Care UK Community Partnerships Ltd

Langley Oaks

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

Care UK Community Partnerships Ltd are registered to provide accommodation, personal care and/or nursing care for up to 40 older people at Langley Oaks. However they are only contractually obliged by the commissioning local authority to provide personal and nursing care to people. Another service provider maintained the premises and equipment and provided the cleaning and laundry service and catering provision. Notwithstanding this arrangement, as the registered provider, Care UK Community Partnerships Ltd retains overall responsibility for ensuring all the legal requirements are met in relation to the accommodation, care and support provided to people. At the time of this inspection there were 36 people using the service. The service specialises in supporting people living with dementia.

At the last inspection of the service in September 2015 the service was rated Good. At this inspection we found the service remained Good.

People continued to be safe at Langley Oaks. Staff knew how to protect people from the risk of abuse or harm and followed the provider's safeguarding policy and procedure for reporting concerns promptly. Risks to people's health, safety and wellbeing were assessed and reviewed and staff followed appropriate guidance to minimise these risks. Senior staff routinely analysed accidents and incidents to identify specific patterns of behaviour or poor working practices and processes that may have contributed to these. There were enough staff to keep people safe. The provider maintained recruitment checks to assure themselves of staff's suitability and fitness to support people.

Senior staff sought appropriate assurances from the service provider responsible for maintaining the premises, equipment, cleaning and laundry and the catering provision, that they had appropriate measures in place to ensure these aspects of the service did not pose unnecessary risks to people's safety. The provider's own staff followed good practice to ensure risks to people from poor hygiene and cleanliness were minimised. Staff also made sure the environment was clear of slip and trip hazards so people could move safely and freely around.

The provider maintained appropriate arrangements for the safe management of medicines. People received these as prescribed to them. People continued to receive support that was personalised and which met their specific needs. Staff used information and guidance, based on best available evidence and best practice, to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. Staff respected people's individual differences and supported them with any spiritual, religious or cultural needs. Senior staff reviewed people's needs regularly to ensure the support they received continued to meet these.

Staff received relevant training and felt well supported by senior staff. Staff knew people well and had a good awareness and understanding of their needs, preferences and wishes. They were aware of people's communication methods and how they expressed themselves.

People were supported to eat and drink enough to meet their needs. People were also supported to access healthcare services when needed and staff liaised with other health and social care professionals to ensure people received effective coordinated care in regards to any health needs. Staff encouraged people to participate in activities and events and to maintain relationships with the people that mattered to them. Staff were warm and welcoming to visitors to the home and friends and families were free to visit when they wished.

Staff treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were encouraged to do as much as they could and wanted to do for themselves to retain their independence. People were asked for their consent before care was provided and prompted to make choices. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People and relatives were satisfied with the support provided by staff. The provider maintained arrangements to deal with people's complaints appropriately if these should arise. There was an inclusive and open culture at the service. People and staff spoke positively about the leadership and management of the service and were encouraged to provide feedback about how the service could be improved.

The registered manager adhered to the requirements of their Care Quality Commission (CQC) registration, including submitting notifications about key events that occurred. A programme of audits and checks were in place to monitor the quality of the service and improvements were made where required.

The registered manager worked well with other organisations including the service provider responsible for maintaining the premises, equipment, cleaning and laundry and the catering provision to ensure people benefited from a coordinated and joined up approach with regards their care and support.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Langley Oaks

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 checked 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 was a comprehensive inspection which took place on 5 December 2017 and was unannounced. The inspection team consisted of two inspectors and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke to 6 people who lived at the home and four visiting relatives. We spoke to the senior staff team which consisted of the registered manager, the deputy manager and two team leaders. In addition we spoke to four care support workers.

We looked at records which included five people's care records, medicines administration records (MARs) for 10 people, staff training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunchtime. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People said they were safe at Langley Oaks. One person told us, "I think it's because they are lovely. All the workers here are lovely and I trust them." Another person said they felt safe because they trusted the staff. A relative told us their family member had lived at Langley Oaks for a few months and felt they had been safe from day one. They said, "I believe this place is safe and [family member's] things are always where I left them."

Since our last inspection, the provider continued to support staff to keep people safe from abuse or harm. Staff received training in safeguarding adults at risk and followed the provider's well established safeguarding policy and procedure for reporting their concerns. Records showed when concerns about a person had been raised the senior staff team co-operated with the investigating local authority and took appropriate action when required. Staff also received equality and diversity training. This helped them to identify and challenge discriminatory behaviours and practices that could cause harm to people.

