Lifestyle Care Services Limited

Lifestyle Care Services Limited t/a Home Instead Senior Care

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 11 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. The service was last inspected on 24 February 2016 and was rated good.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It is registered to provide care and support to older people including those living with the experience of dementia, to younger adults and to people with a physical disability and/or learning disabilities. At the time of our inspection the service was providing personal care to 43 people.

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.

There were policies and procedures for safeguarding people at risk of abuse and staff were aware of these. Risk assessments were undertaken to identify individual risks and any environmental risks so these could be addressed. People and relatives said they felt safe when staff provided care and support.

Recruitment checks were undertaken prior to staff being employed by the service to confirm they were suitable to work with people. There were enough staff to meet people's needs and regular staff were allocated to people to ensure continuity of care.

The provider had policies and procedures for medicines management and staff received appropriate training prior to supporting people with medicines. Staff were trained in infection control and followed procedures to protect people from the risk of infection.

People were assessed prior to receiving care to help ensure their needs and wishes were met in a person-centred way. People received care and support from staff who were trained and supported.

People were supported with simple meal preparation if required and had received training in food hygiene. Staff knew what to do if someone became unwell such as calling the GP or the emergency services if necessary.

Staff received training about mental capacity and knew to report any concerns if they thought a person's mental ability to make decisions for themselves was deteriorating. Where people using the service could make decisions for themselves, they confirmed staff respected their right to do so.

People and relatives said the staff were kind and caring, maintained people's dignity and treated them with

respect. Staff supported people's right to make choices about their lives and supported them to maintain as much independence as they could.

Care records included the care and support people required and, where relevant, information about their lifestyles and interests and hobbies, so staff could speak with people about their interests.

There was a complaints procedure in place and people and relatives said they were confident to raise any concerns with the provider and that any issues they had raised had been addressed promptly.

People and relatives had confidence in the provider and were happy with the care and support people received and the way the service was being run. Staff felt well supported by the provider and enjoyed working for the service.

There were quality assurance processes in place for monitoring aspects of the service and these were effective. People's care and support was regularly reviewed and people were asked their opinions about the service they received and given the opportunity to provide feedback.

The provider recognised the importance of working in collaboration with health and social care professionals to ensure all people's needs were being met.

The managing director was involved with the community and liaised with a range of local organisations, such as Age UK, The Good Care Group and the Alzheimer's society. They were accredited with City and Guilds to provide training in Alzheimer's disease. Another senior staff member held a 'train the trainer' qualification in this. Together they provided training in the community to raise awareness and invited professionals and family members.

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.

Staff received training in safeguarding and were knowledgeable about recognising signs of abuse.

Risk assessments were centred on the needs of individuals and there were sufficient staff on duty to safely meet people's needs.

Robust staff recruitment procedures were followed to ensure staff were suitable to work with people who used the service.

People were supported to manage and receive their medicines in a safe way.

Is the service effective?

Good

The service was effective.

People's needs were assessed before care was provided so these could be met.

All staff had completed the training they required to safely and effectively meet people's needs. They had opportunities to complete other training relevant to their roles.

The provider was meeting the requirements of the Mental Capacity Act 2005. People were asked for their consent before care was delivered.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their healthcare needs.

People were supported and enabled to prepare and eat a varied and healthy diet.

Is the service caring?

Good

The service was caring.

Staff knew people well and had developed positive relationships

with them that were based on respect and empowerment.

People were involved in the planning of their care and support. Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

The staff team understood the importance of meeting people's emotional needs in addition to their physical care needs. The care provided was sensitive and tailored to their individual requirements.

Is the service responsive?

Good

The service was responsive.

People's care plans were personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated whenever people's needs changed.

People knew how to complain and were confident that their concerns would be taken seriously.

Is the service well-led?

Good

The service was well-led.

The provider sought people's views, listened to and acted upon them to secure improvements to the service.

