



Clinical Service Governance

Annual Report 2014/15

Introduction

We are pleased to produce our fifth Clinical and Service Governance Board (CSGB) Annual Report, which outlines how The Big Life group continually strives to improve the quality and safety of services we deliver. We continue to benefit from the expert steering of the CSG Board by our Medical Director, Louise Grant. Thanks to all our staff, who contribute to ensuring we have a culture that is open to is open to learning.

It remains a pleasure to chair the Clinical Service and Governance Board, and I am privileged to work with a team who are always looking for opportunities to improve systems and processes in order to achieve the increasingly challenging standards that we set for ourselves.

The continuous improvements made over the last year, such as lessons learned logs, and basic health and safety awareness for all staff, have helped to improve staff understanding and awareness of policies and how to minimise or respond to incidents appropriately.

All processes to capture quality standards are working well and this has ensured clear audit trails leading to improved governance standards; however, we continue to learn from the themes, trends and issues coming to the attention of the CSGB, remembering that complacency and inaction at any level can have serious consequences.

I look forward to continuing my work with the CSGB at The Big Life group and I am confident that we will continue improving with the same commitment, enthusiasm and drive shown over the last year from all members of staff, ensuring the delivery of quality results.

Louise Grant, Medical Director, The Big Life group.

**BUSINESS
CHANGING
LIVES**

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Health and Safety

The Big Life group is committed to ensuring Health and Safety is at the forefront of its business. This year we have invested in a variety of ways to ensure the group is able to comply with statutory requirements, industry standards and best practice in each of our businesses.

The investment has had a big impact and has been instrumental in the group embedding a positive Health and Safety culture.

We successfully achieved CHAS accreditation. CHAS is an industry-recognized Health and Safety standard which is accepted by contractors across the UK.

.CHAS is a lengthy process, which required the group to evidence our H&S practice, provide copies of policies, proof of regular checks and evidence of external training.

We have procured a reputable local contractor to carry out all our grounds maintenance works. They visit all sites fortnightly to carry out all aspects of ground maintenance. Managers at the Big Life Nurseries have already remarked on the big improvements at their sites.

All businesses received an unannounced audit/inspection by a Health and Safety lead. This incorporated random panic alarm tests at appropriate sites. Within 72 hours the Assistant Director received a written report and action plan. All actions from audits/inspections were reported on to the Clinical Service Governance Board.

Health and Safety leads audited all the groups' electronic green books and found them to be of a good standard. We now need to ensure standards are consistent across the group.

The Health and Safety Team has expanded, and is led by an Assistant Director, with two regional leads responsible for business in the North West and North East. The Health and Safety Team provides advice, internal audits and action plans, basic Health and Safety awareness training, and update information about legislative changes.

We reviewed all Health and Safety training including manual handling and have introduced a mandatory Health and Safety basic awareness training course. This will be rolled out to all staff with a completion date of March 2016. We still have some work to do around recording training. This year we have trained;

- 1 staff - NEBOSH Qualified
- 15 staff - Basic health and safety awareness training
- 15 staff - Fire Marshall training
- 12 staff - First aid training
- 1 staff - Infection Control training
- 15 staff - refresher IOSH training

We introduced a regular slot in our internal bulletin, Big News, called Incident Learning Log. This is cascaded to all staff electronically and accessible in paper copy for all staff who do not use IT daily. The learning log raises awareness among staff of lessons arising from incidents across the group.

We implemented an enquiry email box for Health and Safety queries. As the Health and Safety team saw an increase in the number of proactive enquiries they receive and a decrease in reactive work.

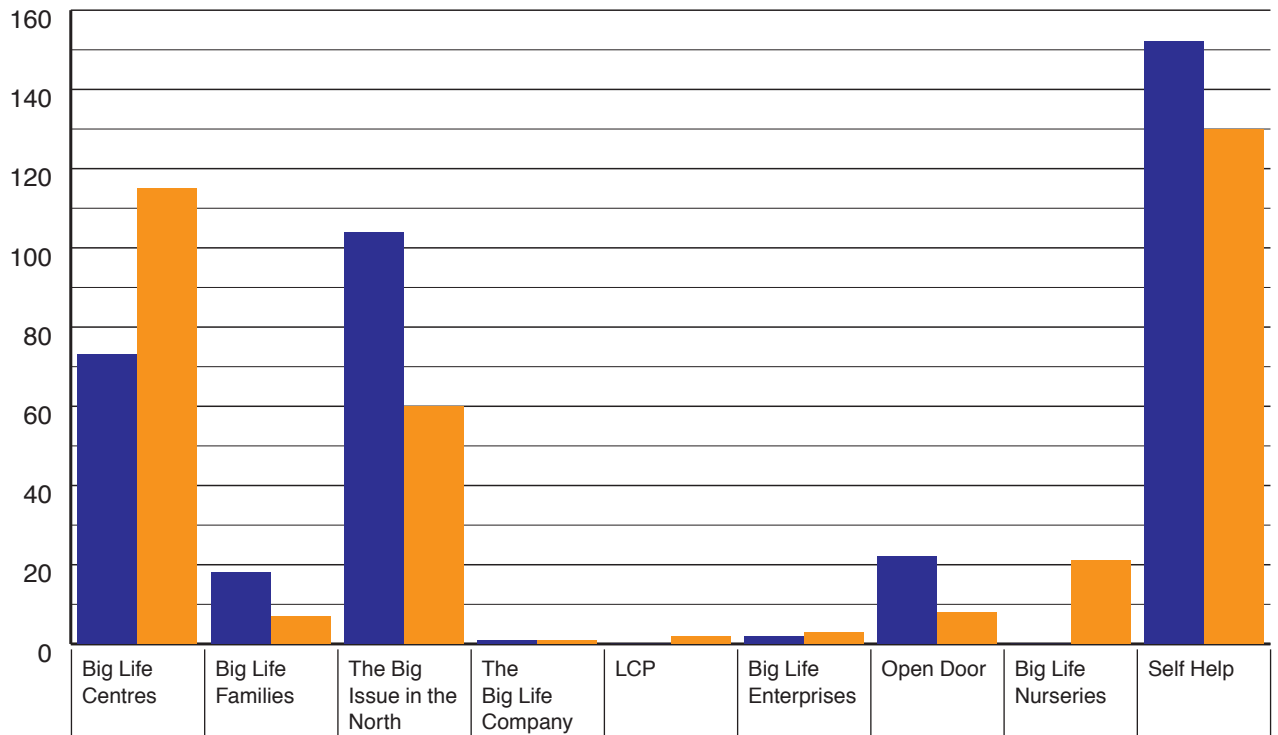
Progress on priorities from last year:

