Keys Hill Park Limited

Keys Hill Park

Inspection report

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 and 9 August 2016 and was unannounced.

Keys Hill Park provides accommodation and support to a maximum of thirty six people. They support people who have a learning disability, autistic spectrum disorder or mental health needs. It does not provide nursing care. Accommodation is provided through eleven different properties on the site with small groups of people living in each one. Each property has a communal lounge and a kitchen. On the day of our inspection there were thirty three people living in the home.

The provider has another service, The Gables, which is situated about a mile away from Keys Hill Park. The Gables was inspected by the same inspector and in the same week as Keys Hill Park. This is because the two services operate closely together. They have the same management team and some staff work across both services. Some records for both services are also held at the offices in Keys Hill Park.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in Keys Hill Park. Risks to people were identified and managed, this included risks relating to the management of the premises. There was a clear reporting structure and oversight of incidents and accidents. Staff understood their responsibilities regarding adult safeguarding.

There was sufficient staff which ensured people were safe.

Medicines were safely managed and active measures were being taken to reduce the potential for medication errors.

Staff spoke highly of the training they received. They were supported to provide effective care through management support, good team work and effective training. New staff were provided with a detailed induction that gave them the skills and knowledge to undertake their new role.

Staff understood the basic principles of the Mental Capacity Act and ensured people were supported to make decisions.

People's nutritional needs were supported. Staff supported people to maintain good health; this included encouraging people to eat healthily. People were supported to access healthcare services where required.

People were supported by kind and caring staff, who encouraged them to be involved in decisions about their care. There was a strong emphasis on independence. Staff supported and encouraged people to be as

independent as possible.

People were involved in writing and reviewing their care plans. However, there were some restrictions in place which limited the amount of choice and control people had. Staffing sometimes impacted on the support given to people to participate in activities. This meant that care was not always delivered in a way that met people's individual needs and preferences.

People knew how to complain. The provider investigated and responded to complaints appropriately.

Staff and managers told us person centred care, inclusivity, and promoting independence were key values of the service. However, some 'house rules' had developed which appeared to undermine some of the values the service promoted.

Staff enjoyed working at the home and spoke positively of the support the management team provided. People were encouraged to participate in the running of the home and share ideas. Quality audits were in place which helped the provider monitor the quality of the service delivered and take action when needed.

The provider had introduced a culture and values programme, which aimed to encourage staff to take accountability and display key values and behaviours. This had had a positive impact on staff morale and on how staff carried out their roles.

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.

Risks to people were identified and managed, this included risks relating to the management of the premises.

Accidents and incidents were assessed and responded to.

Staff worked closely together to ensure there were enough staff on shift to keep people safe.

Is the service effective?

Good

The service was effective.

Staff received good training. Support from their colleagues and the management team helped them to provide effective care.

Staff understood the principles of the MCA and ensured people were supported to make decisions.

People's healthcare needs were supported, this included people's nutritional needs. Health care services were accessed when required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff, who involved them in decisions about their support.

People were encouraged to be as independent as possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Support was not always delivered in a way that respected people's rights, choice, and control.

Activities were varied and met people's individual needs and

preferences.

The provider took appropriate action to investigate and respond to complaints.

Is the service well-led?

Good

The service was well led.

Person centred care, inclusivity, and promoting independence were key values in the service. However, these appeared undermined at times by some 'house rules'.

People and staff were encouraged to participate in the service. They spoke positively regarding the support provided by the management team.

Staff were encouraged to display key values and behaviours through the development of a specific programme. This had had a positive impact in the service.

Quality audits were in place which helped ensure the service was promoting good quality care.

Keys Hill Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 9 August 2016 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Return (PIR). This is a report that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During our inspection we spoke with thirteen people who used the service and eight members of staff. This included a house leader, six support workers, and the member of staff responsible for the premises. The registered manager was on annual leave and not at the home on the days of our inspection. We spoke to other members of the management team. This included the operations director and deputy manager. We also spoke with an external advisor responsible for quality assurance in the home. After the inspection visit we spoke with three health and social care professionals and two relatives.

