

Quality and Contract Officer Report

Care Homes

People, Care and Development

Provider: CareTech (Cambian)
Service: 60 Shap Road
Date: 16/04/2024
Attended By: Ruth Barnard: QCO, Daniel Finch: Registered Manager, Damien Sarsfield: Deputy Manager

Service Type	Locality Westmorland and Furness South Lakes	Service Capacity Current placements and funding source	CQC/OFSTED Report Date and Rating
Specialist residential care	Westmorland and Furness, Eden	4 Capacity 4 Occupants 3 FFCHC 1 joint LCC/CHC	Outstanding, 2019 (Caring and Responsive)

The visit(s) may involve: *Conversations with Service Users/ Staff/ Management/ Appropriate Representatives, review of documents and general observations, questionnaires. Documents reviewed may include care files, daily notes, rotas, activity records, quality assurance etc.*
 The findings were relayed to management at the Service during the visit and a copy of this report was sent on 20/04/2024.

The Provider acknowledges that the Council is and will be relying upon the Provider's professional expertise and judgement to deliver the Service. No inspection, review or approval by the Council or by any person, nor any omission to inspect, review or to disapprove shall negate or in any way diminish any duty or liability of the Provider under or in connection with the Council's contract for residential care.

Disclaimer

This report is written in terms of evidence seen during the Quality and Contracts Officer visit and cannot be considered a full-service evaluation. The Council would like to emphasise that any suggestions for service improvements made by the QCO's may be taken into consideration but ultimately it is the responsibility of the Provider to take the necessary steps to achieve compliance with any relevant statutory bodies and to ensure that any systems or processes introduced into the service are robust and fit for purpose.

Currently reports are shared only with the Council and its partners and are not published or made available in the public domain; however, under the Freedom of Information Act copies of reports requested may be made available as necessary.

General introduction and discussion

Introduction and general discussion:

What's going well:

A holiday for the residents has been booked on the 1st July to Wales (Mon – Fri), staffing team split for the week.

Access to the community for the residents; work experience, j and s, art club, friends club, sunbeams, wheels for all. Sing and sign. Group pub night.

Significant improvements with the presentation of one of the newer residents, they have recently been out of the house to visit family and attended some appointments.

Staff retention remains good.

Are you experiencing any challenges:

There is a lack of community support for people who have autism without an LD. This is impacting on the support available to one of the residents.

Recruitment remains a challenge due to competing with the hospitality industry and local supermarkets.

Have there been any changes to the service?

Data bridge is being introduced (electronic care planning).

1. Care Planning

Consider:

Care and Support plans and Care Provision –

- ✓ Pre- admission assessments; quality and who completes
- ✓ Person Centred planning
- ✓ Risk Assessments
- ✓ Risk management
- ✓ Safe and effective care
- ✓ Best Interest/Least Restrictive/DOL
- ✓ Regular reviews
- ✓ Outcomes being achieved for service users

Finances

- Robust audit trail

Who is responsible for managing personal monies?

How are personal monies recorded?

Additional information (including good practice, innovations, and areas for improvement)

The staff work closely with the person and family where appropriate to make positive changes to the care plans, evidenced by transition support.

The service is in the process of moving to an electronic recording system. They will be using Databridge and the transition should be completed by the 10th of May. They already use electronic medication recording.

A care and support plan, risk assessments, daily recordings and health and wellbeing records were observed. The care plan included end of life care, PBS, PEEP, hospital and communication passports, PRN protocol, keyworker sessions, independence building and outcomes in the form of evidence and photographs on SeeSaw. SeeSaw is a platform which is used to document activities and daily life alongside key events. It is shared with trusted and verified users such as family members. It clearly shows the outcomes from the care and support provided to the residents.

The care plans are of an excellent quality with detailed person-centred information about the person's needs and how they are to be met. They could be improved by outlining the expected outcomes within the document. The daily recordings again were of an excellent quality with detail around the person's day, what they did, whether they engaged, how they felt about it and any other pertinent details. They tell the story about how the person spent their day. Wellbeing records are detailed and provide daily information about the health of the person, body maps etc.

Risk assessments clearly identify the risks associated with the care and support of the person and detail risk management measures. Whilst being of an excellent quality, they could be improved by including outcomes within the document.

DoLS are in place for three of the residents, the other has capacity to make decisions around their care and support needs.