- Establish electronic reporting and monitoring of Health and Safety – achieved
- Review and implement Manual Handling training – achieved
- Increase capacity in H&S team – achieved
- Introduce unannounced audits and panic alarm tests – achieved
- Achieve CHAS accreditation – achieved
- Improve quality of grounds maintenance – achieved

Priorities for the year ahead :

- Maintain CHAS standards
- Build on our positive Health and Safety culture using a variety of communication methods
- Share best practice of electronic green book management
- Deliver basic Health and Safety awareness course
- Ensure Health and Safety training records are kept up to date

Incidents



Incidents 2013-14	73	18	104	1	0	2	22	0	152
Incidents 2014-15	115	7	60	1	2	3	8	21	130

TOTAL INCIDENTS ACROSS GROUP	
Incidents 2014/15	398
Incidents 2013/14	372

This year saw a slight increase in incidents from 372 in 2013/14 to 398 (6.5%) in 2014/15. This increase is marginal given the growth of the group over this period. It may be as a result of more accurate reporting, or good Health and Safety practices, thereby minimising incidents.

Big Life Centres (BLCe) had an increase in reported incidents from 73 in 2013/14 to 115 in 2014/15 (57.5%). However, this is commensurate with the growth of the business. There have been two additional contracts - Living Well and Pathways - which had 26 incidents. The incidents reported are consistent with the service.

Big Life Families (BLF) has seen a decrease in incidents from 18 in 2013/14 to 7 in 2014/15 (61%). This may be due to Big Life Nurseries reporting separately, and the loss of contracts resulting in a smaller work force.

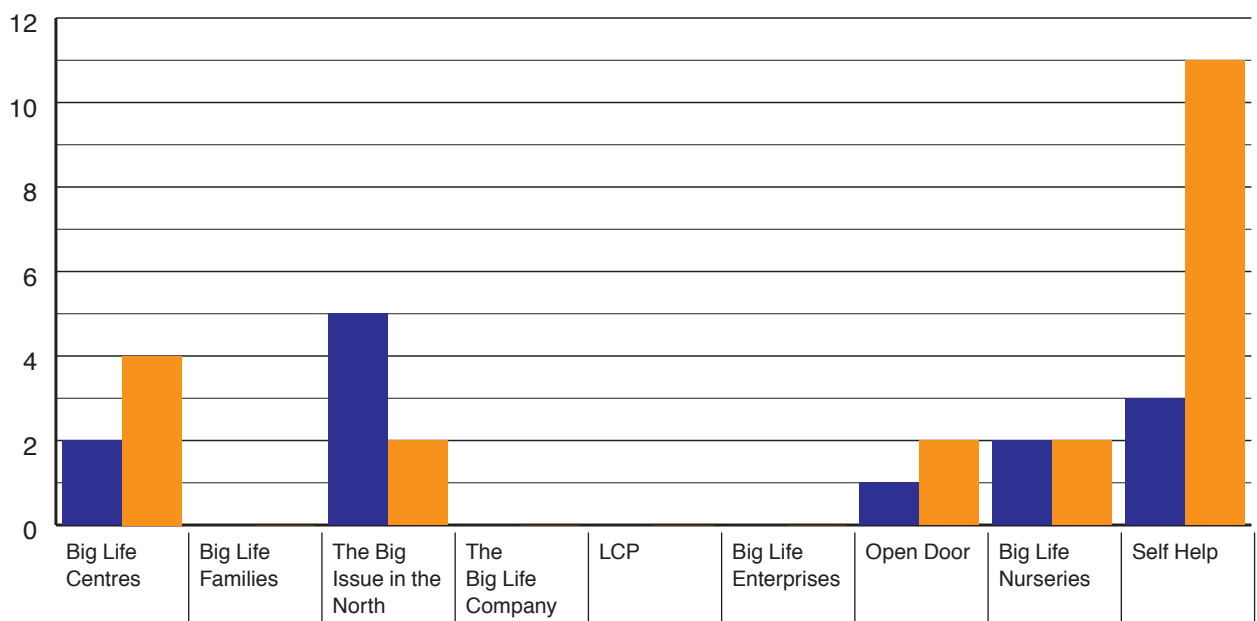
Self Help Services (SHS) has seen a slight decrease in incidents, from 152 in 2013/14 to 130 in 2014/15 (14.47%). The decrease is as a result of separately recording safeguarding incidents. It should be noted that this may make our data difficult to benchmark with previous years.

Big Issue in the North (BITN) remains consistent in the number of incidents, with 59 in 2013/14 and 60 in 2014/15. Incident training for staff and the introduction of the electronic incident tracker continues to see more accurate reporting.

Open Door has seen a reduction in incidents, from 22 in 2013/14 to 13 in 2014/5 (41%). This can be attributed to the improved case management of complex clients and the recruitment of a new GP who has a better understanding of our client group and their needs.

