AICS (Acquired Injury Care & Support) Ltd

# The AICS Group

## Inspection report

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19 November 2019
21 November 2019
16 December 2019

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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

About the service
The AICS Group provides care at home to people. They provide the regulated service of personal care to children and adults living with acquired brain injuries.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection whilst 51 people were receiving a service from the agency, only 14 people received the regulated activity of personal care.

People's experience of using this service and what we found
All people and relatives described staff as caring and kind. Most relatives had a consistent care worker team who were experienced and reliable. However, one relative whilst they had reliable permanent staff member had experienced cover staff who did not attend as arranged. They had asked the provider to address this.

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

People had detailed person-centred care plans and risk assessments that outlined how they wanted their care to be provided. Information in the plans gave good guidance for staff to mitigate the risk of harm.

Care workers worked in partnership with a multi-disciplinary health team which was co-ordinated by a case manager for the benefit of people using the service. Regular training was provided for staff to help ensure they had the necessary skills to work with everyone.

The management team undertook spot checks to help ensure staff maintained good practice and spoke with case managers, people and relatives to get their feedback. People, relatives and staff found the registered manager approachable and responsive when they raised concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service on 27 April 2017 was good (published on 22 June 2017).

At this inspection. We rated the service good in safe, effective, caring, responsive and well-led. Therefore, we found the service good overall.

There was a failure to display the current CQC ratings on their website. This is a legal requirement. They had instead a previous report displayed from an inspection in 2015. We will follow this up with the provider.

Why we inspected
This was a planned inspection based on the previous rating

Please see the sections of this full report.

Follow up
We will request an action plan for the provider to understand what they will do to ensure their current report is published on their website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service was safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was effective.

Details are in our effective findings below.

**Is the service caring?**

Good

The service was caring.

Details are in our caring findings below.

**Is the service responsive?**

Good

The service was responsive.

Details are in our responsive findings below.

**Is the service well-led?**

Good

The service was well-led.

Details are in our well-led findings below.

# The AICS Group

**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 Care Act 2014.

Inspection team
One inspector undertook this inspection.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We met the registered manager at the office location on the 19 and 21 November 2019 and spoke with the managing director, service manager, two package managers, recruitment manager, administrator, accounts

officer, trainer facilitator, co-ordinator and two support workers. We also spoke with a visiting case manager.

We looked at the care records for three people who used the service, and five staff recruitment, training and support records. We also reviewed records of safeguarding adults, complaints, incidents, accidents and quality monitoring.

After the inspection
On the 16th December 2019 we telephoned and attempted to speak with 12 people or their representatives. We were successful at speaking with one person who used the service and six relatives of other people. We also spoke with a support worker who acted as an advocate for a person using the service.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Care plans contained assessments to identify areas of concern and contained measures to mitigate the risk of harm to people. Risk assessments included, nutrition and diet, moving and handling, safe environment, well-being, specific health conditions, pressure ulcers and falls.

●Guidance for staff was clear.

●For example, one person experienced epileptic seizures. The type of seizure activity was explained, how the seizures presented when they occurred, staff actions to take including how to reassure the person was highlighted in red. It was clearly stated only trained staff could administer the appropriate medicine should a seizure occur.

Using medicines safely

● The medicines administration records (MAR) were completed appropriately by the care workers. Records were audited by the package manager responsible for each person's care package. Relatives were pleased with the service they received. One relative told us, "Medicines, yes very good at that…we have an agreed approach."

●At the time of our inspection MAR charts were different for each person. This was because the care workers worked as a team with each person in line with the person's external case managers' format. However, the registered manager and training manager had just completed a review of the medicines procedure and were introducing an AICS standardised format.

●All staff administering medicines had received medicines training. We observed staff being trained in the new medicines' procedure. Guidelines in people's care plans were individualised and clear. Plans contained reminders of good practice for staff and included, the 'Six rights' of safe medicines administration.

Systems and processes to safeguard people from the risk of abuse

● Relatives told us they felt their family members were safe when using the service. Their comments included, "Safe absolutely yes," and "Yes I do feel [Person] is safe."

●Staff reported Incidents to the provider. At the time of our inspection 45 incidents had been reported and recorded in 2019. The registered manager had an oversight of accidents and incidents, so they could determine all safeguarding referrals had been identified appropriately by care workers and package managers. Incidents such as medicines errors were investigated by the service manager who had experience in managing and investigating safeguarding adult concerns.

