

The Regard Partnership Limited

The Marshes

Inspection report

The Marshes
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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?	Requires Improvement ●

Summary of findings

Overall summary

The Marshes is a residential care home for up to six people and there were five people using the service at the time of our inspection. People living at The Marshes needed support with personal care, mobility, health, behavioural and communication needs. Accommodation was on ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support. People were supported to make choices in all areas of daily living from choosing clothes to wear to what they wanted to do. There were regular opportunities to use local facilities and amenities and people had equipment that enabled them gain new skills and to increase their independence in whatever way they could.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice.

There were good recruitment procedures and enough staff on each shift to meet people's needs. Staff understood what they needed to do to protect people from the risk of abuse. Incidents and accidents were well managed. People's medicines were managed safely.

The organisation's training programme ensured that staff were given regular opportunities to update their knowledge and skills and staff competency in areas of medicines and moving and handling were assessed on a regular basis. Supervision meetings were held regularly, and staff told us they felt very well supported by the management of the home.

People were supported to attend a range of health appointments, such as the GP or dentist and they also attended appointments for specialist advice and support when needed. People had enough to eat and drink, and menus were varied and well balanced. A visiting professional told us, "I have never felt that any patient has not been given the attention desired."

Staff were passionate about the care they provided and demonstrated a caring and respectful approach with people. Most of the staff had worked in the home a long time and had a good understanding of people as individuals, their needs and interests. People needed support with communication and whilst they were not able to tell us their experiences, we observed that they were happy and content in their surroundings and relaxed with staff.

People were supported to take part in activities to meet their individual needs and wishes. This included

trips to the local parks, theatres, cafes and restaurants, trips to places of interest and college. Entertainers provided musical entertainment and we observed one of these. This activity was lively and inclusive, and people were observed to really enjoy the activity.

The environment was well maintained. The bathroom and shower room had recently been refurbished. The provider had ensured safety checks had been carried out and all equipment had been serviced. Fire safety checks on equipment were all up to date.

Rating at last inspection: At the last inspection the service was rated good. (The last inspection was published 8 January 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

The Marshes

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

The Marshes is a care home. People in a care home receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was an unannounced, comprehensive inspection. The inspection was carried out on 29 and 30 May 2019.

What we did before the inspection:

Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection:

People living at The Marshes were not able to tell us their views of life there, so we observed the support delivered in communal areas to get a view of care and support provided. This helped us understand the experience of people living at The Marshes.

The registered manager was on extended leave at the time of inspection, so we spoke with the regional manager and two registered managers from sister homes who had been providing interim support to the home. In addition, we spoke with a senior support worker and two support workers. We reviewed a range of records. This included three people's care records in full and aspects of other people's records. We looked at recruitment records for two staff, medicine records, quality assurance records and training records for all staff. We reviewed records relating to the management of the service including audits and meeting minutes.

Following the inspection:

We received feedback from two visiting professionals. The week after our inspection the registered manager had returned from leave so we spoke with him by telephone.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems and staff had a good understanding of how to make sure people were protected from harm or abuse.
- Staff had received training and knew how to recognise signs of abuse. A staff member told us, "We know how to keep people safe. We would report anything that we were not happy with."
- The registered manager had made appropriate referrals to the local authority safeguarding team as needed.

Assessing risk, safety monitoring and management

- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. One person had been assessed as at risk of choking. Advice was provided in the care plan to ensure all food was cut into bite size pieces and staff on duty were trained in first aid. Staff understood the need to follow the guidelines and we saw this in practice.
- Staff were aware of new risks as they presented. One person used the garden area independently. We saw that staff made sure the person had a sun hat and that sun screen was applied as it was a hot day.
- Each person's needs in the event of a fire had been considered and each person had an individual personal emergency evacuation plan (PEEP) that described the support they needed in an emergency.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. These included servicing of gas safety and electrical appliance safety. Daily checks were also carried out on set days, for example, in relation to water temperatures, visual checks on equipment, vehicle and wheelchair checks.
- Risks associated with the safety of the environment and any equipment had been identified and managed appropriately. Regular fire alarm checks had been recorded.
- A fire risk assessment had been carried out in June 2018 by an external professional and recommendations made, had been addressed.
- A legionella risk assessment had been carried out to ensure the ongoing safety of water.
- A maintenance tracker was kept that showed when work was needed and when it had been addressed. This showed that maintenance tasks were addressed in a timely manner.

Staffing and recruitment

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history.
- A Disclosure and Barring Service (DBS) check had been carried out for all staff to help ensure staff were

safe to work with adults in a care setting.

- There were enough staff to meet people's assessed needs and keep them safe. There were three care staff on each shift and a waking member of staff at night. There was also a sleep-in staff member who was on call for both homes on site. There was one staff vacancy and these hours were covered by staff working overtime and with occasional agency staff. A staff member told us the, "Agency staff are fabulous."
- There was an overlap of staff between each shift. This gave staff the opportunity to provide a detailed handover to staff coming on duty and ensured they were aware of any issues that had arisen on the previous shift. There were detailed on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.