Senior staff routinely analysed accidents and incidents to identify specific patterns of behaviour or poor working practices and processes that may have contributed to these. They used the learning from these reviews to take appropriate action to reduce risks to people's safety. We saw for one person who was at risk of choking, concerns were raised by staff about the quality of meals this person received which staff felt were unsuitable and posed a risk to them. Senior staff reviewed this and then worked with the service provider responsible for the catering provision at the service to improve their understanding of how to provide suitable meals for the person that would help to reduce the risk of choking. Outcomes from reviews of accidents and incidents was discussed and shared with all staff through team meetings and supervision (one to one meetings) to support their learning and understanding of how to keep people safe.

Senior staff assessed, monitored and reviewed risks to people due to their specific healthcare needs so that staff had up to date guidance to follow on how to reduce these risks to keep people safe. For example for people at risk of falls, staff were instructed on how to ensure any risk to them was reduced by use of appropriate moving and handling techniques, keeping the environment clear of trip and slip hazards and remaining vigilant and aware of any potential risks when people were moving freely around. People's care records were updated when information about identified risks changed so that staff had the latest information on how to support people to stay safe. Staff could explain the individual risks posed to people and the actions they needed to take to minimise these.

The provider sought assurances from the service provider responsible for maintaining the premises, equipment, cleaning and laundry and the catering provision, that they had appropriate measures in place to ensure these aspects of the service did not pose unnecessary risks to people's safety. The registered manager obtained evidence of safety checks the service provider undertook such as of water hygiene, hot water temperatures, window restrictors and food hygiene and preparation. They also obtained confirmation from the service provider that they maintained a regular maintenance and servicing programme of the premises and equipment for example, of the gas heating system, fire equipment and alarms, emergency lighting, call bells, electrical appliances and the passenger lift.

People said there were enough staff to meet their needs. One person said, "I don't have to wait long if I ask for help so I believe there is enough staff." Another person told us, "There are always plenty of staff looking after me." From our checks of staff rotas we noted there were suitably experienced staff on each shift, trained in fire safety, first aid and health and safety to support them to respond effectively to emergencies and to identity any safety risks posed to people through working practices and by the environment. The registered manager told us they reviewed staff numbers as the level of dependency at the service changed to ensure there were enough staff to meet people's needs safely.

The provider maintained recruitment procedures to check the suitability and fitness of any new staff they employed to support people. They checked staff's eligibility to work in the UK, took up character and employment references, sought evidence of qualifications and training and undertook criminal records checks. Criminal records checks had been undertaken on existing staff so that the provider could be assured of their continuing suitability to support people at the service.

People were supported to take the medicines prescribed to them. People's care records contained detailed information regarding their medicines and how they needed and preferred these to be administered. There was clear protocols in place instructing staff when to give people their 'as required' medicines (PRNs). We checked stocks and balances of medicines and people's individual medicines administration record (MAR) which showed no gaps or omissions. This indicated people received their prescribed medicines. Medicines were stored safely and securely. Senior staff undertook daily checks on medicines as well as monthly audits to assure themselves these were being managed safely and appropriately. Staff were suitably trained and their competency to safely administer medicines was reviewed and assessed by senior staff.

Staff followed appropriate procedures for minimising risks to people that could arise from poor hygiene and cleanliness. They wore personal protective equipment (PPE), particularly when supporting people with their personal care, to reduce the risk of spreading and contaminating people with infectious diseases. Although the provider was not responsible for cleaning the premises, people and staff told us the service provider that was responsible for this maintained the environment well so that it was clean and hygienic. Senior staff told us they worked well with the other service provider to deal with any issues or concerns raised about cleanliness and hygiene in the environment. We observed the environment was clean and tidy. Communal areas including toilets and bathrooms were well maintained and equipped with liquid soap and hand towels to promote good practice in hand hygiene.

Good

Is the service effective?

Our findings

Staff used information and guidance, based on best available evidence and best practice, to plan and deliver care that would support people to experience good outcomes in relation to their healthcare needs. We saw examples of this where, for people with diabetes, specific plans were developed to guide staff on how to help people manage their diabetes through for example a healthy diet and active lifestyle. Information was also available to staff on how to recognise the signs that would indicate people were experiencing a diabetic crisis and how they should be supported with this appropriately and promptly.

People said staff were well trained and able to meet their needs. Since our last inspection staff continued to be well supported by the provider and received regular and relevant training to help them to meet people's needs. This included refresher training to help staff keep their knowledge and skills up to date with current best practice. New members of staff could only support people unsupervised on completion of their induction training and once senior staff were satisfied of their competence to do so. Staff had supervision meetings and a performance appraisal with their line manager which enabled them to reflect on their work practice, discuss any issues or concerns they had and identify how they could improve through further training and learning. Staff spoke positively about the training they had received. One staff member told us, "My induction was excellent. I've never worked in care before so I found it really useful. I learnt a lot." Another staff member said, "Training is very good. I updated my dementia awareness training recently, which reminded me to think what it might be like for someone living with dementia."

