St Barnabas Southwold

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

St Barnabas Southwold provides personal care for up to 15 older people. This was the first inspection of this service since the provider re-registered with the Commission following their registration under a new charity commission. There were 13 people living in the service when we inspected on 28 March 2017. This was an unannounced inspection.

There was a registered manager in post. 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.

Staff had good relationships with people who used the service and their relatives. People were consulted on how they wanted to be supported, and different forums were used to enable them to share their views and influence change. The interactions between staff and people were caring, respectful, supported people's dignity and carried out in a respectful manner.

People were complementary about the quality of food which met their dietary needs and preferences. Dietary needs and nutrition were being managed and advice sought from appropriate health professionals as needed. Health care needs were met through being supported to access external health care professionals.

People felt that the service was providing safe care. Risks to people were being assessed and appropriate measures taken to minimise risk, without unnecessarily restricting people's independence. Staff understood their responsibilities in identifying and knowing what action to take to safeguard people's welfare.

Improvements were needed to ensure medicines were consistently managed in a safe manner. Staff had received training and been given guidance. However, where staff were not completing people's medicines records at the time of administration, there was a potential risk that a person may not be given their medicines as prescribed.

There were activities which people could take part in if they wished. The location of the service supported people to retain close links with the local community and retain friendships.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Their views were sought and used to influence and drive improvements within the service.

There were quality assurance processes in place to monitor the quality and safety of service people received and used to drive continuous improvement. Concerns and suggestions were listened to and acted on to drive improvements in the quality of the service they received. A complaints procedure was in place to

ensure people's comments, concerns and complaints were listened to and addressed in a timely manner and used to improve the service.

People felt the service was well-led and supportive of people receiving a quality service which they would recommend to others.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always managed safely.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond to and report these concerns appropriately.

The service ensured people's safety, including safe staffing numbers to meet their needs.

Is the service effective?

Good

The service was effective.

Staff were trained to identify and meet people's care and support needs.

People were supported to maintain good health and had access to appropriate services which ensured they received on-going healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People's independence and autonomy and choices about how they lived their daily lives had been promoted and respected by staff.

Is the service responsive?

Good

The service was responsive.

People's care was assessed and reviewed.

People were supported to maintain links with the community and access to people who were important to them.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service was run by a management team supported by the trusties of the charity that promoted an open culture and demonstrated a commitment to providing a good quality service.

People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

St Barnabas Southwold

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was undertaken by one inspector and took place over two days; 24 and 29 March 2017.

Before our inspection the provider completed a Provider Information Return (PIR). This 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority, environmental health and members of the public.

During the inspection we spoke with seven people about their views of living at the service, and a health professional. We also observed how staff interacted with people.

We spoke with the provider's representative, the registered manager and six members of staff including administrator, senior care, care, and catering staff. We looked at records relating four people's care and also looked at records relating to the management of the service. This included two staff recruitment files, training and medicines records, quality monitoring audits and information about complaints.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living in the service. One person said what feeling safe meant to them, "To know someone is always there if I need them." Another person also linked being safe to knowing they could, "Ring the bell if I need help."

Quality assurance surveys completed by 14 people's family members using the service in December 2016, all felt that people were being provided with a safe service. They also stated that if they did have any concerns they had confidence that they would be taken seriously, and acted on.

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. Records showed where staff had put their training into practice and also showed that they felt comfortable to raise any issues that could potentially impact on a person's safety or well-being. One staff member told us that they, "Wouldn't think twice," about reporting any concerns, "You have got to think it could be your own," relative. Where staff had brought concerns to the registered manager's attention, they had taken appropriate action in referring it to the organisation who had responsibility for investigating any safeguarding issues. The service had taken action to reduce the risks of future incidents, such as disciplinary action.

Environmental risk assessments were in place which identified how the risks in the service were minimised. These included risks associated with legionella. In July 2016 the registered manager informed the Commission that routine tests of their water supply carried out in June 2016 had confirmed the presence of legionella. Immediate action taken by the provider in alerting and working with the relevant regulatory authorities and external agencies, ensured people's safety whilst appropriate remedial actions were taken. Actions taken by the provider resolved the situation, with water tests coming back clear during September and October 2016.

In July 2016 following a visit from the community infection and prevention control team, shortfalls were identified in the service's infection controlled procedures. The registered manager took immediate action to address the infection control concerns. They told us that the robust risk assessments and monitoring put in place as a result, reduced the risk of it happening again. Records seen confirmed this.