We looked at three people's care plans, three staff recruitment files and staff training records. We checked the medicines records for three people. We looked at quality monitoring documents and accident and incident records. We also looked at records of compliments and complaints.

Good

Is the service safe?

Our findings

Most of the people we spoke with told us they felt safe living in Keys Hill Park. One person said, "I definitely feel safe in this place, there is no doubt about that." Another person said, "Staff make me feel safe because they look after you, they are always available." However, two people we spoke with told us they sometimes felt intimidated by other people living in Keys Hill Park. One person told us they had discussed this with staff and records showed staff had taken action to address this.

The staff we spoke with had a good understanding of how to recognise, prevent, and report harm to ensure that people were protected from the risk of abuse. There was a safeguarding policy in place that set out staff's duties and responsibilities. Staff we spoke with demonstrated they knew what these were. The key safeguarding principles and the number to contact the local authority safeguarding team were printed on the back of staff ID cards. This meant staff could be easily reminded of what they should do if they had a safeguarding concern.

Risks to people were identified and well managed. Risks identified were specific to each person and detailed in their 'personal plan'. There was detailed and clear guidance for staff on how to manage these risks. These covered areas such as specific health conditions, eating and drinking, mobility, behaviour that may challenge others, and accessing the community. The staff we spoke with demonstrated they understood the individual risks to the people they supported and how to manage these.

The provider told us they encouraged a positive approach to risk taking so that people could be as independent as possible. A relative told us they appreciated this approach and the impact it had on their relative's quality of life. Several staff we spoke with gave us positive examples of this. For example, one member of staff told us how they had worked with one person gradually helping them to cook independently. They said they risk assessed each step and how to manage each risk so the person reached their ultimate goal.

There was a clear system in place for the reporting of incidents and accidents. Incident report forms asked staff to reflect on the incident and if they could have done things differently. Staff emailed reports when incidents occurred so these could be reviewed as soon as possible by the management team. We saw that the management team met on a weekly basis to review any incidents and accidents that had occurred. The minutes showed they would discuss the risks involved and what actions needed to be taken to manage these. The provider also used an incident tracker to help them identify any patterns in increases or decreases of incidents.

Risks to people from the premises were also managed. Regular up to date checks and servicing had been carried out on areas such as the communal lift, electrical equipment and fire safety. Risk assessments were in place regarding fire and legionella's disease. Records showed there were regular fire drills with people living in Keys Hill Park. However, there was no record of weekly tests in July for the fire alarms in the communal areas. We discussed this with the member of staff responsible for the premises. They advised they were confident these checks had been done but not recorded formally.

Each house had their own premises and safety folder. These contained checks on water temperatures, fire alarms, and the condition of the house and garden. We checked two of these folders and saw that these checks were carried out.

The operations manager told us each house had a designated core staff team which was built around each person. They told us they aimed for ninety percent of people's support to be delivered by their core team. The operations manager said they worked on a basis that each house would have three to four staff, but this could vary depending on people's individual requirements.

Five people we spoke with raised some concerns about staffing levels. One person told us, "They are always short of staff." Another person said, "Very low on staffing at the moment, loads of people have left." A third person told us they were concerned some staff worked long hours. They went on to say staffing difficulties meant staff had to cover other houses. They said this meant their designated house staff did not always support them.

Whilst people living in the service raised concerns, the staff we spoke with acknowledged staffing was an issue but felt this did not significantly impact on people's safety. Five of the staff we spoke with felt staff worked together to ensure shifts were covered and people were adequately supported. One member of staff told us, "We tend to tick over because other staff pick the shifts up." Another staff member said, "Everyone is mucking in and doing extra hours." A third member of staff confirmed, "Always able to cover shifts."