Staff supported people to eat and drink sufficient amounts to meet their needs. We observed staff prompting and encouraging people to eat meals and they checked that people ate enough. Staff also made sure people had access to drinks to help them to stay well hydrated. Staff were knowledgeable about people's individual dietary needs including their specific likes and dislikes, food allergies and specialist dietary needs due to their healthcare, cultural or religious needs. They used this knowledge to work with the service provider responsible for the catering provision to ensure people's needs could be met. We saw a good example of this where for one person that needed to eat at regular intervals due to their healthcare condition, staff had arranged with the service provider to have food available outside of set mealtimes that would meet this person's needs. Staff recorded what people ate and drank. They used this information along with monthly nutritional risk assessments to check that people were eating and drinking enough. Where any concerns about this were identified they sought specialist support from the relevant healthcare professionals.

People spoke positively about the meals they ate. One person said, "The food is very good, I think its ok, and they change the menu ever so often." Another person told us, "I think it's quite nice really, it's good, well I like it anyway." A relative said, "It looks lovely. [Family member] always eats [theirs]. [They're] now unable to feed [themselves] but usually eats it all." We observed the breakfast and lunchtime service. On the whole staff ensured this was a relaxing and pleasant experience and people were not rushed to eat. However we noted in one part of the home people were seated in the dining area for lunch far too early and as a result had to wait for 30 minutes before their meal arrived. We discussed this with the registered manager who made immediate arrangements for this part of the home to have a later start time for the lunch service,

which was communicated to all staff.

Staff worked with other health and social care professionals to ensure effective care and support was provided to people. For example where people had been referred to external specialist support for help with their nutritional needs, staff worked proactively with the specialist to develop plans to support people to have their specific needs met so that they experienced improved outcomes in relation to their diet and health.

Staff ensured people could access healthcare services when they required support with their healthcare needs. People told us they could see the GP or Optician when they needed. Staff maintained records of the care and support provided to people which contained their observations and notes about people's general health. This helped them identify any underlying issues or concerns about people's wellbeing. When staff became concerned about a person's health they took prompt action to ensure they received appropriate support from the relevant healthcare professional such as the GP.

Staff worked proactively with the service provider responsible for managing the premises to ensure the environment was pleasant for people. During our inspection we observed the other service provider was undertaking a programme of redecoration and communal areas and rooms were being repainted and refreshed. Senior staff had made an agreement with the service provider that they could decorate parts of the environment with new pictures and posters that would act as points of interest and discussion for people. The layout of the premises provided people with a degree of flexibility in terms of how they wished to spend their time. In addition to their own bedroom, which people had been able to personalise, people also had use of a combined communal living and dining room with kitchenette, which were warm and comfortable spaces for people to spend time in. Signage helped people orientate and to identify important rooms or areas such as their bedroom or toilets.
People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We saw staff prompted people to make decisions and choices and sought their permission and consent before providing any support.

We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Staff ensured people's relatives or representatives and relevant healthcare professionals remained involved in making decisions in people's best interests, where people lacked capacity to do so. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

Good

Is the service caring?

Our findings

People spoke positively about the staff that supported them. One person said, "I believe that the staff are very caring and do their jobs well. I know that I'm very lucky to be here." Another person told us, "In my opinion they are lovely and they should be paid a lot more for what they do." And another person said, "I never want to leave this place. The staff are so charming. I adore them all." A relative told us "The carers are all marvellous. Can't fault any of them." Another relative said, "I think the staff are very supportive here. They are all very caring."

People told us they knew the staff that supported them and said staff knew them well too. One person told us staff spoke to them appropriately at all times and said, "We really have a laugh sometimes." We saw a good example during the breakfast service where a staff member was able to use their knowledge about a person's likes and preferences to support the person to choose something to eat they really liked. The person initially asked for cornflakes and the staff member told them eggs and mushrooms were also on the breakfast menu that day. They asked the person if they would prefer this instead and the person smiled and said "Yes please!" The staff member responded, "I thought so, I knew you would prefer that."