I was impressed by the quality of the reviewing process which is facilitated via monthly keyworker sessions. These are created as bespoke documents for each of the residents and family are involved wherever appropriate. There is continuity of support and the ability for the person to build a working relationship with their key worker providing consistency and trust.

Weekly allowances are managed by the home, some via bank card and some cash. One of the residents manages their own weekly allowance. Some accounts are monitored by family via online banking, and they are all internally audited weekly and a full reconciliation is completed monthly.

1 Good evidence that support/care planning is meeting quality outcomes and objectives - green

2. Nutrition and Fluid

Consider:

Nutrition and Fluid Provision

- ✓ Individual choice
- ✓ Flexibility of mealtimes
- ✓ Understanding of individual needs and risks
- ✓ Food Hygiene Training
- ✓ Weight (MUST Tool)
- ✓ Fluid Charts
- ✓ Food Charts
- ✓ SALT Assessment
- Waterlow

Additional information (including good practice, innovations, and areas for improvement)

There are four residents, each with very different nutritional needs and preferences. Meals tend to be prepared around a base ingredient such as chicken, a variety of meals could be made with the chicken, based on the choice and preference of the individual. There is always an option to have something else of their choice if the meals are not wanted. One of the residents purchases her own favourite foods and has them delivered, she likes to eat at different times to the other residents. One of the residents is peg fed but can eat some soft food. He likes mashed potato with mango chutney amongst other suitable soft foods which are available for him.

A SALT assessment was evident and relevant in the file observed.

Weight is monitored where required.

It is evident that the residents have choice and flexibility around their nutritional provision. This is provided together with close monitoring and support with health eating and lifestyle. Their health and wellbeing is monitored daily and is recorded alongside their main daily records.

2 Good evidence that the service is meeting peoples nutrition and fluid needs - green

3. Medication

Consider:

Medication

- ✓ Mar Sheets
- ✓ PRN, Body Maps
- ✓ Qualified trained staff
- ✓ Medication Storage and Rotation (controlled drug storage)
- ✓ Understanding and Policy on Covert Medication Administration
- ✓ Administration of medication training
- ✓ Medication competency checks

Additional information (including good practice, innovations, and areas for improvement)

All the residents are registered at Station House Surgery. Daniel reports that the GP service is good, and they know the residents. Open communication with the surgery is good. Resident's prescriptions go to Boots and are then delivered. There is a head of care services within the pharmacy dept at Boots and this is beneficial to the service. It is responsive and supportive to the service.

Annual health checks are completed by the surgery.

The medication is stored in the basement which is used as the medication room with some other storage, the fridge showed the correct temperature, controlled drugs are stored in a locked CD cabinet and other medications are locked in a cupboard. It was clean and tidy and there was ample space for staff to manage medications. The basement door is also locked.

Currently there is no one who requires covert medication and there is a policy in place. Daniel talked about the process needed to authorise the use of covert medication.

PRN medication is ordered when required to prevent surplus medication from being accumulated.

PEG medication is administered, and the staff have had training to complete this support.

The service uses the MIRAS system for their training programme. Staff complete this mandatory training annually. They also access training from Icarehealth with regards to medication. In the case of any medication error, the training is re-set and would have to be completed again. Spot checks and regular audits are in place for general care and support competencies, this also covers completing medication competencies. There are monthly medication audits and observations which monitor the process.

Good evidence of safe medication practice - green

4. Safeguarding / Incidents / Accidents

Consider:

Safeguarding

- ✓ Staff Training
- ✓ Referrals process & staff awareness
- ✓ Whistleblowing & staff awareness
- ✓ Notifications to statutory bodies
- ✓ DOLs (safeguarding). **(QCO to check relevant safeguarding background prior to visit)**
- ✓ Duty of Candour
- ✓ Incident/accidents (follow through with Risk Assessments and Care Planning)

Additional information (including good practice, innovations, and areas for improvement)

Safeguarding episodes are minimal due to the present mix of residents within the home. In the past, there have been increased instances requiring safeguarding referrals due to the presentation of some of the people in the home. There is a robust Safeguarding process in place.

There is a designated safeguarding lead, all staff are trained in adult safeguarding, with eLearning supported by face-to-face report writing training. There is an on-call rota and a dedicated telephone, the one number which helps to streamline the process.

The service uses safeguarding concern forms, an initial report is submitted then a referral is made VIA Adult Social Care, notifications are made to CQC. All the relevant information is to hand on the office.

The safeguarding threshold tool is displayed in the home and referred to when considering incidents.

