

## Care UK Community Partnerships Ltd

# Milner House

### Inspection report

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Date of inspection visit:  
10 May 2022

Date of publication:  
22 June 2022

### 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

### About the service

Milner House is a nursing home providing accommodation, nursing and personal care to up to 46 people. The service provides support to older people with physical and health related care needs, most of who also live with dementia. At the time of our inspection there were 36 people using the service.

### People's experience of using this service and what we found

People, their relatives and staff told us the overall atmosphere in the home as well as the quality of care provided had improved since our last inspection. People felt safe in the home, received support to keep well and manage their individual risks and were supported with their medicines by safe and competent staff.

People received personalised care which considered their preferences, wishes and rights and created opportunities for meaningful engagement. People's home environment was meeting their needs, although we discussed with the provider it could be more friendly for people who lived with dementia. We made a recommendation around dementia friendly environment which we will follow up on our next inspection. The provider addressed our feedback straight away.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff treated people with kindness and respect.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximises people's choice, control and Independence; People's care was tailored to their individual needs and abilities and their wishes were included in the planning of their future care and what they wanted their support to achieve. At the time of the inspection a learning disability was not anyone's primary care need.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights; People's rights and wishes as well as their individual needs were clearly assessed so staff provided them with individualised support. People were treated with dignity, respect and kindness.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services

lead confident, inclusive and empowered lives.

The management of the service ensured people's care was regularly reviewed and people received ongoing support from staff, as well as external health and social care professionals to meet their changing needs. People were involved in their care and listened to.

The registered manager knew the home well and there were clear systems in place for monitoring quality and safety of the care provided which they used effectively. Staff felt supported and involved. The management took action to improve people's care, to resolve complaints and to complete actions identified from the provider's quality and safety audits.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 10 October 2019).

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# Milner House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Milner House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Milner House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We observed the interactions between people and staff. We spoke with 13 members of staff including the registered manager, the clinical lead nurse, provider's senior managers supporting the home, care staff, chef, the housekeeper and customer relations manager. We received feedback from two social care professionals working in partnership with the home.

We reviewed a range of records. This included multiple people's medicines records and care documentation for five people. We looked at two staff files in relation to recruitment and staff supervision and agency staff checks and induction records. A variety of records relating to the management of the service, including quality monitoring records, risk management records, staff training and meeting records as well as policies and procedures were also reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the home was safe. One relative said, "Yes, [person] is safe here. The building is secure. There are always staff around. They would detect any problems. They are good on keeping an eye on [person]."
- Staff completed safeguarding training and knew how to recognise and report safeguarding concerns. One staff member said, "I would go to [registered manager]." The records we reviewed confirmed staff knew how to report any issues to the external agencies and were confident to do so to protect people.
- The registered manager appropriately reported and investigated any safeguarding concerns. They took action to protect people and shared any lessons learnt with staff. A social care professional working with the service commented, "Concerns about neglect and refusal to accept care have been reported and appropriate steps taken in a timely way."

Assessing risk, safety monitoring and management

- People were protected from avoidable harm and staff knew their individual risks well. A relative told us how staff supported one person so they put on weight since they moved into the home. This decreased their risk of malnutrition. Staff also supported people to minimise risk of falls, for example by introducing additional welfare checks and safety equipment.
- People had individual risk assessments in place which clearly described what support they needed to keep well and safe. Staff were able to explain people's risks and how they supported people to manage those. Staff provided care in line with these assessments. A relative confirmed that, "Yes, [staff] understand how to look after [person]. They are good with [moving and handling equipment]. I am very pleased with [person's] care."
- The registered manager ensured the home environment was safe. People had individual risk assessment around their home environment and how to keep it safe. There was clear guidance for staff on what support people needed in the event of emergencies.

Staffing and recruitment

- People and their relatives told us there were enough staff to provide timely care and support. One person said, "Yes, it is OK. There are enough staff." A relative confirmed this was the case, "There is enough staff and they are able to meet the [person's] needs. [Person] has a button in her room (to call for help when needed) and when they are in the lounge, there is always staff around."
- Staff told us there were enough of them to support people although sometimes they were busy. One staff member said, "I wish there were more staff but there is enough." The registered manager regularly reviewed people's needs and ensured there were appropriate staffing numbers in the home which was reflected in records.

