National Autistic Society

Merlewood House

Inspection Report

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Overall summary

Merlewood House is a care home which provides accommodation for up to six people. It specialises in providing care for people with autism. The home is a detached property in a residential area of Great Harwood. Accommodation is provided in six single rooms. There are shared bathing facilities and communal rooms. At the rear of the property is an enclosed private garden, which also includes a fully furnished wooden chalet. Whilst the service is also registered to provide personal care in the community, this activity was not being carried out at the time of the inspection.

People living in the home had complex needs and had difficulties with verbal communication. The staff had developed a variety of innovative communication methods in accordance with people's needs and preferences. For instance computer tablets were used to enable people to make choices about their daily pursuits and understand the sequence of tasks involved in specific activities. This approach reduced people's levels of anxiety and stress.

People had person centred care plans and a health action plan. This documentation provided staff with detailed information about how best to meet people's needs. The plans were underpinned with a series of risk assessments to ensure people were able to take managed and responsible risks as part of their daily lives. All care plan records seen were comprehensive, complete and up to date.

The home had appropriate policies and procedures in relation to the Mental Capacity Act, its associated code of conduct and Deprivation of Liberty Safeguards. (The Deprivation of Liberty Safeguards provide a legal framework to protect people who need to be deprived of their liberty for their own safety). Although the registered manager reported there had been no applications made to the local authority, staff and the management team had been trained to understand when an application should be made. Staff spoken with had participated in best interest meetings, which were held in circumstances where a person using the service lacked capacity to make their own decisions. The decisions and actions agreed in the meetings were detailed in the person's support plan.

We spoke with four family members, all of whom expressed a high level of satisfaction with the service. One relative told us, "They (the staff) provide the best quality of life they can".

Staff spoken with were positive about their employment and confirmed they were well supported by the management team. Staff had a good understanding of people's needs and preferences. We observed kind and sensitive interactions with people living in the home throughout our visit. Staff had access to ongoing training which they told us was beneficial and useful for their role.

The manager had established systems to ensure the quality of the service was monitored on an ongoing basis. The management team operated an "open door" policy and staff were encouraged to discuss any aspect of the operation of the service. Staff spoken with had a high regard for the management team and felt the home was well managed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Staff spoken with had a clear understanding of the procedures in place to safeguard vulnerable people from abuse. According to the staff training records seen all staff had received training on these issues and were aware of the types and signs of abuse. This meant staff knew how to recognise and respond if they witnessed or suspected any abusive practice. There had been no grounds to raise a safeguarding referral in the last 12 months.

Individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner. This meant people were supported to take appropriate risks. The home had an ethos of positive risk taking, which meant people were able to take responsible risks as part of their daily lives.

We found policies, procedures and records were in place to assess people's mental capacity to make their own decisions under the Mental Capacity Act 2005. Where people needed others to make decisions on their behalf, best interest meetings had been held. There had been no applications to the local authority to deprive a person of their liberty in order to safeguard their safety.

We saw there were suitable arrangements in place to manage medication safely. All records seen were complete and up to date.

Are services effective?

People using the service were encouraged and supported to express their views. Staff had developed a variety of creative techniques to help people communicate effectively. For instance staff used tablet computers to assist people in making choices in their everyday life. Staff spoken with had a good understanding of people's needs and their non-verbal communication.

Each person had detailed person-centred plans, which provided guidance for staff on how best to meet their needs. People also had a health action plan which included a document known as an "anticipatory healthcare calendar". The latter enabled staff to carefully monitor every aspect of a person's well-being in order to identify any early warning signs of a deterioration in health.

People's nutritional needs were assessed and monitored as part of the care planning processes and each person had a mealtime plan.

Summary of findings

People were supported to make a choice of food each mealtime using the tablet computers. People had ongoing access to drinks and snacks throughout the day. This meant people were provided with a varied nutritious diet.

In January 2014 the staff won an "Award of Excellence" from the National Autistic Society for their support and innovative care of one person who needed rehabilitation following an emergency medical condition.