Feedback given in the service's quality assurance surveys completed by 14 people's family members using the service in December 2016 showed that they felt the service was cleaned to a high standard and well maintained. Eight people living in the service, who had also completed the quality assurance surveys at the same time, had confirmed that their bedrooms were being cleaned to the standard they wanted. This reflected the conversations we had with people and our own observations during this inspection. One person who told us that staff kept their bedroom clean and tidy, commented that housekeeping staff were, "Always coming in washing the carpet or clearing some things away, always busy, but always do it with a smile." This further demonstrated that the work undertaken by staff to address the shortfall in the cleanliness of the service was embedded in staff's practice.

Staff were supporting people in their daily activities to maintain their independence, whilst taking action to reduce any potential risk. One person who told us, "I am quite independent," was identified as being at risk when using the stairs. They told us it did not impact on them being able to freely move around the service as staff, "Told me not to use the stairs, so I use the lift all the time," which we saw them doing.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with mobility, pressure wounds and falls. The risk assessments were reviewed and updated. Where required, advice and referrals made to appropriate health professionals to reduce risk and support people's well-being, including the falls team.

One person told us staff, "Give me the required tablets first thing in the morning…never forgotten." We found although the provider had safe systems in place for the administration of medicines, improvements were needed to ensure all staff were following the guidance given.

Records showed that staff had received training and been assessed on their competency in the safe administration of medicines. Where shortfalls had been identified in staff not always following safe practice, action had been taken through disciplinary actions, retraining and further competency checks.

Where we observed part of the medicines administration round we saw that staff did this safely and appropriately. The staff member looked at a person's MAR and checked to see they required any pain relief, and acted on their response. Once they had discreetly observed that the person had taken their medicines, they then completed the person's MAR to confirm that it had been given. This demonstrated that staff were aware of the correct procedure for completing people's records.

However, where we found 'gaps' in people's medicines administration records (MAR) identified that staff were not always signing the records after they had been administered, or if not, recording the reason why. Where staff had not signed, we saw that the medicine had been removed from the pharmacist dispensing packs. This indicated that the medicines had been given as prescribed, but staff had not signed to confirm this. Medicines such as 'inhalers' we could not check to see if they had been administered. The registered manager took action to address this straight away, by putting in a new system which ensured people's MAR charts were doubled checked by another member of staff at each handover. By instigating these checks, it reduced the risk of people not receiving their medicines as prescribed.

Although the new system would spot any 'gaps' during handover, we could not be assured that all staff were following safe practice, which could put people at potential risk. Therefore further improvements were needed to ensure the training staff received in the safe administration of medicines was embedded in practice.

People told us that there were enough staff on duty to meet their needs. One person said that when they rang their call bell for assistance that they were, "Never left waiting." Another person felt the staffing levels met their needs, "Especially at night time, important to feel safe." A third person told us there were, "Definitely enough [staff]," but they had also noted at times in the morning that staff seemed, "A bit rushed."

Their comments reflected feedback from a staff member, who felt they had enough staff to provide safe care, but it could be, "Busy in the morning," depending on people's mobility needs, as they could find two staff assisting a person with a hoist transfer, whilst the third staff member was, "Doing breakfast." When we gave the feedback to the provider's representative and the registered manager, they started coming up with ideas of how this could be addressed, including looking to put additional catering staff on at breakfast time.

This would enable staff to focus on assisting people with their personal care. Feedback given by people's relatives in the December 2016 quality assurance survey showed that they felt staff responded promptly to people's requests for assistance. We also saw where staff immediately responded when a person had accidently pushed the alarm button.

We reviewed the recruitment records of two staff members. These held evidence that appropriate checks had been made, including character references and references from previous employers and Disclosure and Barring Service (DBS) checks to prevent unsuitable staff supporting people using the service.

Good

Is the service effective?

Our findings

People told us that staff had the skills and knowledge to support their care needs. One person described the staff as, "All very good," and felt they had the skills and knowledge to support them. A health professional told us they had, "Confidence," in the skills of the staff.

New staff were provided with an induction course and with the opportunity to undertake the care certificate. This is a recognised set of standards that staff should be working to. This showed that the service had kept up to date with changes in the staff induction process and took action to implement them.

The provider had systems in place to ensure all new staff gained an insight into their role and to support them in getting to know the individual routines and preferences of the people they would be supporting. This included spending the first two days 'spending time getting to know the home and the residents'. Followed by working 'shadow' shifts which enabled new staff to put their training into practice, and gain further insight and confidence in their role alongside an experienced member of staff.

