

Wellhead Lane Limited

Wellhead Lane

Inspection report

16 Wellhead Lane
Westbury
Wiltshire
BA13 3PW

Tel: 01373303248

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Ratings

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

Summary of findings

Overall summary

Wellhead Lane is a small independent care home which provides support and personal care for young people with a learning disability, aged between 18 and 25, to live as independently as possible.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Wellhead Lane accommodates up to five people in one adapted building. At the time of our inspection there were four people living in the home. This inspection took place on the 9th January 2018 and was announced, which meant the provider had 24 hours' notice that we would be visiting. This is because the home is small and we wanted to make sure the registered manager, or someone acting on their behalf, would be available to support our inspection.

A registered manager was 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.'

People were supported to make decisions. Staff showed a sound knowledge of the Mental Capacity Act (2005), however assessments were not always recorded appropriately.

Detailed information and person centred assessments were available but this information had not been fully incorporated into a current care plan document.

The home was supporting people with medicines in a safe manner. Where people were able, they self-administered their medicines with supervision and support from the staff. A PRN (as required) protocol was in place but needed to be added to the medicines record.

Risk assessments were in place. People were encouraged and supported to take risks safely and guidance on how the staff were to support the person were present. Bath temperatures were estimated using touch and not by using a thermometer.

People said they felt safe living at Wellhead Lane. There were systems in place to protect people from harm and staff had a sound knowledge of safeguarding processes.

People were supported to gain access to a wide circle of healthcare professionals.

People received care and support in a timely manner from sufficient members of staff who were skilled to meet their individual needs. The staff team was stable and people said they had the care they needed, when

they needed it.

People's dietary requirements were catered for and people were offered choices.

Interactions between staff and people were caring and compassionate, people spoke positively about staff and were comfortable in their presence. Staff knowledge around privacy and dignity was observed.

People had the opportunity to take part in activities of their choosing, no complaints have been received and informal concerns were logged and acted upon.

The registered manager is very visible within the service and staff and people spoke very positively about her. Communication between the staff team is good and quality assurance systems were in place.

People's relatives spoke positively of the service, the staff and the care and support their loved one was receiving. One family member said, "what a wonderful place Wellhead Lane is, [my relative] has experienced a couple of supported living environments, this being leagues ahead of all of them."

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.

People said they felt safe living at Wellhead Lane.

Risk assessments and behaviour response plans were in place, however bath temperatures needed to be recorded more accurately.

The home was clean and tidy, with infection control procedures in place.

The staff were confident in their knowledge around safeguarding and whistle-blowing procedures and how to protect people from the risk of harm.

The safe management of medicines was observed and emergency medical procedures were in place.

People and staff told us there were enough staff to meet people's needs and staff had been recruited safely.

Good ●

Is the service effective?

The service was not always effective.

People were encouraged to make their own decisions and staff had a good understanding of the Mental Capacity Act (2005) and how to apply this to the care they provided; however the lawful process was not always followed appropriately.

People were enabled to make choices.

People were cared for by staff who had received appropriate training to meet their individual needs.

Staff benefited from regular informal supervision as well as formal one to one meetings and appraisals with their line

Requires Improvement ●

manager.

People were offered a choice of meals with alternatives also available, food options were available in pictorial formats.

People had access to health professionals and staff were aware of people's changing health needs.

The home was decorated to suit the tastes and preferences of the people living in it and had a homely, family atmosphere.

Is the service caring?

Good ●

The service was caring.

People and family members spoke positively about the staff and the care they received.

Staff interacted with people in a kind and compassionate manner.

Staff had detailed knowledge about the people they cared for, their preferences and their individual characteristics.

People were encouraged and enabled to develop independence in day to day routines.

Is the service responsive?

Good ●

The service was responsive.

Care plan folders had detailed and personalised information about people.

People were able to take part in activities of their choice and were supported by staff.

Informal concerns were logged and acted upon. There were no formal complaints about the service.

Is the service well-led?

Good 

The service was well-led.

There was a registered manager in place, who is very visible within the home.

People, families and staff spoke positively about the management team.