- New staff were recruited safely. Staff had to complete an application form, undergo an interview and a range of pre-employment checks, including reference, right to work in UK and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received safe support with their medicines. Staff completed electronic records when supporting people with their medicines and any discrepancies were monitored and looked into by the deputy manager on a daily basis. This ensured people received their medicines as prescribed and any potential errors were quickly resolved.
- People had individual guidance in place around their specific needs and how they liked to take their medicines. Where people had 'when required' medicines, medicines applied to the skin or high risk medicines prescribed, there was clear guidance for staff on how to support them safely.
- Staff received training in safe management of medicines and were competency assessed. The managers completed regular medicines audits to ensure medicines were managed safely. Staff completed regular checks of what medicines were prescribed and they had clear systems in place on how to communicate with the pharmacy supplying those medicines.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

  

- People were supported to have visitors in a safe way without any undue restrictions in place and the provider implemented the changes to the national guidance around living with COVID-19.

#### Learning lessons when things go wrong

- The registered manager checked all incidents and accidents to ensure lessons were learnt and action was taken to protect people and improve their experience of care. They also looked into any patterns and trends in those events to home-wide ensure any issues were resolved.
- For example, the service improved the systems around pharmacy support they received and how they worked with their local pharmacy which decreased the number of medicines errors. Staff were also supported to refresh their competency in safe management of medicines.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- The home environment was partially adapted to people's needs, but there were improvements needed to ensure it fully supported people's changing needs. For example, there were no handrails in some areas of the communal corridors for people to stop and rest when they needed and the changes in flooring could be better marked to ensure it was easier for people to walk confidently and safely. Although some people had certain aids in place to help them to orientate themselves, there was no signage to support recognition of communal facilities and rooms and all doors were white.
- We discussed this with the provider and the registered manager. They had planned an environmental audit with support of the provider's dementia specialist to enable them to include those adaptations in an already planned home refurbishment works in the coming months.

We recommend the provider reviews the national guidance on environment supporting people living with dementia and makes further improvements to the home.

- People were encouraged to personalise their rooms. There were accessible bathrooms and other facilities for people to use safely. The home was decorated and designed to enable people to find peaceful and quiet spaces, as well as communal rooms and there were different items available around the home to engage and entertain people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and discussed with them and their representatives prior to them moving into the home. Staff described to us they personalised their approach to showing the home to people and how their initial needs were assessed. One relative confirmed this worked well, "All went very smoothly (when person was moving in and since then)."
- The initial needs assessments were detailed and personalised. People's needs around their care, health and personal risks and their preferences, life story and interests were discussed. The management team ensured they could meet those needs before people moved into the home.
- The registered manager was supported by the provider to work in line with the national best practice guidance. For example, they implemented the 'Living with COVID' guidance and plan just before the inspection to ensure relevant national guidance was followed and people's rights were protected.

Staff support: induction, training, skills and experience

- People told us staff were competent in providing good and safe care. Staff received induction and ongoing

training which was confirmed in the service training records. Staff told us they were competing Care Certificate where relevant and had been supported to complete further professional qualifications in health and social care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme

- Staff told us they received appropriate specific training and could ask for support when needed. This include registered nurses who told us the provider had a range of systems supporting them with their continuous professional development and healthcare professional registration. One staff member said, "The training covers all we need."
- Staff told us they felt supported in their roles. One staff member said, "You can go to [the managers] with anything – any question, any idea." Another staff member told us, "[The management] support us very well. I can call the manager and she will guide me. She allows time for it, I can go to her office and speak with her."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain well-balanced, suitable to their needs and preferences diet and to stay hydrated. Staff were able to explain to us how they supported people around any risk of dehydration and malnutrition. Records confirmed they were offered that support on a daily basis.
- People told us they enjoyed the food and we saw there was a choice of meals on the day. Snacks and drinks were available throughout the day and people were encouraged to enjoy them. One person said, "The food is good." The chef regularly spoke with people to ensure their preferences and wishes were incorporated in the food and drink offer in the home.
- Staff knew when people required a specific diet and provided that to people. For example there was clear guidance for staff when people needed texture modified meals or thickened drinks due to risk of choking, Staff also knew when people were vegetarian, had food allergies or particular likes and provided support in line with those needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to access healthcare services when needed. One person said, "They do arrange for the doctor to see me. And the home is trying to get me a new wheelchair." Another person told us, "The staff have referred me to some hospitals to check me out, and the doctor does visit me."
- Staff supported people to access a range of healthcare and social care services as per their individual needs. We saw evidence of staff referring people to specialist nurses, podiatry or mental health services when needed. Staff also worked closely with peoples GP who visited the home weekly and arranged regular home visits from a dentist and optician.
- The social care professionals working with the home were complimentary about how staff worked with them to provide people with effective support. One professional commented staff had worked well with other professionals around one person's complex needs and told us, "[Staff] keep me regularly informed and tell me their action plans, and if they need advice on a matter will come to me."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were asked for choices and they told us staff respected them. People were asked how they wanted to be supported and what they wanted to do on the day of the inspection. People's care plans included information on their preferences and choices as well. Staff understood their responsibilities under the MCA.
- Where people might have lacked capacity to make specific decisions for themselves, the registered manager ensure appropriate mental capacity assessments were carried out and best interests' decisions were made involving all relevant persons. They kept clear records of those and reviewed them regularly as well.
- When people were deprived of their liberty to receive care to meet their needs and keep them safe, this was planned in the least restrictive way and appropriate authorisations were sought with the local authority as required. The registered manager was aware of any conditions on those authorisations and monitored people support. They also updated the local authority of any changes to people's situation and expressed preferences to ensure people were not deprived of their liberty unlawfully.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people and relatives spoke highly of the kindness shown by staff. One person said, "The staff are kind to me." Another person joked, "Everything is fine. Everyone loves me."
- People's relatives confirmed staff were caring and kind to people. One relative told us, "Everyone here is so loving. [Staff] are wonderful to my father. He seems very happy here. I feel I am also part of this home's family. He is in the right place. They treat him with respect." Another relative said, "The staff are fantastic."
- Staff presented with caring values in how they spoke about and supported people. We observed positive and compassionate interactions between staff and people, including staff being cheerful and having some healthy banter with people on the day of the inspection. One staff member said, "I just really love working here and get such satisfaction from working with people and doing things that make a difference to their lives."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their representatives were consulted around their care plans. One relative said, "I was very much involved in drawing up [person's] care plan. I believe that the staff understand their needs well. Staff are very good, particularly on the care side. [Person] is well looked after."
- People told us they felt staff treated them with respect and protected their dignity. One person said, "[Staff] do treat me with dignity and respect. And they always knock before entering my room. The staff are kind to me."
- People's care plans were guiding staff on what was their individual level of independence and staff knew how to support people to do things for themselves when they could.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and staff provided care in a person-centred way. Care plans included information on people's life story, interest, relationships important to them and preferences around day to day tasks. They also included information on how to best support people when they were distressed.
- Staff knew people's needs well. They could clearly explain to us what people's preferences and individual needs. People's religious and cultural needs were addressed in their care plans. One social care professional commented, "Staff have found personalised ways to work with [person] as best they can, although the anticipated outcome is not always met they respect his views and wishes and support when they can to meet his needs as best as possible."
- Staff were proactive in addressing people's individual needs. One social care professional told us, "I have been most impressed by how proactive Milner House management and staff have been in supporting my clients, especially one whose needs remain quite complex. They have managed to find therapies and treatments that are creative for both physical and emotional needs with great success. They suggested a different treatment regime (for a person) and turned things around in a very short space of time."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were addressed in their care plans. Staff communicated with people on the day and supported them to engage in a way best suited to their needs, enabling them to express themselves.
- Every person had a communication care plan in place which detailed their individual needs and how to best communicate with them. People's sensory needs were described and staff knew when people needed aids to be able to communicate, for example glasses to see well.
- The registered manager was aware of the Accessible Information standard and their responsibilities in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to do what they liked and the offer in the service was under development. People told us it had recently improved. One person said, "There are a few activities. But sometimes I am bored." A relative of a person said, "They do excellent things for entertaining. There are lots of activities." The registered manager was aware of the improvements needed and took action to address them.
- People's interests and preferences around what they liked to do were respected and promote. For example, staff supported people to use electronic devices where people preferred to occupy themselves in this way. Another person was supported to use a specific puzzle board to engage in a mentally stimulating task they liked.
- People were supported to have visitors and keep in touch with their family and friends. During our visit there were multiple relatives visiting people and staff offered support to ensure people could spend quality time with their loved ones.