Staff told us that they were being supported with the training and development they needed to carry out their roles effectively. A staff member spoke positively about the 'refresher' training which, "Had been put in place," and how it benefited staff by ensuring their knowledge was being kept, "Up to date." Another staff member said they had, "Three lots of training coming up." This included updating their knowledge to ensure people's health and welfare by knowing what actions should be taken to prevent the risk of their skin breaking down.

In the provider information return (PIR) the registered manager told us how they were 'taking advantage of any training that is offered throughout the year, which includes training from the local infection team'. Posters showed that the training had been arranged for May 2017. Other training being undertaken to support the needs of the people staff were supporting, included "Dementia tour bus" which would support staff to experience the fear and frustration dementia creates. For example wearing headphones which stimulate how dementia affects people's ability to be able to focus on what is being said, and the sounds around them. The training would also support staff in gaining a greater understanding of how aging could impact on people's abilities to undertake daily tasks. The registered manager spoke about the importance of staff having this knowledge in being able to effectively support people.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. At the time of our inspection no authorisations were in place. They provided examples which demonstrated their knowledge of when best interest decisions could be used, and the use of advocates to ensure the person's voice was heard. Staff had received training in MCA and DoLS.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. People were complimentary about the new cook. One person said that they were, "Trying hard to get everyone what they like." Another person told us that the, "Cook is very obliging; someone said the other day we haven't had roast potatoes for a while and they told them I'll see to that." People told us there was one main choice for lunch, but if they preferred, they could choose from an alternative set menu, which people had a copy of in their bedrooms.

Specialist diets were being catered for. One person told us, "I am on a diabetic diet and the food is very good." Catering staff spoke about people's dietary needs and preferences, and how they catered for them. This included those requiring a soft and / or fortified diet to promote weight gain.
People's records showed that people's dietary needs were assessed. Where issues had been identified, such as weight loss, guidance and support was sought from health professionals, including a dietician and their advice was acted upon to ensure that people were protected from risks associated with malnutrition. The registered manager said where people had been referred to a dietician that they had all now put weight on. This was confirmed in their care records.

Lunchtime was relaxed and unrushed, with staff joining people to eat. This enabled them to provide any discreet assistance and monitor people's appetites. Throughout the inspection we saw that people were being offered hot drinks and had access to cold drinks. One person said they could have drinks whenever they wanted, "I always ask if there is one in the pot, and I get a cup of tea, doesn't matter what time of day or night," it was. People were also offered fresh fruit, cakes, crisps and biscuits as snacks, which we saw people keeping in their bedroom so they could eat them when they wanted to.

People's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. A health professional confirmed that staff would, "Call [them] if needed," to support people's health needs. Which we saw happening during the inspection.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. Two people described staff as, "Very nice." One person described the staff as, "Lovely, not just saying that either." Another person told us that the staff were, "Very good, will do anything for you." Whilst another remarked that, "Staff works hard, always busy." Written compliments from relatives / visitors included, 'Always treated with kindness and consideration,' and, 'Thank you for all your love, care and patience towards all the residents'.

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. One person told us, "On the whole quite a happy place, all get along very well…nearly all local staff, know people," which they felt supported the friendly atmosphere. Another person said, "We are happy here." A staff member told us how it was their personal aim each day to ensure this happened, "Always make [people] happy, never know what tomorrow will bring."

Staff respected people's privacy and dignity. For example, when two staff were assisting a person to go to the toilet, they then waited outside the door until the person called for them. We saw that this ensured the person's privacy as well as safety. People's care records provided staff guidance on areas to look out for in supporting people's dignity. For example, staff supporting a person to ensure that the clothing they had chosen to wear was clean, as they may not have realised this.

The results from the provider's December 2016 quality assurance surveys showed that people living in the service felt that staff were treating them in a respectful, dignified and compassionate manner. This also reflected the feedback given in the family member's surveys, which showed that all felt that 'staff treated people with dignity and respect at all times'.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. One person told us, "I am quite independent," and further discussion showed where staff had listened and acted on what they said. They said that staff were, "Very good," and when they asked staff to do something, "They will do it."

Regular meetings for people living in the service enabled them to voice their views about the care they received. The PIR told us that the people using the service informed the management the timings of the 'residents' meetings. They had requested the registered manager to 'send a note the week before so they had time to think about what they wanted to say'.