Are services caring?

We observed positive and kind interactions between the staff and people living in the home. People were observed to be settled and calm throughout our visit. Staff spoken with during the visit demonstrated a good understanding of people's needs and were aware of their personal preferences and histories.

People were encouraged to participate in the planning and review of their care. We found people's care plans to be person centred and comprehensive. As such they provided staff with detailed guidance on how best to meet people's needs. The ethos of the home was structured round an approach developed by the National Autistic Society. This approach promoted a calm and settled environment which helped to reduce people's anxiety and aid their levels of concentration.

People were supported to build their independence skills and staff described several examples of how people had developed their skills. This meant people were able to carry out more tasks for themselves.

People had free movement around the home and were able to spend time on their own if they wished to. The premises were spacious and provided different areas, including a sensory room, for people to sit with others or alone.

Are services responsive to people's needs?

Each person had been provided with information about the home, which was presented in an easy read format. The information included photographs and pictures to illustrate the main points.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences. People's care was assessed and reviewed every six months or more frequently if necessary. This meant the service was tailored to individual needs.

Summary of findings

People had an individual programme of activities in accordance with their needs and preferences. Staff told us they were flexible and sensitive in their approach if a person did not wish to take part in a planned activity. We noted all activities were evaluated and risk assessed to ensure they were enjoyable and safe for the person.

Are services well-led?

The service had an established registered manager and a deputy manager. Staff spoken with described the management of the home as “excellent”. Staff felt well supported by the management team. All staff were aware of the home’s ethos and values which were structured around a way of working with people with autism developed by the National Autistic Society. The managers and staff were well motivated to continually improve the service, one staff member told us, “Everyone works well together to make things the best we can for the gentlemen who live here”.

The management team used a variety of ways to assess and monitor the quality of the service, which included the use of satisfaction questionnaires and regular audits. We saw completed audits and returned questionnaires during the visit. We noted relatives who had completed a questionnaire expressed satisfaction with the service. Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

The manager informed us staffing levels were continually assessed and monitored to ensure there were sufficient staff available to meet the needs of people living in the home.

Summary of findings

What people who use the service and those that matter to them say

People using the service had complex needs and difficulties with communication. We therefore spent time with people to observe the care provided in the home. Staff were observed to interact positively with people throughout our visit and respond to their needs in a kind and respectful manner.

We spoke with four family members over the telephone about their views of the service. All described the home as "outstanding", one relative told us, "I'm very happy with this place" and another commented, "They provide the best quality care they can". These comments were also reflected in the satisfaction questionnaires seen during the inspection. The questionnaires had been distributed to relatives and people who lived in the home in March 2014.

People and their relatives were involved in the planning and review of the care. People were helped to express their views and participate in the review process by the use of computer tablets. Relatives confirmed they were consulted about their family member, one relative wrote on a satisfaction questionnaire, "We have been consulted, supported and involved in the decision making throughout the past year".

Relatives were complimentary about the managers and staff team and praised them for their work. One relative said, "They're marvellous with my son and that's what matters" and another relative commented, "I get on well with the staff, they work well with the family".

Merlewood House

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 of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We made an unannounced visit to Merlewood House on April 15 2014. We spent time observing care as the people living in the home were unable to tell us about their experiences. We looked round the shared areas of the home, spent time looking at a sample of policies, procedures and records and talking to the registered manager, deputy manager and three members of staff. We also spoke with four family members over the telephone. At the time of the visit there were six men accommodated in the home.

The inspection team consisted of a lead inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held on the home. There were no concerns identified at the last inspection and the home was assessed as meeting all the standards assessed.

Are services safe?

Our findings

People using the service had complex needs, which meant they were not able to tell us about their experience. We spent time with staff and people who used the service and observed daily life in the home. We noted staff were sensitive and considerate of people's needs. Creative techniques were used to encourage people to express their choices and to explain activities. For instance, we observed staff using a tablet computer to show a person the sequence of events involved in an outing. This approach promoted a sense of security and reduced the person's levels of anxiety. We observed people were contented and settled throughout our time in the home. All staff spoken with confirmed there were a sufficient number of staff on duty to ensure people were supported as in the home and in the community. We noted people had been assigned one to one care in line with their funding arrangements.

