

NORTH LINCOLNSHIRE COUNCIL

CABINET

HOME FIRST COMMUNITY INSPECTION OUTCOME

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform cabinet of the outcome of the Care Quality Commission (CQC) inspection of the Home First Community Support Team and seeks to request that the report is published on the Council website and made available to relevant stakeholders.
- 1.2 The unannounced inspection took place on 26th and 27th July 2018 under Section 60 of the Health and Social Care Act 2008.
- 1.3 The service maintained an overall rating of “GOOD” in 4 domains with an improved rating in the “Caring” to “OUTSTANDING.”

2. BACKGROUND INFORMATION

- 2.1 The Council Home first Community Team provides both Short and Long Term care with a focus on Rehabilitation and reablement, enabling and promoting individual independence to those in receipt of services.
- 2.2 The Service supports the facilitation of timely hospital discharge, preventing unnecessary admission to hospital and contributes to the assessment of people’s ongoing needs for further care and support.
- 2.3 The Care Quality Commission (CQC) is the national regulator for health and social care services. This is the first inspection of the service under the new framework (2018) which focuses on changes since the previous rating – improvements and areas of risk.
- 2.4 The inspection looked at the 5 Key Lines of Enquiry
 - Is the service safe
 - Is the service effective
 - Is the service caring
 - Is the service responsive
 - Is the service Well Led

- 2.5 The overall outcome awarded at inspection can be one of four judgements, inadequate, requires improvement, good and outstanding.
- 2.6 CQC now utilise intelligent monitoring to assess the service prior to inspection. Using a wide range of data sources including national data sets and direct feedback obtained prior to the inspection from service users, their families and staff.
- 2.7 The inspector requested the views of other agencies that work with the service including healthcare, social workers staff and management during the two day inspection and considered the response of questionnaires from a range of stakeholders.

3. OPTIONS FOR CONSIDERATION

- 3.1 Option 1 The Cabinet agrees to publish the inspection report on the council website.
- 3.2 Option 2 The report is published by the Care Quality Commission

4. ANALYSIS OF OPTIONS

- 4.1 Option one- The report is very complimentary of the service, the outcomes it achieves and the way people supported Some key highlights within the report are as follows:
- That the service achieves excellent outcomes for people with staff showing a great regard to their needs, wishes and aspirations.
 - That people were safe and their wellbeing was central to the delivery of the service and clear systems were in place to ensure that people were safeguarded from abuse and harm.
 - The current Moving with Dignity project was highlighted as a lead project locally to introduce a new and innovative technique for all providers that increases empowerment, independence and provides greater dignity for those previously requiring two care workers.
 - That People are supported to make decisions about the support they received by staff who followed the principles of the Mental Capacity Act.
 - The service is managed well with systems in place to gain feedback from both services users, families and staff.
 - The report praises the willingness of the workforce to go the extra mile in particular for those services users socially isolated and traditionally more difficult to engage with.

- The inspection has shown that the service strives to make use of innovative approaches to the delivery of care through the use of technology in particular through the services ability to respond to and assess for Assistive technology.

4.2 Option 2- the report is published on the CQC website, placing it on the council website enables local residents to read it and supports the ambition of Best place.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1 Staffing - The inspector found staff to be passionate and motivated to provide care that focused on people as individuals with the drive to link people to meaningful activities in the local community.

5.2 The service was able to evidence the systems and processes in place to deal with Health and Safety, complaints and regular supervision and Employee Review Performance meetings were offered to the workforce.

6. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

6.1 The criteria for the service is based on rehabilitation needs and does not discriminate on any other basis.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.1 People and their relatives consistently told the inspection team that they received effective care and support.

7.2 People told the inspector they were very happy with the service, it was very responsive, and that they were “very satisfied with the Rehabilitation and Reablement approach offered. An example of this is a family praised the staff “the support they have given my mum to regain her confidence in walking has been brilliant”

7.3 One person in receipt of the new approach to dignity in care commented that they were relieved that they no longer had to wait for the second care worker to arrive and that their family were once again able to take a more active role in their care.

7.4 People reported feeling very safe with the service.

8. **RECOMMENDATIONS**

8.1 The Cabinet agrees that the report is published on the Council website and made available to relevant stakeholders

Adults, Health and Community Wellbeing

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Date: 14/09/2018

Background Papers used in the preparation of this report:

North Lincolnshire Council Home First Community Support Inspection Report, CQC



North Lincolnshire
Home First CQC Inspe

North Lincolnshire Council

North Lincolnshire Council Home First - Community Support Team

Inspection report

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Date of inspection visit:
26 July 2018
27 July 2018

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12 September 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 26 and 27 July 2018 and was announced.