The information submitted to us prior to the inspection showed a high staff turnover. We discussed the staffing issues with the operations director. They acknowledged there were some issues regarding staffing, however they had strategies in place to deal with this. These involved using their own bank staff and tightening up their recruitment practices, so they ensured they employed staff who were committed to working at Keys Hill Park. They also told us they monitored if staff were working significantly in excess of their hours.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, to ensure the person was suitable to work in the home.

The information submitted to us prior to the inspection showed a high number of medicines errors. We discussed this with the operations director and external advisor. They assured us the majority of these errors related to recording errors rather the administration errors. They were aware that improvements were needed in this area and had identified actions to take. This involved introducing separate medication folders for each person and keeping them in the person's room.

We saw people were encouraged to self-administer their medicines. Skills plans were developed with people to ensure this was done safely and the risks minimised. One person told us, "In the morning I get 50 milligrams, if I forget they would remind me, I have done the skills plan and do them myself."

Medicines were stored securely in people's rooms. We looked at three medicines administration records which were correctly completed. We also checked three medicines and saw the stock count was accurate. There was clear guidance in people's personal plans on how to administer medicines; this included 'as required' medicines.

The staff we spoke to who administered medicines confirmed they had received training and their competency to do this task was assessed. Regular weekly audits of medicines were carried out. A

pharmacist from an external company also undertook a yearly audit. This was to help ensure practices regarding medicines were safe and issues were identified.

Good

Is the service effective?

Our findings

The staff we spoke with felt supported by the service to provide effective care. Staff told us they received regular supervisions and appraisals. Staff we spoke with felt there was good team work in place which helped them provide care to people. One member of staff told us their house leader was, "Brilliant" and they felt comfortable asking them for advice. Another member of staff told us the management team were, "Very hands on" and they always had time to discuss any issues with people's support needs.

Staff spoke highly of the training and the provider's in house trainer. They felt this equipped them with the skills and knowledge to carry out their role. One person told us, "Training is really good." Another staff member said, "Considerable amounts of training here."

The identified mandatory training included topics such as supporting people with mental health needs, learning disabilities and autism, de-escalation techniques, moving and handling, fire safety, nutrition and dietary advice, mental capacity and adult safeguarding. We saw the provider arranged a monthly programme of courses held at their training rooms off site. They told us this meant staff had a protected space where they could concentrate on their learning. These consisted of some mandatory courses but also additional training in topics such as personality disorders, self-harm, and dignity in care. This meant courses were regularly and easily accessible so staff could ensure they remained up to date and had the information they required.

New staff were supported with a comprehensive induction. Several staff we spoke with told us their induction had given them the confidence and knowledge required to undertake their new role The operations director told us the induction consisted of three days of face to face training and forty hours of shadowing other staff. New staff were also supplied with an induction pack, this gave them written information about the core staff team and people they would be working with. It also set out key areas and policies the new staff member needed to cover, read, and tick off before they could work on their own.

New staff undertook the care certificate. The care certificate covers the minimum standards that should be covered as part of induction training for new staff. We saw new staff had their competency assessed six weeks into their induction and a final review after twelve weeks. This showed the service aimed to ensure new staff felt confident to work independently and any issues could be identified and addressed.

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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff demonstrated they understood the basic principles of the MCA and its impact on the support they provided. One member of staff gave us an example where a person they were supporting had started smoking cigarettes. They said they ensured the person had all the information regarding the impact smoking might have on their health and respected the person's right to make this decision. Two other staff we spoke with told us how it was important to support people to make decisions. They told us this meant they ensured information was presented in a way that the person could understand.

The home had no current DoLS authorisations or applications in place. We saw that an application for authorisation had been submitted for one person, however following discussions with the local authority it was established the person had capacity. There was no evidence that a formal mental capacity assessment or best interest's assessment had been carried out prior to the DoLS authorisation being applied for. This meant in this case the MCA was not followed consistently. We advised the provider that they needed to ensure this was in place in the future.

