Community Homes of Intensive Care and Education Limited

Rowan Cottage

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 9 and 10 February 2016 and was unannounced.

Rowan Cottage is a care home without nursing for up to nine people with a learning disability or autistic spectrum disorder. Rowan Cottage is a one storey building with a self-contained annexe in the rear garden. At the time of the inspection eight people lived in the main building at Rowan Cottage and one person lived in the annexe. The people living at the service had a range of support needs.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of the inspection the manager was not registered with CQC. They had recently been appointed and were in the process of applying to become a registered manager.

Staff felt well supported by the manager and said they were listened to if they raised concerns. However, individual staff members had not had annual appraisals or regular one to one meetings with their line manager. This had been identified and addressed by the new manager but we could not be sure at the time of the inspection if the improvement would be sustained.

Some records lacked organisation, making it difficult to locate the most current information and were not always up to date or completed fully. This was being addressed by the manager at the time of the inspection.

Relatives had raised concerns with regard to the management of the service. However, they were more positive since the appointment of the new manager and felt their concerns had been listened to.

Staff received training to meet people's needs which was refreshed periodically. New staff received an induction, training and support from experienced members of staff.

People using the service were happy living at the service and they felt safe. People were relaxed and a sense of fun and spontaneous banter was evident throughout the two days of the inspection.

Staff treated people with kindness and showed respect to each individual. Support was focussed on individuals and designed to meet the specific needs and preferences of people living at the service.

Robust risk assessments were carried out and detailed guidance provided to staff in order to keep people safe. Staff were aware of their responsibilities to safeguard people and knew how to report concerns promptly through procedures they understood well.

The provider had robust recruitment procedures in place to ensure only staff of suitable character were employed.

People's medicines were managed safely. Staff had received appropriate training in the safety of medicines and their knowledge and skill had been assessed.

People had their rights protected. Staff understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

People and their relatives were involved in planning and reviewing the support they required. People were encouraged to be as independent as possible and they worked toward agreed goals.

Each person had a programme of activities planned and designed to meet their personal preferences and goals. Links with the community were maintained and people were encouraged to use community facilities such as public transport, leisure centres, shops and colleges.

The manager and provider assessed and monitored the quality of the service. People, relatives and stakeholders were encouraged to give feedback on the service and this was used to make improvements. Complaints were recorded, investigated and responded to in line with the provider's policy.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to protect people from abuse and understood their responsibilities to safeguard people

People felt safe living at the service and there were sufficient staff with relevant skills to safeguard them.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not met regularly with their line manager for support or to identify their development needs. Annual appraisals had not been carried out for all eligible staff members.

Staff monitored people's physical and psychological wellbeing and people had access to healthcare professionals. However, it was not always clear if people attended follow up appointments.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

People had their rights respected. Staff understood their responsibilities regarding consent and decision making.

People were supported to eat a healthy diet.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times. People's independence was promoted as much as possible.

There was a relaxed, friendly atmosphere in the service. People were happy in the company of staff and responded positively to them.

Is the service responsive?

Good

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's likes, dislikes and preferences were recorded accurately in their support plans and provided information for staff to support people in the way they wished.
People participated in activities which were relevant to them and related to their individual needs.

There was a system to manage complaints and people were given opportunities to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led

There was no registered manager at the time of the inspection. However, a new manager was beginning the application process to become registered.

Records were not always organised or fit for purpose.

Staff said they found the new manager open and approachable. They had confidence that they would be listened to and action taken if appropriate.

Audits were conducted to identify shortfalls and action plans were being worked on to improve the service.

Rowan Cottage

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 10 February 2016 and was unannounced. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service which they must tell us about by law.

A Provider Information Return (PIR) was not available for us to review as the provider had not received a request for it. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people and a relative of a person who uses the service. We spoke with four members of staff, the manager and the assistant area director of the service. We also received feedback from the local authority quality monitoring team.