North Lincolnshire Council Home First Community Support Team provides both short-term and longer term personal care services to people in their own home. The service focuses on promoting self-care and enabling people to reach or regain an optimum level of independence. The service also provides out of hours duty cover for the local authority. At the time of the inspection the service was supporting 119 people.

At the last inspection in January 2016 we rated the service 'Good' overall and in each domain. At this inspection we found the service had maintained its overall rating of 'Good' and improved its rating in the 'Is the service Caring?' domain to 'Outstanding.'

We found an extremely caring service. Staff demonstrated very caring values and showed a very positive regard for what was important and mattered to people. They had developed very positive relationships with the people they supported. The trust developed between people and staff helped promote people's independence, confidence and helped them achieve good outcomes. We saw staff regularly went the extra mile for people, to provide compassionate care which ensured people's comfort and met their preferences.

Respect for equality, diversity and human rights was thoroughly embedded within the service and integral to everything the staff did. People were treated with dignity and respect by staff who understood the importance of this. The new 'Moving with Dignity' initiative gave people more choice, involvement and dignity around their care support.

People continued to feel safe using the service and staff ensured that risks to their health and safety were reduced. Recruitment procedures remained robust. There were enough staff to ensure a consistent and reliable service. Safeguarding policies and procedures were in place and staff were aware of the procedures to follow in the event of concerns. People were supported to take their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

People's nutritional needs were assessed and staff supported people to make sure they ate and drank enough. Staff worked closely with healthcare professionals to make sure the care and support met people's needs and they received medical attention when necessary.

Staff received a wide range of training and we received positive feedback about the effective care and support they provided. Staff received regular supervision and an annual appraisal to support their continued professional development.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. People praised staff skill and knowledge and said staff knew their needs well. People were involved in setting their own goals which contributed to the successful reablement outcomes. People had good access to a range of aids and equipment which supported their safety and return to independence.

People were signposted and supported to access local community groups to promote inclusion, independence and a healthy lifestyle.

We received very positive feedback about the management of the service. People, relatives, professionals and staff told us the registered manager was very approachable, caring and responsive to feedback. They were also committed to delivering high quality care and fostered a person-centred, open and inclusive culture within the service. The service had recently undergone review and there had been many changes including the model of care, staff teams and roles. Staff felt supported through this process. A range of audits and checks were undertaken to ensure the service continued to perform to a high standard. People's feedback was regularly sought to determine whether any improvements were needed to the service. Effective systems were in place to manage complaints and concerns.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Exceptionally positive and caring relationships had developed between people and the staff who cared for them and went the extra mile to provide support which centred on the person and individual goals.

Equality and human rights was embedded and integral to people's care and support. Protecting people's privacy and dignity were high on the agenda and the new 'Moving with Dignity' initiative was very positive and successful.

Staff took time to get to know people and understand what worked for them and the service was very effective in helping people increase their confidence and independence.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

North Lincolnshire Council Home First - Community Support Team

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 registered provider was 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 comprehensive inspection was carried out by an adult social care inspector and included a visit to the agency's office on 26 July 2018. To make sure key staff were available to assist in the inspection the registered provider was given short notice of the visit, in line with our current methodology for inspecting domiciliary care agencies. An inspection assistant contacted 14 people and three relatives on 27 July 2018 for their views of the service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had also completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We requested the views of other agencies that worked with the service, such as service commissioners, healthcare professionals, social workers and Healthwatch North Lincolnshire, by email, telephone or using questionnaires. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with the registered manager, nominated individual and 10 staff; this included, team leaders, senior rehabilitation officers and rehabilitation officers, workers and assistants. We also considered the

outcome of 20 questionnaires returned to us by staff, 16 from people who used the service and five from relatives.

We looked at documentation relating to people who used the service, staff and the management of the service. This included five people's care records and medication administration records, three staff recruitment files, training and support documentation. We also looked at how the agency gained people's views on the service provided, as well as checks made to ensure company policies were being followed.

Is the service safe?

Our findings

At the last inspection in January 2016 we rated the service as Good. At this inspection, we found the service remained Good.

Care and support was planned and delivered in a way that ensured people's safety and welfare. People and their relatives consistently told us they received safe care. Comments included, "I feel safe with the staff, they are all very good" and "I'm well looked after and I'm perfectly safe."

