

Mr & Mrs J W Roach

Hopwood Court

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 inspection took place on 8 January 2016 and was unannounced.

The provider of Hopwood Court is registered to provide accommodation with personal care for up to 23 people. At the time of this inspection 22 people lived at the home.

A registered manager was in post at the time of our inspection. 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 told us they felt safe at the home. Risks to people were managed well without placing undue restrictions upon them. Staff were trained in recognising and understanding how to report potential abuse. Staffing levels were appropriate which meant people were supported with their care and to pursue interests of their choice. People received the right medicines at the right time and medicines were handled safely.

People told us staff understood their individual care needs. We found people were supported by staff who were well trained and received training to meet people's specific needs. Staff had maintained links with health and social care professionals so they could seek their advice and act upon this to meet people's needs effectively. People's nutritional and hydration needs were met. They were supported to make their individual choices about their meals and preferences around food and drink were acted upon.

People were asked for their permission before staff provided care and support so that people were able to consent to their care. Where people were unable to consent to aspects of their care because they did not have the mental capacity to do this decisions were made in their best interests. Staff practices meant that people received care and support in the least restrictive way to meet their needs.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People's privacy and dignity were respected and they were supported to be as independent as possible in all aspects of their lives.

People were satisfied staff cared for and supported them in the way they wanted. People's care plans described their needs and abilities and were relevant to the risks identified in their individual risk assessments. This included supporting people to have fun and interesting things to do so the risks of social isolation were reduced.

People knew how to make a complaint and were confident this would be listened to and acted upon.

Staff enjoyed their work and were guided by a clear set of values. Staff understood their roles and responsibilities which helped the home to run smoothly. They felt able to share issues and ideas to make

improvements for the benefit of people who lived at the home. Staff spoke about people who they supported with warmth and fondness.

There was good leadership which promoted an open culture and which put people at the heart of the service. The registered manager understood the home's strengths, where improvements were needed and had plans in place to achieve these. Systems were in place to assess and monitor the quality of the service and the focus was on continuous improvement.

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.

People said they felt safe and staff understood their role in recognising and reporting abuse.

Staff understood how to keep people safe from the risks associated with people's health and safety.

There were enough staff with the right skills to deliver care and support according to people's needs.

People's medicines were available when they needed these and staff knew how to support people to have their medicines to meet their health and safety.

Is the service effective?

Good ●

The service was effective.

Staff received training appropriate to support people's individual needs.

When people were unable to make specific decisions these were done in people's best interests. People received care and support in the least restrictive way to meet their needs.

People were supported to eat and drink enough.

People were supported to maintain their health and were referred to health and social care professionals in order to meet their needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect by staff who knew people well and understood their likes and dislikes.

Staff had positive caring relationships with people and knew what was important to them.

People had been involved in decisions about their care and their independence and privacy had been promoted and respected.

Is the service responsive?

Good ●

The service was responsive.

People were confident that they received the care and support they needed.

An activities team organised a varied programme of activities and staff supported people to maintain their interests.

Staff knew when people's needs changed and shared information with other staff at daily handover meetings.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were encouraged to voice their opinions and make suggestions for service improvement.

Staff enjoyed their work and understood their roles and responsibilities.

The registered manager had arrangements in place which enabled continuous improvement and development of the service with people at the heart of this process.

Hopwood Court

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 January 2016 and was carried out by one inspector. The inspection was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the other information that we held about the provider and what happened at the home. This included notifications which are events which happened at the home which the provider is required to tell us about.

We requested information about the service from the local authority who have the responsibility for funding people who used the service and monitoring its quality. In addition to this we received information from Healthwatch who are an independent consumer champion who promote the views and experiences of people who use health and social care, and information that had been sent to us by other agencies.

During the day of our inspection we spent time with people in the communal areas of the home. We spoke with six people who lived at the home and two visiting relatives and a further four relatives by telephone. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager, two care staff, the cook and one member of the activities team. We looked at a range of documents and written records including three people's care records, administration of medicines, accident monitoring and three staff recruitment files. We also looked

at information about how the management team monitored the quality of the service provided.

Is the service safe?

Our findings

People spoken with shared their experiences of feeling safe and secure in the home. One person told us, "I know they (staff) are always around when I need them." This person described how staff knew they needed their walking aid and they had their call alarm if ever they needed assistance during the night. They said this helped them to feel and keep safe. Another person said, "I feel very secure here and all the staff treat me well which makes a difference as it means I have no worries." We also received positive responses from relatives about how they felt their family members were supported to stay safe. A relative told us, "I never walk away from the home worried about [person's name] safety as they are treated very well by the staff."

