

# Coveberry Limited

# Redbourne

## Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Redbourne is a residential care home providing personal and nursing care for up to 13 people. At the time of our inspection there were 11 people using the service. Six people with a learning disability and five people with mental health needs. The care home is in a large building based across two floors each of which has shared bathrooms and toilet facilities.

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

Redbourne was homely and inviting and placed people at the centre of care. The service requires some minor repairs and decorating; however, the provider was extremely responsive to this and assured us they would begin the work in June 2022. The registered manager and staff had an excellent understanding of the people they care for and were passionate about delivering care in the least restrictive way.

The service was exceptionally well led and organised. Staff were extremely well motivated and positive about the service. Staff told us "We are a really good team" and "We are open and honest with each other and the atmosphere is good." The registered manager was without exception caring and open about the service and his relationship with staff was built on trust and mutual respect. Positive working relationships had been formed with external professionals.

People told us they were tremendously happy at Redbourne and comments from professionals and relatives were very positive. Innovative steps have been taken by the service to support and promote people's communication skills. Relationships between people and their relatives have been extremely well supported.

Feedback about the registered manager was extremely positive and staff felt very well supported. People, relatives, staff and professionals told us, "[Registered Manager] is brilliant and so supportive", "he responds well to anything we tell him", "[name] is the boss, he is nice we like him" and "I have been nothing but impressed with the responsiveness of the manager."

The registered manager had excellent systems and processes within the service to improve patient care, these involved people and staff at all levels to achieve extremely high standards of care.

Staff were amazingly kind and caring and respected and valued the people they cared for. One staff member told us "We just want to do our best for the people that live here and make sure they enjoy life." Advocates were exceptionally visible within the service and people knew them very well and had a very good understanding of their role.

People received exceptionally personalised care and support specific to their needs and preferences. This had been particularly effective in supporting people to achieve their goals and aspirations, this supported people to become more confident in developing skills that would enrich their lives.

Medicines were managed safely, and people were protected from avoidable harm by staff that knew them remarkably well. There was enough staff to meet people's needs and provide one to one support when necessary. Staff were recruited in a safe way.

Staff received training, supervision and appraisals to support them in providing personalised care and were encouraged and supported to learn and develop within their role. Staff champions were identified to promote health, wellbeing and safety within the service. Accidents and incidents were reviewed by the registered manager and lessons were learnt when things went wrong.

Other professionals were involved in planning care and staff were extremely supportive in ensuring people's healthcare needs were met. Capacity assessments were embedded with individual care plans and staff had a very good understanding of the mental capacity act 2005 (MCA). Managers and staff always acted in people's best interests.

People were very well 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service maximised people's choice and promoted their independence through the model of care they promoted. The care was extremely person centred and promoted people's dignity, privacy and human rights. The leadership of the service had achieved a service that was outstandingly effective and responsive. The service was dedicated to ensuring continuous quality improvement to make a real difference to people's lives. People's lives were empowered and they were supported to achieve their aspirations which led to extremely positive outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 30 November 2020 and this is the first inspection.

The last rating for the service under the previous provider was good published on 01 February 2018.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Redbourne on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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?

Outstanding ☆

The service was responsive

Details are in our responsive findings below

### Is the service well-led?

Outstanding ☆

The service was well led

Details are in our well led findings below

# Redbourne

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out the inspection. An Expert by Experience also spoke to relatives by telephone. 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

Redbourne is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Redbourne is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we have received about the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with three people who use the service and four relatives to ask about their experience of the care provided. We also spoke with the registered manager, the deputy manager, the maintenance assistant, the cook, five members of staff and three professionals. We looked at two care files along with a range of medication administration records (MAR). We looked at other records relating to the management of the service including recruitment, staff training and supervision, and systems for monitoring quality.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse because staff knew them well and understood their safeguarding responsibilities.
- The provider had a safeguarding policy and a system in place to ensure safeguarding concerns were dealt with promptly. People told us they felt safe, comments included, "Staff look after me and make sure I am safe" and "It is safe here; I know everyone."
- Staff received training on how to recognise and report abuse and knew the processes to be followed to keep people safe. Relatives told us "I trust them completely with [name] and I wouldn't want them anywhere else."

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people who use the service. There were enough suitably qualified and experienced staff to keep people safe. People received care and support from staff who knew and understood them.
- Some people were allocated a core staff team, so the same group of staff provided the person's support. This ensured good continuity of care. One person told us "This is the nicest place I have lived, and I really like my staff team."
- Staff were recruited safely; appropriate checks were carried out to protect people. Records were in place to ensure nursing staff were registered with the Nursing and Midwifery Council (NMC).

