

Foxglove Care Limited

Foxglove Care Limited - 47 Cottesmore Road

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 21 December 2015 and was announced, which meant that the staff and registered provider knew that we would be visiting. 24 hours' notice was given as the service was small and the registered manager may have been unavailable if the visit was unannounced.

We previously visited the service on 13 December 2013 and we found that the registered provider met the regulations we assessed.

47 Cottesmore Road is a small residential care home located in the town of Hessle in the East Riding of Yorkshire. The service is close to the local shops and amenities and has easy access to public transport and sports and social facilities nearby. The service provides accommodation for up to two people who may have a learning disability.

The registered provider is required to have a registered manager in post and on the day of the inspection there

Summary of findings

was a manager registered with the Care Quality Commission [CQC]. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Staff had been employed following the registered providers recruitment and selection policies and this ensured that only people considered suitable to work with vulnerable people had been employed at 47 Cottessmore Road.

Staff had received training on the administration of medicines and we saw there were systems in place to manage and handle medicines safely.

Staff received induction, training and supervision from the registered providers and we saw they had the necessary skills and knowledge to meet the needs of the people living at 47 Cottessmore Road.

The registered manager understood the Deprivation of Liberty Safeguards [DoLS] and we found that Mental Capacity Act [MCA] 2005 guidelines had been fully followed.

People had their health and social care needs assessed and plans of care were developed to guide staff in how to support people. The plans of care were individualised to include people's preferences, likes and dislikes. People who used the service received additional care and treatment from health care professionals based in the community.

Staff supported people using the service to have choice and control and to maintain their privacy and dignity. We found that staff were knowledgeable about the people they cared for and saw they interacted positively with people living at the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were sufficient staff to safely care for people, staff were appropriately vetted to work with vulnerable people and had been recruited following the registered providers policies and procedures.

There were systems in place to safely manage and administer medication to people using the service.

People's needs were assessed and risk assessments put in place to reduce the risk of harm.

Good



Is the service effective?

The service was effective.

We found the registered manager understood how to meet the requirements of the Deprivation of Liberty Safeguards [DoLS].

Staff completed on-going training to equip them with the skills and knowledge to carry out their roles effectively.

People were supported to make decisions and have choice and control over their daily routines.

People were supported to eat and drink enough and access healthcare services where necessary.

Good



Is the service caring?

The service was caring.

People's privacy and dignity were maintained.

People's individual needs were understood by staff, and people were encouraged to be as independent as possible, with support from staff.

People were supported to make decisions and have choice and control over their daily routines.

Good



Is the service responsive?

The service was responsive.

People's care files recorded information about their preferences and wishes for care and support.

Staff were knowledgeable about the people's support needs, their interests and preferences in order to provide a personalised service.

People who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

There was a system in place to manage compliments and complaints.

Good



Is the service well-led?

The service was well led.

The service had effective systems in place to monitor and improve the quality of the service.

Good



Summary of findings

Records were appropriately kept and maintained.

The registered provider encouraged person centred care to the benefit of people using the service.

There were opportunities for people who lived at the service, staff and relatives to express their views about the quality of the service provided.

Foxglove Care Limited - 47 Cottesmore Road

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 21 December 2015, was announced and carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service. We contacted the local authority safeguarding adults and quality monitoring teams to enquire about any

recent involvement they have had with the service. We also requested a 'provider information return' [PIR], which we received in October 2015. 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

On the day of the inspection we spoke with one person who lived at the service, two members of staff, the registered manager and one visiting relative. We spent time looking at records, which included the care files and medicine records for one person using the service, the recruitment and training records for three staff, equipment and maintenance records and records held in respect of complaints and compliments. We observed staff providing support to people and the interactions between people that used the service and staff in communal areas. We also looked around the premises which included people's personal accommodation [after asking their permission to do so], bathroom facilities and dining and kitchen areas.

Is the service safe?

Our findings

During the inspection no one living at the service chose to discuss with us if they felt safe. As some people using the service had complex needs this meant they were not always able to tell us about their experiences. We were unable to speak with all of the people that were using the service at 47 Cottesmore Road during this inspection or ask them our questions, but we were able to communicate with them a little through observations and listening to their requests for support and we saw that people using the service were relaxed in the company of staff that supported them.

The 'provider information return' [PIR] we received told us 'We have our own company policies in place as well as the Safeguarding Adults Board's policies which all staff are to adhere to as well as ensuring the staff are fully trained'. Training records evidenced that staff had completed training on safeguarding adults from abuse in 2015. The staff who we spoke with were able to describe different types of abuse, and they told us that they would report any incidents or concerns to the registered manager or contact the local safeguarding team. One member of staff told us, "I would contact the safeguarding team and discuss any concerns I had." A relative we spoke with told us "Yes" when we asked them if they thought their family member was safe.