There was an open and positive culture which focussed on people and this was embedded in all the activities carried out by the service.

There was an effective system of quality assurance in place. The management team carried out audits to identify where improvements could be made and took action to improve the service.

The provider was committed to the pursuit of excellence through continual development of the service to ensure it reflected best practice.

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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 11 September 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by a single inspector and an expert by experience who carried out telephone interviews with people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert on this inspection had personal experience of caring for an older person.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law. We spoke with three people who used the service and six relatives of other people to obtain feedback about their experiences of using the service.

During the inspection we spoke with the managing director, the deputy manager (who was also acting manager in the registered manager's absence), and three care staff. We also met with office staff which included the training officer and care coordinators.

After the inspection, we emailed three social care professionals to seek their feedback about the service but did not receive a reply.

We inspected a range of records. These included five care plans, four staff files, training records, records of audits, and the service's policies and procedures.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe receiving care and support from Lifestyle Care Services Ltd staff. People's comments included, "Oh yes, they are very good girls", "Yes definitely [I feel safe]" and "Yes I feel safe." Relatives echoed this and said, "They do spot checks so I am not concerned at the moment" and "As far as I am aware, [family member] is always full of praise for them."

Staff had a good understanding of their role and there were effective procedures in place to help ensure people were safe. For example, it was specified how many care staff were needed to support people in their home and the time and length of each visit. This was in line with their assessed needs. The managing director told us that each visit lasted at least one hour. The staff rota showed that care and support was provided by a consistent team of care staff.

Staff understood their role in protecting people from avoidable harm. All of them had received training in safeguarding and were able to explain how they would respond to any incident of suspected abuse. One staff told us, "We know how to make sure everyone is safe. Any issue, we would contact our office or whistle blow. We need to speak up" and another said, "Safeguarding, we talk about it in meetings as well as having the training." They added they were confident that the management would take appropriate actions to protect the person. There had not been any safeguarding concerns in the last year.

The provider had risk assessments in place which were clear and designed to encourage people to maintain their independence and live as ordinary a life as possible. These assessments had been completed as part of the initial assessment process and provided staff with guidance on how to protect the person from each identified risk. For example, instructions to staff for a person at risk of falls in the shower, "Staff are advised to always assist [Person]." The risk assessments had been regularly reviewed and updated to reflect any changes to identified risks as part of the care plan review process.

Where accidents and incidents occurred, these were recorded and included date and time, nature of the incident and what actions were taken. All accidents and incidents were fully investigated and, where necessary, procedures and risk assessments were reviewed and updated in light of each incident to reduce the likelihood of a similar incident reoccurring. We saw that appropriate disciplinary action was taken where a staff member had failed to meet a person's needs.

The managing director told us that lessons were learned when things went wrong. They explained, "We never experienced a missed visit until recently. We received an alert on our monitoring system. We had a team meeting to discuss. The message to staff was, if an alert comes, you have to follow up." They added that the person was not receiving personal care, and had suffered no ill effect from the missed visit. They told us that following the alert, they contacted the person using the service to ensure they were alright and ensured another member of staff was sent. The matter was fully investigated and they found the missed visit had been caused by a misunderstanding and this had not happened again. They added that the management team met monthly to go through the events analysis. They stated, "We discuss the events of the previous month, look on how to prevent again and analyse if patterns of reoccurrence are happening."

The rota coordinator organised the staff rota for the week. We found people were supported by a sufficient number of staff to keep them safe and meet their needs. We asked the managing director how they ensured they had sufficient staff to support people and meet their needs. They told us, "We have a group of trained staff ready to take on people. We match staff to people according to their language needs, cultural needs. They are introduced to the client and given the choice. We follow this up with people. We have regular staff. Continuity is important. We recruit the right people."