Staff had a good understanding and knowledge of protecting people from the risk of possible abuse or harm. Staff knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. Staff were clear they would have no hesitation in reporting any concerns about people's safety and were confident the registered manager would take action. The registered manager had previously reported to us and the local authority any concerns of possible abuse as they are required to by law to help protect people from harm.

We saw risks to people had been identified when people came to live at the home and these were updated as people's needs changed. Staff had guidance on how to manage and support people to drink enough and have the right equipment to assist people to walk as safely as possible. Staff spoken with were aware of the risks to people's health and what they needed to do to support people in reducing risks to their wellbeing. We saw where people were at risk of falling their needs had been assessed. This was to make sure they had the right aids which people told us assisted them to continue with their lives as they chose to with risks reduced. One person told us, "My walking is not always that good but my frame helps me to feel more confident and not restricted to my room, staff are always around if I need them."

Staff were aware of people's whereabouts, so they could make sure people had the right support and did not place themselves at risk by leaving the home unescorted without staff being aware. Risk assessments were in place to ensure the home environment was regularly checked so that it was safe and free from hazardous obstacles which could be a potential risk to the safety of people. However, where accidents and incidents happened staff told us and we saw they had looked at ways of reducing these. For example, when people had an accident, such as, one person had fallen and management plans had been put in place to reduce risks of this happening again. We saw staff were aware of this risk and how to support this person to manage this. A staff member told us, "They sometimes have infections which make them more prone to falling so we are vigilant and provide support."

We saw the registered manager had made sure new staff had recruitment checks in place before they were allowed to start work. One staff member told us, "I had a DBS check and had to provide references and identification". Staff records showed the recruitment processes included obtaining a Disclosure and Barring Service (DBS) before staff started work at the home to help to minimise the risks of employing people who were not suitable to work at the home.

People told us that there were enough staff to help them. One person said, "The staff are very good and always help me when I need it which is reassuring." Another person said, "There are always staff around if I need them so I should say there are enough." Staff we spoke with told us the staffing levels enabled them to support people safely and supported people to have fun and interesting things to do. Relatives we spoke with told us staffing levels allowed for people to have full and interesting lives. We saw people were occupied in activities they chose to do throughout the day of our inspection. There were sufficient staff on duty to provide a relaxed and supportive atmosphere as staff were not rushing people but went at individual people's own pace. A staffing rota showed that staffing was organised to take account of experience and skill mix to ensure people's needs were met. The registered manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed.

People we spoke with told us they always received their medicines and were happy for staff to support them with these. One person told us, "I am happy for the staff to give me my tablets, they make sure I have them every day which I find reassuring." People were supported to take their medicines when they needed these by staff who were trained to do this. We spoke with a staff member who administered medicines and they knew how to manage and administer people's medicines. This made sure people received their medicines at the right time and in the right way. The deputy manager had regularly consulted with the local pharmacy who supplied people's medicines. We saw recent internal audits. Where actions were needed these had been implemented and shared with staff to reduce risks to people's health and safety. We saw medicines and administration records were stored securely with records of disposal and return of medicines to the pharmacy safely handled in line with the provider's policies around medicine management.

Is the service effective?

Our findings

People spoken with and their relatives were positive about how staff provided care and support which met their individual needs. One person told us, "They (staff) understand I need to have health checks and know how to prepare my meals." Another person said, "I need my frame and staff make sure this is with me when I walk." One relative said, "I know they (staff) are doing the best they can, they are actually very good." Another relative told us, "Really look after mum." A further relative said, "They [registered managers name] care about training. Staff are well informed and there is lots of good stuff going on."

Staff spoken with told us to help new staff to get to know people who they supported they worked with other more experienced staff as part of their induction programme. All staff felt supported in their roles by the management team and their colleagues. Staff told us they had one to one meetings which gave them the opportunity to discuss any concerns or issues they had, training they needed and to gain feedback about their own performance. We found the registered manager had listened to how staff learnt best and had taken action to make sure staff had the best possible opportunities out of their training experiences. For example, staff felt practical and face to face learning was better than e-learning, which is training completed on a computer. This approach to training was implemented.