The registered provider had a safeguarding policy which was also accessible in the kitchen area of the service in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand pictorial format. It is often useful for people with learning disabilities or other conditions affecting how they process information. We saw that safeguarding concerns and actions taken were recorded and this included any outcomes. This demonstrated to us that the service took safeguarding incidents seriously and ensured they were fully acted upon to keep people safe.

One member of staff we spoke with told us "To keep people safe we follow risk assessments in place, we have a staff rota that makes sure there is enough staff to support people safely and we follow health and safety guidance." We saw that there were risk assessments in place that recorded how identified risks should be managed by staff. These included individualised risk assessments for accessing the community, attending day services in the

community, fire evacuation and challenging behaviour. We saw that risk assessments had been updated on a regular basis to ensure that the correct information was available to staff providing care and support. This helped to keep people safe.

We saw the registered provider had a policy in place for restrictive physical intervention which incorporated best practice guidance. Where people displayed particular behaviours that needed to be managed by staff in a specific way to ensure the person's safety or well-being, this information was recorded in their individual support plan. One member of staff told us, "We have a restraint policy in place which is always the last resort. We use deflection techniques and our NAPPI training and a lot can be diverted." 'Non-abusive psychological and physical intervention' [NAPPI] is a course in safety and relationship building. Its goal is to empower staff with skills and strategies so they are prepared to de-escalate and defuse unwanted behaviours.

There was a good sense within the staff group of supporting people in a way that was right for individuals using the service. Staff did not discriminate on the grounds of 'difference' but supported people to maintain their independence and be accepted in the community. For example, one person was receiving regular support from staff to help them overcome a recent relapse in wellbeing and change their behaviour when going out into the community. This meant the person was beginning to become more included again within the local community. The person presented as comfortable with the arrangements in place to support and guide them and we observed them going out into the community with staff support on the day of the inspection.

We saw that necessary doors were locked with a key, but otherwise doors were left open for people using the service to move freely between their rooms and shared communal areas.

The PIR we received told us, 'We are currently working with a local telephone company on a 3 month trial on 'safe at home' project. There is growing evidence that technology can work well for people with learning disabilities which in turn can deliver greater independence, social inclusion and privacy and dignity as part of a wider support package. In Cottesmore we are currently trialling the chaperone device.' We saw the 'safe at home' system was attached to the keys for the service and if pressed in an emergency

Is the service safe?

would be put through to a call centre for assistance. There was a list of 'on call' numbers that would be available for help if needed. This showed that the registered provider was exploring new technologies that could help people to remain independent and safe.

The registered provider had an in depth health and safety policy which identified clear procedures and responsibilities for staff to follow within the service to ensure people were kept safe and any health and safety risks were identified and actioned as needed. We were given access to the policy which included food safety, hazardous substances, access and egress, accidents, blood borne viruses and challenging behaviour and distress.

The registered manager monitored and assessed accidents each month within the service to ensure people were kept safe. The records for accidents and incidents showed what action had been taken, if any diversion strategies had been used in relation to people's care and support plans and their outcome.

We looked at documents relating to the safety of the premises. These records showed service contract agreements were in place which meant the premises and any equipment were regularly checked, serviced at appropriate intervals and repaired when required. The checks included gas, electrical installation and portable appliance testing. We found that the fire risk assessment was reviewed in June 2015 and fire drills were carried every three months. Clear records were maintained of daily, weekly, monthly and annual checks which included fire detection systems, windows and window restrictors, bath / shower water temperatures and shower head cleaning. These environmental checks helped to ensure the safety of people who used the service.

We looked at three staff recruitment files and saw that application forms were completed, references obtained and checks made with the Disclosure and Barring Service [DBS] before staff started work. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to staff that were

barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We saw that there was sufficient staff on duty to meet the needs of people that received support. We looked at the duty rotas for the week commencing 23 November 2015 through to the 20 December 2015 and along with information we received from staff this confirmed to us there was usually one care staff on duty at each shift throughout the day and one staff on sleep-in duty at night. One member of staff told us, "When [Name] is settled the staff numbers meet [Name's] needs. Recently this has been increased due to changes to [Name's] individual needs." We saw that for one week during this period staff had been increased to two on each shift to support one person with their individual needs. This was because the one-to-one arrangement in place was insufficient to meet the needs of people that used the service at that time. We observed that people required support from staff regarding their personal care needs, nutrition, and safety at all times and any activities they took part in. They also required support with daily decisions, behaviour and accessing the community. This meant the duty rotas were designed around individual needs.