Communication and support systems between the management and the staff team were in place.

The service promotes a positive open culture.

There are systems in place to monitor and assess the quality of care for people living in the home.

Wellhead Lane

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.

The inspection took place on Tuesday 9th January 2018 and was announced, which meant the provider had 24 hours' notice that we would be visiting. This is because the service is small and we wanted to make sure the registered manager, or someone acting on their behalf, would be available to support our inspection. The inspection team consisted of two inspectors.

Before we visited we reviewed the notifications we had received from the service. Notifications are how a service informs us of important events relating to the care of the people using the service. We also reviewed the Provider Information Return (PIR). The PIR is a document which the provider completes to inform us of key information about the service, what the service does and improvements they plan to make.

To gather information, during our inspection we spoke with the registered manager, the deputy manager, three members of staff, two people who use the service, two relatives, and two visiting professionals. We looked at documents relating to peoples care and support and the management of the service. We reviewed a range of records which included, two care plans, two staff files, staff training records, policies and procedures and quality monitoring documents. We carried out general observations of the home environment and interactions between staff and the people who use the service.

Is the service safe?

Our findings

People told us they felt safe living at Wellhead Lane. People were supported by staff who were aware of the individual risks relating to people while providing care and support for them. At this inspection, however, we observed that there wasn't a bath thermometer in use and temperatures were not currently being tested or recorded. The registered manager informed us that this was done by staff testing the water with their elbow but realised this was insufficient and was addressed immediately.

The home had a comprehensive risk assessment policy, procedure and matrix in place. Individual risk assessments and associated behaviour response plans were present giving clear guidance to staff on how to manage outings, for example, when leaving the premises and going to the leisure centre or the swimming pool. Staff spoke positively about encouraging people to do the things they enjoyed and balancing the benefit of this with any risks involved. One staff member commented, "You have to let people risk take and learn. We understand that people have the right to take risks." The behaviour response plans in place showed a clear strategy on how to manage escalating behaviours from 'fine and early warning signs' to 'low level behaviour and recovery'. The methods used were; positive guiding to safe areas and moving out of reach but close enough for the person to feel reassured.

One person had a specific risk assessment and behaviour support plan around the use of electronic technology and the internet. Staff supported this person to access the internet in 'bite sized chunks' of twenty minutes, up to four times per day, which enabled them to have a balance of engagement and stimulation. This person was given prompts to enable them to recognise when it was coming up to finishing time.

One person using the service had a specific health condition. There was an emergency protocol in place to aid staff in recognising when this person became unwell and how to safely assist them. This included taking note of when the person became unwell, how long they were unwell, when to call the emergency services and when to administer medication. Staff were observed to be wearing the 'rescue pack' to support this person in a medical emergency, which, we observed, was transferred between staff according to shift and duties. All staff had the appropriate specialist training for this person.

The registered manager had identified risks related to the environment. There were safety notices in the kitchen, for example when using the microwave and fire safety notices with diagrammatic and pictorial instruction. We observed that fridge and freezer temperatures were monitored and recorded. The service used their own transport and annual tests of cars, the boiler and PAT testing of equipment were all in place. A fire evacuation took place 23rd November 2017, everyone was recorded as leaving the building appropriately and the registered manager had a PEEP (personal emergency evacuation plan) protocol in place for those people who required assistance when evacuating the building.

We saw that cleaning schedules were in place and the deputy manager checked that the cleaning schedule sheets were signed off. Infection control and safe practices were in place and staff comments included, "Everyone has responsibility for cleaning the house and we have cleaning schedules in place.", "We promote

hand washing for staff and people, the signs are all up. We have guidelines from the Department of Health in place and staff read them." and "If people are poorly we do additional cleans on things that are frequently touched to reduce infection. We have a secure COSHH cupboard."