●Care Workers and senior staff received safeguarding adult training. They were able to describe how they would recognise signs of abuse. One care worker described, "We have had safeguarding training for both

adults and children…I would report to my supervisor or manager if they were available or police or any other organisation that protects children and adults like the safeguarding adults' team."

Staffing and recruitment

● Staff were recruited to be part of a team working with one or several people. Most relatives found staff to be consistent but not all as two relatives had experienced issues with inconsistency on occasion.

●Relatives' positive comments included, "Very good carers, all have different styles and approach and are caring by nature," and "We went through three different agencies, AICS are the best so far. They picked up very professionally, quickly and good at finding staff who can drive and care staff on the ground are great," and "[Care worker] has never been off sick and is pretty much always on time, consistent? Yes definitely."

●One relative told us they had experienced some inconsistency, "Staff, nine out of ten are on time, but some staff turned up late or they went home early. I had open discussions with the staff and I talked with management." Another relative found their permanent staff were consistent but they could not always rely of the cover staff. They said, "Sometimes let down by carers…at the weekend the person doesn't always turn up…they [office staff] are not always able to offer a solution, they used to but not recently…however regular carers are very good."

● The registered manager explained they recruited staff to meet people's individual needs. They addressed poor time keeping with individual staff and stopped using staff if they were informed they were unreliable. They described staff as self- employed, but irrespective of staff's employment status the provider showed they were responsible in relation to the support they provided to each member of staff since they placed them with people using the service, train, supervise and monitor their practice and pay them directly.

●The provider undertook recruitment checks. They looked at gaps in employment and checked staff experience and knowledge. The provider undertook DBS checks, checks of identity and followed up references. We found on one occasion when a person was self-employed and the opportunity for a previous employment reference was not an option. However, the provider had undertaken the other relevant checks and obtained a character reference. We discussed the need to undertake a risk assessment in an instance such as this. The provider agreed to do so moving forward.

Learning lessons when things go wrong

●The registered manager gave examples of reviewing the medicines administration procedure in response to errors found. They were in the process of retraining staff and had produced a standardised MAR format for each person as they felt this would reduce the likelihood of errors. They had also as a result of a safeguarding investigation updated their staff code of conduct and have made it explicit all staff were expected to comply fully with safeguarding investigations.

Preventing and controlling infection

●Care workers used personal protection equipment to support them to avoid cross contamination.

●People's care plans stressed throughout the importance of observing good hygiene practice to avoid cross contamination. When package managers undertook spot checks they ensured good infection control practises were being observed by staff.

Good

# 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 the last inspection this key question was rated as good. At this inspection this key question remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The provider worked in line with the MCA. People receiving the service had court appointed representatives who had the legal right to make decisions and co-ordinate care and treatment on their behalf.
- Care workers demonstrated they understood they must obtain people's consent prior to offering a service and gave them choice whenever possible. Care plans detailed people's likes and dislikes and preferred activities to support their choice making.
- One care worker told us, "[To support choice], we work in line with the care plan. It will stipulate what the person can and can't do. We try always to give them choices."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The registered manager and service manager met with people's case managers. A case manager is the court appointed co-ordinator of the person's care package. They discussed the role staff would play in the team supporting the person being offered a service.
- The package manager also visited people and talked with their families to further assess their support needs. Care plans were written and shared with the case manager and family to ensure they covered all aspects of care provided.
- There were yearly reviews and regular updates of the care plans. An initial review took place after the care was provided with all parties concerned. Care plans reflected multidisciplinary team meeting (MDT)

decisions and the changing needs of the person.

Staff support: induction, training, skills and experience

● New staff attended induction and orientation training. The training included, effective communication, report writing, professional boundaries, health and safety, safeguarding adults and children, introduction to brain injury and managing challenging behaviour after brain injury.

●Further training was provided specific to the individual receiving care. This might include for example, epilepsy and medicines administration. Ongoing training was also delivered to staff by the supporting health professionals working with the person. As such staff received training specific to the individual's needs.

●Many of the staff records reviewed showed staff had completed higher education. They had studied in fields which would support them to understand and work with people who had an acquired brain injury. This included for example, degrees or masters in neuropsychology and psychology. Their knowledge benefitted the people they worked with.