People were supported to cook and eat meals individually in their own houses. We saw people were supported to plan what they wanted to eat and write weekly menu planners. Some people told us they cooked independently whilst others required more support.

Staff supported people to maintain a balanced diet. One person told us how staff had supported them to attend a local slimming club and advised them on healthy options. A health professional we spoke with told us how staff had supported the person they work with to lose weight. They told us this had a very positive impact on the person and they had also discovered a real interest in cooking as a result.

People at nutritional risk were identified. For example, we saw one person was on a specialist and complex diet. We saw there was clear guidance in place to staff to ensure this was followed and associated risks were managed. Records showed specialist professionals had been consulted so staff could ensure they were providing the right support and diet.

People were supported to maintain good health and access healthcare services. For example, we saw people were supported to reduce or stop smoking if they wanted to. The service had also signed up for a health promotion course for people and staff. This aimed to promote a healthier way of living and offered support in a range of areas such as becoming more active and weight loss. A health care professional told us staff struck a good balance between managing people's health care needs and knowing when to contact other professionals for support.

Good

Is the service caring?

Our findings

The people we spoke with told us staff were kind and caring. One person told us, "Staff are good, helpful, and supportive." Another person said, "Staff are nice and friendly." A third person said, "Staff are really talkative and nice, supportive when you ask." A fourth person told us, "They're [staff] all lovely."

Relatives and health and social care professionals we spoke with also felt staff were kind, supportive, and caring. One professional told us, "The service I've seen [name] receive is fantastic." They went on to say staff were, "Kind, caring, warm, and welcoming." Another professional told us, "Staff have been really supportive to [name]."

The staff we spoke with talked in a respectful and caring way regarding the people they supported. One staff member told us how their job gave them a real sense of purpose. They, and several other staff members, told us how they enjoyed seeing people achieve their goals and become more independent.

We observed during our visits that staff had a good rapport with people they supported. People appeared comfortable with staff and able to ask for their support. For example, one person told us, "If I didn't feel very well I'd talk to staff, tell them sorry I'm feeling a bit down." Another person told us how they felt able to talk to staff. They said if people were feeling upset staff would try and, "Cheer you up."

Staff also demonstrated they knew people well. For example, we saw one staff member engaged a person they supported in a conversation about the films they wanted to watch. Staff were able to tell us about the people they supported including their personal history, their family, and their likes and dislikes. The personal plans we looked at included detailed personal information that showed staff knew people well and listened to their preferences.

The people and relatives we spoke with felt listened to by staff. One person told us, "Care plan, yes I am involved, very much so, I do attend all [meetings about their care] and say my piece, positive and negative." Another person said, "They listen to you." The level of personal detail captured demonstrated that staff had listened and involved people in their care plan.

We saw the service had a service user guide which provided people with information about the service. We saw that this included what rights people could expect to have in relation to the care provided. This included things such as a right to privacy and a right to have their views known. We saw that the service used independent advocates to support people to express their views and opinions.

Staff we spoke with demonstrated they understood the importance and need to listen to people and respect their decisions. One staff member said, "We always sit [people] down and ask them what they want." Another told us, "They [people] are involved in everything that is going on."

The management team told us supporting people's independence played a central part of the service they provided. One staff member told us, "We encourage [people] to do things and if they can't we're there to

support them, not do it for them." Another staff member told us the service was about, "Supporting [people] to live as independently as they can."

We saw people had independence plans that linked to the goals they had identified as wanting to achieve. These were carefully planned steps that supported people to become more independent on a gradual basis. We saw a number of examples where this had helped people achieve greater independence and had a positive impact on their lives. For example, one person told us they had been supported to manage their money and become more independent with this. They said that having money and being able to spend it on things they liked was one of the best things about living at Keys Hill Park. A relative told us how in a short space of time their relative had been supported to learn new tasks that they had never done before. They said this was a, "Massive" achievement. Several staff gave us positive examples of what people had been able to achieve. One told us, "The advancement [name] has made in a few months is brilliant." Another staff member said, "In a year [name] has been able to accomplish walking in to [town] independently."