Throughout our inspection we observed many instances of positive interactions between people and staff. Staff spent time chatting with people, asked how they were and regularly checked if people required any help from them. People appeared comfortable and relaxed with staff and did not hesitate to ask for their support when they wanted this. People were not rushed and given the time they needed to make choices or to move at a pace that suited them. During activities the activity coordinator created a friendly, fun atmosphere making sure everyone was encouraged to participate if they wished. The activity coordinator had a very good understanding of each person and their personal preferences and adapted activities to meet their needs. Staff reacted appropriately when people became agitated, distressed or disorientated. They alleviated people's anxiety or agitation in a calm and reassuring manner and gently supported people to re-orientate.

People's records contained current information for staff about people's communication needs and preferences. Staff were able to explain to us how each person they supported communicated their choices about what they wanted. We saw for one person, for whom English was not their first language, staff used a translation application on a mobile phone to communicate with them. The registered manager told us they were in the process of purchasing a new translation device for the service to be able to meet any language needs of people.

Staff supported people when they needed help to understand their care and support and to be involved in making decisions about this. We saw a good example of this where a staff member accompanied one person, who was non-verbal due to their complex communication needs, to their appointments with a health specialist involved in their care. The staff member used their knowledge about how the person communicated to pass on information from the person to the specialist and then shared back with the person the advice and information provided by the specialist with regard their care and treatment. We saw the service was participating in a one year pilot programme funded by Health Education England, to test a

new career pathway for non-clinically trained staff working in health, social and voluntary care sectors in a role known as a 'Care Navigator'. The staff member attending the training programme told us on completion they would be the primary point of contact at the service for people and their relatives to provide information and advice about access to other forms of support they may need from a wide range of local services.

People's privacy and dignity was respected and maintained. During the lunchtime meal service we observed staff sit next to people they were assisting with their meal and described the food they were about to eat. We also saw staff knock on people's bedroom doors and ask permission to enter before doing so. Staff were knowledgeable about how to respect people's privacy and dignity and gave us some good examples of how they respected people's dignity. This included knocking on doors to ask permission to enter before doing so and keeping doors to bedrooms and communal bathrooms and toilets doors closed when providing personal care. One staff said, "I tell people what I'm going to do before I do it."

People were supported to retain as much independence and control as possible. People's records detailed the level of support they required from staff with day to day tasks. We saw staff prompted people to do as much as they could and wanted to do for themselves, offering appropriate praise to encourage people. For example we saw a staff member during the lunchtime meal service praising and encouraging one person to eat as much as they could themselves and only stepped in when the person became tired and needed some assistance. Staff ensured people were able to rise from chairs and to mobilise independently at a pace that suited them.

Staff made people's relatives and friends feel welcomed and able to visit without restrictions. We observed staff greeted people's relatives and friends warmly, responded appropriately to their questions and provided them with information about their family member including how they were and whether they had had a good day. One relative said about staff, "They always have time to talk to us and we have a laugh." Another told us, "They couldn't be more welcoming if they tried."

Good

Is the service responsive?

Our findings

Since our last inspection people continued to receive personalised care. People and their relatives were involved in planning and reviewing their care so that the support people received reflected their preferences and choices for this. One person said, "I can make my own decisions. I know I don't always remember things but I can decide what I want." People's care records were current and contained information about their life histories, their likes and dislikes and their specific preferences and choices for how support should be provided to them. There was detailed information for staff on how people should be supported. For example, with the help they needed in the morning to get ready for the day ahead, how they wished to receive personal care and from who (e.g. from a female or male member of staff) and how they wished to spend their day. People's cultural, spiritual and religious needs were catered for and when people wished to access religious services, staff arranged for people to attend these.

Senior staff ensured people's care and support needs were reviewed with them every month or sooner if there had been any changes to these. When there were changes to people's needs, their support plans were updated to reflect this along with updated guidance for staff on how people should be supported with these changes.

People continued to be supported to participate in activities and events to meet their social and physical needs. One person said, "There are so many things I like doing. Most times I join in with the activities or just do some puzzles or watch TV." Another person told us, "[The activity coordinator] is good. She tries to get everyone involved. She's so lovely." Another person said they liked to spend time on their own personal hobbies but also joined in the activities. A relative told us, "Although [family member] really can't get involved the [activity coordinator] is very good and she will try to engage [them] as much as she can." We saw there were a wide range of activities that people could take part in such as singing, seated dance and music sessions, arts and crafts and puzzles, quizzes and games. There were regular visitors to the service who provided activities such as musical entertainment and therapeutic dog activity sessions. The service had a minibus at its disposal for outings such as shopping trips, pub lunches and visits to the local Garden Centre and seaside.