People told us their visits were on time but there were 'rare occasions' when care staff could be slightly late for their planned visits. However, people, and relatives, did not have a concern regarding this and were happy with their care and support. Their comments included, "Yes generally they do [come on time]" and "They don't always come on time, but they do call me to say they'll be late. Yes, they always stay an hour." The service had robust and effective procedures in place to ensure that all planned care visits were provided. People told us they were never supported by someone they did not know and said that new staff were introduced by a member of staff whom they already knew.

The senior staff carried out regular spot checks of the staff who supported people. These included the appearance of the staff, if they followed care plans, any training needs identified and if they respected the person's dignity and privacy. Any concerns were followed up during supervision meetings.

New employees underwent relevant employment checks before starting work to show they were suitable and safe to work in a care environment. References from past employers were taken up and Disclosure and Barring (DBS) checks carried out.

The service had appropriate infection control procedures in place and personal protective equipment was available, such as gloves, aprons and hand gel. We overheard a conversation where a member of staff informed the office that they were running out of gloves at a person's house. Action was taken immediately to organise for another staff member to take some supplies to the house at their next visit.

The arrangements for the management of medicines were robust. Care plans listed the medicines which were prescribed and the support people would need to take them. This included individual risk assessments and guidance to staff if it was identified that a person had difficulty swallowing, or demonstrated behaviour that could indicate non-compliance. Care staff completed Medicine Administration Records (MAR) appropriately. They were trained in the administration of medicines and senior staff carried out regular audits of people's medicines.

Good

Is the service effective?

Our findings

People told us that care staff met their care needs in a competent manner. Comments received included, "Yes they really do [meet my needs], they listen", "They have proper good carers" and "Yes they are very good". Relatives echoed this and said, "I think it's a very good service. For [Family member], it's important they speak the same language", "Yes, they are very good" and "Yes, it is invaluable to us all. It allows [Family member] to stay in [their] own home which is what [they] want."

People's care and support had been assessed before they started using the service. People who used the service were funding their own care. The acting manager told us they assessed people before they moved into the service, to ensure the service could meet their needs. Staff told us they made sure people had choice and control over their lives. They told us they supported people in the least restrictive way possible and the policies and systems in the service supported this. Assessments we viewed were comprehensive and we saw evidence that people had been involved in discussions about their care, support and any risks that were involved in managing/supporting their needs. People and relatives told us that they were consulted before they moved in and they had felt listened to. One person said, "Myself and my [family member] were consulted" and a relative added, "They came here and talked to us."

People received care and support from staff that were well supported and knew their needs and preferences well. The managing director told us, "Our 12-week mentoring programme on top of our supervisions, appraisals and meetings has positively impacted our staff retention." From our discussion with the team it was evident that there was an emphasis on continued professional development. However, there were no training matrix and some of the training certificates we viewed were out of date. We discussed this with the acting manager who told us they were aware of this and were halfway through a complete audit of staff training. Following the inspection, they sent us a training matrix identifying some gaps in training. However, they told us they would have an action plan for each member of staff by 21 September 2018.

Notwithstanding the above, staff told us they were well trained and felt confident in their role. Their comments included, "I get training. Courses come up and we get asked if we want to do them. I found Alzheimer's training really helpful with some clients. Manual handling is good", "There has been a course offered about Mental Capacity Act", "I had all the training given", "We have a lot of training and refreshers every year" and "It's good. The amount of training offered. When they see you are excelling in something, they push you forward."

New employees were required to go through an induction programme in order to familiarise themselves with the service's policies and procedures and undertake some training. They were also supported to achieve the Care Certificate. The Care Certificate is a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting. The managing director told us they ensured they offered maximum support to new employees during the first 12 weeks, acknowledging that staff often left during this period of time. They developed a mentoring programme where senior staff carried out frequent supervision and support for staff out in the community to ensure they felt confident and happy in their role and prevent them from leaving. They stated that this 'had worked wonders'. All staff received

regular one to one supervision and annual performance appraisals.