We looked at records relating to the management of the service including seven people's care files, five staff files, supervision and training records, policies, complaints log, accident/incident records, quality assurance audits, minutes of staff and service user meetings and health and safety records.

Good

Is the service safe?

Our findings

People at Rowan Cottage felt safe living at the service. They said they could go to their key worker or any member of staff if they were worried or concerned about their safety. A key worker is a member of staff who works closely with a person to get to know them well and understand their needs.

The provider used effective recruitment practices which helped to ensure people were supported by staff who were of appropriate character. Disclosure and Barring Service (DBS) checks were completed. This was to help ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. Previous employers were contacted to check on behaviour and past performance in other employment. Prospective employees were asked to provide a full employment history, however in some files it was not always clear if gaps in employment had been identified and explanations sought. Following the inspection we received evidence to show any discrepancies in employment history had been addressed.

People received their medicines safely and when they required them. A pharmacy prepared monitored dosage system (MDS) was used and staff were able to describe its use in detail. They found the current MDS safer and more practical than the one used previously. The provider had a medicines policy and procedure. The policy required two members of staff to be present when medicine was administered. During the inspection we observed staff followed the procedure and carried out the required checks before supporting people to take their medicines. Medicines administration records (MAR) were signed to indicate people had received their medicines and witnessed by a second member of staff. Those MAR we reviewed had been completed fully.

Each person had been assessed to ensure the support they required with their medicines was individualised and they each had a medicines profile. However these profiles contained out of date information regarding the pharmacy which supplied the MDS. We raised this with the manager and assistant area director who undertook to amend and update the information. Following the inspection they sent us amended profiles detailing the correct information.

Staff who administered medicines had received training and told us they also had their practical skills tested. One said, "We're not just left after training to get on with it. We are watched two, three or four times and there is always someone to ask." However, records of these observations were not available at the inspection. A register of staff who had been trained and were considered competent to administer medicines was clearly displayed on the office noticeboard for all staff to refer to.

Staff were knowledgeable about how to keep people safe and the procedure to report any concerns or issues. Policies, procedures and guidance with regard to safeguarding people were available for staff to refer to. Staff signed to confirm they had read and understood this information. Staff had received training in safeguarding adults. They were clear as to the importance of reporting and one said, "I can assure you that there is no abuse. If there was, it would be reported." Another member of staff told us they were confident that the manager would act swiftly to safeguard people if necessary. Training in how to stay safe was

available to people who use the service and was discussed with them in service user meetings. This was aimed at helping people to understand and recognise when they may be a victim of abuse and who they could speak to about it. People were encouraged to indicate any concerns regarding their safety each month at their keyworker meeting.

Staff were familiar with the provider's whistleblowing policy, they each had a wallet sized card which they were asked to carry with them. These cards gave them information about whistleblowing and contact numbers to use to report concerns.

Risk assessments were carried out for each person. They aimed to keep people safe whilst supporting them to maintain their independence. The risk assessments were detailed and related to the individual needs of each person. These ranged from visiting health professionals, using machinery or kitchen equipment to cycling on roads. The risk assessments fed into support plans that gave staff clear guidance to follow in order to manage the risks in the least restrictive way possible. This enabled them to provide positive support for people in their everyday lives.

There were also risk assessments relating to the service, for example, the use of the service's vehicles. These included details of who should travel together to reduce the risk of individuals becoming distressed or anxious whilst in the vehicles. Other risk assessments included fire, use of electrical equipment and gas safety. The provider had taken steps to ensure appropriate contracts were in place to ensure risks were minimised by having health and safety equipment checked. This was done in accordance with manufacturer's instructions by professional contractors.

Staff were knowledgeable with regard to emergency procedures. The provider had a contingency plan containing information to follow in events such as environmental emergencies, loss of utilities and pandemics. Each person living at Rowan Cottage had a personalised evacuation plan which identified any support they required to leave the premises safely.