In the provider information with we requested (PIR) the registered manager confirmed training had been provided to staff to meet the specific needs of people who lived at the home, such as, dementia care. The registered manager had also undertaken a course in dementia care so that they had appropriate knowledge to enable them to support and promote good dementia care across their staff team. Staff were knowledgeable about the needs people with dementia who they supported and knew how their needs should be effectively met. We saw examples of how staff put this training into practice when they assisted people, which helped people to be supported and their needs met. For example, we saw that staff used different ways of communicating with people. This was done at each person's own pace and in a manner which helped them to respond.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the 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 told us they had received training in the MCA and DoLS and could correctly tell us the main principles. The registered manager told us staff had received this training which gave staff the information they needed about the MCA to make sure people were cared for in line with its principles.

People told us they were regularly asked for their consent to care provided. We saw staff routinely asked for people's consent before they provided assistance and they waited for a response. When people made their choices these were respected by staff who used a variety of methods when people declined support to encourage people, including trying again later, where necessary. Care records showed that people's consent to care and treatment was sought. Staff told us how they looked for consent when people were not always able to give this verbally. For example, through observing people's body language or facial expressions and checking visual clues. A staff member told us, "It's about knowing people and their capacity to make choices. It doesn't mean people cannot move freely around the home and they can go out but staff need to support their safety in doing this." We also saw where people did not have the mental capacity to make significant decisions for themselves, the management team had made sure discussions were held with people's representatives and relevant professionals. These were held to agree what was in the person's best interests.

We saw the management team had made DoLS applications to the local authority. One person's DoLS had been authorised to make sure their rights were protected and they continued to receive the care and support they needed.

People told us they enjoyed the meals. One person told us, "The meals are good. I can always ask for what I want." Another person said, "The cook is very good at cooking the meals and I enjoy mine." A relative told us, "They are good at trying to encourage [person's name] to eat, and they don't rush. The food always looks good." We saw people had choices at lunchtime and staff knew when to provide some support so people had sufficient support to eat well. Staff we spoke with had a good understanding of the importance of meeting people's nutrition and hydration needs which included people's specific dietary needs. One person shared with us they were diabetic and they were provided with meals to meet their health needs. They were positive about how their meals were prepared and cooked to meet their needs which they said, "Keeps me both healthy and well." We saw in this person's care plan their dietary needs were noted alongside the reasons why it was important for staff to make sure they received adequate nutrition from a diet which met their specific health requirements. Kitchen staff had copies of people's assessed nutritional needs and used this information when preparing food and drink for people. The cook also told us she had up to date information related to people's specific dietary requirements, such as, people with diabetes and allergies and those who followed vegetarian diets.

People who lived at the home and relatives told us that they were able to see other health services when they needed them. One person told us they had regular visits from their doctor, chiropodist and optician. Another person told us the doctor visited the home regularly and staff would arrange for them to see the doctor if they wanted to. We saw in people's care plans their health needs were monitored by staff, with referrals made to health professionals when they needed them. In the staff handover meeting we heard staff ensured any issues with people's health and emotional wellbeing were promptly followed up. For example, a staff member explained they had been worried about one person's health and would request a review to make sure the person was receiving the right care. A relative told us, "They (staff) are very good at getting in the correct professionals involved."

Is the service caring?

Our findings

People told us staff were caring towards them and they liked the staff team. One person said, "I like them all and they are so caring and kind to us all." Another person told us, "They (staff) always treat me well and are kind; they would do anything for anyone." One relative said, "Really caring team." Another relative told us, "Friendly atmosphere and genuine care."

There was a comfortable and relaxed feel about life at the home with the emphasis on staff supporting people in a caring and warm way. People told us they were supported to keep in touch with family and friends through visits and phone calls and we saw this recorded in the care records. We saw visitors were made welcome by staff who they were familiar with and staff offered people drinks. A relative told us, "Very homely, most important. It does come through; they (staff) do treat everybody as family." One staff member told us that since they had come to work at the home they had observed this was very much people's home. They shared with us one example of when they saw a person who lived at the home sitting very naturally and comfortably with their legs up, relaxing, "Just as you might in your own home." We saw examples where staff made sure people were encouraged to have choice and control over what they did during the day. For example, one person wanted to have their meal in a certain place in the home and staff made sure they choice was facilitated. This enhanced this person's meal time experience as they sat and ate their meal independently in their own way and time.

We saw the management team and staff made sure people were at the centre of all the care provided. For example, in the afternoon we saw staff spent time joining in a well-attended group quiz in the lounge area as they sat alongside people. One person told us, "It is always like this, we are a family here and all join in. It makes me feel so happy and cared for." There was lots of laughter and memories were shared with people and staff alike as the quiz brought up past events and interests. We also heard from one person who described the registered manager as caring and had helped them through their difficulties. They said the registered manager had gone to an appointment with them and had also been shopping.