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- The service followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Only registered nurses administered medicines, their competency to provide medicines safely was regularly assessed.

Learning lessons when things go wrong

- The registered manager reviewed the accident and incident reports to ensure appropriate action had been taken and to identify any themes or trends.
- People and staff were encouraged and supported to share learning from incidents they were involved in. Staff told us "The managers always provided support after an incident."
- The provider shared lessons learnt from other services within the organisation to improve safety within the home.

### Assessing risk, safety monitoring and management

- Risk assessments were reviewed regularly or when people's needs changed. One professional told us; "[Person's name] risks are managed and they are doing it in the least restrictive way."
- Care records contained risk assessments which identified risks and what support was needed to reduce and manage those risks.
- Staff have an excellent understanding of the people they care for and the knowledge to reduce the risk of harm.
- Personal Emergency Evacuation Plans (PEEPS) were in place, they were informative and gave staff excellent guidance in evacuating people from the service.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home required some decorating works to take place and some repair works were still outstanding.
  - We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach.

### Visiting in care homes

- The provider had systems in place to support people to have visits from family and friends. This included providing PPE and a booking system along with visiting risk assessments.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The physical environment was not decorated to a standard to meet people's needs. Some facilities required repair and updating.
- People were encouraged to personalise their own bedrooms and had items with them that were important to them. Relatives told us "[Person's name] bedroom is very homely, they have got pictures and their own possessions and "Staff did his bedroom for him, [person's name] chose the wallpaper."
- People had free access to a large garden and were encouraged to use it.

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

- People's individual needs and choices were completed in detailed assessments. This included positive behaviour support plans. These identified positive approaches intended to improve a person's quality of life and minimise the conditions likely to lead to people becoming distressed.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff received training which was personalised to the needs of the people who use the service. We saw positive examples of where staff applied their training to good effect. Relatives told us "Staff are amazing, they do amazing things" and "[Person's name] has done excellent while he has been there."
- Staff received regular supervision in line with their policy and were complimentary about the support they received from managers.
- New staff received a structured induction programme and completed a period of shadowing before they began to work unsupervised.

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

- People were supported to maintain a balanced diet. Flexibility for mealtimes was an option and people were offered choices. Staff told us "We advise them what would be better for them and try to support them to make the healthy option."
- People were supported in developing food and fluid care plans, and their dietary needs were known and respected.
- People who found it difficult recognising written or spoken instruction were offered visual choices.
- People had been involved in designing the dining room to an American theme. Meals were social occasions and we saw people choose to sit where they wanted. People told us "The food is good" and

"Perfect, really nice, exquisite."

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

- People's health and care needs were met. Records show the service communicated with other healthcare professionals such as social workers, community learning disability nurses, community psychiatric nurses and speech and language therapists (SALT) to provide continuity of care.
- Staff supported people to access healthcare services. The registered manager was responsive in ensuring people attended appointments for healthcare needs. Relatives told us "Staff are so caring they have supported [person's name] better than other services have"
- The registered manager had a planned schedule of review meetings throughout the year. The service worked well with professionals to deliver care and support in line with people's assessed needs.
- Staff support people to attend appointments and act as advocates for people. Relatives told us "They take him to the opticians" and "he was very ill and they stayed with him in hospital all the time because we were too far away."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- Staff had a good understanding of the principles of the MCA and asked for people's consent before they gave care and support.
- People and those who are important to them were involved in making decisions about their care and treatment. Care plans include capacity assessments where required and best interest decisions were always made in line with people's wishes.
- The registered manager submitted applications under the MCA and DoLS to the supervisory body for authorisation, when authorised these were monitored and reviewed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received care from staff who knew them well, they were kind and caring and treated people as individuals. People and their relatives told us "The staff are amazing", "It is lovely here; staff do a wonderful job", "Staff treat everyone with great respect" and "They give residents top quality of life."
- People's diversity and individuality were respected, and their rights were considered when their care and support was being planned.
- People had communication care plans and access to services to support communication needs. Staff, had a very clear understanding of people's individual communication, care and support needs.