Staffing levels were calculated according to the needs of the people living in the service and the individual support they required. For example, some people required one to one support for particular activities or while out of the service. The manager told us they used guidance available from the provider with regard to staffing levels, always striving to achieve full staffing for the service. They told us this was generally achieved but if there was sickness or absence they had a minimum staffing level that had to be maintained. When extra cover was required, this was provided either by regular staff working extra shifts or staff employed by the provider as 'bank staff'. Agency staff were not used. The manager told us it was important that people were supported by staff who were familiar with them and knew the provider's policies.
There were sufficient staff available during the inspection to meet the needs of the people who use the service. A shift planner was used to ensure adequate numbers of staff with the essential skills and characteristics were on duty. For example, staff trained in administration of medicines and staff able to drive.

Staff recorded accidents and incidents before they were reviewed and investigated by the manager. A monthly audit of all accidents and incidents was completed and sent to head office where trends were monitored by the health and safety department.

Rowan Cottage was clean and tidy and the manager told us, "The service users strongly believe this is their home and want to keep it clean." During the inspection we observed a member of staff supporting a person to clean their room. A cleaning schedule was in place for staff to follow. This ensured all areas of the service were cleaned regularly. Personal protective equipment was readily available for people and staff to use

when cleaning activities took place. Appropriate precautions were taken when using substances hazardous to health.

Requires Improvement

Is the service effective?

Our findings

Staff told us they felt supported and commented positively on the support provided by the current manager. They said there was an open door to the manager and they could approach him at any time for advice and guidance. They told us they did not have to wait for an arranged meeting to be able to voice their opinions or seek advice and guidance. One said, "The new manager is very approachable" and another told us, "When I don't know something, I can (approach senior staff for support). I am fine asking anything."

The manager told us individual meetings between staff and their line manager should be scheduled every two months. These meetings were used to discuss performance of staff members, training and development opportunities and other matters relating to the provision of support for people. However, these meetings had not taken place regularly over the previous year. This had been identified on an internal audit. Since the manager had taken over the day to day running of the service in January this had been addressed. Meetings had taken place with the majority of staff and dates were planned to meet with the remainder over the coming weeks.

Appraisals had not been carried out for all eligible members of staff in the previous year. Appraisals are used to review and reflect on a staff member's work and discuss their future development. Following the inspection the manager sent us a plan of when annual appraisals were to take place this year. Although plans had been put in place to provide these support mechanisms for staff we could not be sure they would be sustained.

Staff contacted health and social care professionals for advice and support. Referrals had been made to specialist health care professionals for example, speech and language therapists (SALT) and dieticians. Where guidance had been given by health professionals this was detailed in people's individual files. For example, one person required support to monitor their diet due to an allergy and another required support to manage a medical condition. People had also seen dentists and opticians for check- ups. Health action plans had been completed for each person. They identified health needs and the support necessary to meet them. However, not all sections were completed fully. It was unclear as to whether these sections did not apply to the person, their needs and support or if they were unfinished. We also found one example of a letter from an optician requesting an urgent appointment to be made for a person. We could not determine from the records if this had been carried out. The manager said they would follow this up.

People also had a document in their file called 'Hospital Assessment' which contained essential information about them. This was used to inform hospital staff about the most important aspects of support for a person. We found some of these documents had not been reviewed since 2013 and therefore may not contain the most current information about a person. The manager undertook to ensure they were reviewed.

Staff received an induction when they began work at the service. They spent a week at the service getting to know people, working alongside experienced members of staff and reading the provider's polices. Following this they attended a week long training course which incorporated the provider's core training subjects and

other training specifically tailored to the service and the people who live there. For example, training in diabetes, anaphylaxis or other medical conditions affecting people living at the service. Staff told us they received, "Very good training" and said they felt prepared and safe to work in the service. During the inspection a new member of staff was being inducted and we observed staff explaining procedures and giving them opportunities to read necessary information. Following the initial two week induction period staff followed a programme of training over ten weeks to complete the care certificate standards.