The provider had effective systems in place to safeguard people from abuse and harm. Staff had completed training and were aware of their roles in protecting people and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

Key safes were effectively used if required, to enable staff to enter people's homes safely. We also saw people's personal information, including key codes, were well protected.

Risk assessments were carried out to determine any potential risks involving the person who used the service, staff or the environment. These supported people to remain safe whilst optimising their independence as much as possible. The service also worked closely with health professionals to reduce the risks to people. We found one person had experienced a significant number of falls in recent weeks, due to their deteriorating condition. These had not been formally reviewed and there was no falls risk assessment in place. The registered manager took action during the inspection for the person's current mobility needs to be fully assessed and appropriate changes were made to their support plan. All other accidents and incidents had been fully reviewed by the management team to ensure appropriate action had been taken. Staff readily reported accidents, incidents and concerns.

Staff continued to be recruited safely. Candidates were required to complete an application form, attend a competency based interview and have checks on their background and character completed to help ensure they were suitable to work with vulnerable people.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us and we saw that the service only supported the number of people they had staffing for. They confirmed eight rotas were currently closed, whilst they recruited new staff. People told us they did not feel rushed by staff and staff stayed with them as long as was necessary to support and guide them in whatever task or skill they were trying to complete. The provider organised their care staff team to cover three geographical areas, linked to the local care networks. This enabled people to receive their care from a relatively small team of care staff who they got to know well.

Medicines continued to be safely managed by the service. People's medicine support needs were assessed and planned for at the start of their reablement service. When assistance was required, appropriate support was provided by staff who had been trained to carry out this role.

Staff had access to a supply of personal protective equipment and we were told care workers always wore gloves and aprons when delivering personal care. Staff had received training in infection prevention and control to ensure they adhered to the required safe practices.

Is the service effective?

Our findings

At the last inspection in January 2016 we rated the service as Good. At this inspection, we found the service remained Good.

People and relatives consistently said staff provided effective care and were appropriately trained. One person told us, "The staff have been fabulous. They are well trained and skilled in the support they provide."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. People who used the service had signed to record they consented to the care and support staff provided. The registered manager and staff demonstrated a good understanding of the process and their role in ensuring people's rights and wishes were respected.

Staff had effective working relationships with health and social care professionals and supported people to access healthcare services when needed. Professionals told us staff made appropriate referrals and praised staff's knowledge, the good communication and effective working relationships they shared. Staff discussions and records showed some people had experienced delays in therapy assessments for mobility and or equipment and this had impacted on the service provision. The registered manager confirmed this was being looked into.

People were supported to regain their independence with meals and drinks. Following assessment, aids to support the preparation, cooking and eating of meals were provided as necessary. Where people were at risk of malnutrition or dehydration, this was recorded in their care plan and monitored by staff.

Staff completed a wide range of training and refresher courses to continually improve and develop their knowledge and skills. Staff gave positive feedback about the training and told us additional courses as well as advice and guidance was always available. A member of staff told us, "The training opportunities are excellent. We have regular meetings with our line manager and can discuss any worries or queries." There were staff champions at the service who were responsible for promoting learning and sharing information about their chosen subject. The provider used supervisions and appraisals to monitor staff's performance, wellbeing and to support their continued professional development.

Is the service caring?

Our findings

All the people we spoke with said staff were exceptionally kind, friendly and caring. Comments included, "Staff were always very kind and caring. Just marvellous", "Very kind carers, I couldn't ask for better. If I was asked to score them out of 10, I would give them 11", "The staff are so brilliant with my [family member], so kind and understanding. [Name of family member] thought the carer that came today was lovely, we can't fault them, staff always put a smile on [Name of family member's] face."

Staff were very committed to developing positive and trusting relationships with people. Comments from people and their relatives clearly showed this. These included, "There is a lot of continuity with familiar staff and they have developed a good relationship with us all" and "Sometimes I feel sorry for myself and the carers arrive and they are so encouraging, they make me feel so much better."

The registered manager and senior staff were able to tell us about examples where care workers had acted in extreme kindness and had 'gone the extra mile.' An example included the dedication and kindness shown to a vulnerable, neglected and isolated person who refused all care support and interventions following hospital discharge. Staff continued to contact the person to persuade them to accept support and slowly the person started to engage with the team and allow support to clean their property, address urgent safety matters and accept personal care. Staff developed a very positive and trusting relationship with the person and at Christmas staff delivered a hot dinner, card and present. The person told the staff that they had become her family, who she loved very much and she had never smiled so much in the last 10 years since receiving their help.