The induction consisted of training, followed by shadowing and observing the care provided by an experienced member of staff. The staff we spoke with confirmed the induction gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs.

The Mental Capacity Act (MCA) provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions 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. We checked that the service was working within the principles of the MCA. Managers and staff understood the requirements of the legislation and what this meant on a day to day basis when seeking people's consent to their care. We found that care plans had been developed with the person or their family which demonstrated that they were in agreement with how care staff would provide their support. People told us they were able to control how their care was provided and that care workers always asked for permission before providing care or support. Consent forms were in place and these had been signed by the person or their representatives.

Where people had been assessed as lacking capacity, we saw that decisions had been made in the person's best interests, and involving the person's representatives and relevant professionals. Where a relative held Lasting Power of Attorney (LPA) for health and welfare or finances, the provider recorded this clearly in the person's care records. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

People's nutritional needs were assessed prior to receiving a service. Staff supported some people with their food shopping and assisted them with the preparation and cooking of their meals. Relatives told us, "They just prepare breakfast and tea", "They will prepare a breakfast and leave a cold lunch like a sandwich" and "[Family member] is happy. [Staff] cooks for her in the morning." Daily care records included details of how staff had supported each person to ensure they were able to access adequate quantities of food and drinks.

People were supported to maintain a healthy lifestyle where this was part of their support plan. Most of the people using the service whose care records we checked had relatives who supported them to attend health care appointments. Staff knew what to do if they were worried about a person's health. They told us they would report any concerns to the office. We saw an example where the GP was consulted when a person looked unwell. They were sent to hospital for a check-up.

Good

Is the service caring?

Our findings

People were positive about the staff who supported them and said they were treated with consideration and respect. When asked if the staff treated them in a caring and compassionate manner and if they respected their privacy and dignity, one person said, "If I ask them to do something, they'll just do it and don't say no." Relatives echoed this and told us, "The two that we have now are absolutely [kind and respectful]", "[Family member] is respected", "[Family member] uses a commode and they will draw the curtain when [they] are using it" and "On the whole, we are very happy."

We saw letters of thanks to staff from people and their relatives. Everyone spoke highly of the kindness and compassion that staff showed to them. Comments included, "[Staff member] is an amazing carer", "Pleased with [Staff member]. Very attentive with daily tasks. She is full of smiles", "Thank you for the excellent care that you have given [Family member]", "The carers are making a positive difference supporting my [family member]" and "We have found [Staff member] is excellent."

Staff told us they enjoyed their role and were passionate about achieving a high standard of care for each person they supported. One care worker told us, "We love to go to our clients. Whatever they want, we give them. I do love my job."

Care staff and managers knew people well and demonstrated during their conversations with us a good understanding of both people's care needs and individual preferences. Staff were encouraged to deliver person-centred care. The managing director stated, "We encourage and train our caregivers to be always communicating with the service users in meaningful ways when carrying out personal care and with dignity and respect, and listening to them."

People's' preferences in relation to the gender of their care staff were respected during the visit planning process. People told us they were asked if they wanted a male or female staff and their wishes were respected. Where possible, people were allocated staff who spoke the same language, to facilitate conversation and understanding. A relative told us that had helped enormously and they had a good relationship with their allocated care staff.

Where there were barriers in communication, the managing director told us they would use a range of methods to communicate with people. For example, staff would use boards and pictures, or sign language. Some people who used the service communicated with body language, gestures or facial expressions and this was clearly recorded in their care plans. Staff stated they were aware of people's individual communication needs and had built a good rapport with people they supported.

Good

Is the service responsive?

Our findings

People and their relatives were involved in the development and review of their care plans and records we viewed confirmed this. A relative told us, "I did it all. I have a copy and it has been reviewed" and another said, "I set it up. Whenever there is a review I'll try to be there. I have a copy." Care staff thought the care plans were detailed and told them all they needed to know. Care plans were developed with the assistance of the management and the care staff who knew people well.