Using medicines safely

- There were good procedures to ensure medicines were correctly ordered, stored, administered and recorded. We checked people's medicines administration records (MARs) and found medicines were given appropriately.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols in use that clearly described when to give these medicines and how people liked to take them.
- People's records clearly stated how they preferred to receive their medicines.
- Staff had received training in the management of medicines and had been assessed as competent to give them.
- There were person centred guidelines for the use of emergency medicines. The advice in one person's care plan for giving emergency medicine in the event of a seizure conflicted with the advice in their guidelines. Both stated to give medicine after eight minutes but one stated if no response within two minutes to call an ambulance and the other if no response within five minutes to call an ambulance. Staff told us they would follow the guidelines located in the medicine cabinets. The person had four seizures this year and none had required the use of emergency medicine, so this was assessed as having low impact on the person.
- People's medicines were reviewed regularly by healthcare professionals.

Preventing and controlling infection

- All areas of the house were clean. Staff had received training in food hygiene and infection control. There were cleaning schedules that ensured cleaning tasks were completed on a daily, weekly or monthly basis.
- Audits were carried out to ensure tasks had been completed. Aprons and disposable gloves were available for staff use. We saw that staff used aprons and gloves for food preparation.

Learning lessons when things go wrong

- There were good systems to ensure that records were kept of accidents and incidents along with the actions to be taken to reduce the likelihood of the event reoccurring.
- Details of any accidents or incidents were sent to the regional manager monthly. We saw that lessons were learned when mistakes were made, and risk assessments were updated as needed. One person was prone to falling. There was strict advice in their care plan to all staff to make sure there were no small objects left on the floor as the person would likely bend over to pick them up and therefore increase the risk of them falling. We saw that staff were vigilant in making sure the floor space was clear.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and feedback received confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisation to deprive a person of their liberty had the appropriate legal authority and were being met.
- Applications for DoLS authorisations had been sent and in some cases the home were awaiting decisions. Where conditions had been set, these were met. Applications included detailed information about why restrictions were needed. Records demonstrated that when complex medical decisions needed to be made, best interest meetings had been held to make sure everyone agreed with the need for treatment.
- All restrictions were documented. One person who was at high risk of falls wore a helmet at The Marshes. This enabled them to maintain their independence around the house. Outside of the house they needed to use a wheelchair so did not need the helmet. A best interest meeting had been held and reviewed at regular intervals to ensure this was the least restrictive option available for the person. There was a pictorial guide showing how to fit a safety harness for one person when they were using the house transport. This had also been assessed as needed in line with a best interest decision.
- Staff ensured that people were involved as much as possible in decisions about their care.
- People were asked for their consent before personal care was undertaken. We saw staff offering people choices of drinks and choices of activities. There was easy read literature available for people about the MCA.
- Staff had received eLearning training to ensure their knowledge and practice reflected the requirements set out in the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had lived at the service for a long time. Their likes, preferences and dislikes were all known, documented and observed by the staff.
- Regular checks were carried out to make sure expected outcomes were identified and care and support was provided in line with people's needs.

Staff support: induction, training, skills and experience

- The training programme confirmed that staff received training and refresher training. Essential training included safeguarding, infection control, moving and handling, health and safety, infection control and fire safety.
- Specialist training was also provided that reflected the complex needs of people who lived at The Marshes. Specialist training was provided in relation to epilepsy, food and fluids and communication. A staff member told us that as a result of recent training on epilepsy, they reviewed the contents of epilepsy packs for use on outings, and they now included gloves in a variety of sizes in case emergency medicine needed to be given.
- Staff told us they were supported through supervisions and records confirmed this. Records showed staff had received supervisions as well as appraisals. We asked a staff member if they felt supported. They said, "I can't speak highly enough or (manager). He is so supportive."
- We were told new staff completed the provider's induction process. This included working supernumerary to get to know people and understand the policies and processes at the service. (This meant they worked in addition to the staff numbers on shift).
- A staff member told us, "We all have a part to play with new staff and we make sure to answer any questions and to support them if they get things wrong. I'm proud of the service we provide."
- All staff that were new to care completed the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Supporting people to eat and drink enough to maintain a balanced diet

- People had enough to eat and drink. There was a six-week menu which included a variety of meat, vegetarian and pasta dishes.
- Staff told us they had tried pictorial cards to help people to make informed choices in meal selection, but these had not been successful. They said, "We work on known likes and if someone did not eat what they were given we would try an alternative, but it is rare for them to not eat. We tried a fish dish recently and no one liked it, so we won't do that again."
- Some people required thickeners for their drinks and these were given as prescribed.
- People were offered and received a choice of drinks throughout the day. Some people had specialist cups and dishes and cutlery to support their eating and drinking and to encourage independence.
- There were guidelines from the local speech and language therapy (SaLT) team to support one person with their meals. This included the need to add thickeners to drinks and that all foods served should be fork-mashable to help prevent choking. We saw this happened in practice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan that provided details of their individual health needs and any appointments they had attended or were due.
- If people had epilepsy they attended annual appointments with a specialist for ongoing review.
- A visiting professional told us, "We had some issues with timely follow up of recommendations, but these were resolved."
- Another professional said, "I have never felt that any patient has not been given the attention desired."