The service received a high number of compliments and thank you cards which often referenced the very kind and caring nature of the staff. Feedback was shared with the staff team and the provider.

People told us care workers were always very respectful of their privacy and dignity. Comments included, "The staff engage with us very well and are very sensitive to [family member's] tolerance, capacity and capability", "All the staff respected my dignity and made time for me; I feel as if I can call them friends" and "Dignity was always reinforced and well supported by staff."

Upholding and promoting people's dignity was a very important aspect of the service. 'Moving with Dignity' was an initiative the service was leading on locally, to introduce new innovative techniques and equipment in the safe moving and handling of people in North Lincolnshire. Research and evidence has shown this new approach provided increased empowerment, independence and greater dignity for people who used services. In recent months the service had worked with colleagues across health and social sectors to provide training for front line staff and complete assessments for a single-handed care approach. The project was progressing extremely well and included care service providers, commissioning teams and the local NHS. People who had received care using the new techniques and or equipment reported they had more independence, choice and control. They also commented on their relief that they no longer had to wait for the second carer to arrive, that their family could be more involved and they received care from a much smaller team, which they preferred. The registered manager explained how there were very positive

outcomes in terms of earlier discharge from hospital, reduced cost of care packages and increased capacity to meet the growing demands on the care sector.

A professional told us, "Often Home First Community Support Team staff have raised questions with the ward staff to ensure that the least restrictive options are attempted. This is particularly evident with the moving with dignity programme, looking at reducing the numbers of carers required and offering care in the most dignified way possible. It is clear that the care staff work with dignity and respect at the centre of their practice when working with people and I have observed positive introductions on the ward, staff building rapport and being clear about the objectives of the service. In addition to this, we have had feedback from people using the service and family members who have commented on the personal response, thoughtfulness and motivation the staff provided when they were working with them."

Staff were highly motivated and passionate about the care they provided to people. Care was clearly focused upon each person as an individual, with meaningful and purposeful activities based upon people's real interests, goals and outcomes. People reviewed their goals with staff and used an 'outcome flower tool' to measure their achievement towards self-reliance. A member of staff described very positively how the 'outcome flower' worked in practice and how they identified people's priorities for care on each petal. They gave us a recent example, where one person's main goal was to feed the birds in their garden. This was the person's favourite routine of their day and by focusing on this task they had successfully supported the person to regain their independence with their personal care and mobility.

People and their families felt listened to, involved and valued. One person said, "The service has made a real difference to [family member's] confidence and mobility to get their life back. It's been very rewarding and enriching what he got out of it." A professional told us, "When working with the Home First Community Support Team it is clear that they are dedicated to promoting independence at home. They are person-centred in their approach and will often think about the wider context of the person's life, family, environment and social needs beyond the tasks highlighted."

The provider's recruitment process ensured only people with compassion, kindness and empathy worked at the service. This was reinforced during the induction and training process. This made sure the service's new priorities around the '6C's' – care, compassion, competence, communication, courage and commitment [the values of Compassion in Practice, a national strategy for nursing and care staff] were supported and fulfilled. These values guided staff to put the person being cared for at the heart of the care they were given. The format of the client survey forms had also been reviewed to request feedback around the values of the 6C's, which meant the management team could monitor the success of this strategy.

Respect for equality, diversity and human rights was embedded within the service and integral to everything the staff did. Staff had attended North Lincolnshire Council's pride event earlier in the month when the rainbow flag (a symbol of LGBT+) had been raised outside the civic centre to show commitment to ending homophobia and discrimination and as a sign of the provider's wider commitment to the area's diverse communities. The registered manager explained how the pride event followed up the provider's 'Be Yourself at Work' initiative, aimed at ensuring a safe and inclusive workplace for staff in accepting their gender identity and sexuality. On the wall in the office corridor, staff had produced a colourful pride display which demonstrated their commitment to equality and diversity in the service. When talking about people, staff recognised each person as an individual with their own unique characteristics and personalities.

People's preferences were treated with importance. We saw some people had chosen the gender of the staff for the visits when they had support with their personal care.

The registered manager promoted a strong person-centred and genuinely caring approach to supporting people and maximising their quality of life. The management team also respected and valued their staff and this further enhanced the caring nature of the organisation. All staff spoke proudly about the service and their roles and responsibilities. Staff spoke warmly and respectfully about the people they supported and the importance of treating them with compassion and providing them the best possible care.

People who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves.