There were examples of staff being inclusive in their approaches as they respected people's different abilities, such as, while doing a flower arranging activity during the morning. There were examples of staff discreetly supporting people who did not know how to arrange some of the flowers or what to do with them. One person told us, "I like to feel the flowers but I am not good at placing them in anything." This person smiled as they smelt the flowers. Another person showed they liked feeling the flowers as their facial expressions showed they were relaxed and content. A relative also described to us how staff had made their family member feel special by supporting them to help in the kitchen. They said their family member, "Loves to help in the kitchen to put the crockery away, feels useful, wanted and needed." Another relative told us when their family member was poorly staff showed they cared by providing hot lemon and honey.

Staff had the knowledge to meet people's needs while they made sure people had every opportunity to remain as independent as possible. One person told us, "I do something's by myself." We saw two staff members supported someone to stand. They made sure the person understood what was about to happen. They gave this person gentle support, and encouraged them to do as much as possible without assistance.

This was also the case at meal times as people's independence was promoted by staff making sure people had the right cutlery and crockery to aid and meet their individual needs.

We saw that the staff team supported people in ways that took account of their individual needs and helped maintained their privacy and dignity. We saw that staff knew to knock on the doors to people's own rooms before entering and were discreet when they supported people with their personal care needs. One staff member told us, "I keep people covered and dignified at all times."

Regular religious services were held at the home to help people to maintain their spiritual needs. One person said they welcomed services being held at the home as they liked to attend these to continue to follow their religious beliefs.

In the PIR the registered manager told us that they were aware of local advocacy services and had made use of them to provide support to people who lived at the home. This included using advocacy as a befriending service to provide people and staff with opportunities of sharing any issues they may have. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. One person told us the registered manager had approached the advocacy service to provide them with some support and they welcomed this as they were able to talk through different aspects of their changing life.

Is the service responsive?

Our findings

People we spoke with told us they received care from staff in the way they chose which met their individual chosen routines. One person told us, "I think the staff know me well and what I need". Another person said, "Before I came here [registered managers name] asked me questions about my needs and when I came here they asked other things." This was also echoed by a relative who described how the registered manager had assessed their family members needs while they were in hospital. The registered manager told us and records showed that prior to people moving in an assessment of their needs was completed. We saw people who had moved into the home and their representatives were involved in this assessment process.

Staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and knew changes in behaviours may indicate that something was wrong. They knew about people's daily routines, preferences and how they liked their support to be provided. People told us that they were involved in care planning and we saw that care plans were detailed and personal to the each person. We saw examples of how staff responded to meet people's preferences as assessed and planned for. For example, one person liked to get up early in the morning at a certain time. This person told us the support provided by staff at this time helped them to continue with their preferred morning routine. Another person did not drink alcohol due to their religion and a further person wanted to independently get up in the morning which was something that was understood and respected by staff.

We saw care plans were regularly reviewed and people who lived at the home and their relatives had the opportunity to be involved. One person told us, "I know what's going on with me." A relative told us, "We can look at the care plan at any time, everything is recorded including monitoring of health needs." One member of staff told us, "We keep updated about people's needs by reading the care plans, attending handovers and talking with each other." When we sat in on the afternoon staff handover we heard staff shared information about people's wellbeing. This included any changes in people's behaviour which could be an indication of them becoming unwell so staff were able to respond in the right way so people received the right care.

People were encouraged to personalise their room and people who chose to speak with us in their rooms showed us they had some of their own furniture, photographs and other items which were important on display in their room. Some people were proud to show their plants which they had nurtured with some help from staff.

The registered manager had a strong commitment to providing fun and interesting things for people to do. There was a team of four staff who supported people and care staff to provide a varied programme of social activities and events which was advertised within the home and these were popular with many people. One person told us, "I like the flower arranging, it is a particular interest I have." Another person said, "I like quizzes and chatting with others." All relatives spoken with told us there were always lots of activities going on. One of the staff who facilitates activities told us their main aims were to make sure people were both mentally and physically stimulated. This included activities which helped people to use their different senses. We saw there was a range of interesting and fun things for people to choose from, such as quizzes,

chair exercises flower arranging, outings to the local garden centre and a history centre and baking. On the morning of our inspection we saw a large group of people enjoyed flower arranging. This was well supported by staff to make sure everyone who wanted to were able to take part. In the afternoon there was a quiz game which people who were present and care staff took an active part in and there was lots of chatter and laughter. We saw staff spent time chatting with people on a one to one basis and there was very little reliance on the television but people told us they could watch any programmes they were interested in.

