

Venn Care Ltd

# Venn House

## Inspection report

Lamerton  
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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 ●

# Summary of findings

## Overall summary

### About the service

Venn House is a residential care home in Lamerton, Tavistock. The service can accommodate a maximum of 25 older people across two buildings, the main house and the Coach House.

At the time of the inspection the provider was only using the Coach House which was able to accommodate a maximum of 18 people, 16 people were living at the Coach House. Some people were living with dementia. Nursing care was provided by the local community nursing teams.

### People's experience of using this service and what we found

People, relative and professionals told us the service had improved.

People received person-centred care which was responsive to their specific needs and wishes. Each person had an up to date, personalised electronic care plan, which set out how their care and support needs should be met by staff.

Assessments were regularly undertaken to review people's needs and any changes in the support they required. Any needs in relation to the Equality Act 2010 were specified in care plans and if required, assessments detailed any support people required in relation to the Accessible Information Standard (AIS). The Accessible Information Standard aims to make sure that people who have a sensory loss, disability or impairment get information they can access and understand.

People had access to a wide range of group and individual activities and events they could choose to participate in, for example, music and dancing and art and crafts.

When people were nearing the end of their life, they received compassionate and supportive care by trained staff. People's end of life wishes were sensitively discussed with people and their families.

Staff were aware of people's communication methods and provided them with any support they required to communicate. This helped ensure their wishes were identified and they were enabled to make informed decisions and choices about the care and support they received.

The service had appropriate arrangements in place for dealing with people's complaints if they were unhappy with any aspect of the support provided at the home. People and their relatives said they were confident any concerns they might have about the service would be appropriately dealt with by the registered manager and provider.

People were kept safe at the home and were cared for by staff that were appropriately recruited and knew

how to highlight any potential safeguarding concerns. Risks to people were clearly identified, and ongoing action taken to ensure that risks were managed well. The provider and registered manager ensured that incidents and accidents were recorded and fully investigated. The home was well kept and hygienic.

Staff were well supported through training, supervision and appraisal. Staff worked effectively together to ensure people's needs were communicated and supported them to access healthcare professionals when they needed them. Professional feedback was positive.

People's medicines were safely managed. Staff knew how people liked to take their medicines and we observed thorough checks were in place to ensure people had received their medicines.

People enjoyed the meals available to them, were involved in menu planning and were appropriately supported with eating and drinking where required. 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 in the service supported this practice.

The home was dementia friendly and met the needs of the people living there. Staff held "Champion" roles and kept up to date with best practice. They were a resource to the staff team. Staff could demonstrate how well they knew people.

People and their relatives were very positive about the care provided. They were listened to and involved. People were treated with privacy and dignity and supported to be as independent as possible whilst any differences or cultural needs were known and respected.

The service had a management structure in place, and quality assurance systems were effective in continuing to drive improvements across the home. Feedback about the leadership at the service was very good. The provider and registered manager knew people well. Regular feedback was sought from people and their relatives to ensure they were involved in the development of the service.

The last comprehensive inspection of this service was Requires Improvement (published July 2018). There were no breaches of regulation.

At this inspection we found improvements had continued to be made across the service and quality assurance systems embedded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Venn House on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

This was a planned inspection based on the previous rating. The service was now Good.

### Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. 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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Venn House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Venn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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 inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the previous inspection. Prior to the inspection we contacted the local authority improvement team for feedback and the local community health and social care team. We reviewed previous reports and notifications the provider had sent us.

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

We used all of this information to plan our inspection.

During the inspection

During the inspection we met 10 people who lived at Venn House. We spoke with four people and four relatives about their experience of the care provided. We spoke with a visiting district nurse. We spoke with the providers who supported the inspection, the registered manager and three staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We reviewed staff training and the audits undertaken by the service. We also reviewed the quality assurance surveys which had been undertaken.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

At the last inspection in May 2018 the provider had made improvements across the service, but we wanted to be assured these were embedded and sustained. During this inspection we found the systems in place to keep people safe were established into everyday practice.

### Using medicines safely

- People's medicines continued to be stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- Staff knew people's individual medicine needs well and how they liked to take their medicine. People who were able told us medicines were given on time.
- Staff were able to describe the checks they undertook to ensure safe administration of medicines and the action they would take if they identified a medicines error.
- Staff were trained in medicine management and competency checks were undertaken.
- PRN protocols (as required medicine sheets) were being developed at the time of the inspection. These are instructions detailing when people may require these medicines and how people liked to take their medicine.