We spoke with four family members over the telephone and all felt their relative was safe and well cared for in the home.

We discussed safeguarding procedures with three members of staff including the deputy manager. (These procedures are designed to protect vulnerable adults from abuse and the risk of abuse). All staff spoken with had a sound understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults within the last year. Safeguarding issues were introduced at the start of employment and new staff did not support people unsupervised until the training was completed. Staff also had access to detailed policies and procedures and a flowchart diagram which included contact details for the local authority safeguarding team. This meant the staff had the necessary knowledge and information to ensure people were protected from abuse. There had been no cause to raise a safeguarding referral in the last 12 months.

Staff had received training on the Mental Capacity Act 2005 (MCA 2005), its associated code of practice and the Deprivation of Liberty Safeguards. All staff spoken with had an understanding of the MCA 2005 and one staff member described how they had been involved in a best interest meeting for one person who required hospital treatment. The deputy manager also explained other best interest meetings had been held. On each occasion the person's capacity had been tested to check their ability to make decisions about their care. The best interest decisions had been made by multi-disciplinary teams. This meant all relevant view points had been considered when making the decision. The deputy manager confirmed there had been no applications to the local authority for a deprivation of liberty safeguard.

Staff spoken with had developed individualised communication systems with people who lived at the home. This enabled staff to build positive relationships with the people they cared for. Staff were able to give many examples of how people communicated their needs and feelings. Staff were aware of maintaining and respecting people's rights and dignity and we noted positive interactions throughout our visit. For instance we observed people were consulted and offered choices as part of their daily activities.

The staff had received training on managing behaviour that challenged others, which was recognised by BILD (British Institute of Learning Disabilities). There was also detailed information in people's support plans to help staff recognise any changes in behaviour. This enabled them to intervene before a person's behaviour escalated to crisis level. We attended the staff handover meeting during the inspection and noted the care of each person was discussed in detail. This ensured all staff had up to date information about people's well-being and there was a seamless transition of staff.

The ethos of the home promoted person centred approaches and positive risk taking. Individual risks had been assessed and recorded in people's support plans. Control measures had also been drawn up to ensure staff managed any identified risks in a safe and consistent manner. Risk assessments had also been carried out to cover activities and health and safety issues. All risk assessments were reviewed at least every six months or more frequently if needs or circumstances changed. This meant people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Staff designated to administer medication confirmed they had completed accredited training and they were aware of

Are services safe?

the home's medication policies and procedures. Staff also told us they had undertaken at least two competency tests to ensure they handled medicines safely. We saw completed competency tests during the inspection.

The home operated a monitored dosage system of medication, which was dispensed into individual blister packs by a Pharmacist. As part of the visit we checked the procedures and records for the storage, receipt, administration and disposal of medicines. The medication records were well presented and organised. All records seen were complete and up to date. We noted there was a photograph of each person and list of their medicines displayed on the wall in the medication room. This meant there was an extra check in place for staff administering medication.

All people had a medication plan which provided staff with information about how to administer their medication. Procedures had also been drawn up for the administration of medicines prescribed "as necessary". This meant staff had clear guidance about the circumstances where these medicines should be administered.

We saw evidence to demonstrate the medication systems were checked and audited on a monthly basis. Action plans were drawn up in the event of any shortfalls or omissions on the records. We saw copies of the audits and action plans during the visit. This ensured appropriate and timely action was taken to minimise any risks of error.

Are services effective?