We saw the registered provider had an updated medication policy which included best practice guidance from the National Institute for Health Care and Excellence [NICE]. NICE provides national guidance and advice to improve health and social care. We looked at training records which confirmed that staff responsible for administering medicines had completed training. One member of staff told us, "I had an update in medicines in January 2015."

People who needed help to take their medicines had individual medication support plans in place detailing the level of support required. We looked at the support plan for one person and saw this had not been reviewed regularly. We discussed this with the registered manager who agreed to address this.

Medicines were supplied directly from the pharmacy and recorded on an individual stock sheet for each medicine and on a printed Medication Administration Record [MAR]. MARs are used to document medicines given to people who used the service. The quantity of medicine in stock

Is the service safe?

was recorded on the MAR and our spot checks showed us that these records were correct, contained clear details of when and how medicines were to be given and they had been completed accurately by staff.

Medicines were securely stored in a locked cabinet in the staff office area of the service and the medicine cabinet was clean and tidy. A daily record of the temperature was kept and these were found to be correct. Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs

and there are strict legal controls to govern how they are prescribed, stored and administered. We found that no controlled drugs were used at the service at the time of this inspection.

Medicine stock audits were completed daily for each person using the service and medicines were booked in and out of the service appropriately. This showed us that there was a system in place to safely manage and administer medication.

Is the service effective?

Our findings

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 MCA 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, and whether authorisations to deprive a person of their liberty were in good order.

The 'provider information return' [PIR] we received told us 'A DoLS application is currently being re-applied for. On the last DoLS there were conditions that needed to be met and we are currently evidencing these conditions, how we can/cannot meet them and reasons and we are looking at whether it is in [Name's] best interest to receive the current level of care we provide.' We saw that documentation had been completed by the registered manager to apply for DoLS authorisation for one person to be continually supervised; this included the appropriate paperwork in respect of best interest and capacity assessments. The registered manager displayed a good understanding of their role and responsibility regarding MCA and DoLS.

Staff told us they completed training necessary to carry out their roles. One member of staff told us, "I have completed training in safeguarding, MCA updates, nutrition, and epilepsy and updated all of my mandatory training." We saw evidence of staff training in recruitment and training records and this showed that staff were appropriately skilled and qualified to support people with a learning disability. We saw that staff had achieved a National Vocational Qualification [NVQ] or a Quality Credit Framework [QCF] Diploma. This showed us that staff were receiving on-going development to support them in their roles.

There was evidence of induction completed and supervisions and appraisals carried out to support staff and

ensure they were kept up-to-date with issues for their personal development. One member of staff told us, "I have supervision every six to eight weeks and an appraisal every year."

We observed staff obtained consent from people by asking people and waiting for an answer before providing them with care or support of any sort. Staff understood and followed the principles of consent so that people's rights were upheld in their everyday lives. One member of staff told us, "People have the right to make their own decisions and for any big decisions these would be made in peoples best interests."

We saw that one person's care plan evidenced their ability to make decisions using 'choice and decision records.' We saw these records included conversations with the person about decisions such as voting, activities and short breaks. We saw visual aids had been used to aid decision making and all decisions made by the person were thoroughly recorded. Staff explained how they helped people to make day to day decisions, one person told us, "We have supported [Name] to make choices and decisions with rights to vote and when completing satisfaction questionnaires for the service. [Name] chooses all their own clothing to wear, will vacuum around their home and strip their bed and bring down their bedding for washing." A relative told us, "The service is very good at supporting with choice and decisions. The staff always ask [Name]."

People were able to help themselves to food and drink from the kitchen in the service and we observed this throughout our inspection. We saw staff offered minimal encouragement and prompts to one person who was able to pour the water into their own coffee and choose condiments to have with their lunch. One member of staff told us, "We do not have a menu [Name] chooses all their own meals, [Name] can get water from the tap and needs a small amount of support when making hot drinks."

One person using the service was encouraged to have a high fibre diet and 2000mls of fluid each day. We saw that fluid was offered regularly to the person during the inspection and this was recorded appropriately on a fluid intake chart within the persons care plan. This showed us that people were supported to drink enough.

People's care plans evidenced that speech and language therapy [SALT], community teams and continuum teams for people with learning disabilities and GPs had been

Is the service effective?

involved in their care and we saw that any contact with care professionals was recorded. A relative we spoke with told us, “[Name] has very good contact with the doctor and [Name] their health professional.”