### Assessing risk, safety monitoring and management

- People benefitted from a service that learned lessons from mistakes to enhance safety. Accidents and incidents were recorded, reviewed and investigated where necessary by the registered manager.
- People's risks were assessed and safely managed. Assessment tools were used to help identify those at risk of skin damage or poor nutrition. The provider was now using an electronic care planning tool and staff were still learning how to use the system to its full potential.
- Risks related to people's behaviour, communication, health, continence and nutrition were documented and known by staff. Professionals, family and advocates were involved in these discussions where appropriate.
- People's behaviour was monitored where required and staff knew how to de-escalate and support people to reduce anxiety or agitation. We saw staff were quick to provide reassurance and comfort when one person became anxious after spilling a drink.
- Staff handovers and meetings with professionals were used as forums to share information about people, discuss any changes in behaviour and consider care and treatment plans. Communication between staff was improving through the new computerised system which meant staff were quickly aware of changes to people's health and care needs.
- Environmental checks were undertaken to maintain people's safety for example fire and equipment tests. Staff were vigilant and aware of hazards which may cause trips and falls.

Evacuation plans were in place for people in the event of an emergency.

- People were kept safe as the front door was locked and visitors to the property had their identity checked and were asked to sign in.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, "Oh yes I do – certainly"; "I feel very safe". A relative shared, "when I leave here I definitely feel she is in safe hands."
- Staff understood their responsibilities to protect people and their belongings. Staff had been trained on safeguarding people from abuse. Safeguarding concerns had been appropriately reported.
- Staff meetings, handovers and reviews with external professionals were used as an opportunity to discuss any safeguarding concerns.
- People we met and observed being cared for were comfortable with staff. During the observation we undertook people looked comfortable and relaxed.
- People told us they felt safe living at the service,
- Relatives were confident their family were well cared for,

Staffing and recruitment

- Recruitment procedures continued to ensure the necessary checks were undertaken before new staff commenced employment. This helped ensure staff were of good character and safe to work with people.
- People were supported by a consistent, stable staff team who knew people well. If needed, regular agency staff were used who knew people well.
- Visitors we spoke with confirmed the caring values of the staff team.
- There were enough staff available to support people according to their needs. We observed people were never left alone when they needed staff to keep them safe.
- People told us there were enough staff on duty, "There is plenty of staff"; "They seem to come from nowhere, they are just there!" and, "There is always somebody around."

Preventing and controlling infection

- Good infection control practice was in place. Staff used personal protective equipment to reduce the likelihood of infection spreading. Staff were trained in food hygiene.
- There were good housekeeping and cleaning schedules in place, the environment and people's rooms were clean and odour free.
- Professionals gave positive feedback regarding the cleanliness of the service.

Learning lessons when things go wrong

- Following previous inspections, the provider had listened to feedback and made improvements across the service. The provider had also made further investments in the service, for example computerised care planning and environmental changes to enhance safety.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's needs were carried out before people came to live at the service. The PIR told us, "Our pre-assessment form is quite detailed and identifies important information on various subjects, such as allergies, behaviour patterns and/or any risks prior to the admission of each Service User. Subsequently, this information is used to create the basis of a person-centred care plan for each Service User in our care."
- Where possible people's family and professionals that knew them well were involved in the assessment process. One relative shared, "They have discussed my husband's care plan with me. I am not concerned."
- The registered manager kept abreast of best practice guidance and had a service improvement plan to continue to ensure quality care was delivered.

Staff support: induction, training, skills and experience

- People were supported by staff who were skilled and understood their needs. People told us, "They seem pretty well trained" and, "My care is second to none."
- Staff received essential training which was regularly refreshed and updated. Topics included food hygiene, safeguarding, medicine management and infection control. Staff were encouraged and supported to undertake additional health and safety qualifications and become "Champions" in certain areas. Staff with "Champion" roles would lead care on a specific area, for example nutrition or well-being.
- Staff told us they had an induction when they started to work at Venn House and opportunities to shadow more experienced members of the team.
- One to one staff supervision was in place in addition to informal support networks.

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

- People and family members continued to share positive feedback about the food, "My husband says the food is superb" and, "You can't fail it. I get to choose the night before what I eat" and, "If you fancy a drink, they will get you one."
- Where people were unable to express their likes and dislikes, staff spoke with their families, so they could understand what they liked to eat and drink.
- Some people were at risk of poor nutrition and these people were monitored closely with regular weight checks. The kitchen staff and care staff were aware of how to support people who had special dietary requirements.
- Meals and snack were spaced evenly throughout the day to support people's nutritional needs. Referrals were made to the speech and language team when required, for example if a person developed swallowing

difficulties.

- The PIR told us, "Service Users are offered a balanced diet and daily menus are available with various meal choice options. We have a four weekly rolling lunch and supper menus available. Our cooks are always happy to offer additional meal options, should the choices on offer not be desired."