Longsight Community Primary (LCP) had an increase from zero last year to two in 2014/15. However, LCP only had six months of operation in the previous year. Only one incident involved a child, while the other was theft of equipment.

Big Life Nurseries (BLN) are reporting independently this year. There are seven nurseries offering 600 childcare places; they had 20 incidents



	Big Life Centres	Big Life Families	The Big Issue in the North	The Big Life Company	LCP	Big Life Enterprises	Open Door	Big Life Nurseries	Self Help
SUI 2013-14	2	0	5	0	0	0	1	n/a	3
SUI 2014-15	4	0	2	0	0	0	2	2	11

	Big Life Centres	Big Life Families	The Big Issue in the North	The Big Life Company	LCP	Big Life Enterprises	Open Door	Big Life Nurseries	Self Help
Near Misses 2013-14	0	1	189	0	0	1	13	n/a	0
Near Misses 2014-15	1	0	61	0	0	0	18	2	2

TOTAL INCIDENTS ACROSS GROUP	2013/14	2014/15
Near Miss	204	84
SUI	11	22

2013/14 to 84 in 2014/15 (59%). An emerging positive Health and Safety culture coupled with awareness and training may be factors.

Serious Untoward Incidents (SUIs) have seen a 100% increase from 11 in 2013/4 to 22 in 2014/5, but again this is consistent with the growth of the group.

A review of the reports shows that 5 of the SHS SUI's were as the result of the death of clients who were previously or currently using our service. Reviews indicated minor improvements that could be made, but no material factors that led to the Incident.

The remainder were from Open Door, BLN, Living Well and the Kath Locke Centre. All SUI processes and practices were reviewed and lessons shared across the group and with partner agencies.

Progress on priorities from last year:

- Roll out 'Root Cause Analysis' training to improve quality of lessons learnt from incidents – not achieved
- Sharing of learning across the group in Big News – achieved
- Improve consistency of quality in reporting to CSGB to ensure lessons learned are recorded and monitored – partially achieved

Priorities for the year ahead

- Continue to improve consistency of reporting to CSGB to ensure lessons learned are recorded and monitored
- Design in house 'root cause analysis' training
- Move to simplified electronic incident recording

Accidents

TOTAL ACCIDENTS ACROSS GROUP	
Accidents	70
Minor 2013-14	748
Minor 2014-5	1367

The number of recorded accidents has increased dramatically to 1,438 in 2014/15 from 736 in 2013/14. However 1406 of these recorded accidents were bumps, scratches and falls in the childcare settings which reflects the increase in our provision.

	RIDDOR 2013-14	Non RIDDOR 2013-14	Near Misses 2013-14	RIDDOR 2014-15	Non RIDDOR 2014-15	Near Misses 2014-15
Big Life Centres	0	0	0	0	0	0
Big Life Families	1	0	0	0	62	0
The Big Issue in the North	0	1	2	0	2	1
The Big Life Company	0	0	0	0	2	0
Big Life Nurseries	n/a	n/a	0	0	0	0
LCP	0	1	0	0	0	0
Big Life Employment	0	3	1	3	1	1
Self Help Services	0	0	0	0	0	0
Open Door	0	1	5	0	0	0

Three accidents reported from BLE were RIDDOR reportable. Two have resulted in personal injury claims. Big Life Centres, Big Life Nurseries and SHS reported no accidents.

- Staff member stumbled over ramp, resulting in two weeks off work due to hurt ribs and graze to hand
- Staff member hurt neck using Spartan bar, resulting in over 7 days off work
- Staff member slipped on wet leaves

The number of near misses has decreased from 9 in 2013/14 to just 2 in 2014/15.

Progress on priorities from last year:

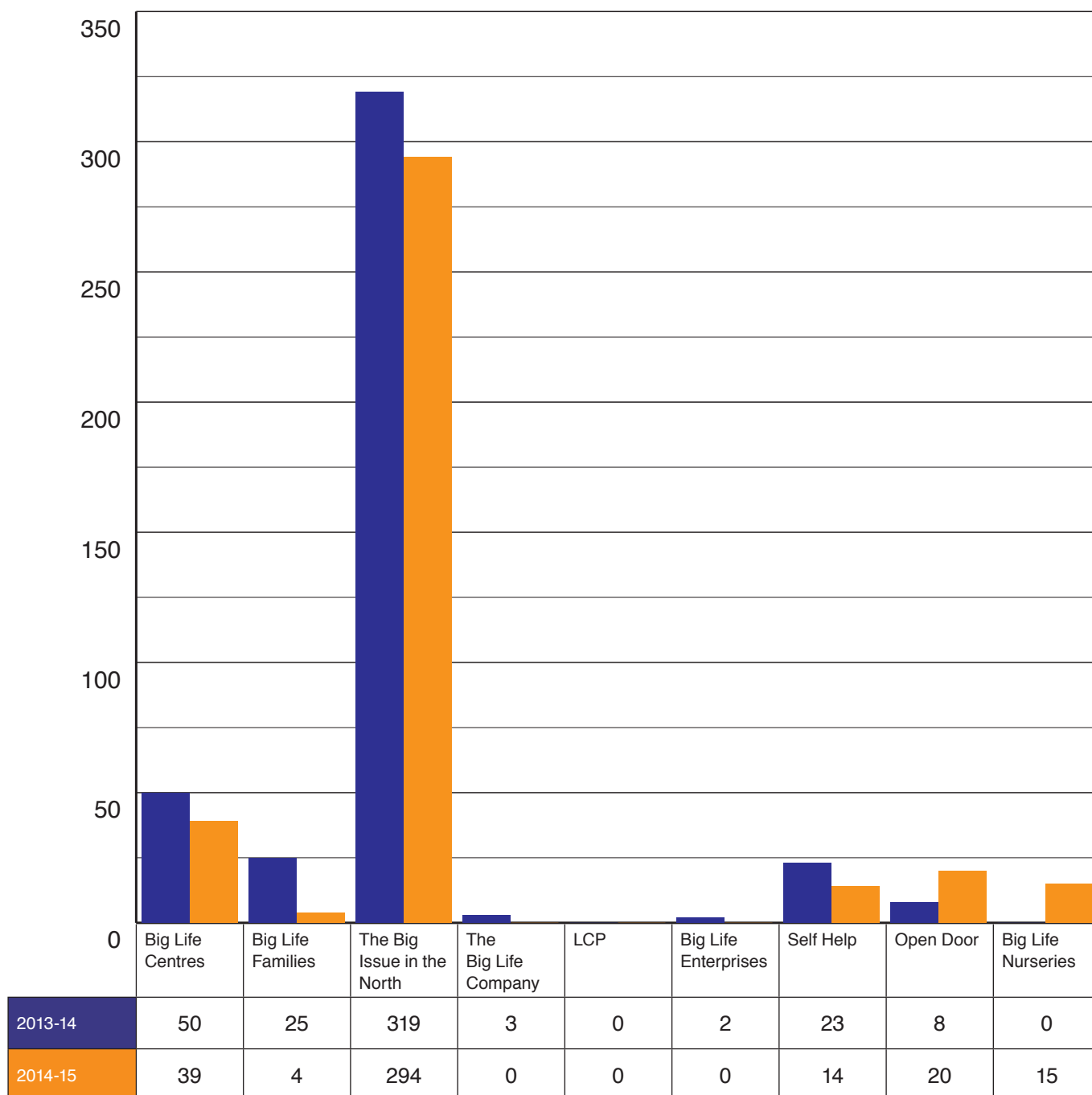
- Review reporting processes in business areas where there are no accidents reported - achieved
- Roll out 'Root cause analysis' training – not achieved.
- Ensure contractors are managed effectively using the Sub Contracting Toolkit, ensuring compliance with the Health and Safety requirements - achieved.

Priorities for the year ahead:

- Design Root Cause Analysis training and roll out
- Implement simplified electronic recording system

Review staff awareness of Accident Reporting systems to ensure reporting taking place.

Complaints



TOTAL COMPLAINTS ACROSS GROUP	
Complaints 2013/4	430
Complaints 2014/15	393

The number of complaints received this year has decreased by 37 (8.6%) from 430 in 2013/4 to 393 in 2014/5. All businesses except Big Life Company received complaints. There may be some work to do to ensure we advertise the complaints procedure. However, the decrease may be due to our staff's ability to resolve complaints informally.

The nature of complaints appear to be similar to last year. In all cases where a complaint was upheld, lessons learned have been adopted or staff training instigated.

BLF BLF saw a decrease in complaints from 25 to 4 (87.5%). This may be as a result of reporting separation from BLN. Complaints were about staff or contractor behaviour, staff with no name badge or cancelled sessions. It is interesting to note there is no repetition of the complaints regarding the cleanliness of the building and grounds maintenance from previous years; this may be a result of procuring contractors in both areas.

BITN had a slight reduction of complaints from 319 in 2013/4 to 294 in 2014/5. The themes for BITN focus on vendor behaviour on the street (aggressive behaviour; begging for food, money, threats intimidation), rogue vendors, selling out-of-date magazines and verbal abuse.

The Harvey Project complaints included disputing eviction, activities in the service, and treatment by staff. Harvey has eviction as a last resort and only use when they have exhausted all levels of support and intervention.

BLCentres have seen a 22% decrease in complaints, from 50 in 2013/4 to 39 in 2014/15. The content of complaints for Big Life Centres remains similar. The complaints focus on:

- Cleanliness and standard of centre (the Zion)
- Building maintenance (Kath Locke)
- Quality of service – access for service users and response times to requests
- Complaints volunteers – induction and communication breakdown
- Confusion about caseloads, and who does what in the service at Rochdale.

It is interesting to note the standard of the building remains a topic of complaint. Both centres have in-house cleaning services but the grounds maintenance is covered by external contractors. A review of the in-house cleaning services is imminent.

The Pathways and Living Well Rochdale teams went through a service transformation, and they are still on their bedding-in processes. They have worked hard to resolve confusion and improved communication and service.

BLN received 15 complaints this year. Given the number of children at the nurseries this figure appears low and we need to benchmark against similar-size nurseries. There were no key themes identified; however, one triggered an Ofsted inspection.

SHS complaints continued to decrease from last year, from 23 in 2013-14 compared to 14 in 2014-5. The complaints covered a range of areas consistent with last year, but with a new theme emerging around data:

- Assessment decisions and the time-limited nature of counselling
- Waiting times for counselling
- Early discharge
- Counsellor focus not on client/treatment from counsellor to client
- Abortive appointment as counsellor on leave when attended appointment
- Information being sent to incorrect GP or client

Lessons learned have been put in place to deal with information governance. Staff are informed of complaints and where appropriate training, supervision and support has been provided.