In addition to adults safeguarding training, the staff participate in children's safeguarding training.

Good evidence of appropriate safeguarding / incident / accident recording and processes - green

5. Missing from Home Episodes

Consider:

Missing from Home Episodes

- ✓ Is there a Policy in place?
- ✓ Own policy or Placing Authorities policy

0 How many missing from home episodes in the last 12 months?

What is the responsiveness of the service to missing from home episodes?

Any developing themes or patterns occurred relating to missing from home episodes?

Additional information (including good practice, innovations, and areas for improvement)

There have been no episodes of missing from home in the last 12 months.

DoLS are in place for three of the residents.

All four residents are subject to the Herbert protocol. A copy of this is taken on holiday with them.

There are robust procedures in place to manage and instances of MFH.

No missing from home episodes in last 12 months - green

6. Leadership and Management

Consider:

Leadership and Management

Registered Manager

- No Registered Manager in post
- Temporary manager in post
- Manager in post under 12 months
- Manager in post over 12 months

Support for staff

- Supervision every 2 months
- Quality of Supervision
- Appraisals completed
- Staff Meetings

Additional information (including good practice, innovations, and areas for improvement)

Daniel has been employed at the service for over 5 years and been registered manager since 2022.

He reports that he now has access to the CQC portal following some difficulties. A recent CQC seminar was attended by the Daniel and Damien; they found it to be very beneficial.

The service understands that mistakes are made and that they are taken as an opportunity to learn from them.

They use NYAS external support to monitor their care and support practice and governance, which in my opinion is excellent practice. They are advocating to keep this in place as it provides constant external oversight of the service. Each month the NYAS report is shared with staff.

They also use NYAS as an external advocate service for the residents.

Supervisions happen every 4 weeks, there is a small team of staff with good staff retention, appraisals are taking place at present.

There is a steady, consistent staff team with some staff serving for 12 and 10 years.

Full governance meeting every year.

Staff meetings are held once a month they are well attended, good feedback is given. There is a variety of sources of support for the staff. Minutes are taken and staff read and sign the minutes to evidence this.

They have a communication email address which has replaced the communication book, it's working well.

There is a daily handover from day/night staff.

There is a Shap Road vision and values where staff have input, what makes them outstanding, this is to be shared with the wider organisation.

The Senior Leadership Team complete supervisions. They have recently completed supervision training. They have found that supervisions work better with fixed supervisors. They tried mixing it around but feedback was that the staff wanted the same supervisor.

There is open communication within the manager and supervision team.

The residents have very different needs and choices which are supported innovatively utilising great links with the community.

There is an open, positive culture within the service, with the registered manager being well supported by the deputy manager and senior staff. It is impressive to see the dedication and investment input into providing a quality service to the residents.

Good evidence of a positive workforce culture and effective leadership - green

7. Training

Consider:

Staff and Management Training

- ✓ Supervision Training for Management Team
- ✓ Safeguarding
- ✓ Moving and Handling
- ✓ Infection Control/Hygiene
- ✓ Fire Safety
- ✓ Medication systems/administration

Additional information (including good practice, innovations, and areas for improvement)

There is a robust training programme in place which is supported by the internal learning and development team. eLearning courses are supported by some face-to-face training, some is via Teams. Training and further learning is embedded via supervision and staff meetings.

Oliver McGowan training is completed.

Training is up to date and relevant to the people using the service.

Health support is sought and provided for complex health needs of the people who use the service.

Good evidence that staff are receiving appropriate training - green

8. Safe Recruitment and Staffing

Consider:

Recruitment & Staffing Levels

Click or tap here to enter text.² Number of new staff in last 12 months.

1 Number of leavers in last 12 months.

0 Number of staff on the Overseas Sponsorship Scheme

0 Number of staff on long term sick/maternity leave

- ✓ DBS checks
- ✓ 2 appropriate references
- ✓ Appropriate ID checks
- ✓ Using agency staff
- ✓ Disciplinarys

Additional information (including best practice, innovations, and areas for improvement)

There is currently a good stable staff team in place. This dedicated staff team, will come in on their days off to support new admissions and for other specific events.

The service does not use agency staff.

They are currently recruiting for a part time bank position as one of the staff is leaving.

There is an internal onboarding and recruitment team. They use indeed and Facebook for advertisements; candidates will complete and application form and if successful will be invited for interview. If they are offered and accept the position, they will have to provide documents and references. With regards to references, a full employment history will be requested and depending on that history, references will be sought from at least the last 5 years of employment. Potential staff can be supported to consult the HMRC government gateway, to find information and this might lead to multiple references.

