Mr HA and Mrs M Cole

Penerley Lodge Care Centre

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?	Requires Improvement

Summary of findings

Overall summary

Penerley Lodge Care Centre provides personal care and nursing care to older people and those living with dementia. The service can accommodate up to 29 people. At the time of our inspection 19 people were using the service.

At the previous comprehensive inspection of Penerley Lodge Care Centre on 27 February and 4 March 2016, we found three breaches of regulations relating to the management of risks to people's health and safety, staffing levels, and the way people's care was planned and delivered. Due to our concerns and the breaches of regulations, we issued a warning notice at the time. You can read the full report from our last comprehensive inspection, by selecting the 'all reports' link for 'Penerley Lodge Care Centre' on our website at www.cqc.org.uk.

We undertook a focused inspection on 4 August 2016 in relation to the breaches of regulation we identified at our previous inspection of 27 February and 4 March 2016. We found that the service had followed their action plan and had met the conditions of the warning notice we issued. We could not however change the rating for the five key questions and the overall rating of the service because to do so required a record of consistent good practice over time.

We undertook an unannounced comprehensive inspection on 11July 2017. At this inspection we found that the service had sustained the improvements put in place following our previous inspections of 27 February and 4 March 2016 and August 2016 and met the legal requirements.

There was no registered manager. The manager in post was new and was still in the process of completing their application to become the registered manager with 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's medicines were managed in a safe way. This included administration, recording, storage, and disposal of unused medicines. Risks to people were adequately managed. Risk assessments were carried out and management plans were in place to keep people safe from avoidable harm. Recruitment procedures were safe to ensure only suitable personnel worked with vulnerable people. Sufficient levels of staffing were deployed to meet the needs of people. Staff understood how to recognise signs of abuse and how to protect people from the risk of abuse.

Staff understood their responsibilities within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People consented to their care and support. Staff were supported through induction, supervision; appraisal and training to enable them to effectively meet people's needs. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements. Relevant professionals were involved to ensure people received appropriate support and care that met their needs.

People told us staff treated them with kindness and respected their dignity. Staff knew people well and understood their needs and preferences and told us they were cared for as they wanted. People using the service and their relatives were involved in their care planning and these were reviewed and updated regularly to reflect people's current needs and circumstances. Staff encouraged and supported people to maintain the relationships which mattered to them.

Staff encouraged and enabled people to do what they could for themselves to keep them active and maintain their independence. People were engaged in activities they enjoyed to occupy them and enable them to relax and socialise.

People knew how to complain if they were unhappy with the service. The manager investigated and responded to complaints and concerns appropriately. Regular spot checks and audits took place to identify any shortfalls in the service and actions were implemented to rectify the short falls found. The environment was safe and well maintained. Health and safety checks took place. The service worked in partnership with the local authority and other agencies to provide an adequate service to people and to improve the home.

We have made a recommendation in relation to improving communication, staff morale and team work.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had received training in safeguarding vulnerable people from abuse. They understood the various forms of abuse that could occur, the signs to look for and how to report any concerns.

Risks were assessed and management plans devised to reduce identified risks to people in order to keep them safe. Staff understood and followed action plans in place to reduce risk.

People received their medicines in line with their prescriptions. Medicines were managed safely including storage, recording and administration.

Recruitment practices were safe. Staff deployed to work at the service underwent checks to ensure they were suitable to work with people. There were sufficient numbers of suitably skilled staff to meet people's needs.

The environment was safe and well maintained. Health and safety checks took place.

Is the service effective?

Good

The service was effective. Staff were trained, supported and supervised to deliver care to people effectively.

People consented to their care, and where required, relatives and professionals were involved in the decisions. People's rights were protected in line with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff and the manager understood their responsibilities under MCA and DoLS.

People's nutritional and hydration needs were met. People told us they enjoyed the food provided at the service.

People had access to a range of healthcare services to maintain their well-being and health.

Is the service caring?

Good

The service was caring. People told us staff were kind and approachable, and treated them with respect and dignity. Staff knew people well and understood their needs. People's routines and preferences were followed by staff. People were involved in planning their care and their views were taken into account.

People were supported to maintain relationships which mattered to them

The service provided care for people in the final stages of their life in line with their wishes.

Is the service responsive?

Good

The service was responsive. People received care and support that was planned and delivered in a way that met their individual needs. People participated in activities they enjoyed.

People knew how to complain if they were unhappy about the service and their complaints were responded to, in line with the provider's procedure.

Is the service well-led?

Requires Improvement

There was no registered manager. The new manager was in the process of completing their registration as the registered manager with CQC. Staff told us they had the leadership support they needed.