Staff told us further training was available and arranged when necessary to suit the requirements of the individual service and to refresh their knowledge. We reviewed the training matrix which showed most training was up to date. Sessions had been booked for staff to attend training that was expired or about to expire. Staff were encouraged to gain recognised national qualifications. For those who wished to move into positions of responsibility they were supported by training programmes designed to develop managerial skills. The manager told us they had the opportunity to attend the provider's training academy. This was set up to develop staff who wished to further their career in care.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. At the time of the inspection DoLS authorisations were in place for two people. Appropriate assessments had been carried out in respect of these authorisations and decisions had been appropriately taken.

The manager had a good understanding of the MCA and staff had received training. The manager commented, "This is very important at Rowan Cottage, we are supporting people to make decisions all the time." Staff understood their responsibilities under the MCA and the need to assess people's capacity to make decisions. They knew the people they supported well and sought consent before they supported them. Staff told us they discussed activities with people to make sure they were happy to take part. They recognised people had the right to change their mind and explained that they supported them to make decisions by giving explanations or suggesting alternatives. We observed staff supporting people to make everyday decisions such as where to go for a walk or what to prepare for meals.

Some people who live at the service could on occasion display behaviours that may cause distress or harm to themselves or others. Staff were provided with specific training and support in using interventions to keep the individuals and others safe when this happened. This included using positive techniques and methods of early intervention to help prevent behaviour becoming harmful or distressing. However, physical restraint was used if necessary as a last resort. A record was kept of all incidents and interventions. These were reviewed and reported on by the manager and the provider's psychology team. People's individual care plans included detailed guidance for staff. This included triggers which may lead to distressing behaviour, pro-active ways to de-escalate behaviours and ways to support people safely.

We observed people eating at lunch time. People were relaxed and ate where they chose. Some liked to sit at the table while others preferred to sit in the lounge or move about. Menus were discussed with people who use the service using words and pictures to help them make an individual choice. A rolling menu plan

was reviewed and altered according to people's preferences. Although there was a menu plan available, people could opt for a different meal if they wished and there was always alternative food available.

Each day one person was supported to choose and prepare the main meal of the day. Healthy options were discussed and one person was heard discussing how they wanted to limit the amount of bread they ate. They said, "It's not good to eat too much bread" and then went on to discuss alternatives with a staff member. One person living at the service was supported to shop and cook meals of their choice independently. Drinks were available throughout the day and people had an area where they could prepare drinks for themselves.

The design of the service was a one storey building with a self-contained annexe. Each person had their own room and en-suite bathroom. Communal areas were light and spacious and the service benefitted from a private garden. A programme of decorating and refurbishment was discussed and reviewed annually. Routine maintenance work was carried out when required and repairs were dealt with in a timely fashion.

Good

Is the service caring?

Our findings

People were relaxed and calm throughout the two days of the inspection. There was spontaneous banter and a shared sense of fun between the people living at Rowan Cottage and the staff supporting them. People were seen to interact with staff members without hesitation and sought their company when they wanted to. Staff spoke with people professionally and politely and encouraged people to engage with them. People told us staff respected their privacy and dignity and also encouraged them to respect themselves and others. People told us they were happy at Rowan Cottage, One person said, "Excellent staff, good as gold." Another said, "It's great here" and a relative told us, "[Name] is happy here."

Staff had detailed knowledge of the people living in the service. They told us what people liked to do, the aspirations people were working towards and how they supported them to achieve their goals. We observed staff apply their knowledge to provide appropriate support for people during the inspection. For example, staff held a discussion with one person about an important meeting later in the week. They were able to prepare the person for what to expect.

Staff displayed patience and kindness throughout the inspection. People were treated with respect and their dignity was preserved at all times. Staff recognised that people needed to have some private time. This was fully respected and the individual's care plan detailed how this was to be provided even if they had twenty-four hour one to one support. For example, one person had an alarm fitted to their door. This meant they could spend time privately in their bedroom but staff would be alerted to provide support if they left their room. Each member of staff also carried a wallet sized card with a brief explanation of their role when supporting people in the community. We were told this was used should staff need to explain distressing behaviours. It meant staff did not have to speak out loud to explain the situation which may embarrass or further upset a person using the service.