Requires Improvement

Is the service responsive?

Our findings

We received some negative feedback from people regarding how responsive and person centred the support provided was. Three people we spoke with told us they had asked for support regarding specific goals and had not always received the support requested in a timely manner. One person said, "It takes a while for things to get done, activities and stuff." Another person said, "We choose what we want to eat, although they are not very flexible about it, you have to eat what is on your plan, if you want a take away it has to be on your plan, you get told off, I did last week. It is hard knowing what you want to eat a week ahead, it's difficult, especially since when we leave we are going to have to make those sort of decisions."

Three people told us they could not have guests to stay in their rooms. One person told us, "I choose when I go to bed but I am not allowed anyone in my room, that's the same in all the houses". Another person said this rule made it harder for them to maintain their relationship. They said, "I've got a [partner], it's frustrating we can't sleep together but that's the rules." Another person gave us an example of a house rule that was also restrictive and not person centred. One professional told us they felt sometimes the care provided to the people they worked with, did not always offer them enough choice and control. They said, "Not quite enough freedom for my preferences."

We saw in the staff survey carried out in April 2015, some staff had raised some concerns regarding 'house rules'. For example, one member of staff wrote, 'I think residents should be allowed to eat and drink in the living room and their bedrooms. We talk about the houses as being our residents' own home but then put restrictions on what they can do because we don't want the carpets to get dirty.' We saw that the provider had responded to this in a way that reiterated people should not eat in the dining room unless there were special circumstances, such as on their birthdays. They wrote, 'The lounge should not become the dining room.…. At home we have the choice, but we also have to pay for new furniture if it becomes dirty or damaged. At KHP this becomes another expense on the company finances, which drains money away from other areas.' This demonstrated that people living in the home did not have full choice and control regarding daily living and where they wanted to eat.

The people we spoke with told us they had been involved in planning and reviewing their care. One person said, "When they wrote the care plan they got me involved." Care records we looked at detailed people's individual needs and included their personal preferences. This included topics such as what the person liked to do, their life history, religious beliefs, important relationships, and preferred daily routines. We saw plans were reviewed and updated when change occurred, this ensured they remained current and provided staff with the correct guidance.

People were supported to complete weekly activity planners. On top of this staff organised, and the provider paid for, regular social events such as barbeques or parties. People were also supported to go on a yearly summer holidays, most people chose to go on the organised group summer holidays, but we saw people could chose to do different things if they wanted to.

From observing and speaking to people we saw they were able to take part in activities that were

individualised and tailored to their own interests. For example, one person told us, "Our next activity is a boat ride, we have been to Musselborough." Another person told us how they had enjoyed going on a recent nature walk, whilst someone else told us had enjoyed participating in a local sport class. However, some people told us staffing issues impacted on their ability to participate in activities of their choice. One person told us, "This Sunday they are short of staff so we will have to do our own thing" whilst someone else said, "Today they don't even have enough staff to go to The Shed, that's the pub, but we are going tomorrow."

The provider told us each person was given a copy of the service user guide. We saw this had information for people on how to raise concerns or complaints. This included contact numbers for external agencies. One person said, "I'd know how to make a complaint." Another person told us, "Once a month we have house meetings if we have any complaints or want to change anything." We reviewed the complaints the home had received. We saw that the provider had investigated the complaints received and provided either a written response or met with the person to discuss it in more detail.

Good

Is the service well-led?

Our findings

During our inspection visits staff and managers told us there was an ethos of person centred care, inclusivity, and promoting independence. The staff we spoke with clearly demonstrated these values. However, some of the comments we received from people who lived at the service showed us that not all of them felt they had choice and control. The provider had responded to some of the concerns raised about this in the 2015 staff survey. However, we were concerned that at our visit people were still raising concerns with us regarding choice and control. We discussed this with the management team who told us they took this very seriously. They said they would take immediate action about people's concerns.