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

- People and those important to them were involved in making decisions about their care, their views were central to how care was planned and delivered.
- Advocacy was available for everyone and they came into the service weekly and monitored a monthly resident forum. People told us "[Name] is our advocate and they are nice" and "[Name] was nice they helped us." Advocacy information was displayed around the home.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity; their privacy was respected, and their independence was encouraged.
- People were encouraged to do as much as possible for themselves. Staff told us "Independence is always encouraged; small steps mean a lot to some people" and "We teach them new skills so they can become more independent." One person told us "I can do loads of things by myself now, like make my bed and do my washing."
- There was a clear ethos of promoting independence for people living in the service. People had individual support plans which informed staff what people could do for themselves and what support they would need. The support plans included all daily living skills and supporting access to the community.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care

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 extremely well supported to develop and maintain friendships and relationships that were important to them. One relative told us "Staff took [person's name] to Spain, the photos were amazing, he had a fantastic time, he will never forget it" and "We have always been made to feel extremely welcome and the managers are great we can just pick up the phone and speak to them."
- The registered manager told us people wanted a small ceremony to plant a tree in the garden in memory of someone, the local chaplain was contacted who visited the service and supported people emotionally and spiritually to pay their respects.
- People engaged in a varied range of activities, including swimming, baking, arts and crafts, cinema, theatre, bowling and companywide events which included 'bloomin marvellous' for the gardens which not only made the garden bright and colourful it also helped to grow a variety of vegetable for everyone to enjoy. People have also recently been runners up in the 'cake off' competition, they decided to make a cake in honour of the Queens Jubilee.
- The registered manager and staff had an excellent understanding of the needs of people and the values embedded in the service promoted equality by delivering care and support to meet the needs of individuals. Staff told us; "We like to make sure they have the same choices as other people" and "We adapt, we do not discriminate against anyone."

Improving care quality in response to complaints or concerns

- The provider has a complaints policy that gives managers clear guidance in dealing and responding to complaints. An excellent easy read booklet is provided to people on "How to make a complaint." 'Talking tiles' had also been developed to ensure people could also listen to verbal communication and guidance on how to make a complaint.
- People and their relatives know how to complain if they needed to, but no complaints had been needed. Relatives told us "The service is very family orientated" and "We have never had a reason to complain."

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

- People's care was extremely person centred and delivered consistently and responsively. 'Talking tiles' were developed for one person who required a high level of support and encouragement to use the washing machine and wash his clothes this supported the person to become more independent and improved their quality of life.
- People had extremely individualised positive behaviour support plan 'traffic light system' in place to evidence early warning signs in behaviour changes and the support staff could give. Staff had an excellent

knowledge of this and were able to support people and de-escalate incidents. One person was admitted to the service with a history of significant incidents, the introduction of the positive behaviour plan and periodic reviews has seen a significant decline in incidents which has had a wonderful improvement on their quality of life.

- People and their relatives were fully involved and informed in all aspects of their care and spoke very highly of their involvement comments such as "all the way, we are involved all the way" and "I can have my care plan if I want, they tell me what is happening."
- Care plans and risk assessments were individualised and adapted to meet people's changing needs, this supported staff's understanding of people they cared for to ensure they received positive outcomes tailored to their needs. Where required people were consulted regarding referrals to other services, if necessary best interest meetings were held. Staff told us "We are all involved in care plans for people and we always involve the person in them, if they didn't understand we would involve their relative or advocacy."
- National Early Warning Score (NEWS) observation charts were used to monitor people's physical health. Extra physical observations were put in place for people who required 'as and when' medication in times of distress to monitor any changes in their presentation. NEWS alerted staff to changes in physical health and supported improvement to people's physical health outcomes.
- Keeping healthy care plans were very informative and individualised to people, they provided excellent information to ensure people received positive outcomes. Annual health checks were undertaken, and close liaison was maintained with the service and the general practice.

#### Meeting people's communication needs

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

- The deputy manager had taken innovative steps to meet people's communication needs. Talking tiles were placed on walls that people could press, these played 'rap' songs for hand washing, introduced advocacy and their role in the advocates own voice along with people's own personalised 'talking tiles' to support their understanding and communication.
- The provider assessed and recorded information about people's communication needs in line with AIS. People are provided with easy read care plans and risk assessments to ensure they felt empowered and involved in planning care.
- People and their relatives were supported to attend care reviews, information was made available in easy read format or another accessible format, this ensured people had a good understanding of the outcome of the meeting.