Improving care quality in response to complaints or concerns

- People told us they felt confident in raising any complaints and the management quickly resolved them. One person said, "Yes, I did complain about my care. But it was resolved well."
- People's relatives were aware of how to raise complaints and trusted the registered manager would take appropriate action. One relative said, "Yes, there was an issue over which we complained. But it was resolved very well. All our concerns have been resolved."
- The registered manager followed provider's complaints procedure. They recorded and investigated all complaints and identified action needed to resolve them which was completed, communicated to people and improved their experience. Where needed, apologies were offered to people.

End of life care and support

- People were asked for their wishes and preferences around their future care including the care they would like to have at the end stages of their lives or if they became very unwell. People's wishes around medical treatments, personal arrangements and other things important to them were clearly documented in their care plans.
- Where needed staff consulted with other health professionals to make sure appropriate treatments and care were provided to people. People had access to appropriate medicines, day to day comfort care and as well as nurse's support during the day and at night.
- Staff received training around palliative and end of life care relevant to their roles.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- At the last inspection we found the internal oversight and auditing systems did not always ensure actions were completed timely to address any shortfall. At this inspection we saw evidence of the management team proactively monitoring the quality and safety of people's care and home environment. Where shortfalls were identified by the management or the provider, action was now taken to improve the standards and to meet people's needs better.
- People and their relatives told us the home was now well-managed. One person said, "Yes, the manager is very effective. I would recommend this home. If things need to be done they see that it is done."
- Staff were complimentary about the governance changes made by the registered manager. One staff member told us, "Since [the registered manager] started there is much better structure, she is leading the team, has the experience and leads from the forefront, she is approachable and has very calm demeanour, she is very visible." Another staff member said, "I like that it is organised and the company follows the procedures. Everything is in order and I have fantastic support from the manager and the head office."
- The registered manager completed a monthly quality performance report which analysed areas such as falls, weight loss, events in the home across the month with requirement to identify any learning for staff. Actions were now clearly identified, and records confirmed they were mostly completed.
- The provider supported the management team with good governance. The senior managers reviewed the quality report and visited throughout the week to support the clinical team. The provider completed a quality audit around the fundamental standards of quality and safety in the home. We saw evidence that where people had repeated incidents of distress, there were plans in place on how to best support them and staff contacted other professionals for support.
- People's care was regularly discussed in clinical meetings and daily staff meetings. We saw action was taken to refer people to other healthcare services, implement care equipment or review their care to address any changing needs.
- The registered manager worked in an open and transparent way and were aware of their responsibilities under the duty of candour. People's relatives told us they were informed of any adverse events in the home and offered apologies or solutions when required.
- The registered manager notified CQC about significant events in the service as per regulatory requirements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive, inclusive culture with clearly identified values. Staff knew those values. One staff member told us, "[Our organisation] values are: compassionate, teamwork and caring and we definitely have a team with those qualities now." Another staff member commented on what had changed since our last inspection, "It is a lot better now. Communication is good. The new managers are approachable, you can talk to [the registered manager]."
- People confirmed the home had a positive atmosphere created by management and staff. One person said, "The manager is really lovely. And her deputy is absolutely fantastic with me." A relative said, "This place has a lovely feel."
- The professionals working with the home confirmed person-centred approach of the staff team. One social care professional said, "I have found staff to always look for ways to improve the lives of people they care for. Yes, we expect care homes to be like that, but these guys are just exceptional. They go above and beyond their call of duty. [Staff] give you the sense that nothing is too much, manager and deputy are so available to assist with any questions. I can't speak highly enough of Milner House and the service they provide."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had ongoing opportunities to voice their opinions and suggestions. People were asked by staff about their care and preferences, for example around food choices. There were regular relatives' meetings and the registered manager communicated any changes to the service openly and timely. For example, recent relatives meeting had been organised to discuss changes to COVID-19 guidance.
- Staff told us they felt involved and valued. One staff member said, "I feel so valued here, like I belong." Another staff member said, "We have staff meetings which are useful."
- The home worked in partnership with people's representatives and other health and social care services in the local area. One relative told us, "[Staff] are very helpful. They ring me straight away if there is a problem." A social care professional commented, "I have had very positive and engaging communication with management, both face to face and by email/phone."