Enhanced DBS for children and adults is required.

They have found Facebook to be more successful than indeed in filling vacancies.

The recruitment process is robust and it is good to see that full employment history and extensive references are requested dependent on the individual's employment history. This is excellent practice.

Good evidence of safe recruitment and staffing - green

9. Quality Assurance / Audits

Consider:

Service Quality Assurance (Evidence of internal processes)

- Care Plan Audits
- Premises Internal/External
- Medication Audit
- Monitoring of Falls,
- Pressure Sores
- Safeguarding Referral
- Notifications to Statutory Bodies
- Service User/Relatives Mtg's
- Missing from Home etc.
- Evidence of Actions Taken

Additional information (including good practice, innovations, and areas for improvement)

NYAS complete a monthly unannounced inspection which is funded by the organisation. This is something that not many services use but believe that it is extremely good practice to continue to do this. It provides an extra layer of governance and transparency and promotes the open and supportive culture demonstrated by the service.

In addition to the external inspection and oversight from NYAS, there is an internal compliance and regulation system of audits. The deputy manager and senior staff complete the audits with oversight from the registered manager.

There is a quarterly monitoring audit which is provided to CQC.

The safety audit, fire risk assessment and safety reports are completed annually.

At the last fire safety assessment in Feb 2024 there were 2 recommendations which were completed in 2 days.

Fire extinguishers, emergency lighting and fire alarm are checked monthly. There is a weekly fire alarm test.

Audits of HR files are in the form of spot checks by management.

There is a robust audit, compliance and governance procedure in place. It is very thorough, and the inclusion of an external inspector is to be commended.

Good evidence of quality assurance/audit processes - green

10. Social Inclusion and Meaningful Activity

Consider:

Social Inclusion and Meaningful Activity

- ✓ Co-ordinator hours
- ✓ Participation and enjoyment recorded
- ✓ Daily living tasks/independent living skills
- ✓ Involvement in service planning
- ✓ Community Involvement
- ✓ Activities linked to personal interests

Additional information (including good practice, innovations and areas for improvement)

The residents at 60 Shap Road have very different needs and the service has a varied and inclusive approach to providing support for activities. They have supported one of the residents with significant health problems to complete a Cross bay walk. This was an immense achievement for him following a significant health issue and intensive support to re-engage him in activities.

One of the residents has completed a skydiving experience.

They feel that the people they support should be able to participate in as many activities as they can, considering their limitations according to their needs. There is much community involvement, with some set individual activities and some group activities where possible. These include work experience opportunities, an allotment, sing and sign, wheels for all more music, Sunbeams, and friends club. There are plans for the allotment are to promote health and wellbeing by growing and cooking their own produce. There have been trips to Blackpool Zoo, Knowsley Safari Park and an Aeroplane Museum.

At weekends there are no set plans, though a group activity is arranged every Sunday wherever possible. There are variations within the routines depending on the needs and choices of the individual. People are supported to have input into their support plans with keyworker sessions every month. The sessions are specific to each individual and their preferred way of communicating. Family feedback sessions are held once a month in addition to the Seesaw platform. Having observed the keyworker sessions, it is very clear that the individual is central to the care planning process.

Two of the residents visited a previous resident in their new home, which provided them with an understanding a closure on what had been a difficult time for the home.

Each resident is allocated £800 every year to go on holiday.

The attention to individual, person-centred support is to be commended, the service knows the people whom they provide support for as people, not just based on their care and support needs. They are supported to be citizens and to be included in society as any other citizen.

Good evidence of social Inclusion and meaningful activity – green

11. Service User / Relative / Staff Feedback

Consider:

Service User / Relative / Staff Feedback

- ✓ Returned Satisfaction Surveys – evidence of who has filled in, check to see not all filled in by same person
- ✓ Evidence of an action plan/improvements (including where no negative comments have been received)
- ✓ Evidence of where service user feedback has shaped the service

Additional information (including good practice, innovations, and areas for improvement)

The services uses Seesaw to share information with trusted identified people. Photos of activities are shared and there is opportunity for the trusted identified people (usually families) to provide feedback.

Formal family feedback is sent out biannually. Some feedback was received from one parent who wanted a weekly catch-up phone call as well as the see saw feedback. A weekly catch-up call has been put in place.