Adapting service, design, decoration to meet people's needs

- The Marshes is a purpose-built bungalow designed to meet the needs of people with mobility problems.
- People's bedrooms were personalised with photographs and individual furniture. Most people used wheelchairs outside of the home. People had comfy chairs, shower chairs and if needed specialist toilet seats.
- The shower room had recently been refurbished and the bathroom was being refurbished at the time of

inspection.

- There was a garden chair swing and we saw that one person used this area independently to enjoy the sunshine.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them well. Staff were caring in their approach and checked regularly with people to make sure they were meeting their needs and wishes.
- Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. For example, one person did not like cold drinks, so all drinks were served tepid.
- Another person liked to have their tea from a tea pot as they liked the ritual of topping up their cup and using the milk jug. We saw how they enjoyed this practice.
- Staff communicated well with people and in a way they could understand; people responded warmly to them. For example, when one person was supported with their meal, the staff member interacted well with them throughout the meal. The person liked to make vocal sounds and enjoyed it when the staff member repeated the sounds they made.
- We asked staff about their training in equality and diversity and how this supported the care provided. A staff member told us, "We treat as you would wish to be treated." They told us one person enjoyed going to the pub and one aspect that is really nice is that the barmaid knows them well now and talks to them by name."

Supporting people to express their views and be involved in making decisions about their care

- People and their families, where appropriate, were involved in planning care delivery.
- Records confirmed regular meetings were held with people about their care and their relatives had been invited to attend. At service user reviews, staff looked at activities that went well and those that did not go well and the possible reasons.
- We saw that people were encouraged to make decisions for themselves. For example, about the drinks they had. One person was shown a variety of drinks to choose from and they were able to make their choice. Staff told us that for others, it was often a case of giving the person their known preferences and if they were not taken, then trying something else.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values and was embedded with staff.
- People's privacy was respected. Staff told us they always knocked on people's doors before entering. Care plans referred to the need to ensure people's dignity was always maintained. A staff member told us, "We wash people's clothes separately so there is no chance of clothes being mixed or getting lost."
- One person sometimes displayed behaviours that led to a loss of dignity for them. This had been explored with professionals and a practical approach had been adopted to discourage the practice and maintain

their dignity. This approach had been successful.

- The service promoted people's independence. For example, one person was encouraged to take their plate to the sink for washing. Another was encouraged to put their clothes protector in the wash bin after their meals.
- Bedrooms were decorated and reflected people's individual tastes and personalities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were reviewed regularly, and guidelines followed. For example, one person had guidance from the local Speech and Language Therapy (SaLT) team in relation to how they should be assisted with their meals. We saw that staff followed the guidelines.
- We observed staff supporting people in a person-centred way and they adapted their approach from person to person. For example, some people needed more support than others at mealtimes and this was discretely provided as needed.
- Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- There was guidance about how people communicated their needs and how staff should engage with people. Picture prompts were used for some people, where appropriate, to help people to make an informed choice. Each person had a communication passport that gave information about how they presented when they were happy, upset, angry or bored. These documents helped staff to get to know people and provide appropriate care. Staff told us that one person who did not speak, took staff by the hand to whatever they wanted.
- Staff knew people well, and knew their likes, dislikes and background. One person's bedroom was decorated with a particular theme from a well-known TV programme. We asked a staff member how they knew the person liked this theme. They said, "He gets excited when we talk to him about this programme."
- People were supported to take part in activities. People's activities varied from person to person. Everyone received aromatherapy every three weeks. Musical entertainment was provided twice a week. We observed a music session provided. This involved an entertainer playing the guitar, ukulele and a piano accordion. Some people from the sister home joined the session. It was a lively, inclusive and very entertaining session and it was very evident from people's faces, vocal sounds made, and positive reactions that they really enjoyed the session.
- Some were supported with trips to bowling, local parks and cafes. One person had been on a trip to Camber Sands the previous day. Thursdays were known as transport days. One person went out with their keyworker for the day. We were told, "We mix it up a bit, buses, trains and airplanes." The day before our inspection staff had taken people to a local airport where they enjoyed watching the airplanes taking off and landing and they had tea in a café.
- One person's relative used to take them to a church on a weekly basis and although they could no longer do this, staff now took the person. A staff member told us the person had no identified religious need, but they were known there, and they liked the social aspect of the weekly trips.