One person’s care plan had information on how to support emotional / psychological behaviour; this helped staff to understand the person’s condition and provide appropriate care and support. The plan included strategies for staff to follow which included asking if the person was in any pain, offering a quiet area with personal objects such as iPod and headphones and offering consistency in support from all of the staff team.

People had patient passports in place; these are documents that people can take to hospital appointments and admissions when they are unable to verbally communicate their needs to hospital staff. We saw that patient passports included up to date information on any diagnoses of health conditions.

The premises were a domestic household and people had their own bedroom and the use of a bathroom and communal living and dining/kitchen facilities. All areas we looked at were adequately maintained and decorated.

Is the service caring?

Our findings

Staff had a warm and caring approach toward people who used the service. One member of staff told us, “The service has retained its staff and this is because everyone enjoys [Name’s] company. We observed some of the interactions between people and staff that used the service and saw that people were relaxed and comfortable with each other and staff supported and encouraged people using the service to make decisions.

The ‘provider information return’ [PIR] we received told us ‘The staff have a good understanding of [Name’s] current needs, history, when the person needs support and doesn’t and are very careful not to de-skill the person and promote their independence.’ We noted that care plans contained information about people’s wishes and views and how they maintained their independence. For example, one person’s care plan indicated in detail what they could do for themselves such as making a drink, putting the bath mat and plug in the bath and bringing their own washing down and putting it into the washing machine.

We were able to evidence people’s preferred methods of communicating in care plans and we saw one person had a communication passport in place which gave an indication as to how the person may choose to communicate with finger pointing; nodding their head and using thumbs up, the passport also described what these gestures may mean. Communication passports are a practical way of enabling effective communication. They provide a guide to communicating with and supporting somebody effectively.

We observed the staff and one person using the service discussing what they would like to do on the day of the

inspection. We saw that the person wanted to go into town, have their lunch out and go to specific bakers; which was what they did. This demonstrated that people’s views and wishes were taken into account.

During the inspection we saw one person come back to the service and when taking off their coat independently, staff did not intervene; the person asked the staff if they could help them to do this and staff then responded and promptly helped them with this request. We found staff communication with each other and people who used the service was respectful and they reacted to people’s requests promptly, spoke to people using their first names and were responsive, giving choice and promoting independence. A relative told us, “The staff are very good.” We observed that the support provided was helpful and kind.

The PIR we received told us ‘The person’s rights and dignity are promoted and respected by the staff.’ On the day of the inspection we saw that staff respected a person’s privacy and dignity. Staff explained to us how they achieved this; one member of staff told us, “If people live alone this gives them privacy and we support with dignity by making sure curtains are closed and people have full access to their own private rooms.”

The staff who we spoke with understood the importance of confidentiality but also when information needed to be shared to protect people from the risk of harm. One staff member told us, “We would never speak about people in other services and all paperwork is kept securely.” We saw records held on computer and in paper format were kept secure in the service.

People using the service did not use advocacy at the time of this inspection as they had close relatives who assisted them with important life changing decisions.

Is the service responsive?

Our findings

The 'provider information return' [PIR] we received told us, 'Care plans and support plans are person centred, easy to follow, well organised, reviewed at times of change or new ones implemented when there are changes. They also focus on the person as an individual and contain information required to maintain and develop their independence.' We reviewed one person's care file and saw that their needs were assessed and support plans put in place detailing how those needs would be met. Support plans were in place for emotional / psychological behaviour, relationships, communication, daily routines, mobility and personal care and contained person centred information about people's likes, dislikes and personal preferences. This enabled staff to provide personalised care to people using the service.

One page profiles were visible at the service for people who used the service and staff. A 'One Page Profile' is a short introduction to a person, which captures key information on a single page which gives people an understanding of the person and how best to support them.

Support plans were written in a person-centred way with 'What's important to [Name]' and 'How to support [Name]' recorded. Support and prompts were clearly recorded for example 'Regain attention with clear statements,' 'Speak about alternative subjects of interest' and 'Listen constantly' with people. Support plans were well written and contained appropriate information to show that the person's needs had been fully assessed and the action staff needed to take to support the person was clearly recorded.

The service aimed to promote people's independence. Support plans reflected what was important to the person alongside information about what people were able to do for themselves as well as details of tasks they may require support with. This showed us that the service had considered people's individual needs and the importance of supporting people to maintain their independence by providing care and support only when necessary.

Some people who used the service had medical conditions that required close supervision and support to maintain their health and wellbeing. The PIR we received told us 'Staff are responsive with regards to all health needs and will make all relevant appointments for people and ensure regular check-ups and health action is in place for one

person.' The care file we looked at contained a health action plan which gave staff clear guidance on any health issues / diagnoses, medicines, decision-making support required, health professional contacts and any health appointments attended. This meant people who used the service were supported to access appropriate health care professionals and received effective treatment and support for their medical conditions when needed.