(for example, treatment is effective)

Our findings

People living at Merlewood House had communication difficulties and were unable to tell us about their experiences of the service. Staff had adapted and implemented a variety of tools and resources to enable effective communication. We observed assistive technology was used such as tablet computers to help people express their wishes and preferences. Most photographs used on the computers were taken by staff of actual objects, activities and food items rather than generic objects. This meant it was easier for people to understand and recognise the pictures. One member of staff also told us how they had used a sequence of pictures to assist a person understand the order of tasks needed to get up in a morning. The staff member explained this technique had been very successful and the person's anxieties had significantly decreased over time. We observed staff ensured all verbal communication was clear and care was taken not to overload the person with too much information. All staff spoken with told us of their commitment to facilitating a valued lifestyle for the people living in the home. One member of staff told us "The gentlemen are at the centre of everything we do and we are always looking for ways to make things better".

Staff recognised people living in the home often found it difficult to make choices, particularly planning for the future or choosing an activity they had not experienced before. Staff therefore collated a variety of visual cues and wherever possible visited places to help people make informed choices. People were actively encouraged to personalise their own living environments and were supported to make choices of colours and furnishings. One member of staff described how one person had visited shops so he could feel the different textures of rugs and bed linen. This meant he was able to make a choice of items he liked and felt comfortable with.

Each person had a keyworker team that worked closely with them and their families as well as other professionals involved in their care. Keyworker meetings were held once a month to ensure the person was receiving coordinated, effective and safe care. We saw minutes of the keyworker meetings during our visit to the home and noted all aspects of the person's care and support had been discussed.

People living in the home were involved as much as possible in the planning and review of their care needs. This enabled people to have input into the delivery of care. An emphasis was placed on recognising and celebrating achievements in order to build confidence and heighten self-esteem. Photographs and pictures were routinely used as part of reviews to help people understand and participate in the review process.

People's healthcare needs were carefully monitored with the use of a document known as "Anticipatory Health Calendars". This tool was designed to improve the daily surveillance of people's health and alert staff to any changes. This meant staff could readily identify any areas of concern and take swift action. We saw completed anticipatory health calendars during the visit and noted they covered all aspects of people's physical health and well- being. People also had a health action plan which provided information for staff on past and present medical conditions. A record was included of all healthcare appointments. Staff explained this information was taken to all appointments and records of any consultations were made as soon as possible to ensure accuracy. The staff team worked closely with the hospital learning disability nurse and had been involved in making arrangements for one person to have two medical conditions treated under one anaesthetic. This meant the level of disruption and stress for the person had been kept to a minimum.

In January 2014 the staff received a National Autistic Society "Award of Excellence" for their support of one person who was admitted to hospital with an emergency medical condition. The staff worked more hours than was expected of them and displayed considerable innovation in devising care practices and activities to aid the person's rehabilitation.

People's nutritional needs were assessed during the care planning processes and a detailed meal time strategy had been drawn up for each person. This encompassed the person's needs, wishes and preferences. The home had a four week rotational menu which was changed according to the seasons. The menu incorporated healthy options and we noted fruit was freely available in the kitchen. We observed people were asked to make a choice of food by using photographs on a tablet computer. This meant the food provided reflected people's preferences. People were

Are services effective?

(for example, treatment is effective)

given assistance as appropriate to eat their meals. People were offered drinks throughout the day to ensure good hydration and they were able to make cold drinks whenever they wished.

Are services caring?

Our findings

People living in the home were unable to tell us about the care and support they received. We spoke with four relatives who all expressed high level of satisfaction with the service provided for their family member. One relative told us "The staff are absolutely lovely, not one can I fault. They all work together as a team" and another relative commented, "They're marvellous with my son – that's what matters". All relatives spoken with described the service as outstanding. We also noted one relative had written on a recently returned satisfaction questionnaire, "We feel he could not have better care. We have been consulted, supported and involved in decision making throughout the last year".

All staff spoken with were respectful of people's needs and described a sensitive and empathic approach to their role. Staff told us they enjoyed their work because everyone cared about the people living in the home. One staff member said, "Staff are well suited to their roles and they really care about people" and another staff member commented, "Staff work here because they want the best for the gentlemen". All confirmed they would be happy for their relative to receive care in the home.

