunity to discuss how they felt they were getting on and any development needs they may have. A staff member told us, "I feel capable of raising any concerns I may have with my manager as I am confident that any information I disclose will be dealt with professionally." Another told us, "I do regularly tell my manager if I feel something is not right. They will always listen to what we all say and will explain what is happening and follow up about our concerns."

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

- Staff supported people to eat and drink in line with their assessed needs. The daily notes recorded people's nutrition and hydration so this could be monitored for any health concerns. One person had

diabetes and staff could understand from their care plan how to support them with this. This had improved since the last inspection.

- People told us they could choose what they wanted to eat and had support with making shopping lists and going shopping. One family member said, "It's good the staff help [person's name] to go shopping and support them to be independent, even if sometimes they don't want to be."

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

- Care plans included guidance for staff about how to support people's oral health if this was needed. One example showed that a person needed prompting as they forgot to clean their teeth.
- People's healthcare needs were monitored. Care records showed that people had access to GP's, dentists and opticians when needed.
- Information was available when people had visited or been visited by health or social care professionals, which included the outcomes of these visits. One health care professional said, "Communication is really good and the manager is so on the ball. They are really working hard to support people who may have very high needs."

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.

- People's assessments identified if they had capacity to make decisions about their care. Where people did not have capacity, relevant people, such as family with Power of Attorney, the Court of Protection or Solicitors had been involved to agree the level of care required for them.
- Staff had received training in the MCA and knew what they needed to do to make sure decisions were taken in people's best interests. One staff member said, "I understand about the MCA and I've had the training. It was spoken about in the recent supervision I had. The manager gave us all a small aide memoire about the five areas in the MCA. It is about ensuring that people have a choice regarding their own decisions if they are capable of making that decision."
- Staff obtained people's consent before providing any support and respected their rights to make their own decisions. One health care professional told us, "The staff are so very non-judgemental, they give people time and space to make their own decisions, advising about any unwise ones people wish to make."

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The staff and management actively supported people to be involved and included in all aspects of their daily life and care arrangements. The daily notes were very person centred and descriptive of the support, choices, and opportunities offered. People's verbal responses were recorded and, if unable to verbalise their views, a description of their response or behaviour provided their opinion for the staff to interpret and act on. One social care professional told us, "Southways provide outstanding support to the adults they are supporting. During my involvement, it was identified that there was an area of development to document the support they were providing. This of which has now been achieved."
- A formalised survey was undertaken every year and we saw a copy of the results for last year. This was not a useful way for analysing and understanding people's views due to the small number of responses received. The manager was looking at more creative ways of understanding people's experiences. One staff member told us, "I know everyone very well. I maintain a house diary and organise all house meetings so we know how people are and can respond to them in the best way."
- No-one was currently using advocacy services but the manager told us if someone needed an advocate, they would have one. An advocate is an independent person who promotes and acts on a person's best interests.

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

- People told us about their care and support. A person told us, "The staff are nice, I like [name of staff member] best, we get on well." Another said, "I don't always want to talk to them, [staff] but they are around."
- Family members thought the staff they had contact with were kind and friendly. One said, "When we visited [person's name], they agreed to come to the door to see us. A staff member supported them to do this and we had a 10 minute talk together which was enough for them. They looked well, bright and well dressed." Another said, "The good thing about Southways is the staff are always there for [person's name] and, to be honest, when I don't hear from them, I know Southways are helping them and things are going well."
- Staff had good insight into people's needs and how to provide their care. There had been a consistent staff team who were experienced in caring for people whose needs, behaviour, and mental health were variable and changeable. One staff member told us, "I know people well in regards to any personal issues they may have and their own interests and hobbies. I know one person's favourite dessert is bread pudding."

Respecting and promoting people's privacy, dignity and independence

- Staff understood their responsibilities to respect people's right to privacy, confidentiality and to promote their independence. A staff member told us, "The manager has been quite firm regarding boundaries, talking in front of other people and staff. I believe if you read the support plans this helps us to promote the dignity, respect and independence that our people need and deserve."
- People had specific hours of support they could use flexibly. One staff member told us, "There is a lot of time in [person's name] support plan where they are out one to one with staff, either shopping, visiting the café or spending time on Southend sea front."
- The service was in a process of change to enable more independence and self-determination. The manager told us some people were finding this harder than others to start to take responsibility for daily household tasks, personal care and their surroundings. The staff were all on board with this new approach. One staff member told us, "I make sure that professional boundaries are adhered to and I work within best practice to ensure that each person receives care that doesn't challenge their dignity, whilst respecting their wishes of privacy and confidentiality." Another told us, "The vision of Southways has become clearer. I feel there's been a change in the way that we are supporting people. I can see that we are now looking to give our people independence and skills so that they may live more independently. This has been a marked change in recent months, and it's been a breath of fresh air."

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 Requires Improvement. At this inspection this key question has now improved to 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

At our last inspection we recommended the provider review care plans to include information on people's backgrounds, hobbies and interests and how they wished to receive their care.