People were supported to develop and maintain relationships that mattered to them. People said staff helped them to develop friendships with people. One person said they never got lonely because they had friends at the service they could always chat with as well as the staff. A relative told us when their family member moved into to the service they became friends with another person and staff ensured they could sit together even when the family member's health deteriorated so they were no longer able to recognise and interact with them. People's family and friends were invited to join in with celebratory events such as birthdays and other special occasions and activities at the home.

The provider used technology to support people to receive timely care. There was a call bell system in place at the service which people could use when in their bedrooms to request assistance from staff when required. We observed call bells were placed within easy reach in people's rooms and people said they knew how to use these to call for assistance from staff when this was needed.

People were satisfied with the care and support provided to them by staff. One person said, "I'm so grateful to all the staff who look after me. They are so good, they are gentle and kind and do their best for everyone." Another person told us, "I'm happy with my care and my family are too." A relative said, "I am very grateful. I couldn't look after [family member] anymore and worried about how [they] would be cared for but I have absolutely no issues with [their] care here." Another relative told us, "They are truly brilliant here, honest, I would not allow [family member] to be here if I had any concerns."

People said they were comfortable speaking to a member of staff if they were unhappy with the care and support they received. People told us they were confident their concerns would be listened to and acted on by staff. People were informed about how they could make a complaint if they were unhappy and dissatisfied with the service. The provider continued to maintain appropriate arrangements for dealing with complaints or concerns if these should arise. Records showed when a concern or complaint had been received, the registered manager had conducted an investigation, provided appropriate feedback to the person making the complaint and offered an apology when this was appropriate when people experienced poor quality care and support.

Staff had received training to ensure that people would receive support at the end of their life that was comfortable and dignified. The service had completed the 'steps to success' programme provided by a local hospice to enable staff to deliver care and support to people at the end of their life at the service. This meant people did not have to leave the service to have this support delivered by another provider. Staff ensured that the care and support people received in their final days was well co-ordinated and managed so that people would be afforded the comfort and dignity they deserved at the end of their lives.

Good

Is the service well-led?

Our findings

People spoke positively about the leadership and management of the service. One person said, "I think the service is managed well, I can't think of anything I would like to change." A relative told us, "They are excellent and very caring…I believe they go out of their way to ensure everything is ok. I don't know for anyone else but I am very happy with the management staff." Another relative said, "Communication here is fantastic. Both managers and carers always let me know what's going on. They even call me at home."

Staff said the senior staff team at the service were supportive and approachable and they felt listened to and valued by them. One staff member told us, "I think the managers here are fantastic. Really easy to get along with and they certainly know their stuff. I've learnt a lot from them." Another member of staff said, "Although the managers are based downstairs you always see them on the units and they always make time to speak to you if you've got a problem. This is a great place to work."
There was an open and inclusive culture at the service in which people, relatives and staff were encouraged to speak with the senior staff team at any time. We observed numerous occasions where people, visitors and staff popped in to see managers to have a chat or simply just to say hello. The managers were often out in communal areas chatting to people and getting involved in activities and mealtimes. They knew people well and what was important to them. Their interactions with people were friendly, yet professional and focussed on meeting people's needs and resolving their queries.

The registered manager had been at the service since 2015. 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 aware of their registration responsibilities and submitted statutory notifications about key events that occurred at the service as required.

Since our last inspection the senior staff team continued to undertake a wide range of checks and audits through the service's quality assurance programme in order to review, monitor and improve the quality of service delivery. Areas covered by these checks included reviews of the management of medicines, the quality of care records and documents maintained, infection control, the mealtime experience and the quality of activity based care. We saw that when improvements were required these were actioned promptly. Quality assurance staff from the provider's organisation also continued to review the service and provided the registered manager with feedback and an action plan for any improvements where these were felt necessary.

People and staff were provided opportunities to share their views and experiences and managers welcomed their suggestions for how the service could be improved. The provider carried our quarterly satisfaction surveys with people to gauge their views and opinions about the service. Relatives could attend a planned programme of 'relatives meetings' at which they were provided opportunities to speak with managers about any issues or concerns they had and make suggestions for how the service could be improved, Staff attended regular team meetings at which they were asked to contribute their ideas for how the quality of

care and support provided to people could be improved.

The registered manager worked well with other agencies and organisations to ensure people benefited from a coordinated and joined up approach with regards their care and support. For example the service worked closely with a local hospice to review joint working arrangements and to share best practice regarding end of life care. The registered manager had also developed a positive working relationship with the service provider responsible for maintaining the premises, equipment and the catering provision and we saw examples where this had led to positive improvements for people in terms of their support. For example by working together both organisations ensured for one person risks to them from choking were reduced through the provision of a suitable diet. In another example we saw agreements had been made to decorate aspects of the environment so that this was more tailored to the needs and interests of people.