The registered manager told us about how important good links with the local community were. An example they gave was how children from the local school came into the home to talk with people and sing. The registered manager and staff said people enjoyed the experiences of children coming in the home. People we spoke with about this all said they had enjoyed children singing as it was a pleasurable experience.

People who lived at the home and relatives who we spoke with told us that they would raise any concerns or complaints' they had with the staff and management, if they needed to. They told us they would feel comfortable in doing this. Some people who lived at the home would need support in order to raise their concerns and staff told us they would observe people's body language or behaviour to know whether they were unhappy or happy. There was a complaints procedure available to people and their relatives, although there had been no formal complaints recorded in the previous 12 months. The registered manager believed this was because the office door was always open and they spent a lot of time with people and any visitors to the home. We also saw meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. For example, we saw that people had the opportunity to give their views about the standards of meals at the home and where improvements could be made.

Is the service well-led?

Our findings

People who lived at the home and relatives we spoke with believed the service provided was well managed. One person told us, "They ask us about what we want to do and what we think about things." Another person told us, "I think (the registered manager) is lovely, so kind and helpful." One relative said, "Beautifully friendly, well run place. There is a personal touch with a cheerful atmosphere amongst the staff, goes a long way." Another relative told us, "Staff work well together. Well run by [registered managers name]."

We found there was a positive culture which was inclusive and supportive to both people and staff which enabled them to provide their feedback and suggestions about the service provided. For example, people could have their say about what they would like. For example at a meeting a suggestion had been made about a particular food people would like. We saw this had been listened to and action had been taken to implement this onto the menu.

The registered manager was fully supported by the deputy manager and we saw they had a good working relationship with each other. They were well known to people who lived at the home, relatives and staff. They worked to a clear set of values which were to make sure people remained at the heart of their own care and this was their home. Throughout our inspection both the registered manager and deputy manager showed they had an open and accountable leadership style. For example when they showed us how they made sure the legislation around the MCA and DoLS had been put into practice.

The owners of the home visited regularly and were also well known to people and staff. One staff member told us, "[The owners] visit and always chat to people about how they are."

Staff spoken with liked working at the home and were motivated to provide a good standard of care to people. We saw many examples where staff worked as a team and communicated with each other and understood their roles and responsibilities. For example, we spoke with one of the staff members who helped people with fun and interesting things to do. They told us they enjoyed their work and showed they knew each person as they facilitated social activities for people. They had a sense of how they contributed to the overall care people received and how people's social wellbeing could be enhanced by the work they did.

Staff had opportunities to contribute to the running of the service through regular staff meetings and one to one meetings. We saw the management team discussed their expectations of staff during meetings and how improvements could be made to the quality of the care people received. Staff spoke positively about the leadership of the home. One staff member told us, "Could not get a better manager, approachable and always there to listen if you have issues." Another staff member said, "We (the staff) all work well together and do the best we can for residents." They told us there was a culture of openness and suggestions and concerns raised by staff were taken seriously and acted upon. Staff were also aware of the provider's whistle blowing procedures which they told us they would not hesitate to use if they felt their concerns were not addressed by the management team. The registered manager met their legal requirements and notified us about events that they were required to by law. They were aware of their responsibility to notify us so we

could check that appropriate action had been taken.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service people received. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. Staff told us they felt valued and were enabled to share ideas for the benefit of people who lived at the home.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service provided was in place. We saw help and assistance was available from the deputy manager to monitor, check and review the service and ensure good standards of care and support were consistently delivered. We saw records of improvements made as a result of the actions plans. For example in infection control and medicine administration when needed which were shared with the staff team to identify any learning for the future.

We spoke to the registered manager of the home who showed good knowledge of all aspects of the service including the people living there, the staff team and her responsibilities as registered manager. The registered manager was aware of the key challenges in regards to making sure they kept up to date with training initiatives and the changes in legislation which affected the services provided. They showed they took a hands on approach to all aspects of the service provided and was proud of their achievements, which included maintaining a staff team who had worked at the home for some time. They told us how they updated their knowledge and practice with information from organisations recognised for advising on best practice. For example, in the PIR they confirmed they had received a certification from the local authority for the period of 2015 to 2026 for improving the quality of person centred dementia care. They had also completed the managers practice course in dementia care in care homes. They had also recently looked with people at their life stories to improve these further as they were an important part of supporting people to be at the heart of the service provided.