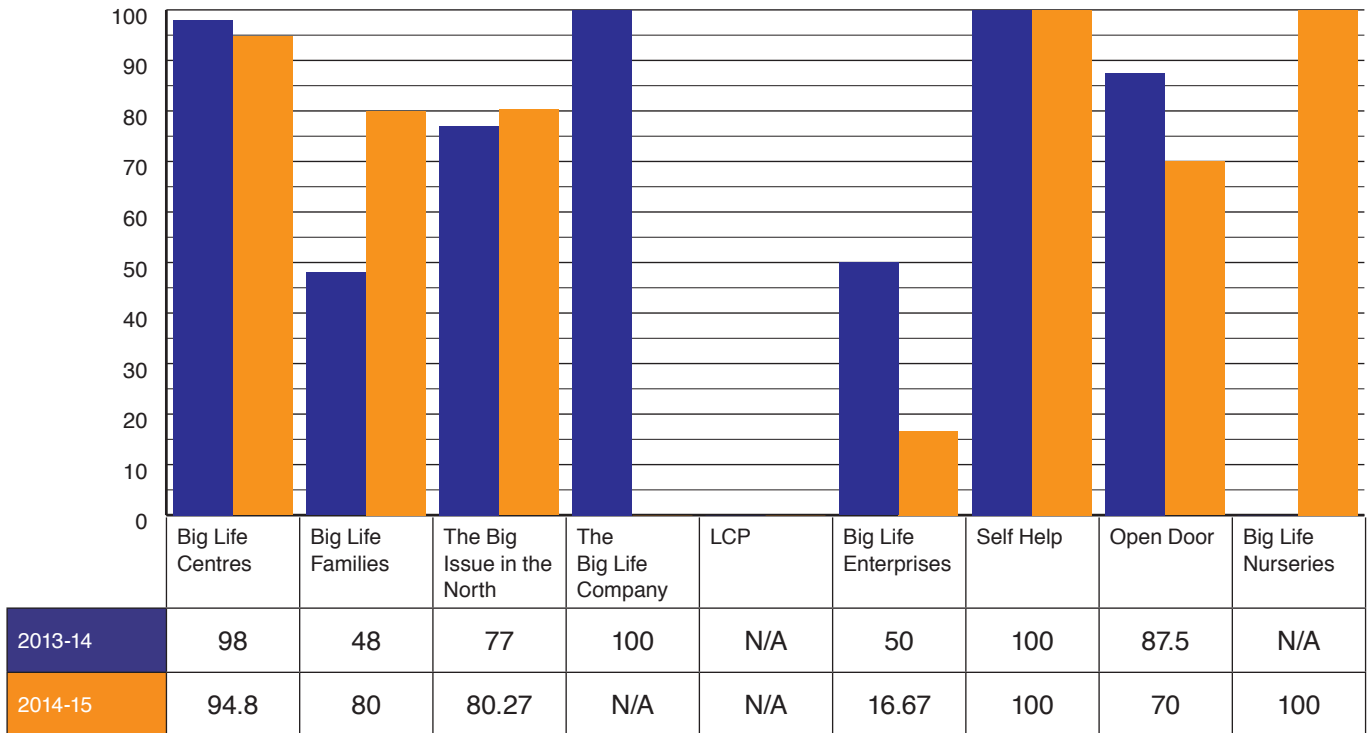
Open Door complaints increased from last year, going from 8 in 2013/14 to 20 in 2014/15. The main themes were:

- Service users resistance to change their treatment plan and unhappy with GP
- Lack of referral by GP to other agencies

BLE received 6 complaints consistent with last years relating to standards of cleaning work, failure to attend nursery contract. All of these were resolved through additional staff training and better scheduling.

BLCo received no complaints. This may be due to the services they deliver not being frontline, or due to the fact they receive complaints about other businesses and send them on.

% complaints responded to within 7 days



Of the 393 complaints received across the group, 326 (93%) were responded to within seven days.

Most business achieved 100% in responding within seven days. Those that have not, there is significant improvement. BLCenters saw a dip on last year's performance, with 94.87% of complaints responded to within seven days compared to 98% last year.