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

- Relatives we spoke with were happy and felt involved in their loved one's care.
- The staff team worked across organisations to ensure people received effective care. Regular reviews with health and social care professionals were arranged. If people were unwell during their stay, the local district nursing team visited. Positive feedback was received from the district nursing team.
- If people's needs changed and professional expertise was required, prompt referrals were made and people's doctors contacted. People told us, "They get the doctor if I need one." A relative also confirmed, "They call my husband's own Gp when needed."
- Prompt medical advice was sought if a person had fallen or appeared to be in pain. Staff followed professional advice for example if people were recovering from surgery.
- The service was looking at opportunities to promote people to live healthier lives and increase people and staff well-being. During the inspection music was being enjoyed in line with best practice guidelines for dementia.

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

- Venn House accommodated people in the Coach House. This was a large, light building to support people's well-being.
- Handrails supported people who were mobile to move safely through the home. Walls were decorated with textured pictures for people who had sensory needs to enjoy touching.
- Bedrooms we saw were in good condition.
- There was signage to support people's orientation within the service and there were plans in place to personalise people's bedroom doors.
- The garden was accessible from the dining area. This was a safe, flat outdoor space with plants and seating for people to enjoy.

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 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider and registered manager understood their responsibilities under the MCA and appropriate applications to legally authorise restrictions had been submitted where people were unable to consent to restriction in place to keep them safe.
- The PIR shared, "If the service user has shown to be lacking capacity, the Mental Capacity Act 2005 and

DoLS are applied to alleviate the risk of the Service User being deprived of their liberty. Risk assessments are always documented with the least restrictive actions necessary for the Service User's safety, mindful of the Service User's human rights and upholding their dignity, respect and choice."

- Care records evidenced people's ability to consent to their care and treatment and demonstrated people had been asked for their views and consulted. For example, whether they wanted night checks, consented to photographs and whether they wished staff to administer their medicines. These decisions were kept under regular review. The registered manager was in the process of transferring this information onto the electronic records.

- Where people were unable to make these decisions, people's family, advocates or those with the legal authority to make decisions on people's behalf had been involved and consulted. This helped ensure decisions were made in people's best interest.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for and mattered to staff. People's individual differences were respected and valued in a welcoming, inclusive environment.
- People and relatives told us staff had time to listen and talk, "They make an effort to talk to the residents and take time with them."
- Feedback we received included, "I can't fault the staff, they are very friendly, and they are always giving my wife hugs" and, "They don't fail in anyway. They've always got time for me, I get lots of hugs." Other people told us, "All the staff are good, they make me feel special."
- Birthdays were celebrated with party food and a cake. There was a quiet lounge for private family meetings and gatherings.
- Relatives were encouraged and welcomed at Venn House. The PIR told us, "We promote a warm and friendly atmosphere, with no restriction on visiting times. All visitors are welcome, and they are always offered a drink of choice and cake/biscuits."

Respecting Equality and Diversity

- Equality and diversity training was in progress for staff. Assessments asked people and their families if they had any support needs in relation to sexual or gender identity, faith or culture. Staff understood, and respected people's needs regardless of their disabilities, race, sexual orientation or gender.
- The PIR told us, "We need to have due regard to the Human Right Act 1998. There are five principles of human rights which are: fairness, respect, equality, dignity and autonomy, called the FRED A principles. We treat our residents with the upmost dignity they deserve and try to make Venn House a place they can call home."
- During our observations of care, interactions between people and staff were patient and kind. Staff explained to people what was happening if they were moving them and provided reassurance to people who appeared unsettled.

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

- Where possible people were actively involved in their care decisions. "All about me" documents had been created which shared important information about people. Families had contributed to these with photos and information.
- We saw from care plans where people had contributed their preferences in how they liked and wanted their care delivered. People and relatives confirmed they were involved and active participant's in their care.
- People were also involved in decisions at the home, for example participating in the recruitment of new

staff.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us how their independence was encouraged. For example, by being involved in aspects of their care they were able to manage, stay mobile and maintain their interests.
- People who liked their privacy and own space were respected by staff. Some people preferred to stay in their rooms and staff accepted this but also checked frequently that people were content.
- People's dignity was maintained. We saw staff knocking before entering people's rooms. One person told us, "They always knock before entering my room and then ask to come in."
- People were respected for their individuality. We observed people were dressed as they liked and had their important belongings with them, for example, ladies had their handbag, jewellery they liked, and nails painted. Staff intervened quickly to change people when food had soiled their clothing.
- We saw during our observations people were encouraged to walk to maintain their mobility and independence.
- Staff we spoke with talked with a sense of pride in their work. They were committed to giving people the best care they were able to. The registered manager was a dignity champion and using a dignity audit to further enhance this area at Venn House.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant 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

- The assessment process was thorough to support people's transition to Venn House. The holistic assessment checked people's needs could be met by the service and their preferences for care were known.
- Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them. Since the previous inspection the service had invested in electronic care records. This enabled staff to record more detailed information about people's needs, as well as promptly access information about changes or risks.
- People's preferences were understood and respected. One person told us, "I like to go to bed at 6pm and they come and tuck me in and give me a kiss. Then they come around at night and check on me."
- People's social needs were known and encouraged, for example one person like to meet her friends in town for lunch regularly.