People were helped to maintain relationships with their families or other people who were important to them. Staff worked closely with the wider care team and other health and social care professionals to support people in developing and maintaining personal relationships.

People and their families attended their annual review meetings and were involved in their care planning. People had regular meetings with their key workers who worked closely with them and understood their sometimes complex needs. People told us they could use these meetings to talk about any worries they may have or make plans for the future. For example, one person told us they had discussed getting a passport and going on holiday in their meetings. They said they were being supported to do this. Another person was being supported to prepare for more independent living in the community.

We observed people receiving patient, positive responses from staff when they approached them. Staff spoke about respecting people's rights and choices. They were clear that communication was a key aspect of providing good support for people. They understood the different communication needs of the people they supported and could adjust their responses to meet those needs. For example, one staff member described how they offered choice to a particular person, "We offer options but not too much so we don't

confuse [name]."

Staff told us they had a responsibility to assist people to be independent. A programme called 'Living the Life' was used to aid this. This involved setting goals through discussion with people. People's goals were worked on and discussed at their key worker meetings. Each person was encouraged to be as independent as they possibly could be and supported to develop skills to increase that independence. For example, one person was now able to go shopping independently while another person was developing skills in using public transport.

People could have visitors at Rowan Cottage at any time. People's rooms reflected their individuality and personal choice. People moved around the service freely and could access all general areas. Where a restriction was in place to ensure people's safety, we observed staff supported people to access and use those areas. People were supported to respect each other's privacy and did not enter other people's rooms.

Each person had a booklet in their support plan titled 'End of Life'. The manager told us this was used to help people consider the care they would like at the end of their lives. We were told this was completed gradually over time and discussions were often begun when a trigger such as illness or the death of a relative occurred. They added that great sensitivity was required when discussing this and it had to be tailored to each of the people they supported.

Good

Is the service responsive?

Our findings

Each person had a support plan which was person centred and focussed on them as an individual. Where people were unable or had difficulty in expressing their own views family and professionals had been involved in helping to develop the support plans. Support plans were reviewed annually or more frequently if a change in a person's support was required. For example, when a person wanted to try out a new activity. This would be risk assessed and the support plan updated to reflect the changes required. People's support plans included information on their daily routines, their preferences and how to support their emotional needs. It was clear from the plan if a person could do things independently or if they required support. Where it had been identified a person could become anxious or distressed, clear information was available to guide staff on how to support them with this.

People met with their key worker monthly and reviewed their support. Records of these meetings reflected the person's well-being, things that had happened in the previous month and plans for the coming month. Each person had an individualised activity timetable that reflected their personal choice and the goals they were working towards. People were encouraged and supported to engage in activities outside the service. This helped to ensure they were part of the local community and avoided social isolation. Activities were varied and took account of such things as keeping healthy, learning new skills, promoting independence and having leisure time. They included going to the gym and jogging, horse riding, cooking, shopping and playing computer games. Some people were supported in employment either paid or voluntary. One person told us they enjoyed the work they did and another told us staff were supporting them to apply for work.

Some people also undertook roles to support the wider provider services. For example, one person had recently stepped down from a role called Expert Auditor. This had involved them inspecting other services run by the provider and giving feedback on the quality of the service. The person told us they were not currently carrying out this role as they were preparing to move to more independent living. Another person was involved in the service user committee. This was a forum for discussion of issues affecting the whole of the provider's services. It included such things as social events to celebrate holidays and festivals, a new operation structure and updates on service user employment.

The manager and staff told us activities were an important part of people's support and contributed to their well-being. During the inspection we observed people were supported with different activities both within the service and in the community. People appeared eager to take part in the planned activities but staff always checked the person wanted to take part. Staff told us activities were flexible. If people wanted to swap things around or do something other than what was planned, they said, "That's fine, we just re-organise it and make sure everyone knows."