Staff made efforts to prevent people's social isolation by supporting community inclusion through local clubs and health and wellbeing initiatives. People were provided with a comprehensive information pack which included details about all local activities and groups. Events such as tea parties were also arranged in the area hubs to facilitate social inclusion and provide an opportunity for consultation around service development and gathering feedback. The registered manager explained how they created story boards that highlighted case studies of good practise and asked people who used the service to share their stories and experiences for staff development.

Is the service responsive?

Our findings

At the last inspection in January 2016 we rated the service as Good. At this inspection, we found the service remained Good.

People's care plans were detailed and comprehensive. Staff were given clear guidance on how to support people and they had a very good understanding of people's care needs. People were encouraged to express their views, preferences and set positive goals they would like to achieve with the support of the staff. The care plan format was new and staff confirmed it was working well. Care plans evidenced people's communication needs had been assessed to make sure information was presented in an accessible format. People's care needs were regularly reviewed and people were fully involved in this process.

People and their relatives told us the service was responsive and they were very satisfied with the level of reablement support and the results. Comments included, "[Name of family member] got back to a level of good mobility. Good results in a supportive way" and "My mum is now more confident in herself, they [staff] have really helped her confidence with walking. The staff have been brilliant.

Managers showed us how information was shared with staff using their mobile phones, which were linked to the computer system in the office and securely maintained. This allowed staff in the office and care workers to keep up to date with any changes in each person's condition and needs.

There was a very good use of equipment and technology arranged by the service to help meet people's care and reablement needs and to give them greater choice and independence. The registered manager was involved in a local initiative, working with a technology provider to look at advances in this area, which could benefit people who used the service.

The service provided short-term support to some people other than reablement, for example to prevent admission to hospital, to facilitate a hospital discharge or to support people whilst awaiting a long-term care package. This meant people could remain in their own homes, where they wanted to be. Health and social care professionals considered the service achieved very good results and the provider's quality report showed high numbers of people were still at home after discharge from hospital and input from the service.

Staff had experience of supporting people at the end of their lives, although they weren't currently supporting anyone at this stage. They recognised the importance of end of life care planning and their role in ensuring people's end of life wishes were respected. Appropriate adjustments to the service would be made involving a flexible approach to call times and partnership working with relevant professionals.

There was an effective system in place to support people to raise any concerns or make a complaint. People were provided with information about making a complaint at the start of the service. Although we only received positive feedback about the care provided by the staff team, people and relatives knew how to raise concerns if required. There had been no written complaints made about the service in the 12 months prior to our inspection. Concerns and low-level feedback was looked into, responded to and where possible

improvements made.

Is the service well-led?

Our findings

At the last inspection in January 2016 we rated the service as Good. At this inspection, we found the service remained Good.

There was a new registered manager in place who was supported by a group of team leaders and senior rehabilitation officers. 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. The registered manager was clear about their responsibilities in the service and ensured they notified us of any significant incidents.

The health professionals we contacted were all positive about how the service was managed. The staff all commented positively on the registered manager and told us they enjoyed working in the service. One member of staff told us, "She is a very good manager, quite visionary in her approach. She is always supportive and approachable." Staff were given the opportunity to attend regular meetings and they told us they could put forward suggestions for improvement and that these were listened to.

The atmosphere at the office was friendly, open and inclusive. There was a new management structure in place and staff understood their roles and responsibilities. The service had undergone a comprehensive review in recent months and significant changes had been made to match the area teams with the local health and social care networks. There had also been changes with staff teams, staff roles, care records and models of care including the appointment of a trusted assessor to facilitate more co-ordinated discharge from hospital. Staff told us they had felt well-supported through the changes and could see the benefits these were having on the service delivery, especially when the new systems and models were fully embedded and the recruitment programme completed.

Records were detailed and organised. There were clear systems and processes in place to support the effective management of the service, although the registered manager acknowledged that aspects of the incident monitoring system needed development and followed this up during the inspection. The registered manager and provider completed a range of audits to continually monitor and improve the service. These identified areas for improvement and action plans were put in place, reviewed and updated to make sure changes were made. The service had achieved external accreditation through Investors in People.

People and relatives were regularly asked for their views on the quality of the service being provided, this was achieved through phone calls, spot checks and surveys, to get feedback on what went well and what could have gone better. Any suggestions for improvement were acted on. For example, some negative feedback had been received about the timing and length of the assessment process and in response, the staff had significantly shortened the assessment tool and were more considered about the timing of the visit to conduct the main assessment. This also demonstrated how they were very committed to continually improving and developing the service.