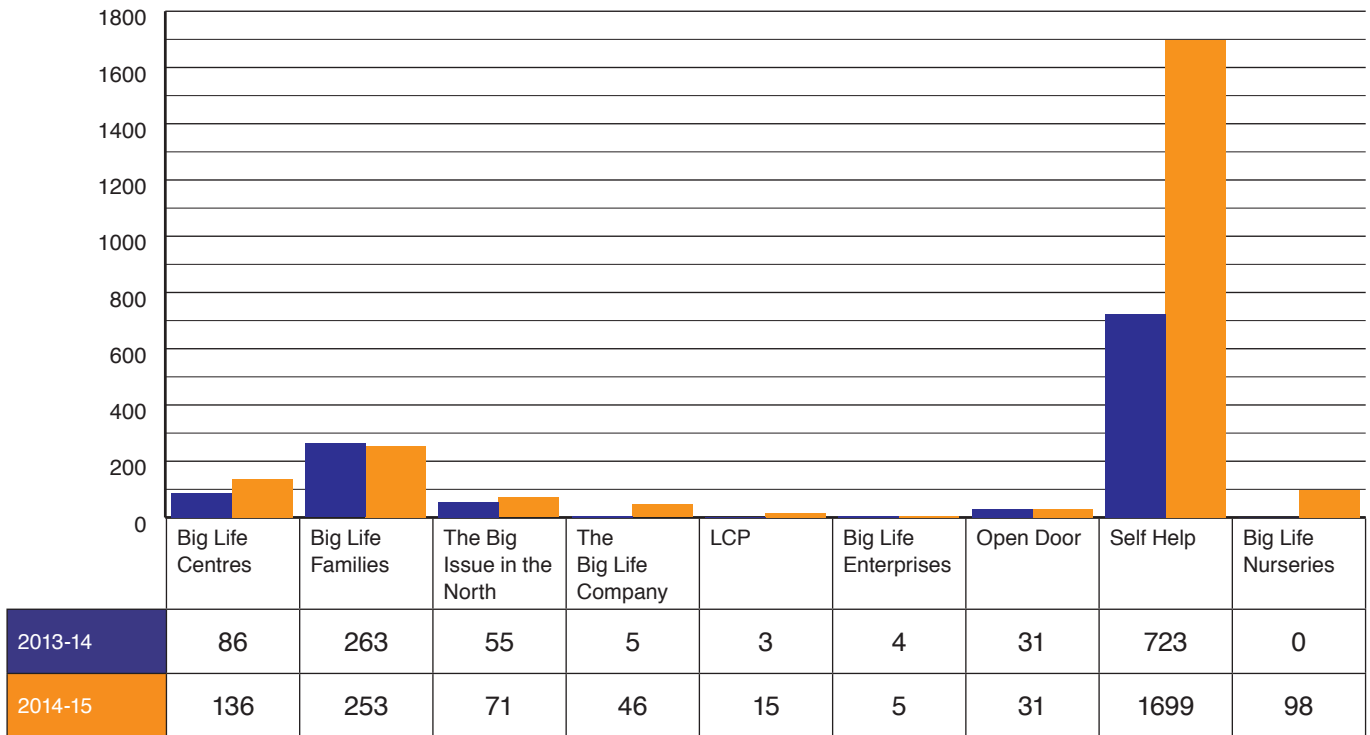
Progress on priorities from last year

- Reports to CSGB to describe the nature of complaints and service changes made as a result – achieved
- Publicise 'You said – We did' across all services – not achieved
- Focus on improving response rates in businesses not achieving targeted 7 days – achieved

Priorities for the year ahead:

- Continue to publicise 'You said - we did' across all services
- Focus on improving response rates in businesses not achieving targeted seven days
- Add a section on the report to ask for explanation of why we are not responding with seven days

Positive Comments



TOTAL COMMENTS ACROSS GROUP	
Comments 2013/4	1170
Comments 2014/5	2398

Positive comments are now reported from all businesses, with a marked increase of 104%, however there is considerable variation across the group and there remains no evidence services are using the data to raise quality within their businesses or that learning from positive comments is embedded into service delivery.

Progress on priorities from last year

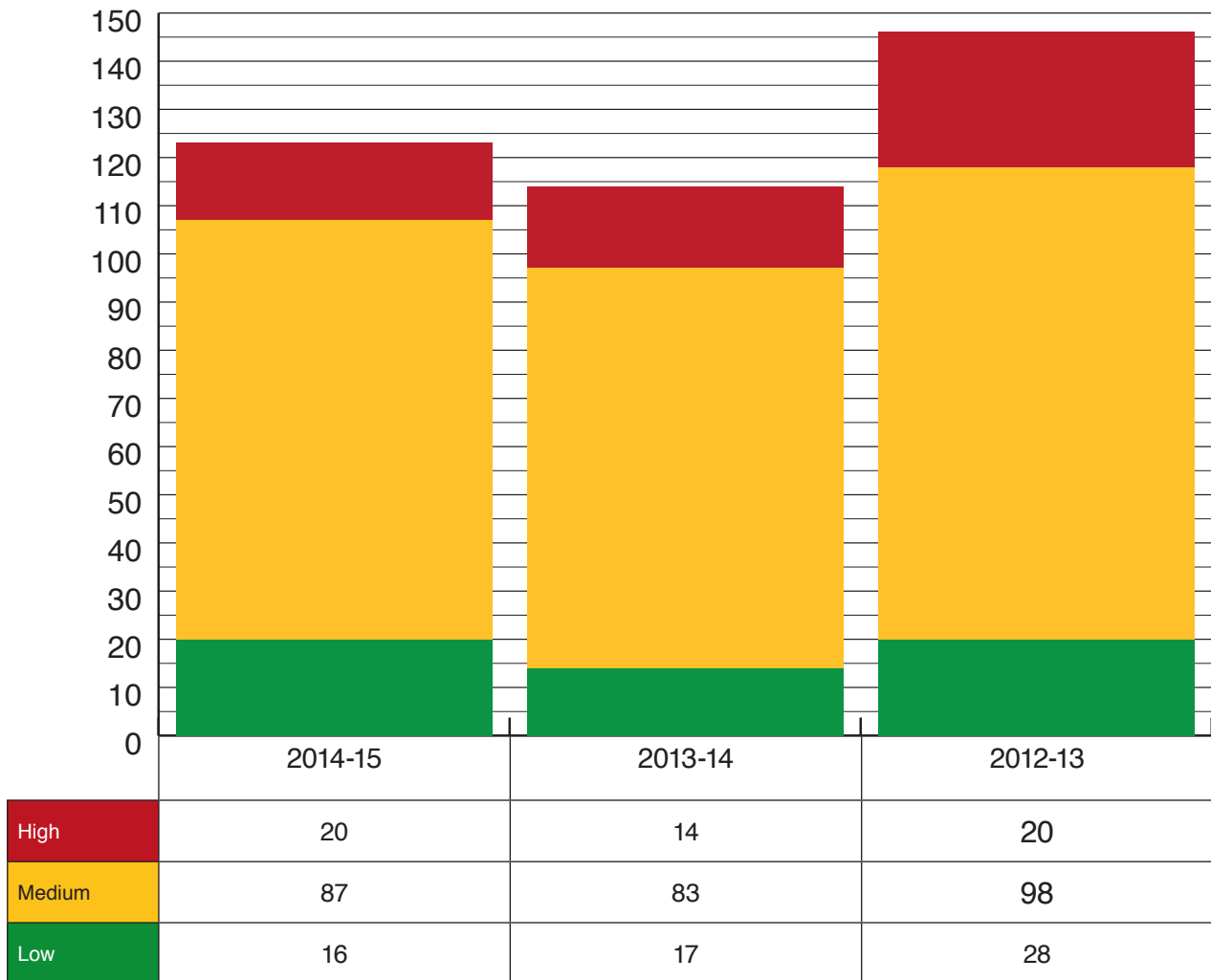
- Publicise compliments in Big News and impact reports – achieved
- Individual service to feedback how positive comments led to service improvements – not achieved
- Understand how we attract positive comments about our services – not achieved

Actions for the year ahead

- Services to feedback how positive comments led to service improvements
- Share good practice on monitoring positive comments

Risk Register

The risk register is a working document and each business uses this to manage risk. The register is updated at least quarterly by each business and compiled into a group risk register. The responsible officer is the Finance Director. Risks are reviewed at the CSGB and The Big Life group Board to ensure mitigations are in place



New businesses in development, such as the new school, had specific risks on which it had to deliver, which were vital to the progress of the project. Once mitigated, the risk level reduced.