Meetings were held for people living at the service. This was an opportunity for people to discuss their views on the service and make suggestions about making it better. The meetings were recorded and showed topics discussed included activities, house chores, college courses and training available in first aid and keeping safe. People told us they had also talked about having treats with their key worker and planning holidays.

The provider had a complaints policy which was available in an easy to read format that included pictures as well as in a written format. The complaints log showed the service had received seven complaints since May 2015. An investigation had been carried out for each complaint raised and action taken when appropriate. The log also recorded the lessons that had been learnt from the complaint being raised. People, their relatives and staff said they felt the new manager listened to them and were confident they would take action when it was necessary.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection the service did not have a registered manager. The previous registered manager had left six months ago. An interim manager had been in charge of the day to day running of the service until January 2016. A new manager had been appointed in January 2016 and had begun the process of gaining a DBS check with the Care Quality Commission (CQC) so they could apply to become the registered manager.

Some relatives had raised concerns with regard to the changes in management which they felt had had a negative impact on their family member and the service in general. However, they were complimentary about the new manager and felt their appointment was positive for the service.

Some records at the service lacked organisation. Individual support plans contained some repeated and/or out of date information. This presented difficulties in accessing the most current information about people and could lead to people not being supported in the most effective and responsive way. Staff files also lacked organisation and some information was not available during the inspection. However, the missing information was supplied to us promptly following the inspection. Other records such as the health action plans were not always fully completed. It was not clear if actions were required or followed through. These issues had been identified on an internal audit in January 2016 and action had begun to order information and make it more accessible.

There was an honest and open culture in the service. People approached the manager in a relaxed manner and they were responded to positively and with respect. They told us they could go to the manager with any problems and they would be listened to. Staff also told us they were listened to by the manager, one said: "[Name] is excellent, things are going smoothly and he is really experienced. I had a few challenges…..but I was able to ask for help, [name] supported me and suggested more shadowing and not to stress about it." Another told us they had noticed positive changes since the new manager had started. They said, "[Name] has plans for improvements which will make a difference to staff. I feel valued now and [name] listens."

Staff had a good understanding of the values and aims of the service. For example, one commented, "The company vision and values are reflected in the practice. We try our best to ensure service users get the best results." Another said, "We respect our service users as individuals and do the best for them. We provide them with trust and reliability. We want them to be independent and we really try to help even if it is hard sometimes."

People, their relatives and staff told us they were asked for their views on the service. Results from the most recent survey in August 2015 had been collated and showed mainly positive responses. We were told that some work had been undertaken to address issues and suggestions highlighted in the survey. For example, a comment had been made regarding insufficient use being made of the service's vehicles to allow people to attend community activities. This had been investigated and measures had been taken which had resulted in people being able to go out more and attend a wider variety of activities. Links to the community were maintained. People used public transport, local sports facilities, restaurants, cinemas and college as

well as inviting family and friends into the service.

The manager and provider completed a programme of audits. Monitoring of the premises, equipment, accidents and incidents enabled them to have a clear picture of the service and to take appropriate action when necessary. In addition to the audits conducted by the manager a senior manager carried out a compliance audit. The manager was aware of required actions that had been identified in recent audits and was preparing an action plan with the assistant area director to address them.

The provider had made a commitment to driving up quality. A self-assessment had been conducted in February 2015 and they had considered ways in which the provider wide service could be improved for people who use their services. For example, they were looking at additional ways to gather regular feedback via the website. An online feedback system was set up and ideas to promote and advertise this were being developed. The provider had also considered support and development for staff by introducing an academy to enhance skills and knowledge for staff. A new entry level management development programme had been developed for more junior staff.

Staff meetings were held and provided opportunities for information sharing. The minutes of staff meetings showed discussions took place regarding maintenance of the service, concerns that had been raised, professional behaviour and communication. Staff told us they had the opportunity to contribute and make suggestions.