The ethos of the home was structured around a framework known as SPELL which had been developed by the National Autistic Society to understand and respond to the needs of people on the autistic spectrum. SPELL stands for Structure; Positive (approaches and expectations); Empathy, Low Arousal and Links. Staff used this framework to guide their practice. For instance the environment was clutter free and all staff wore dark clothing and spoke in lowered tones in keeping with the principle of low arousal. This meant there was a calm and settled atmosphere in the home, which helped people with their anxiety and aided their levels of concentration.

We looked in detail at two people's care plans and other associated documentation. From this we could see each person had a detailed person centred plan, an essential life plan and a health action plan. This information covered all aspects of people's needs and provided clear guidance for staff on how to meet people's needs. This included a one page profile and information about their preferences and personal histories. The one page profile set out what was important to them and how they could best be supported. Staff spoken with had an in depth knowledge and understanding of people's needs and were observed to show kindness and compassion in their care of people living in the home. The manager and deputy manager were aware the information contained in the support plans was very detailed. They had therefore devised a summary of the information so any bank or visiting staff from nearby homes could gain an overview of people's needs quickly.

People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. This meant people had access to privacy when they needed to be alone. We observed people going to their bedrooms, sitting in different areas of the home and using the chalet in the garden during the inspection. People also had access to a sensory room which was furnished with equipment designed to promote relaxation and comfort.

People were encouraged and supported to maintain and build their independence skills. Staff spoken with were able to describe examples of how people had developed their independence skills in a variety of tasks including personal care.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People living in the home had difficulties with verbal communication and were not able to tell us about the service they received. Many of the staff had worked in the home for several years and had developed various methods of communication to ensure people were able to make their views known. Staff used language according to individual need, for instance staff gave some people information in short phrases. This was because it was difficult for them to process longer sentences. We observed this technique used in practice during the visit and noted people responded positively.

We noted staff respected individual preference for personal space, for example one person's favoured place was in the hallway, where his individual programme of activities was displayed in hard copy and on a screen.

Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone. They were also sent a monthly letter; we saw copies of the monthly letters during the visit and noted they covered any areas of concern as well as personal achievements. Relatives were encouraged and supported to make their views known about the care provided by the service. The relatives spoken with told us they were welcomed in the home when they visited. In addition to regular telephone conversations and visits, relatives were invited to complete an annual customer satisfaction questionnaire. People were supported to maintain relationships with their family, for instance one person kept in touch using skpe on the computer. Another person was supported by staff on days out with his parent. The chalet in the garden was made available for family visits to take place in private. The chalet provided additional space to the main house and was fully furnished and heated.

People were provided with information about the service as well as a contract setting out the terms and condition of residence. The information was set out in an easy read format with photographs and pictures used to illustrate the main points. To help people negotiate their way round the premises, photographs of the communal rooms had been placed on the doors. We also observed there was a photograph of each person on their bedroom door, to assist people in identifying their room.

People's capacity was considered under the Mental Capacity Act 2005 and we saw details of these assessments as part of people's care plan documentation. Where a person lacked mental capacity to make a decision for themselves and needed others to make the decision for them, the manager convened best interest meetings. We saw details of the best interest meetings during the inspection. All staff spoken with during the inspection had a good awareness of the Mental Capacity Act and its associated code of conduct and had received appropriate training.

We noted there was a poster and information leaflets displayed on a notice board about advocacy services. However, the deputy manager explained there had been no reason to use these services because people who lived in the home had strong family links.

People's needs were regularly assessed and reviews of their care were held every six months or more frequently if necessary. The registerd manager told us care reviews were held in the chalet in the garden and usually began with a power point presentation which included photographs of people's achievements and celebrations. People were able to prepare and contribute to their reviews by using the computer tablets. This ensured people had the maximum involvement in the planning and review of their care. Four family members spoken with reported they had attended reviews of their relative's care and confirmed their contributions had been fully taken into account.