All the care plans we inspected were detailed and personalised. People's care plans provided staff with clear guidance on how to meet each person's specific care needs. Each person's care plan included details of their preferences in relation to how their care should be provided. They also included any specific requirements regarding people's daily routine. For example, one person's care plan included how to set the timer for the heating and to leave the light on in the hallway before leaving.

People's care plans were developed from information provided by people and family members. This information was combined with details of people's specific needs identified during initial assessment visits. The initial assessment visit was conducted by a member of the management team who met with the person to discuss their care needs and wishes. During the assessment, a care plan was developed and agreed with the person. Staff then provided care and support in accordance with this care plan. The initial care plan was updated and expanded to help ensure it provided staff with sufficient detailed information to enable them to meet the person's individual needs. The care plan was signed by the person, or their representative, to formally record their consent to the care as described. Each care plan included details of the person's background, likes and interests as well as information about their medical history and their cultural and spiritual needs. For example, they were able to specify if they wanted to be supported by male of female staff and their preference was respected. This information helped staff to understand how people's background influenced who they were and provided useful tips for staff on topics of conversation the person might enjoy.

Daily records were completed by staff at the end of each care visit. These recorded details of the care provided, food and drinks the person had consumed as well as information about any observed changes to the person's care needs. The daily care records were written in a caring and respectful way and were signed by staff. These were audited regularly by senior staff to ensure they were completed correctly.

The service had a policy and procedure in place for dealing with any concerns or complaints. Details of the service's complaints processes were provided to all the people who used the service. People and relatives told us they understood how to report any concerns or complaints about the service. A relative stated, "Yes, I did make a formal complaint about scheduling and late invoices. It's all sorted now" and another said, "Once [made a complaint]. I called head office and we spoke to the carer and it was all sorted." We saw a number of logged complaints and saw that appropriate action had been taken.

When a person approached the end of their life, the managing director told us that they reviewed care plans to ensure that the person's spiritual and emotional needs were identified and met. They added, "Where we

support people who are nearing the end of their life, we work closely with other professionals and family members to ensure the client is supported and treated with dignity and respect."

Good

Is the service well-led?

Our findings

People and their relatives told us they were happy with the care and support they received from the service. People's comments included, "Yes, I do [feel it is a good service]. They have proper good carers" and "They are very good." Relatives comments included, "Yes, it is a good service. They are very kind to [family member]", "Yes, I have used other care agencies and they have been the best over the last 10 years", "They are as flexible as we need them to be" and "I would recommend them." People and relatives were also complimentary about the management team and felt that they were approachable and they could speak with them at any time.

The provider placed people at the heart of the service. Their values were based on the person coming first, respect for people, promoting people's independence, honesty, consistency of care, improving the service and maintaining people's confidentiality. Staff learnt about these values during their induction. People told us they were treated with dignity and respect. In addition to their values, the provider had a customer service promise which outlined what people should expect to receive from them in terms of quality of care and service. A brochure containing details of this was issued to all people who used the service.

The provider ensured they provided care and support to their work force. We heard of examples from care staff where the management team had provided them with support through periods of personal difficulties. Staff told us they had received a lot of support and had been able to talk to the right people. They added that the provider had been "very accommodating and understanding."

The management team acknowledged that the staff team worked out in the community and work could be challenging and recognised those who have worked very hard. They were mindful that care staff might feel isolated and wanted to support them as much as possible. They had introduced a 'Care giver of the quarter' award. This was given to a particular member of staff who had excelled in their work to show appreciation. An interview would be carried out with the staff and the information was shared to encourage other staff to strive for the award. The managing director organised special themed events to bring staff together, where food from different cultures were served. These events also served as staff meetings, where staff and management could discuss any concerns or share information.