The newsletter is distributed biannually (winter and summer) to reflect on the last 6 months.

NYAS manage the resident's feedback monthly.

Staff feedback in supervision questionnaires and quizzes. There is also the opportunity to feedback in staff meetings.

Issues are addressed via a quality improvement plan for the service. This is sent to the quality manager every month.

Good evidence of opportunities for feedback and service improvement based on feedback - green

12. Compliments and Complaints

Consider:

Compliments and Complaints

- ✓ Recording of formal /informal complaints
- ✓ Action taken/appropriate timescales
- ✓ Notifications to statutory bodies and care managers
- ✓ Recording compliments (feedback to staff)

Additional information (including good practice, innovations, and areas for improvement)

There is a complaints and compliments policy in place.

Complaints are managed as per the policy though most are informal issues that are resolved via the feedback methods.

In terms of compliments this needs a little work. At present the compliments book is compiled, thank you cards are displayed, then put into a file. It would be good practice to explore ways in which the compliments are accessible externally, perhaps via Carehome.co.uk, or via a website.

The service is looking to create a Facebook page, subject to the consent of the residents and their families. This will be a great way of illustrating the great support provided to the residents.

I understand that Daniel and Damien will be exploring ways to further promote the service and will be sharing compliments with NYAS.

Good evidence that the compliments/complains policy and procedure is followed - green

Observations

Consider:

Environment:

The home is well laid out and very homely. Staff areas are pleasant and fit for purpose. The outside space is well tended and suitable for the residents to use in good weather. There are photos of the residents on display and a fish tank where residents have chosen their own fish. It was noted that the stair carpet needs replacing however it was further noted that this has been picked up by the NYAS report and is being addressed.

Staff interactions:

The staff interactions observed were of a positive and supportive nature, the manager and deputy manager work well together and both have an excellent grounding of experience in both children's services and adults services.

Additional Information:

The use of the NYAS visits is excellent practice and demonstrates the commitment of the service in providing the best quality care and support for their residents.

It was possible to speak to one of the residents, she is happy and stated that she was well cared for. She has been accessing the community and is taking care of her person care better. She has just ordered herself some shopping which had been delivered.

Feedback from other visiting professionals

There were no visiting professionals at the time of the visit.

Colour as per RAG Rating below

	Outcome	Score
1 Care Planning	Good evidence that support/care planning is meeting quality outcomes and objectives - green	2
2 Nutrition and Fluid	Good evidence that the service is meeting peoples nutrition and fluid needs - green	2
3 Medication	Good evidence of safe medication practice - green	2
4 Safeguarding/Incidents/Accidents	Good evidence of appropriate safeguarding / incident / accident recording and processes - green	2
5 Missing from Home Episodes	No missing from home episodes in last 12 months - green	2
6 Leadership & Management	Good evidence of a positive workforce culture and effective leadership - green	2
7 Training	Good evidence that staff are receiving appropriate training - green	2
8 Safe Recruitment & Staffing	Good evidence of safe recruitment and staffing - green	2
9 Quality Assurance / Audits	Good evidence of quality assurance/audit processes - green	2
10 Social Inclusion/Meaningful Activity	Social Inclusion and Meaningful Activity – green	2
11 Service User/Relative/Staff Feedback	Good evidence of opportunities for feedback and service improvement based on feedback - green	2
12 Compliments & Complaints	Good evidence that the compliments/complains policy and procedure is followed - green	2
	Score out of 24	24
	As a percentage	100%

Overall RAG Rating

Recommendations/Action Plan

Area identified	Action/Recommendation	Timescale/Date for completion	Completed/amended (to include date)
N/A			

Westmorland and Furness Quality Objectives & Outcome Measures – “What does good care look like?”

1 Promoting Independence - the care and support needs of Service Users are met in a way that enables each to achieve their own personal goals, promotes their wellbeing and enables them to live as active and fulfilling lives as possible

- 1.1 *Evidence of systems and practice that demonstrates Service Users have contributed to their own goal or outcome setting based on Service User strengths and what is important to them*
- 1.2 *Evidence that Service Users have been provided with any aids or equipment they may need to support them to undertake tasks of daily living as independently as possible and they know how to use it*
- 1.3 *Evidence that consideration is given to Service Users’ sensory needs and any equipment that will enhance communication and engagement*
- 1.4 *Evidence that the physical environment enhances independence*
- 1.5 *Evidence that there is sufficient flexibility within systems and routines, which allow Service Users the necessary time to complete any activity independently*
- 1.6 *Evidence of timely and responsive care, e.g. early intervention and support for mental health, occupational therapy etc. referring to external support from specialist agencies*
- 1.7 *Evidence of working with statutory agencies to be responsive to the changing needs of Service Users to overcome barriers and focus on rehabilitation, recovery and progression*

2 Choice and Dignity – Service Users are able to exercise choice and decision making, they are treated with respect, dignity, kindness and compassion. The individuality of each person is recognised and promoted.