- Improvements had been made to people's support plans. People's plans of their care contained all that was necessary to get to know them, what their wishes and aspirations were and how they wished their care and support to be provided. They were very person centred and focussed on providing quality care. A staff member told us, "The new support plans and the contact sheets are now laid out in a way that helps." Another told us, "People will have the new needs assessments which is so much better than the old assessment and right from the get go we will have a much better picture of any new people coming to us."
- Biographies of people were being prepared and inserted into their personal files to be viewed in conjunction with their support plans. The manager said, "By having the biographies included allows for more relevant tailored support to the individual."
- Reviews were undertaken as and when people's needs changed. Changes were communicated via the staff What's App group messaging systems so staff could access this immediately.
- Staff held a key worker role and took responsibility for individuals. Key workers linked with people and professionals and updated their support plan with any new agreements made. One staff member told us, "I am kept informed when people's needs change by updates from my manager and reading people's logs. I would also read new people's needs assessments, risk assessments and support plans."
- Staff liaised very well with health, mental health and social care professionals for the benefit of people they supported. A health care professional told us, "Southway's have evidenced that they manage crisis well and they know the adults they are supporting which promotes their overall wellbeing."

Meeting people's communication needs

At our last inspection, we recommended the provider reviews how the AIS could be embedded to enhance the service offered to people.

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 support plans had been improved and now contained information about their communication needs and ways in which information was made accessible to them. The manager told us, "AIS is an important part of the service and as such we have ensured that staff, people and visitors are aware that other methods of communication, language and assistance are available to all."

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 were supported to access the community, go shopping, go to events and places that were of interest to them, in line with their assessed needs. A family member told us, "The staff are good at facilitating our contact with [person's name] and the service has improved as more communication is helpful to us." A staff member told us, "Southways encourages staff to really get to know people. An example is my understanding of one person's interest in history. This is enabling us to plan trips out to places of historical interest."

Improving care quality in response to complaints or concerns

- An up to date complaints procedure had been written, implemented and displayed in people's properties which follows good practice guidance. The manager told us, "Any person using our service can fully understand their options in the event of a complaint. A family member said, "I did raise a complaint once and it was dealt with very well and they [manager] kept me informed."

End of life care and support

At our last inspection, we recommended the provider reviews how they explore and record people's preferences and choices in relation to end of life care.

- The service was not supporting anyone who was at the end of their life.
- People's support plan now included talking with them about their end of life wishes. We saw recorded in one person's support plan, "I have not thought of any plans when I die, I will think about this and tell staff later."
- A new policy had been compiled and implemented. The manager told us, "This new policy will be offered to people at their care reviews and those wishing to complete the assessment will be supported through this process."
- Staff had not received any training in end of life care. They told us discussing these subjects can be very difficult for people and staff. One told us, "This has been part of the new needs assessments I have been completing. Clearly this has never been a consideration previously. We have started to talk to people regarding their end of life plans, funerals and any wills." Another told us, "This has been discussed with people recently which is the first time ever and it has been emotional for some. It's a good thing."
- In discussion with the manager, they agreed to seek guidance, resources and training from an appropriate provider to increase staff awareness and skills and support them in having sensitive conversations.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Governance and performance management systems had been put in place since the last inspection. The computerised system enabled quality audits, financial checks, risks, training of staff, accidents and incidents and medicines management to be reliable and effective in managing the service. Staff had immediate access, through an App on their mobile phone, to people's support plans, medicines records, and daily logs.
- Staff and professionals were complimentary about the management of the service and the improvements made. Comments included, "The care, support and leadership has vastly improved.", "My manager is very approachable and fair to all staff. I do feel supported at work.", "They [manager] are the first manager who spends so much time with people, they are really hands on." A social care professional told us, "The director and manager have really engaged and worked so hard to make the improvements required. It really was a pleasure working with them both."
- Spot checks on staff competency to carry out their role were completed and recorded. Issues or concerns were discussed at supervision sessions or via the What's App group messaging system.
- Record keeping had been improved. We saw the logs about people's day to day life. They were written in a sensitive, respectful and non-judgemental way documenting emotional, physical and mental health issues and concerns. This enabled staff to know how someone was feeling and how they may need a coordinated response from staff.

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; .

- Staff were aware of the vision and values of the service. The culture of the service was positive and professional. A staff member told us "They are listed in the statement of purpose and I demonstrate these in my role by giving people every opportunity to live their lives independently." Another told us, "I feel I work for a professional company now, I know where we are going, we have everything we need to know about

people in our care. They are getting a much better service now and I have noticed a lot of hard work going on improving things in people's houses and supporting staff."

- The provider understood their legal responsibility. The Director worked closely with the manager who had implemented the improvements and changes since the last inspection. The manager was open and honest when things had gone wrong and worked to ensure there was a fair discussion and an agreed outcome for all concerned. The management team were proactive and able to communicate effectively with the staff and people who used the service.

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

- Systems were in place to ask people, staff or health professionals their views about the service. One staff member told us, "We all listen to and feel confident in making suggestions on any matter. We do get feedback. We have recently started completing staff surveys which is something we've never done before. Another said, "Yes I can make suggestions, they are listened to and we can discuss issues in an adult sensible way."

- Work was underway to engage with people in important areas of their life namely their protected characteristics and end of life wishes. This will enable support plans to be holistic and personal centred.

Working in partnership with others

- The service worked in partnership with other organisations, these included GP's, pharmacists and community health professionals.