Each person had an individualised and varied programme of activities according to their needs and preferences. People were supported to engage in activities outside the home to ensure they were part of the local community. These included bowling, swimming, wheels for all (cycling with adapted bikes), gym, local walks and trampolining. People were encouraged to maintain their hobbies, for instance one person had a strong interest in transport and a helicopter ride had been arranged in the near future. We noted people were supported on activities during our visit. The managers and staff constantly monitored the well-being of people living in the home and were aware of the dangers of social isolation. All new activities were risk assessed and evaluated to ensure people found them beneficial and enjoyable. Staff told us the service was flexible and responsive to people's needs, for instance they would leave an activity early if the person didn't want to participate or they found the experience stressful.

Are services responsive to people's needs?

(for example, to feedback?)

The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. A pictorial complaints procedure was displayed by the front door. We looked at the complaints record and noted one complaint had been recorded during the last 12 months. The issues had been fully investigated and discussed with the complainant. Clear explanations and feedback had been given to ensure all concerns had been resolved. All relatives spoken with told us they would have no hesitation in raising concerns if necessary. They were also confident their comments would be dealt with in a timely and satisfactory way.

Are services well-led?

Our findings

The manager has been registered with the commission since January 2011 and was well established in the service. In January 2014 the registered manager was awarded an "Outstanding Leaderhip" award for the north region by the National Autistic Society.

Members of staff asked people's views about the service on an ongoing basis. Staff used people's preferred method of communication, which included the use of computer tablets, picture sequences and giving information in short phrases. The staff also had a good insight into people's non-verbal communication. Detailed information about people's preferred communication techniques was included in their care plans. People and their relatives were asked to complete an annual satisfaction questionnaire. The questionnaires were last distributed in March 2014 and we saw the returned questionnaires during the visit. We noted all respondents had expressed satisfaction with the service. The registered manager explained the results from the survey will be given to relatives in a newsletter. Relatives were encouraged to participate in their family member's care and were welcomed into the home on visits.

All staff spoke of strong commitment to providing a good quality service for people living in the home. They confirmed they were well supported by the management team and enjoyed their role. One staff member told us, "We have excellent staff and management team. The managers are very supportive and approachable". Staff were invited to house meetings and attended handover meetings at the change of every shift. The manager and deputy manager had an "open door" policy and staff were encouraged to discuss any aspect of practice. Staff also received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

The deputy manager explained the values of the home were based on the SPELL framework developed by the National Autistic Society. This stood for Structure, Positive approaches, Empathy, Low arousal and Links. The deputy manager told us, "This underpins everything we do". We found all staff understood the framework and it was anticipated these values would be further embedded as part of daily practice and the documentation used for care planning over the coming year. The deputy manager told us, "You've got to be forever moving forward".

The manager and deputy manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this the deputy manager carried out audits of the service which included checks on the care plans, activity evaluations, risk assessments, finances, records and health and safety. We saw copies of the completed audits during the visit and noted action plans had been drawn up to address and resolve any shortfalls. This meant there were systems in place to regularly review and improve the service.

Any accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. There had been no safeguarding referrals or whistle blowing concerns raised within the last year.

The management team and the staff felt there were sufficient staff on duty to meet people's needs. We looked at the staff rota and noted there were usually six staff on duty with seven staff on three days a week. During the night there was one staff awake and one staff sleeping in. A member of the management team was also on call. Any gaps in the rota were filled by the current staff or regular bank staff. This meant staff usually working in the home were familiar with people's needs. Occasionally agency staff were used and information had been prepared for them in the house induction file. This included an overview of people's needs and how best to support them. The deputy manager told us the staffing levels were constantly reviewed as part of the ongoing assessment of people's needs and planning for the budget.

There was a registered manager was also the manager of two nearby homes. The manager was aware of the challenges of this situation and was open about how she wanted to develop the service further. The registered manager explained that two away days had been arranged in June 2014 for the managers in the north region of the National Autistic Society in order to discuss and develop a business plan for their services. A deputy manager was

Are services well-led?

based in the home and supervised the daily operation of the service. The managers confirmed they had access to sufficient resources in order to continually develop and improve the service.