We observed that safeguarding policies and processes were in place which had been devised in line with the Wiltshire Safeguarding Adult Board strategy. Staff had full access to the appropriate guidance and information required to make a safeguarding alert. Staff were knowledgeable about safeguarding processes and how and when to raise a concern. One staff member told us, "It's about protecting vulnerable young adults from other people and themselves. If I had a concern I would go to [the registered manager] and raise it, log it through CQC and safeguarding team. I have no doubt that the manager would raise concerns but if I needed to go above the manager I would have no problem doing it." Another member of staff said safeguarding is "Ensuring people are physically safe, their wellbeing and nutrition. I would immediately speak to the manager and voice concerns. If it wasn't handled I would go to the director or CQC." The staff we spoke to had all completed safeguarding training and were also confident about when and how to whistle-blow if they had concerns "I would whistle blow; it's about the wellbeing of our young people." Whistleblowing is the term used when a worker passes on information concerning wrongdoing. The wrongdoing will typically (although not necessarily) be something they have witnessed at work.

The home was supporting people with the administration, storage and disposal of medicines in a safe manner. The home had a comprehensive medicines policy in place which included guidance on the use of homely remedies, in line with pharmacy guidance and a PRN (as required) protocol. A homely remedy is another name for a non-prescription medicine that is available over the counter in community pharmacies. They can be used in a care home for the short-term management of minor, self-limiting conditions, e.g. headache, cold symptoms or mild occasional pain. Where people were able, they self-administered their medicines with supervision and support from the staff. Three people had full support and one person was supported to manage aspects of this independently. This person did not always remember to ask for their medicine but was able to count and check their medicine correctly and was fully aware of what the medicines were used for. Staff had completed training in medicines administration, and had been assessed in their competency by observation from a senior staff member. One staff member said, "I have had training in medicines. If someone refused their medicine I would tell the manager. If appropriate I would discuss with the person the consequences, if continued speak with the pharmacist, it's about informed choice." Another staff member told us, "I have had training to administer medicines. People can and have the right to refuse their medicine; I would notify the manager, GP and record it.

People said there were enough staff to meet the needs of the people using the service. During our visit, we observed four members of staff on duty and one new member of staff receiving training and guidance whilst undergoing induction. Staffing rotas showed four members of staff (including the registered manager) on duty regularly, with one member of staff on waking nights. The registered manager was actively recruiting one more waking night staff member as the current staff group were covering this vacancy. At the weekend this reduced to three. A staff member told us, "One person is one to one, we have three or four staff on, it depends on what we need and what activities we are doing. We have not had agency staff for eighteen months." We looked at two staff files and all of the required safety checks were in place which included DBS, appropriate references and identity checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Is the service effective?

Our findings

People we spoke with said they were able to make their own choices. Staff had a sound knowledge of the Mental Capacity Act (2005). One staff member said, "Always must assume someone has capacity and can make decisions and we really promote this in the house and give choices. We have done best interests decisions with parents and dental professionals for treatment." Another member of staff said, "If individual has the ability to know what is in their own best interests. We find a way in which the person can communicate and give them the choice." However, staff understanding of how to apply the Mental Capacity Act (2005) was not always recorded in people's care plans accurately, or in accordance with the legal process.

The Mental Capacity Act (2005) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals where relevant. The Deprivation of Liberty Safeguards (DoLS) are part of the Act. The DoLS provides a process by which a person can be, deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. They aim to make sure that people in care, are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

One person had an auditory monitor in place when they were in their room so staff could go and assist when alerted. This was because the person had a medical condition which if triggered required an immediate staff response. However, although the person lacked capacity to make this decision there wasn't a specific Mental Capacity Assessment and best interest decision in place to gain consent to this. The home had applied to the supervisory body for a DoLS, for two people which appropriately described their restrictions, but there were no corresponding Mental Capacity Assessments, or best interest decisions recorded to gain consent to receiving care and treatment at Wellhead Lane. A Mental Capacity Assessment and best interest decision was in place for one person regarding their move to Wellhead Lane, which was appropriately completed, but had not been updated to reflect the best interest decision to consent to receiving care and treatment in the new setting of Wellhead Lane.