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, by being around to assist people if they needed, but not taking over a task that a person could do them self.

All the staff we spoke with talked about people in an affectionate and compassionate way. One staff member told us how they always put the person first, "Residents is all I worry about," and how they always looked after people as if they were their own family member.

We observed during the inspection staff supported a person during their end of life care, to support a comfortable and dignified death. Thank you notes from bereaved families, showed that this was usual staff practice, and that their compassionate and support also extended to the person's family. One relative wrote that the person had, 'received tenderness with dignity from all of you, whilst sitting by [person's] side, you were so kind to the family with lots of support and I know was greatly appreciated. Once again thank you for the first class end of life care that you provided'. Another relative had written to staff, 'thank you I believe [person] was loved right up to the end.'

Good

Is the service responsive?

Our findings

People told us they received personalise care which was responsive to their needs and staff consulted them about the level of support they wanted. One person said, "I get well looked after."

The service carried out pre-admission assessments of people's needs which supported the staff in identifying if they were able to meet them. Prospective people were invited to meet the staff that would be supporting them, and others living in the service. To further support people in making a decision if the service offered the level of care, support and environment they were looking for, they could also have a trial stay of up to four weeks. One person told us how they had first attended as day care, and then tried short break care, before deciding to move in permanently.

People's care records included information about people's preferences and assessed needs and how they were met. They provided guidance for staff on how to meet people's diverse needs, such as their specific conditions. For example, one person's care records detailed how their mental health could lead them to become very anxious. A separate plan of care focused on this issue, providing staff guidance on the level of support to be given to reduce the risk of this happening. Records and our observations saw staff regularly interacting with the person, who looked relaxed.

Regular care reviews were in place, which meant that staff were provided with the most up to date guidance on how people's needs were to be met. During the inspection we saw staff reading and updating people's care records. A health professional said how staff involved them in reviewing and developing people's health care plans, which included end of life support.

Feedback given in the provider's December 2016 quality assurance survey for people and their family members, showed that they felt staff were responsive in meeting people's needs, and managing any changes which could impact on a person's health and welfare.

Staff were able to demonstrate a good understanding of people's care needs. Staff knew about people and their individual likes and dislikes, how to promote their independence, and how they liked to spend their time. Records provided staff with information about how to meet people's needs, which were reassessed regularly to reflect changes. For example in a person's health or mobility.

The service supported people to maintain links with the local community and significant people in their lives. This included using a local club to arrange a summer party for people living in the service, their relatives, and also people living locally in other care services. This also provided people a chance to meet with others and share their experiences. We saw thank you letters from people living in the local community included, 'just a word of thanks for such a wonderful summer party, everyone seemed to enjoy themselves… please have another'.

People told us, if they chose to, that there were social events that they could participate in. We found some people preferred to spend the majority of their time in their bedroom, whilst others preferred to sit and

converse with others in the lounge. One person, who preferred to spend their time in their bedroom, told us, "I sit up here, I like it here." However, they didn't feel isolated, as staff kept them updated on what activities were going on so they could choose if they wanted to join in. They said, "Anything you can join in with, if ever I want to do anything, I press my buzzer and they come and get me." Another person spoke about the enjoyment they got from looking out of their window, which overlooked the green, "Lovely seeing all the youngsters…Rugby has taken over…on Sundays filled with people."

People told us that they knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person told us that they had never needed to, "I've got no complaints whatsoever." Another person told us about the complaint that they had raised, and were satisfied with how it had been dealt with.

The PIR referred to the service having a robust complaints procedure in place and all complaints were followed up and actioned. This was our observation. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. People's comments were used to improve the service as part of driving continual improvements. For example: where a person saw someone else wearing an item of their clothing. The registered manager had apologised in person and identity labels had been ordered, and with people's permission, used to prevent the risk of it happening again.

Good

Is the service well-led?

Our findings

There was an open culture in the service. One person described the atmosphere as "Lovely," because it was such a, "Friendly place." People told us where based on their own experiences that they would recommend the service to others. One person told us that they would always recommend it, "All very good, lucky to have this place…I have always supported the place, lovely room, shame I have to pay."

People were complimentary about the new manager who registered with the Commission in October 2015 and improvements they had seen in the last year. One person told us there was a, "New manageress, always seen rushing around," which showed that they had a visible presence. People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. A health professional described the unsettled period prior to the new manager arriving, had impacted on the atmosphere which they described as, "Much calmer, happier, gone back to what we expect."