Staff working with other agencies to provide consistent, effective, timely care

●A strength of AICS was the good partnership work undertaken with health and social care professionals. Care workers and package managers attended regular multidisciplinary meetings (MDT) with the case managers and a range of health professionals.

●When we visited the office, an MDT was taking place. The person's progress was discussed, information was shared, and training was provided to support staff to meet the person's changing care needs.

●We spoke with a case manager, who told us they had worked with AICS for approximately eight years. They shared positive feedback about the care workers. They said, "I have a 24-hour care team for [Person] they are a great care team…consistent carers, they engage in the MDT, they want to talk and learn."

Supporting people to live healthier lives, access healthcare services and support;

●The care workers supported people in their rehabilitation programmes. The director told us there was for one individual, "Vast improvements in their rehabilitation programme as a result of staff being able to regularly input and complete the exercises as prescribed by the MDT team." They continued to describe, the person had not been able to walk and now was walking with supervision. This had a positive impact for the person who had increased access to their community."

●Care plans contained detailed information for staff to support them to recognise signs of ill health and what actions to take depending on the severity of the symptoms. Care workers completed charts to monitor a variety of health conditions. One relative confirmed staff always brought to their attention if their family member was experiencing an episode of ill health and followed their instructions as the care plan dictated.

●Care staff supported people to manage behaviour that might challenge. They understood people were expressing their emotions through behaviour when they could not always verbalise their wishes or express their frustration. Care plans gave guidance to staff about how to manage these behaviours effectively.

●Plans also contained guidance to manage fluctuating mood or energy levels including fatigue. Staff acted for example, by planning a rest period if they saw behavioural indicators which flagged the person might be fatigued and needed to rest.

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

● People's care plans contained relevant information about who prepared people's meals and the support they required to eat. This included guidance to support people with complex dietary requirements such as Percutaneous Endoscopic Gastrostomy (PEG). A PEG tube is a tube surgically placed in the stomach of a person to help with feeding in cases when they cannot eat or swallow food safely.

● Care plan guidance stated if people required support to lose weight. The language used in the guidance

was positive, appropriate and affirming. The team worked with a dietitian and supporting strategies identified included use of a hydrotherapy pool, diet charts and pictures of healthy food choices.

Good

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

● Most relatives spoke positively about the care workers. Their comments included, "The carers themselves are excellent," and "We absolutely love [Care Worker] from AICS…they understand [Family member] well and have made a connection."

●Details of staff qualifications, experience and qualities were sent to people and relatives. Prospective staff were then introduced to the people and relatives to decide if they felt they were a suitable match.

●One relative told us their family member was a young adult and had benefitted from the opportunity of first meeting prospective staff. They had chosen to be supported by a team of staff of a similar age to themselves.

●One relative felt care workers were not always well matched, they said, "They can't always match you…but if you put in the work you hope to get the right workers 90% of the time."

●Care workers told us how they built a good working relationship with people. Their comments included, "I listen. I've a good listening technique, non-judgemental. I listen to their story. It helps me understand them and they me, building a relationship with one another," and "[Young person] knows they are loved and cared for. I know what they require if they are in pain. I learnt so much about their life, like they are one of my children…it is very satisfying to know you are really helping someone. A sense of giving back."

Supporting people to express their views and be involved in making decisions about their care

●People's care plans detailed the support they required to communicate effectively and, in some instances, to develop their communication skills. For example, one person's plan contained phrases to be used consistently by the staff team when communicating with the person. Care staff followed a script. This was to support the person to remember words and associate the words with what was happening.

●Care workers were provided with training to use MAKATON for one person who used this method of communication. MAKATON is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

●Another person an "eye gaze" system of communication. Eye gaze or eye tracking is a way of accessing a computer or communication aid using an electric mouse that can be controlled with a person's eyes. The person's care workers received training from the speech and language therapists, so they could communicate effectively and support the person to make choices.

● Where necessary equipment was used to support people's choices and to help them actively take part in

choices. One person's plans detailed the use of a visual timetable to support their memory and to help orientate them to the correct day and to participate in activities.