Most of the records we looked at were up to date and accurate. However, there were some areas that required more detailed and specific documentation. Audio monitors were being used in the home but there was a lack of documentation regarding the use of such equipment and how this should be managed in relation to people's privacy. Where such equipment was being used there was no clear record of the person's consent or what other less restrictive measures had been considered. There was also a lack of documentation regarding MCA and best interest decisions. We discussed this with the management team who acknowledged that this was an area they needed to look at in more depth. We were confident action would be taken to resolve this concern.

We saw the provider had introduced a culture and values programme. This aimed to encourage staff to take accountability and display key values and behaviours. These included values such as 'commitment to my team' as well as 'ownership and accountability'. Under each value were certain behaviours to show staff how they could demonstrate them. For example, by taking accountability for the own learning and owning up to any mistakes made. If staff saw their colleagues exhibiting these values, they could write down what the person had done and their feedback. This could be posted in a specific box kept in a communal area in the home. At the end of the month staff members would receive their written feedback. The staff member who received the most would be rewarded. The operations director told us since the programme had been introduced they had seen an improvement in performance across most areas.

We spoke with staff regarding this approach and were told it had had a positive impact on morale and how they did their jobs. One staff member told us, "Its motivating." They explained, "Makes you feel appreciated not just by managers but by colleagues and residents." Another staff member told us the programme not only helped to make staff feel appreciated and valued but also helped them understand how they could improve at their jobs.

People who lived in the home had also chosen to participate in the programme. One staff member told us how they had seen the programme improve people's self-esteem. The provider told us they recognised this was beneficial and were looking at introducing a specific values programme for people across their services.

People were encouraged to be involved in the service. Each house held residents meetings where people could discuss the service provided and make suggestions. One person told us, "We have house meetings, it's called a residents meeting and we all state our views." Another person said, "We get a say on what goes on in

the house." We saw the service also aimed to involve people in other ways. For example, people were involved in agreeing interview questions and interviewing prospective new staff. Staff and people living in the service also worked on a newsletter together. This was sent every quarter to people, relatives, and staff. They detailed any changes to the service and what had been happening in the service. One person involved in the newsletter told us, "It makes me feel good people knowing what we do."

A relative told us, "Management seem to have a good relationship with staff, they seem to really value them." All of the staff we spoke with spoke positively of working at the home. One staff member said, "I love it." Whilst another staff member said, "I love working here." Staff told us the management team were open, approachable, and supportive. One staff member told us, "I don't feel at all worried about going to them." Another said, "Can't fault them." The operations director told us, "If there is an issue we try to have a culture where we work with staff." A staff member confirmed this. They told us, "If there's an issue that needs to be addressed, they'll sit down and go through it with you."

There was a clear staff structure in place with clear delegated responsibilities. Staff demonstrated they understood their roles and the management structure. We saw there were regular staff house meetings as well as a large staff meeting across the provider's services. The minutes of these showed that the management team clearly communicated their expectations and staff responsibilities.

The provider had contracted an external quality lead to undertake regular quality audits. The advisor that undertook these told us they aimed to audit one to two houses on the site each month. We saw the audits covered areas such as premises, care records, activities, medication, finances, staffing, and supervisions. The audits covered looked at paperwork as well as speaking to staff and people living in the home. This demonstrated that audits were thorough and sought to gain people's views on the service on a regular basis. Where actions were identified we saw there was a clear action plan and actions were followed up in order to check they had been completed.

We saw the provider also undertook yearly quality surveys of relatives and staff. The surveys were clearly analysed to help identify any quality issues or concerns. We saw where any issues had been raised these were investigated and responded to.

The home's external adviser told us the provider aimed to keep up to date with best practice through a number of means. This included receiving relevant newsletters from other agencies, involvement with the local provider association, attending conferences, and sharing information and expertise across their services.