The registered manager told us that Wellhead Lane has "some really skilled staff in place, a core team and we share skills, we watch each other, we communicate and find the best ways to work." Staff had formal one to one supervision and staff team meetings to share experiences and skills. Staff also benefited from regular informal supervision and annual appraisal from their line manager, this included looking at training needs and looking at potential areas of interest. The home had gone through some staff changes and the previous registered manager had changed roles and was now the dedicated trainer for the staff at the home. We talked with staff who responded positively to the quality and amount of training during induction, and on-going throughout the year. Staff told us, "There is a six month probation, a week of [provider's] mandatory training and observation, we do shadow shifts. It depends on the individual if they need more" and "we do in-house, online and have links with Wiltshire College. Some staff are looking at autism level two, leadership development, nutrition and health level two. There is a lot of scope for personal development and to tap into personal interests as well." "We do lots of training, some online training, new training to meet a

person's specific health condition. There is opportunity to progress and take on a senior role." We observed a new member of staff receiving an induction from another staff member. This was done in an informative manner, taking time to discuss individual's needs with the new staff member and put examples into context so they understood people's needs.

People were supported to maintain a balanced diet. They were offered choice and participation in shopping and cooking to promote independence. One person said "We have a personal choice meal every week; we can say what we have. I have gone shopping to get the food, I don't do much cooking but I could if wanted." Three people chose to go out for lunch and one person stayed at the home and was made a meal of their choosing by staff. Staff sat and ate with this person, interacting during the meal. The registered manager said, "We don't have separate snacks for people, everything is theirs in the fridge and cupboards. There is always food available and people choose to buy own bits too." We observed a bowl of fruit was available for people and the menu was displayed on the fridge with pictorial images. The registered manager told us, "We encourage vegetables to be chosen alongside this."

The home has a supportive working relationship with health colleagues and other professionals. We observed evidence that health professionals were involved in people's care, which was documented in care plans. One visiting professional said, "[The registered manager] has been very good at keeping me updated about the individual I am involved with." A staff member said, "We work with health professionals such as occupational therapists, the speech and language team, and the behaviour team, for assessments and referrals when needed. We have regular contact with social workers and share information on anything needed. I am a keyworker and I send weekly updates to person's family and social worker." One person had been encouraged to try to use external therapeutic sessions, which had not worked in previous settings. This person made the decision to use a local service and was now being supported, to successfully access these sessions weekly. A health professional said, "Staff appear knowledgeable and keen to learn and have support from a wider health team." The home actively collaborates with supporting health services. "We monitor the health needs of people and support them to see the GP etc. if needed."

The home had been adapted to meet the needs of the people living in it. For example, the cupboards were labelled in the kitchen with pictorial images so people could help identify what was kept where and access things independently. It had a warm, family atmosphere and people were able to freely decorate their room and bring personal items with them. One person said, "There are no restrictions on my room; I can have what I want in it." There were photos of people living in the home displayed around the house.

Is the service caring?

Our findings

People said the home was caring. One person told us, "Staff are supportive; it's a lot of fun here. I like living here." Another person said, "I have been here a while, it's home, my second home. I have no concerns, I am happy here" and "Staff are really supportive, they help me, they take my mind off things if I am nervous. I get on with everyone in the house; I do lots with [staff member]." A family member who spoke highly of the home said, "They encourage [my relative] to take part in things that [my relative] would normally turn [their] back on, giving [my relative] new experiences. They will even take part in the experience themselves to encourage [my relative]."

The registered manager knew each person's personality and characteristics well, and spoke easily about their preferences and interests and how they have personalised their care to meet their individual needs and nuance. She told us, "We work really hard to give our young people what they need". Each person had a well-planned transition period into the home, to ensure it would be a successful move for them and for people already living at the home. People's diverse needs are promoted, staff said "We have always celebrated diversity here and we work to make it work for our young people. We make sure we are meeting everyone's individual needs." We observed warm and friendly interactions between the registered manager, staff and the people who lived in the home.

The home had a keyworker system in place. A keyworker is both a source of support for the person and their family and a link by which other services are accessed and used effectively. Key workers have responsibility for working together with the person, their family and with other professionals involved in their care. One staff member told us "We look at who has the best skills for that young person. The young people also express who they want [as a key worker] as well." The staff we spoke with were positive about working at Wellhead Lane, "We are good at being person centred. New staff ask us why we do one thing with one person and another with someone else; we treat them as young adults. I love it here; we have a real family atmosphere. I only have positive things to say about this place."