●Relatives told us care workers communicated well with their family member. Their comments included, "They are kind and communicate well, [Family member] feels listened to." In some instances, care workers communicated what had taken place on behalf of people by using a communication book. This was used for example between school, transport and the person's family and wider team who worked with them.

●One relative told us their family member's care worker had been chosen because they could communicate in the person's preferred language. They told us, "Yes [Care worker] speaks the language and uses the same dialect. They get on very well."

Respecting and promoting people's privacy, dignity and independence

●The focus of the service provided was to rehabilitate people or support people to retain the skills they had learnt. Care plans contained information for staff which stated how this would be achieved. Care workers usually supported people as part of a wider team that included occupational therapists and physiotherapists.

● People's care plans contained, "House rules." These were agreed with people and their family and were individualised. For example, "Remember you are a guest in their house," and "Please observe common etiquette, say please and thank you and always knock before entering a room."

Good

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 person centred and contained good background information and history. This helped support staff to see people in the context of their life and to fully understand the impact the acquired brain injury had in changing their life experience. Plans contained people's likes and dislikes, named who and what was important to them and their aspirations.

● Relatives confirmed care plans stated how care should be provided. Their comments included, "The care workers work to a specific structure and script provided by the therapy team, this helps [person's] memory issues," and "Care plan, my [family member's] case manager looks into that and goes through it with them [AISC]", and "The care plan was generic [At first] but we are in the process of going through how we can improve things. We are looking through care plans. So very good actually because there are regular [care plan] meetings."

●Care plans were detailed and contained the information care workers needed to deliver care as people wanted and needed it to be done. For example, moving, handling and positioning information was clear as were all aspects of personal care.

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's care plans stated what activities they enjoyed and what activities might support their development or rehabilitation. Most relatives' feedback was positive. For example, adults might have specific 'social' times with friends and be supported to go out for a meal or go to a club. One relative told us there had been some changes as their family member was moving from structured education to home. They expressed they felt there could be more outdoor activities but felt this was starting to be recognised and addressed.

●Children and young adults' activities included a safe play environment, therapy rooms, sensory toys both auditory and visual. Also, activities to encourage movement. Plans contained photos of sensory equipment and how to use a sensory light project as the young person liked different colours and bubbles whilst bathing in their hydrotherapy bath.

●People were supported to go on holidays of their choice. These were carefully planned, and risk assessed to help ensure the person would remain safe in an unfamiliar environment and be able to enjoy fully their holiday.

●The director told us they were especially proud to have supported one person to visit their home country on another continent. They had facilitated them attending a family celebration and meet a new addition to

their family.  They explained these two events on their own are significant in improving the client's quality of life, describing, they enjoyed the company of their family and friends and made many new happy memories.
●People were supported with their diverse needs. This included matching people with staff from the same cultural background, staff who spoke a common language, support to listen to and take part in prayers, support to use the internet  and support to visit their place of worship.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
●The provider had produced information for people in an accessible format. Often information was provided in collaboration with the person's case manager and wider multi-disciplinary team.
●The AISC Group trained staff to communicate with people effectively so they could explain what was written. As such, some MAKATON symbols were used when a person used MAKATON. Other people's care plans used photos to support the person to understand and recognise to subject matter.

Improving care quality in response to complaints or concerns
●Relatives confirmed the registered manager and package managers were approachable and most felt complaints or concerns would be dealt with. Their comments included, "[Registered manager] is definitely approachable, they have no problems making changes," and "Yes [Package manager] does [Address complaints]. They are very well organised," and "If we raise [a concern] they will address it, yes they do."
● The provider had a complaints procedure and policy. They had provided people and relatives with information stating how they could raise a complaint. We saw evidence complaints were recorded and investigated. For example, when a relative had made a complaint about an inappropriate comment made by a staff member, the registered manager had undertaken the disciplinary process and removed the staff member from the service.

End of life care and support
●The registered manager confirmed they were not offering end of life care to people. They explained the focus of the agency was rehabilitation for people with acquired brain injury. People, relatives and case managers employed their services for this expertise. They worked for agreed periods of time or permanently to support people to improve or to maintain their current level of independence and prevent further deterioration.