One staff member described their experience under the new leadership as, "Good," and felt that staff morale had improved. Another staff member who felt the service was being managed, "Very well," told us that the registered manager was, "Easy to communicate any problems," to, and had confidence that they, "Will sort it out."

Staff understood their roles and responsibilities in providing good quality and safe care to people. They spoke about the improvements they had seen under the new leadership. One staff member who told us that the registered manager had, "Made a lot of improvements for the good, paperwork a lot better, we write everything down now." Another staff member spoke about the improvements they had seen in the paperwork systems, which they described as being, "More stream lined," and as we noted, kept secure, but accessible when needed.

The registered manager demonstrated how they had learnt from the experiences that had impacted on the people's safety and well-being by improving systems to make them more robust and fit for purpose. For example as part of improving communication systems they had introduced shift handover sheets, which were completed by team leaders accountable for the shift, and signed by staff to confirm they have been read. The different sections acted as a prompt and provided an overview of what had been happening in the service during that time period. This included any outstanding tasks to support continuity of care and confirmation that people's care records accurately recorded the level of support they had been given.

The registered manager felt supported by the provider's representative and trustees of the charity, who they described as, "Brilliant." They said how they and the service benefited from the trustee's expertise in different areas. For example a trustee's knowledge of working in construction, was put into use when carrying out checks of the environment, and maintenance work. During the inspection, we saw the areas that were being redecorated, as part of the provider's on-going refurbishment plan to ensure people were provided with a safe and well maintained environment.

We saw the work being undertaken, formed part of the registered manager's monthly report to the trustees. The detailed reports in addition to the reports carried out by the provider's representatives during their visits, provided the trustees a good oversight and leadership of the service. For example, supporting them in identifying any themes and check with the registered manager that appropriate action was being taken.

There were quality monitoring systems in place to ensure people were receiving quality care, and to address any shortfalls. This included regular audits and checks of high risk areas, such as medicines, incidents, falls, fire systems and equipment, water temperatures, and the general maintenance of the property. Where shortfalls were identified actions were taken to address them.

The registered manager was supported by four team leaders, and an administrator. They told how they had been focusing on developing the team leaders in their role, as part of preparing them to take on more responsibility. This included working alongside the team leaders helping them to gain more experience by taking on a variety of team leaders tasks, "Which they had never done before." They spoke about the positive impact it was having on development of the management team. We saw that the development of the team leaders, as the service no longer had the post of deputy manager, would enable continuity of management when the registered manager was off.

People, their relatives and staff were involved in developing the service and were provided with the opportunity to share their views. This included in the use of quality assurance questionnaires. One person told us that this included the completion of satisfaction surveys, "Which went round," that had been asked to share their views of the service. We reviewed the analysis of the December 2016 quality assurance surveys completed by eight people living in the service, 14 family members and 14 staff. People were provided with the outcomes of the surveys, including comments which re-enforced where the service was doing well, and also areas that could be further developed.

The feedback given in the surveys from people living in the service and their relatives showed that they felt they were being provided with a quality service. Their comments included, 'I think I am cared for really well' and 'keep up the good work', with individual comments supportive of driving improvements. For example where a person had stated that they would have preferred to be offered, 'a shower early in the morning before I get dressed', this had been acted on. With night staff now required to ask 'anyone that wants to get up early if they would like to have a shower'.

The analysis of the staffs' quality assurance survey, the provider had acknowledged, with 14 out of the 31 staff completing the survey the response could have been better. Where a staff member told us that they hadn't returned their survey, they said they would next time, as they felt more confident that they were being listen to, and that action would be taken. The detailed analysis showed what action had / was being taken, and how staff were being involved in influencing and supporting change. For example where the new 12 hour shift pattern, which was first trialled with staff before making it permanent. One staff member told us how, "I like 12 hour shifts, got the continuity, pick up on things when you see [people] for the whole day."

The registered manager spoke about the different methods they were using to continually keep their knowledge updated to support best practice and drive improvements. This included reading care related publications and accessing reputable websites including the Skills for Care, Care Quality Commission and relevant health and safety websites. They had also built up links with the local agencies responsible for fire safety and infection control. Throughout the inspection they demonstrated their enthusiasm and motivation for ensuring a good service. We found this was also reflected in culture of the service with one staff member telling us, "I do love this job," that the day they couldn't face coming into work, "Is the day I retire".