People's privacy, dignity and independence was promoted. Staff told us, "[A person] needs full support; we give [them] time to copy and do it for [themselves]. We keep people covered during personal care and support them" and "We protect people's modesty, knock, let person know [we are] coming into their room, encourage people to cover up and maintain dignity."

People were supported to be independent and to develop their life skills. Everyone in the home needed support with their personal care to varying degrees from full assistance to using minimal guidance. One person needed prompts to get up and reminders on how best to wash their hair but staff had gradually enabled the person to be independent in brushing their teeth. Staff encouraged one person to clear their plates and put their dishes in the dishwasher. Staff told us that "People are involved in life skill chores, it's more like a home here; we have home cooked food and do normal household things."

Is the service responsive?

Our findings

People living in the home were encouraged to contribute to their own care plans with one person making their own handwritten amendments and comments on a draft copy before it was documented and saved electronically. Care plan folders held information from pre-admission assessments and from the previous services from which the people had recently moved. This information included specialist assessments from the Community Team for People with Learning Disabilities (CTPLD); Speech and Language Therapists (SALT) and specialist nurses. New referrals had been made to these services in Wiltshire to ensure continuity of specialist care. Information held within the folder regarding each person's behaviour, communication and understanding was detailed but had not yet been fully incorporated into a current care plan document. The care plan stated what the person was able to do independently and what they may need further support with.

The care was person centred and staff and keyworkers knew the people well. For example one person was supported to use a calendar and a diary to help them understand when they had visits home and when skype time with their family was planned. Staff also supported this person using visual demonstrations and verbal prompts and their own PECS (Picture Exchange Communication System) planner to support them to increase their independence. 'Social stories' were used to discuss events and situations and offer choice to the person in a way they understood, through communication in print. This person also had a variety of DVD's, keyboards and media devices in their room for their free time to satisfy their preference for electronic technology and staff supported them to access 'bite size chunks' of the internet that enabled them to have a balance of engagement and stimulation.

The daily care logs had guidelines on how to complete them and were personalised and very detailed. The registered manager said staff used these to catch up about a person when they had been away from the home, one staff member told us "When we come on shift we do observations and keep notes to learn about people, we have time to read the notes at the start of shift."

One person had a part time job that they enjoyed and all people living in the home spent time with their families and would visit and stay with them. One person said, "I went to see my family over Christmas. We are going swimming later. We do a lot of activities. I have made a friend in the house, we get on well." Another person said, "My family live near so I visit them, they can come here if they want. I do some group activities with the others in the house and my own, it depends what it is." When an activity was planned, the registered manager told us, "we first put in medical appointments and work, domestic chores are incorporated into this. People do it as they wish, weekly and daily and this can change. We swim twice a week and have a good relationship with the leisure centre. We make sure we use places that are accommodating to us as our young people work to their own time." People were encouraged to choose activities they were interested in and their daily and weekly routines were planned with them. One staff member said, "We plan on a Monday with people, one person has a whiteboard on their wall, we write every day that first they get up and then the activity they have chosen, [the person] is a very visual person and this removes their anxiety. It's a flexible plan, it can change if the person wishes."

The home had a compliments and complaints policy and procedure in place. There was a 'suggestions & concerns' box for the people living in the home and for staff. One suggestion was to improve the keyworker role which resulted in a comprehensive keyworker review where care plans were reviewed every three months. The person always had input and the people who were able, made comments and corrections to their own care plans. A staff member told us, "We have compliments and concerns box in the conservatory with a notebook so people can put anything in anonymously. They can also talk to us at any time. We work with some people who can't communicate as well to unravel their concerns, it takes time but it's what we do." Another staff member said, "If a concern is raised we have a policy in place, I make a note of it and raise it with the manager." Staff worked in line with the Duty of Candour " [its] about being open when anything happens and we are. No one is perfect but we do our best and I feel we do a good job. We are passionate, we are open with people and families, Local Authorities and we are transparent." A family member told us "the staff at Wellhead are all supportive of [my relative] and me, they listen and follow up any areas needed. [My relative] has been so happy since being placed here."