Good

# 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 the last inspection this key question was rated as good. At this inspection this key question remains the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

The provider was not displaying a current rating on their website. There is a legal requirement to display the current rating report. The rating report was from an earlier inspection 2015. We brought this to the attention of the provider on the day of inspection. They explained this was an old website and they were in the process of updating their website. However, the correct report was still not displayed at the time of writing this report. We will further discuss this with the provider.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The registered manager was also a director and with the director shared the running of the company. They were present in the office and had good oversight. They had appointed a management team to take care of all aspects of the service.

●The director explained they had recruited staff who had specific areas of expertise. They explained the service manager was experienced in assessment and safeguarding adults' investigations, the package managers had backgrounds in different disciplines which included a neuropsychology, physiotherapy and rehabilitation. The care manager had experience in domiciliary care. They described this approach gave each management member access to others' specialist advice.

● We saw the care plans were reviewed and audited, for example typos in a care plan had been identified and amended and when a case manager had requested added sections, this had been completed.

● Medicines administration records were checked for errors. One relative told us they felt a little more work was required in medicines audits and stated, "They are on top of it, staff are doing their best perhaps a bit more guidance."

●We saw the provider had identified this and acted. Work was in progress to improve the medicines administration procedure and training had been provided to staff. The care workers completed electronic daily reports. These detailed the times they worked, information about the person they supported including their medicines administration. These records were closely monitored by the package managers.

●Each team supporting a person had a team leader who liaised closely with the package managers to ensure work was being carried out appropriately. The provider had carried out some spot checks for example when one team leader was on leave they made unannounced checks to ensure care continued to be provided in an appropriate manner.

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

●The management team demonstrated they knew when they had a legal responsibility to notify the CQC. We saw changes had been made to procedures when safeguarding concerns had been identified. New procedures were being shared with the staff teams.

●The registered manager gave an example of responding to staff survey findings about pay and occasional delays in payment in the past. They had acknowledged this shortfall and appointed a finance manager who had completely overhauled their finance systems. Delays in payment was no longer an issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● Relatives' comments about the registered manager and provider were, "Definitely approachable," and they had, "regular meetings." People and relatives told us they felt the provider listened to them. One relative told us, "It seems good, I don't deal directly with them, usually that it's the case managers but they seem responsive and attentive if I need feedback they are quick to respond," and "We have had experience of a lot of different agencies AICS, is the best so far."

●One relative felt they were not always listened to as much as they would like, they told us, "They respond well to the case managers, a little more understanding, recognise we know what we are talking about…I think they would try and address a [concern or complaint.]"

● Support workers' comments were all positive, they told us for example, "Having access to the care manager and director is good, you can reach them and talk with them," and "Very supportive as an organisation," and "good to work for, proactive, if I need any help I go to them."

● The director told us, "We understand far too well the impact that an acquired brain injury (ABI) can have on a person's life. We have many ideas of how we would like to give back to ABI survivors, but we started this year with employing an ABI survivor." They had supported someone to work with them in the first job since their ABI and had offered flexible working and increased supervision to support them to utilise their skills.

●Staff all told us they felt well supported by the provider's management team. They confirmed they met with them for staff meetings, supervision and training sessions. They felt the agency provided a good standard of care. One care worker told us, "They are a small company, able to know all their clients and staff really well and are able to reach out to us… [registered manager] and [executive director] supported us when it was a difficult care issue, represented us and sorted it out, everything changed to be more positive."

●The registered manager and director supported the staff team to celebrate four cultural or festival celebrations each year. Those celebrated were chosen yearly by the staff team. The past year had included, a summer party, an Eid celebration, a Christmas party and celebration of black history month. There was a large and interesting black history month display in the office. This highlighted and celebrated the achievements of black people throughout history and the current day. This was an inspirational piece of work for care and office workers to take part in and share.

Continuous learning and improving care;

●The management team had a list of their top 10 most requested staff members, they called this their "Dream team." They had another list with the names of staff who had increased their experience and knowledge and were actively working towards being on the dream team. This gave staff a good incentive to continue to learn and improve their working practice.

●The management team kept their learning updated by reading through publications online about acquired brain injury, going to relevant conferences and having communication meetings where they discussed best practice using each other's areas of expertise.

Working in partnership with others

●There was good partnership working with health professionals on behalf of people using the service. This involved the care workers who shared their experience and records of working with the person and the expertise of the package managers and senior staff.

●The registered manager and director where mentored by another director who had expertise in running a business. This partnership working had been instrumental in developing the business.