- 2.1 *Evidence that Service Users have contributed to the development of their care and support plan and subsequent reviews or updates. Where there is a lack of capacity there is evidence that their relative or advocate has had the opportunity to review or update*
- 2.2 *Evidence of systems that demonstrate that Service Users are involved in decision making at an individual and group level. Where there is a lack of capacity there is evidence that their relative or advocate has had the opportunity to review or update*
- 2.3 *Evidence of how Service Users are supported to take positive risks and where they are deemed to lack capacity to make a specific decision, appropriate advocacy is made available to them*
- 2.4 *Evidence that Service Users are able to exercise choice about different aspects of their daily living routine, and that their choices have been acted upon.*
- 2.5 *Evidence that Service Users and their families are encouraged to provide feedback without prejudice on the service they receive*

- 2.6 *Evidence how the service supports Service Users to make decisions, respects and acts on their decisions and resolves problems and disagreements*
- 2.7 *Evidence how Service Users are enabled to maintain and develop their own personal identity*
- 2.8 *Evidence how the service is responsive to Service Users' individuality, ethnicity, religion and sexuality*
- 2.9 *Evidence how the culture within the service supports staff members to spend non task centred time with Service Users – time to talk/listen*

3 Social Inclusion and Meaningful Activity – Service Users are supported to maintain and develop relationships to the degree they wish within the service, with their family and friends, as well as with their local community. Individual and group activity is tailored to the Service User's interests and goals.

- 3.1 *Evidence of a range of activities tailored to both individual and group activity*
- 3.2 *Evidence of flexibility around how and when activity or engagement takes place, i.e., not just at rostered times when an activity coordinator is present*
- 3.3 *Evidence of how the service supports Service Users to retain or develop personal relationships with family, friends and the community*
- 3.4 *Evidence of how members of the local community are encouraged to engage with the service and 'bring the local community into the service'*

4 Safety and Security – Service Users are able to live in safety, free from abuse or neglect and are supported to take and manage positive risks

- 4.1 *Demonstrate an understanding of what being safe means to the Service User and how this has been decided*
- 4.2 *Evidence of robust procedures and systems to maintain and review the safety of Service Users and groups*
- 4.3 *Evidence of clear reporting mechanisms for reporting concerns about a Service User's safety or wellbeing, evidence how this is communicated to both the workforce and visitors*
- 4.4 *Evidence of a robust Safeguarding and Whistleblowing policy.*
- 4.5 *Evidence that all of the workforce has received training on Safeguarding Adults and Children and that knowledge and understanding is continuously reviewed and refreshed*
- 4.6 *Evidence of knowledge and understanding of the Mental Capacity Act 2005 and ADDENDUM 2007 of the Mental Capacity Act and recognise when it applies to Service Users in the service – including who to contact for more information*

- 4.7 *Evidence that Service Users are supported to take positive risk and knowledge of who should or could assist in the decision-making process*

5 Positive workforce culture and effective leadership – The service is delivered by a competent, confident and highly motivated workforce. Leadership is visible, proactive and connected to service outcomes.

- 5.1 *Evidence how the service supports a workforce culture that is open, positive and respectful*
- 5.2 *Evidence how the service supports the workforce to share ideas, views or air concerns*
- 5.3 *Evidence how the organisational culture is supportive and embraces the importance of spending time with Service Users and their families (non- care delivery time)*
- 5.4 *Evidence of good working conditions, opportunities for learning and skills progression*
- 5.5 *Evidence how the leadership within the service supports the workforce and values their role and contribution*
- 5.6 *Use of activities to build relationships and engage more freely with Service Users*
- 5.7 *Evidence how leadership is visible, proactive and connected to service outcomes*
- 5.8 *Evidence of robust mechanisms in place to support the leadership function*
- 5.9 *Evidence of a clear mission statement and of policies and procedures in place that reflect and underpin the service aims, culture and leadership*