We saw that support plans were reviewed and updated regularly. A relative told us, "Yes I have involvement with [Name's] care planning. I have a communication book and I write things down about what we have done."

People who used the service were assisted to maintain close family relationships and we saw that staff were familiar with people's relatives. A relative told us, "I come regularly and have got to know everyone. I have been coming for over 7 years."

People using the service were supported to access their wider community and pursue their own hobbies and interests. The registered manager told us one person pursued a wide variety of activities of their own choice such as going to the local shops, having meals at the local pub, visiting the library for picture books and shopping for personal products and clothes. During the inspection we observed one person making clear choices about what they wanted to do during the day and spending time within the service watching TV and playing a musical instrument.

We saw one person's 'personal achievements and memories' folder which recorded activities. This included personal choices made with meals, cooking and clothes. We noted laminated cards that the person had written interesting facts about 'daylight' and 'darkness' and pictures of family, visits to Wakefield coal mining museum, nature rambles, kayaking, ten pin bowling and baking.

People living at 47 Cottesmore Road had their own rooms and private space. People's rooms were decorated to their own personal preference and contained personal belongings.

The registered provider had a complaints policy in place and we saw that the complaints procedure was displayed in the service in an easy read format. Easy read can be used by people with learning disabilities. We saw from the records we held that there had been no formal complaints made to or about the service in the last 12 months. We saw from records at the service that one verbal complaint had

Is the service responsive?

been received in November 2015; however, we were unable to verify what the outcome from the complaint was. We discussed this with the registered manager who clarified with the company head office that the complaint had not been taken forward formally. The complaints records were updated to reflect this outcome during the inspection.

A relative we spoke with told us they would speak to the registered manager if they needed to make a complaint, but that they had never needed to. A staff member told us “Yes I have complained over the years and I would feel confident in doing so if I needed to.”

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration. There was a registered manager in post on the day of our inspection and, as such, the registered provider was meeting the conditions of registration.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager was able to demonstrate knowledge of the types of events they were required to notify us about.

We asked for a variety of records and documents during our inspection. We found these were stored securely, but accessible to us and easy to use to obtain important information. We found that records we reviewed were well written, well maintained and generally updated as required.

The 'provider information return' [PIR] we received told us 'Quality Assurance audits are in place which enable the manager to monitor the service provision, identify shortfalls and address issues accordingly.' There was a range of audits carried out to ensure that the systems at the service were being followed and that people were receiving appropriate care and support. These audits included, for example, safeguarding, accidents / incidents, medicines, complaints, care and support plans, risk assessments and health and safety. We saw service audit analyses were completed that recorded any issues arising from audits and the actions taken in response. This showed an effective way of monitoring and maintaining the quality of the care and support provided.

During this inspection we did not see any evidence of completed or evaluated satisfaction questionnaires for people who used the service, their relatives, staff and stakeholders. The registered provider's policy for 'Quality governance' included a yearly planner for auditing areas of the service that included medicines, care plans,

safeguarding, environment, supervision, staff records and recruitment. We saw there were satisfaction questionnaires for people who used the service, their relatives, staff and stakeholders within this policy. The registered provider told us this system was to be implemented in all of their services which would include 47 Cottesmore Road.

Staff told us team meetings were held on a monthly basis and we were given access to the minutes from the team meetings. Discussions were held around health and safety, risk assessments, people using the services well-being and promoting independent mental capacity advisors [IMCA]. IMCAs can support the views and rights of people who lack mental capacity to make specific important decisions. Staff told us they felt supported by the registered manager and could speak to them at any time. One staff member told us, "[Name of registered manager] is good, open and leads the service well. They keep us up to date on change and make a good cup of tea."

The registered provider did not hold any regular formal meetings with people using the service as the service was small. We observed that discussions were held throughout the day regarding what people wanted to do, where they wanted to go and what they liked to eat and drink. When we asked people's relatives if they had the opportunity to discuss the service they told us, "I have good contact with the service and my views are always listened to."

A staff member told us there was a positive culture at the home and they could approach the registered manager at any time. They said, "The culture is very person centred. We work well as a team and the aim is to include people in everything." We observed the culture to be one of homeliness and tailored support from a small and friendly staff team.

People that used the service were encouraged to use community services to lead fulfilling lives and to experience a variety of contact with other people. One person who used the service visited the central city church every Saturday with their family member and with staff support.