#### End of life care and support

- No one in the service was receiving end of life care.
- People had identity and self-esteem care plans that were extremely personal to them, that demonstrated who they would like to say goodbye to at the end of their life. Advanced statements with people's specific requests on were also individualised and person centred.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The ethos of the service was to provide people with high-quality person-centred care. People were at the heart of the service and there was a strong commitment from staff to provide people with person centred care and enable them to reach their full potential. One staff member told us "We are person centred and I would not expect anything less."
- The registered manager had worked exceptionally hard and had established a service that had a strong visible person-centred culture. The staff were dedicated and caring and treated people with kindness, compassion, respect and this clearly had a positive effect on people. The staff were particularly sensitive at times when people needed caring and compassionate support. One relative told us "They helped him understand the loss of his mom, [person's name] told me she had gone to baby Jesus, they [staff] just care so much about him they are like his family."
- People and their relatives gave exceptional positive feedback about the registered manager and staff. They were praised by relatives for the amazing way they cared and supported people, comments such as "staff are amazing, they do amazing things" and "staff treat everyone with great respect." Professionals commented on the professionalism and responsiveness of staff and how the registered manager is always open to new ideas.
- The service was dedicated to providing personalised health care that was person centred to individual needs and directed by a multi-disciplinary team (MDT) using an evidence-based approach. External professionals, family and people were involved in specific health care decisions that were managed by the registered manager who was committed to improving people's quality of life. One relative told us "[Persons name] was in intensive care, we couldn't stay with him we lived too far away, so the manager sent a member of staff with him and they stayed with him the whole time."
- The atmosphere was very homely and welcoming. One person told us "staff really care about you and are funny". One staff member told us "We work in their home and we all absolutely respect them as they should be respected."
- The registered manager and staff had remained positive and dedicated to the service throughout the recent changes, they were committed to moving the service forward and ensuring the people they care for are receiving excellent care. The registered manager told us "There is a real will with the company to progress and get better."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was remarkably well led, people, staff and professionals benefitted from receiving a service that was well organised and managed effectively. One professional told us "Having a service led by registered nurses in learning disability and mental health was a fantastically valuable resource for community clinicians."
- Staff understood the responsibility of their role, relationships between managers and staff were built on trust, respect and personal warmth. The registered manager told us "The team is personally the best team I have worked with, they are conscientious, they support one another and always go above and beyond for the people they care for."
- The registered manager was passionate about improving the service and involving staff in the process, governance meetings to improve patient care involved staff at all levels. Action plans were implemented to improve the experience of care for people and leads were identified to drive the improvements forward.

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

- People were provided with an excellent informative service user guide welcoming them to the service, they were actively encouraged and supported to discuss their care and support needs. One professional told us "[person's name] informed me this is the nicest place he has ever lived in and he really likes his staff team."
- The registered manager encouraged feedback and acted on it continuously to improve the service. Monthly reports from the advocate who visited the service were tremendously positive.
- We saw that people were treated as individuals with the utmost respect. All the feedback received from people and their relatives was very positive. One relative told us "[Person's name] needs special equipment and they sort it all out, they are absolutely brilliant." One staff member told us " [Person's name] is not as confident as he portrays so I always go in the pool with him when he is swimming, this gives him confidence to talk to other people."

Continuous learning and improving care

- The registered manager had an excellent quality improvement plan in place to improve people's care through monitoring and audits, this enabled them to achieve exceptionally high standards in safety and improve the experience of care through recommending best practice and ensuring good quality care.
- Staff were supported and encouraged to take on the role of champions to focus on different aspects of care, this ensured staff were sharing best practice and knowledge and were improving the quality of life for the people who used the service. The leads for positive behaviour support plans ensured all staff and people had an excellent understanding of the plans to reduce the likelihood of an episode of changing behaviour. People told us, staff knew them well and listened to them.
- A culture of learning was promoted throughout the team where staff could reflect on mistakes and problems in order to change and develop. Lessons learned were discussed in morning governance meetings and health and safety meetings. All staff we spoke to told us the registered manager listened to them and was always available to speak to them.

Working in partnership with others; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff worked exceptionally well with others to ensure people's needs were met. Professional feedback was very positive, they told us how impressed they were with the responsiveness of the managers and how they always try to be flexible to accommodate them to attend reviews. The registered manager also kept in contact with commissioners and other health care providers for people that had been placed out of area to update on their progress, he told us "They are not just left here and forgotten I would absolutely not allow it."

- The management team were very aware of their legal responsibilities, including appropriately notifying CQC of any important events and people found the manager open and honest.
- The provider had robust quality assurance system in place regarding reporting, investigating and learning from incidents when things went wrong, any actions were fed into service and organisation governance meetings. De-briefing sessions were held with people and staff which supported understanding and learning and ensured better outcomes for people.