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 information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. For example, if people needed information in a larger font this was possible.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others as required.
- The provider told us they used pictures to assist with communication with some people. The registered manager told us information could be provided different fonts were available to help people who may have visual impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed activities to their personal taste and individual needs. Activity staff supported people to remain stimulated.
- During the inspection, people were seen singing and enjoying the Ukulele playing in the garden. The service were currently trying to set up their own musical band.
- People who wished, sometimes engaged in "messy church" where arts and crafts were enjoyed.
- A summer BBQ was planned for July with family invited and a pipe band.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place to manage complaints. This was visible to people who used the service.
- People who were able to verbally share their views told us they would speak to staff if they had a complaint. One told us, "I certainly do not have any complaints and if I had a complaint and anything was wrong I would talk to the manager."
- We reviewed concerns which had been received since the previous inspection. These were dealt with promptly and to the satisfaction of the complainants. A relative shared, "I can speak to the manager about any worries and she sorts things out."

End of life care and support

- The service were working with people, their families and professionals to develop end of life care planning ensuring care would be dignified and pain free during people's last days and weeks.
- Some senior staff had received training in end of life care and there was a dedicated "End of Life" Champion. Champions are staff with leads in a particular area.
- Where appropriate, people had written plans in place regarding resuscitation.
- Feedback we reviewed from thank you cards was positive about the care and compassion shown to people at the end of their lives.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

The last inspection in May 2018 demonstrated improvements but these needed time to embed to ensure these changes were sustainable and the service continued to be compliant. At this inspection we found continued progress had been made.

- The provider and registered manager were well known at the service by people, their families and staff. We were told by people and staff the leadership team were hands on and we saw the leadership team engaging with people and relatives throughout the inspection.
- The registered manager was new in post and the management structure was developing with roles and expectations being clarified. The registered manager told us there was now clarity regarding the roles of the senior staff to ensure better delegation for example staff were leading in certain areas for example medicine management.
- Family feedback included, "[X] is very good" and, "[X – the registered manager] really cares about people."
- The leadership team were committed to offering a good service to people and used regular audits across the service to identify areas for improvement. These included health and safety audits, care planning audits, reviews of incidents and accidents and reviewing people and staff feedback through the quality assurance questionnaires.
- The PIR shared, "The Registered Manager and the Provider are persons with the utmost responsibility of the Care Home and must ensure that it is well-led. This involves having a cultural affinity, showcasing empathy, encouragement, motivation and patience. We believe in empowering others and help them to achieve their career ambitions. A well-led team delivers the best possible care, and this is the approach we adopt at Venn House."
- Resident and family meetings were held frequently to gather views and opinions of the service and keep people up to date. Newsletters kept family up to date on activities within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found the leadership team to be honest and open. They were aware of the areas that required improvement and open to suggestions and feedback. They were motivated and committed to providing high quality care.



- People and family told us management were approachable, listened and when things went wrong, apologised and made improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager understood their roles and responsibility to maintain compliance. The provider undertook a checklist to check the quality of the service.
- Notifications had been submitted in a timely way. The provider information return had been submitted on time.
- The registered manager was keen to enhance staff skills within the team to ensure in the event of their absence, the service would continue to run smoothly. They shared the importance of staff learning and developing their skills.

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

- People were listened to. Daily walkarounds enabled conversations with people and we saw staff spending time relaxing and talking to people. People were also asked their opinion through frequent surveys.
- Staff were involved and respected for their contribution. Employee of the month encouraged staff to achieve their best. Staff meetings and one to one meetings enabled staff to feedback and raise suggestions.
- One staff member told us they had been given a "Champion" role. They said this had made them feel valued and gave them greater insight to be able to support people. Champion roles meant staff had skills, training and knowledge in certain areas and would be a resource to staff and people in that particular area.
- The PIR shared, "We understand that as management we must be consistent, led by example and be always available to support and guide our staff. Regular meetings are held between management and staff."

Continuous learning and improving care

- The management team had learned from previous inspections and had acted to make things better. They continued to work alongside a consultancy service to sustain good practice.
- Continuous feedback and reflection enabled progress across all areas.
- The registered manager had a working service improvement plan to continue to develop the service. This included many good ideas, for example, people greeting new residents and giving them a tour and continuing to use the new electronic system to its full potential.

Working in partnership with others

- The service had worked closely with the local authority improvement team to make changes and sustain compliance.
- Professionals we spoke with were pleased with the progress the service had made.
- Provider forums were attended and there were other links with groups where best practice was discussed and ideas shared.