The home was developing personalised and individual support to introduce end of life discussions and explain the complex idea of end of life care. The registered manager told us that due to the particular specialist needs of the people living in the home (young people with autism and learning disability), the discussions around end of life needed to be addressed at appropriate times and with multi-disciplinary input. This care planning was in the developmental stages.

Is the service well-led?

Our findings

People spoke very positively about the registered manager who had a long working history with young people who had learning disabilities, in a therapeutic specialism. One person said, "I can talk to staff and the manager easily. The manager and I get on really well."

There was a mutual supportive system between the home staff and the management team. Staff comments included, "I am completely supported; I can't believe my luck in this job"; "I feel supported, they are always there" and "the manager is totally available, at weekends, evenings, when we need her." The registered manager had a strong line of support from both the service director and his partner who are both in the education field for people with learning disabilities. The registered manager stated that she is able to raise any issues at any time and that the director is 'hands on' and supports the home by being a frequent visitor. The staff we spoke with said, "[the director] does drop in visits, has been involved in meetings, he's very visible here, he talks with people, they know who he is. He covered a shift so staff could go out for their Christmas meal. When he is here he touches base with everyone, he is not just a figurehead" and "he is very approachable, I could pick up the phone, it's not just a business, he's got a genuine care for the people and staff." Another staff member said, "there is a really good support network, I have had a promotion, and it has been a natural progression and not rushed, the managers have so much knowledge and are so willing to share it. It has been positive with management changes, it works well with the previous manager gradually withdrawing and the new manager has different knowledge and experience."

The home promotes a clear ethos and high standard of care which was reflected in the management systems. We saw the Statement of Purpose, and staff were aware of the ethos and values of the service. "We have some amazing young people here, the ethos from the management and provider is the ethos of care. I feel pride in what I do, it's not driven by numbers, its genuine care." The registered manager stated that "we foster an ethos of look, watch and hear, the young person being at the centre, visiting professionals are asked to plan their visits around the best time for the person."

The quality assurance arrangements in place meant that the care and treatment people received and the running of the home was monitored. There were daily quality control checks of the premises, for example fire safety and infection control and checks of documented recordings were undertaken weekly. The registered manager looked over all recorded accidents and incidents and the daily care log. Anything urgent was reported to the appropriate organisations straight away, such as the safeguarding team. The registered manager monitored and looked for themes from the daily care logs, for example regarding behaviour, which informed the behaviour support plan review. The director was sent a monthly report of the quality checks and an action plan was formulated. There was a separate folder containing more detailed information on incidents which was cross-referenced to the care plan. A full range of the appropriate policies and procedures were in place to guide and support staff on processes around for example, safeguarding, whistleblowing and equality and diversity. The registered manager attended the local manager's network meetings for keeping up to date with new practices and networking with mutually supportive providers, in addition to maintaining knowledge in key areas of care by research and reflective practice.

Wellhead Lane has links with the local community. The registered manager told us that from the initial proposal of the house becoming a care home, neighbours were consulted and involved in the process. The neighbours visit the home for social events and have met all the people living there. They have developed strong links with the local leisure centre which is very close (geographically) to the home as well as the local swimming pool.

The home had feedback questionnaires and one relative wrote "I am overwhelmed with the outstanding staff you have at Wellhead Lane" and one visiting professional said, "I have always found staff to be passionate about supporting those in their care. Staff have always appeared empathetic, caring and person centred." Keyworkers feed back positive outcomes from their work with the person, to the staff team, detailing what has worked and what has not worked. The registered manager said "we are continuously learning, there is a suggestions box and weekly feedback from the people who can communicate and through keyworkers and the daily logs for those who can't." One staff member said "We have feedback forms, one person we [support] staged, one question a day and use communication aids to do this through. We have to do it slowly and be sure [the person] understands." The manager promotes openness and transparency "so people aren't afraid of giving comments and ideas."