Improving care quality in response to complaints or concerns

- There had been no complaints to the service since our last inspection.
- The complaints procedure was displayed in the entrance hallway of the home. The procedure was also available in an easy read pictorial format.
- People were unable to verbally communicate concerns, but staff knew people well and were able to give us examples of how people expressed their emotions of sadness, anger and anxiety. Care plans clearly described how people expressed their emotions.

End of life care and support

- People living at The Marshes were not able to express their wishes in relation to end of life. However, staff had completed assessments based on people's known likes and dislikes and, where appropriate, relatives had been consulted for their views and these were documented.
- One person had died recently in hospital. Three of the people from The Marshes had attended the funeral. A staff member told us it was, "Important for them to be there." They were not sure if people understood what was happening, but they felt the funeral helped them to understand.
- A staff member told us there had been very good support for people and staff through the recent bereavement.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Positive daily outcome reports (PDOs) were used to record what people had done each day. All pre planned activities were recorded and there was space to record any changes to plans. We found these were not always accurate. For one person, the pre-planned activity the day before our inspection was to walk to the shops for personal shopping. It showed this took one and a half hours. However, the comments section stated, spent time in the afternoon walking around the home. There was no reference to shopping. We had seen the person really enjoy spending time at a music session in their sister home the previous day during this time frame and this had not been documented.
- Another day the activity included a walk to Hailsham which was recorded as taking two hours, but the notes stated the person relaxed in the lounge listening to music. Weekly summaries were then recorded demonstrating the outings and activities that had taken place. However, the person writing the summary would not have been able to make an accurate summary of what had taken place. Records did not always state what people gained from activities and if they enjoyed them. If people had watched a film or listened to music it did not state what film or music, and this led to a risk that these activities could be repeated regularly.
- The provider was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred. The service had notified us of all significant events which had occurred in line with their legal obligations.
Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager completed a quality monitoring tool on a monthly basis. This included details such as staff support hours, sickness, supervision meetings, staff training completed, fire safety, health and safety, meetings held and outstanding maintenance. This was then sent to the regional manager who visited regularly to check up on any outstanding matters and to check on the running of the service. As the registered manager had been on extended leave and the regional manager was visiting the service more regularly these reports had not been done over the past two months.
- Staff had clearly defined roles and were aware of the importance of their role within the team. A staff member told us they felt, "Absolutely supported." They said the manager was, "A good manager. His door is always open, and he comes and chats with staff regularly and at handover."
- Another staff member told us, "Our manager is very good, and he is missed. The two managers and regional manager we have whilst he is away, have been really approachable."
- The Chief Executive Officer (CEO) of the organisation had visited the home to have a look around, to meet

people and staff, and to give everyone the opportunity to ask any questions they had about the direction the organisation was taking. Staff told us they had welcomed this visit and felt the organisation cared about their staff teams.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive workplace culture at the service. Staff said they had been able to raise concerns and felt any suggestions or concerns were listened to and acted on.
- Staff meetings were held regularly, and minutes demonstrated staff had opportunities to share any concerns, to talk about people's changing needs and to be updated on any changes in care practices. Detailed minutes were kept which meant any staff not in attendance had a record of discussions and agreed actions.
- A staff member told us the registered manager was, "Open to challenge, if ideas are sensible he will take them on board. He encourages staff to get involved. We can add to the agenda and speak our minds." They gave an example of when a staff member complained about the recycling and the registered manager contacted the waste collection company and the situation improved.
- Annual surveys were carried out to seek people's views on the care provided. People were not able to share their views in relation to each question. Staff had ticked the responses and, in most cases, had recorded how they thought people were happy with each of the areas. The management team confirmed the organisation was changing the format for annual surveys and that each person would be given a survey that was tailor made to the individual to best seek their reviews of the care provided.
- The most recent staff survey was not dated, and the results had not been analysed.

Continuous learning and improving care

- Audits and checks were carried out in relation to a range of areas including medicines, infection control and health and safety.
- There were systems to analyse accidents and incidents to monitor for trends and patterns and learn from them.

Working in partnership with others

- The registered manager and staff worked closely with health care professionals, including GPs, dentists, physiotherapist, opticians and chiropodists.
- The registered manager had also recently joined a behaviour support network across East Sussex. The forum was set up with support and funding from Skills for Care. Skills for Care offers advice and guidance for organisations to recruit, develop and lead their staff. They were looking forward to developing these links and the impact this could bring for people and staff.
- The registered manager had registered to attend a, 'Well led programme of support for adult social care providers on how to achieve an outstanding rating.' The purpose of the programme was to have a greater understanding of regulations and to assist them in ideas and ways they could improve the service they provided.