The provider offered financial incentive payments for existing employees. The managing director told us that this made staff feel valued and promoted staff retention. Incentives included a bonus for staff who had a good attendance level or did not change their schedule of work. A bonus was also given to employees who reached five years of service and to the staff member being awarded 'Care giver of the year'. They also sent 'Thank you' cards to all staff who went 'the extra mile' and a shopping voucher. A staff member told us, "It's not just about the reward and money. It's about making a difference."

In addition, the provider offered a free 'Employee assistance programme' to their staff team. This was available for anyone who may encounter personal difficulties or need advice. The managing director told us they reminded all staff of this service at team meetings. They added, "I have my office door open for staff to come and chat. We have that relationship and that openness with our care givers."

Staff told us the management team were approachable and they felt very well supported and encouraged to progress by their line managers. Their comments included, "They are really good actually. I thoroughly enjoy working for this company", "[Managing director] always tells me if I haven't done something properly" and "[Managing director] was keen to help me do some admin work so I can help with the scheduling. I will also help with the memory café. I feel supported. If you have strengths, they notice them and help you achieve your potential."

The managing director was involved with the local community and liaised with a range of local organisations, such as Age UK, The Good Care Group and the Alzheimer's society. For example, they had started a 'Well-being café', where members of the community such as older people or people living alone could attend, enjoy games, light exercises and a chat over coffee. Its aim was to reduce loneliness. They were also an active member and committee member of the Ealing Heart Group. This involved a weekly visit to a hospital ward to speak with people with heart problems and sign post them for support. They were starting a 'Memory café' on 25 September 2018, where people living with Alzheimer's disease could attend and take part in a range of activities to stimulate the mind. We saw that Hounslow's Adult services and the Alzheimer's society were promoting this service. The managing director told us that all staff had raised money by being involved in the 'Alzheimer's memory 10 kilometres walk'.

The managing director was involved in 'Scam awareness' presentations. This was to raise awareness among elderly people who may be prone to scams. They had committed to two further presentations in 2019. The managing director was accredited with City and Guilds to provide training in Alzheimer's disease. Another senior staff member held a 'train the trainer' qualification in this. They provided training in the community to raise awareness about the disease and invited professionals and family members.

The provider was looking at ways to further improve the service. They had signed up to an electronic medicines monitoring records system. This system highlights any medicines administration issues in real time and would enable office staff to monitor live medicines administration. This was due to go live at the beginning of 2019.

There were systems in place to monitor the quality of the service provided to people. People and relatives were asked for their views about the service via a questionnaire. We saw that the feedback was positive and included comments such as, "Overall I would rate the service very highly" and "Generally they always try to be helpful." We viewed the results of the 2017 survey. We saw that from the results, the provider had put in place an action plan to improve some areas. For example, it was identified that communication with people had not been as good as they wanted. We saw that action had been taken and the 2018 survey showed a marked improvement.

Members of the public were able to write reviews on line about the service. We checked the published reviews and saw these were all positive and included comments such as, "Excellent", "The company is approachable and willing to listen", "Carers work with respect and care at all times", "I have found them to be very professional ad caring", "Well organised and very good" and "Very good when urgent care is needed."

The deputy manager undertook regular audits of all areas of the service, including people and staff's files. When they identified any issues, these were highlighted in amber or red if it was urgent. Following each audit, they put in place an action plan with a target date for completion. We viewed a recent file audit and saw a number of highlighted outstanding actions to take, such as a missing signature on a care plan and a quality assurance document not completed. They told us they were halfway through all the files and would ensure that all actions have been completed within the next few weeks. The managing director told us they

were part of six other services within the company and they undertook regular monitoring visits of each other's services, including 'Mystery shopper' visits. In addition, they undertook five full audits per quarter and discussed any shortfalls with the senior team.

There were regular staff meetings organised, which were also classed as group supervision. Office staff met weekly to discuss the previous week and plan for the week ahead. In addition, they met daily for five minutes to discuss the objectives for the day. The provider also organised specific meetings when staff wanted to discuss people they supported and their changing needs.