The Nurseries gave rise to risks over leases, staff recruitment and cash flow.

Each quarter, risks relating to contract closure, income loss and risks to staff were highlighted. A risk occurred following an incident of loss of data. The risk remained on the register until it was investigated and mitigated. Likewise, following the theft of cash from an office, the circumstances allowing that to take place were mitigated before the risk was reduced in the register.

Throughout the year the Finance Director reported that all risks had sufficient mitigations in place.

Actions from last year

- Ensure SMT continue to review and update risk register – partially complete
- Risks identified following incidents and accidents are recorded on the risk register – partially complete

Actions for the year ahead

- Embed regular review and update of the Risk Register by SMTs
- Ensure risks recording following incidents

Training

As the group continues to grow, ensuring mandatory training compliance remains difficult. We have additional challenges in that currently the HR Database does not enable us to monitor group compliance by postholder. By the end of 2015/6 this will be in place.

In 2014/15 we carried out the following number of courses:

	2014/15	2013/14
Total number of training courses run	96	78
Total number of mandatory courses	70	56
Total number of people attended	860	730

Progress on priorities from last year

- Review mandatory training courses for the group – achieved
- Increase compliance on mandatory courses – not achieved
- Develop and trial systems for collating data on training – not achieved
- Develop a training academy for the group to offer accreditation and opportunities for income generation – not achieved

Priorities for next year

- Complete changes to HR database to enable accurate recording of compliance with mandatory training
- Develop a training academy for the group to offer accreditation and opportunities for income generation
- Continue to refine and update the mandatory training courses to meet the changing needs of the group
- Respond to the training needs of the group by offering a more bespoke training package
- Meet with Senior Management Teams to understand what their business training needs are

Group Leads: Safeguarding Children

This year has seen the continuation of developing a robust infrastructure for embedding safeguarding across the group, which has led to:

- Developing a new Safeguarding Framework, with revised safeguarding policies for children and young people, and adults at risk.
- Designated Safeguarding Training to Directors, Assistant Directors, and managers; with 45 being trained during the first phase of roll out.
- External consultants have completed a Section 11 audit, which confirmed that the group has met the requirements in all areas. The audit has resulted in developing 2015/16 Action Plan.

The revised safeguarding policy now clearly defines levels of safeguarding responsibility for specific roles within the group. Further development of safeguarding training is now underway, which will set out a tiered training programme. A new Group Safeguarding Lead for Children and Young People has been appointed, who is a qualified social worker and has a practitioner background in children and families.

This year we had 59 reported safeguarding concerns. 70% of concerns resulted in external reports and or referrals. The majority of safeguarding incidents and concerns were from Self Help Services (SHS), with disclosure of historic childhood abuse. SHS staff underwent specific training and there are now effective procedures in place to appropriately manage cases of historic abuse, which has increased staff confidence in appropriately reporting concerns.

Progress on priorities from last year

- Embed new processes and procedures - achieved
- Develop and implement service user file audits to ensure both quality and compliance across the group – not achieved
- Train and develop identified Designated Safeguarding Officers across the group to ensure consistency of practice - achieved

Priorities for next year

- Introduce use of client database (Big Life People) to record safeguarding incidents
- Develop a system for file audits to ensure quality and compliance across the group

Group Leads: Adults at Risk

There have been nine reports made to the Adult Safeguarding Lead this year. The incidents included reports of physical abuse, historic sexual abuse, neglect and domestic violence. All incidents were reported to the relevant authority. One report was made to the local CCG in relation to an allegation regarding a GP and another report to the BACP in relation to an allegation regarding a counsellor.

The Adults at Risk policy has been revised with specific reference to the Care Act 2014. The policy contains a new adult safeguarding reporting form and information to display locally about reporting procedures.

Progress on priorities from last year

- Conduct a comprehensive audit of all services- not achieved
- Review and update the adult safeguarding policy – achieved

Priorities for next year:

- Training for all safeguarding leads
- The development of an audit tool to check compliance with the new Adults at Risk Policy.

Group Leads: Information Governance

In total there were 38 reported information governance (IG) breaches this year, an increase in 80% from the previous year. This increase probably reflects the fact that the group has grown significantly. However, there have been a number of challenges we have faced, and are addressing through the overall IG action plan and specific workstreams.

Most breaches were minor and concerned small amounts of information being sent to incorrect addresses or fax numbers. While these breaches need to be seen in the context that the group sends thousands of pieces correspondence every year, we are implementing a number of group wide initiatives to reduce this. These include the purchase of secure file transfer software and secure eFax.

Of the 38 breaches, three were reported to the Information Commissioners Office (ICO). Two of the reported incidents were break-ins and no personal information was stolen; but we reported these incidents as the information was potentially compromised. The other reported incident involved a complaint about an electronic referral portal, which was not considered to be sufficiently secure (though the risk that the information was intercepted is extremely low – and no such occurrence has come to light). The ICO has decided not to take any further action on any of the reported incidents; however we are taking action to prevent the re-occurrence of such incidents.

The Caldicott Guardian has had 21 requests for information; this number continues to rise year-on-year. This primarily relates to requests from police and the benefits service. In April 2015 the IG Lead reviewed each of the group's policies in relation to IG and undertook extensive amendments. The major changes identified are the need to delegate Subject Access procedures and storage to a local level, and have FOI policies and procedures that meet the requirements of legislation.

A group-wide Information Asset Register (STARS) has been implemented and this has coincided with a systematic upgrade of group information assets. In 2014-2015 more than 200 staff members completed nearly 500 IG training modules; however we need to ensure that training compliance improves in 2015-16.

In March 2015, both Open Door and Self Help Services successfully renewed their NHS IG compliance using the NHS self audit. Most of the other businesses have completed the group's IG self audit toolkit.

Progress on priorities from last year:

- Implement Group Asset Register – achieved
- Audit Training compliance – ongoing
- Survey staff IG knowledge- ongoing
- Compile central register of all subject access requests - achieved
- All Big Life staff members NHS IG training resource required to complete at least 1 training module in 2014-2015. Achieved in part but delayed due to different learning styles and some staff not having access to I.T

Priorities for the coming year:

- Roll out secure eFax and secure file transfer across the group.
- Implement FOI policy and procedures.
- Support businesses to implement operational procedures for Subject Access Requests.
- Improve training compliance.

External Regulation

The Big Life Group has a number of services which are subject to external regulation – schools, nurseries, Children Centres, and a GP surgery. This year the following services were inspected:

Ofsted

Freddie Nattress Children’s Centre, Stockton – Good
Longsight Nursery, Manchester – Good
Cheetham Nursery, Manchester – Good
Burnage Nursery, Manchester – Good
Gorton Nursery, Manchester – Good
Slade Nursery, Manchester – Good
Longsight Community Primary School – Good

Ofsted said about Longsight Community Primary:

The school is led well by a Principal who is unrelenting in her drive to reach the point where all pupils achieve their full potential. Pupils enjoy their learning because of the passion, energy and seamless teamwork of leaders, teachers and teaching assistants.

Ofsted said about Gorton Nursery:

The quality of teaching is good and at times, outstanding. Staff have a very good understanding of the learning and development requirements and how children learn best. As a result, children make consistently good progress in relation to their starting points.

Service Experience Audit

For the first time in 2014/15, we introduced an audit of our services by volunteers and ex-service users. For the group to continue to deliver and develop first class services, it is important that we understand the impact and quality of what we do from the perspective of our service users. Different parts of the business regularly conduct evaluations and customer feedback surveys, which give us an important feedback. The purpose of the audit is to add another qualitative dimension to this data, which will help us improve the way people experience our services.

17 volunteers were trained and 10 actively participated in the audit.

The volunteers were able to audit 100% of businesses using phone calls, 44% doing website reviews, 22% doing mystery shops and vox-pops and 11% of the group doing focus groups. Specifically this means the audit collated data on calls to every business, but not every service within this business.

Phone Call

- The call experience is variable across the group. When staff members were queried about an area they felt comfortable with, most excelled at giving the most appropriate response.
- Sometimes when a service user presented with a complicated query or asked about support not directly provided by that service, a number of calls resulted in brusque, abrupt and unhelpful responses.
- Staff who combined reception duties with working with service users in another capacity (for example they ran a group) scored significantly higher and had better understanding of the connecting services on offer.
- Staff members, who had time, spoke at a steady pace and had the skill to be able to converse about more than just the simple query, offered the best service. They asked questions of the caller and investigated their need to find additional support or solutions where possible.

Website Review

- Websites were said to be attractive and good to look at; there was great consistency in colour and style.
- Occasionally the websites gave data about the group that was not current or strictly accurate. When calling the services with this data, staff informed the service users that they could not access the types of support advertised on the website.
- Some parts of the website misrepresent how the services are accessed, some giving application forms without explaining the postal address or basic referral process.
- The contacts page on the website is confusing; each organisation connects the service user back to one central page even when looking for contact details on that specific businesses page.

Emails

- Most areas of the business were good at responding to emails. Most email addresses connect to a member of staff at a managerial level, who on the most part gave attentive, informative replies and follow this up if they didn't hear back from the service user.
- Some areas of the business did not use email as a form of communication, which was unfortunate for people who don't feel comfortable using the phone or visiting and had a specific query.
- In a number of cases emails were not responded to at all by the services, which was flagged.

Vox Pops

- Most service users said that they felt they were listened to. They want fast transactional ways of giving feedback to our services without having to spend time arranging appointments to see staff members. I pads and call or text services were mentioned.
- Services which are delivered by partner agencies in our buildings reflect on TBLG. Service users who access bad services believe this is something TBLG should hold others accountable for.
- Service users commented that our services are often central to their lives. They are not only an opportunity to access a service, but often a way of connecting socially with others. Many also commented that BLG services often have great flexibility, if appointments or windows of time are missed, staff 'never give up' and offer other options when they can.

Mystery Shops

- Most staff members are extremely skilled at dealing with challenging behavior.
- Once a service user is known to members of staff the service level from staff members increases.
- Although our venues are often a combination of Big Life owned and leases from other organisations, receptions run by partnering services can provide a welcome equal to our own.
- Some of the best and the most welcoming Big Life venues are not the newest or the cleanest; the ones that utilise space well, with a lot of light and have obvious service user engagement make people feel the most comfortable. Sterile spaces make most people feel uncomfortable.
- Staff members don't need to have all the information to a service user's query; the best staff members listened to the needs of the service user and were flexible and imaginative about finding solutions.