The service worked with the local authority and other organisations to improve the service. The manager undertook a number of checks to assess and improve the quality of the service. Records were up to date and were stored in accordance with data protection act.

Penerley Lodge Care Centre

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 unannounced inspection took place on 11 July 2017. The inspection was carried out by one inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector arrived onsite at 7am. This was because we wanted to see that people's choices were respected in terms of the time they woke up in the morning.

Before the inspection we reviewed the information we held about the service which included notifications of events and incidents at the service. We also reviewed the Provider Information Return (PIR) we received from the provider. The PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with the manager, 11 people who used the service, one relative, five care workers and the activities coordinator. We also spoke with two visiting medical practitioners.

We looked at six people's care records and medicines administration record (MAR) charts for the 19 people using the service. We also reviewed six staff files including records of supervision and recruitment. Additionally we checked other records relating to the management of the service including complaints, health and safety records, and checked the quality assurance systems.

After the inspection, we received feedback from two healthcare professionals involved in the care and treatment of people at the service, and the contracts monitoring officer from the commissioning authority.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. We checked the systems in place to safeguard people from abuse and found that there was a policy and procedure. Staff had been trained in safeguarding vulnerable adults from abuse and they understood the different types of abuse and the signs to recognise them. Staff knew how to report any concerns they may have to their manager or person in charge in line with their procedure. Staff were confident that any concerns they raised would be investigated to protect people from harm. Staff also told us they would be happy to escalate their concerns to an external authority to protect people if their manager failed to address this. The manager was aware of their responsibility to act on safeguarding concerns when they arose. Records showed they had followed their procedure in responding to the concerns that were raised including notifying the Care Quality Commission (CQC).

People received their medicines safely in line with the prescriber's instructions. Medicines were administered by senior staff members who had been trained to do this safely. We observed the administration of medicines during our visit. The staff undertaking this duty checked medicine administration records (MARs), prescriptions and labels on medicines to confirm it was for the correct person. They also checked to confirm the medicine, dose and method of administration before they handed out the medicines. They completed the (MARs) after each person had taken their medicines. We found that (MARs) for the three week period prior to our visit had also been correctly and clearly completed. Records showed that regular medicine audits took place to identify errors. Staff were also clear on the procedure to follow to deal with and report any medicines errors. They were clear they would contact the person's GP for advice and if required call the ambulance service.

Medicines were stored securely and safely. These were locked in medicines trolleys which were secured to a wall to ensure they were not moved. Medicines which needed to be kept in the fridge were safely stored. The fridge temperature was monitored and records of this were maintained. We also saw unused medicines were returned to the pharmacy for safe disposal.

The health and safety of the environment was well maintained. There was a fire risk assessment that identified actions to reduce the likelihood of fire. We saw evidence that weekly checks of fire alarms were carried out to ensure they were functioning properly. Fire drills also took place regularly so people using the service and staff could practice evacuation procedures. Fire extinguishers, smoke detectors and other fire management equipment were serviced and maintained annually by professional contractors to ensure they were in good working condition. We saw that fire doors were not obstructed.

There were also systems to manage infection, clinical waste, gas, portable appliances, electrical, and water safety. We saw certificate of maintenance and servicing from external contractors that confirmed that these were safe. Equipment such as hoists and the stair lift was also serviced annually to ensure they were functioning correctly and safe for use.

People were supported by staff who were suitable to work with people who used the service. Recruitment

records showed at least two references and criminal record checks, identification and right to work in the UK were obtained for staff before they were allowed to start working at the service.

People told us they received the help they needed from staff. One person said, "There seems to be enough I must admit but they are not over staffed." Another told us, "There is always someone here day and night to help us." And a third person said, "I have used my call bell many times and [staff] will always respond." And a fourth person said, "I am distressed that their hours have been cut. However there is enough staff. There is also a day and night nurse too."

However, the views we obtained from staff were mixed. One member of staff told us, "It used to be five staff for 29 people but now three staff for 19 people. It is not enough. We have two people who need bed care." Another staff member said, "[The management] recently reduced the number of staff on duty from five to three. In my opinion it is not enough." A third staff member told us, "Some days are more challenging than others because there might be an emergency or if a resident is restless. But it is not the case every day. For me it depends on who is working and the team leader coordinating the shift. We can manage with the number on duty." And a fourth staff member said, "If we work as a team we will be fine. The number of staff on duty is not a problem for me but [the management] did not give us enough time before they reduced the number."

We observed on the day that people's calls for help were answered promptly. We saw staff were not rushed when they supported people. Rotas showed that shifts were covered day and night and there was a senior care staff member on duty on each shift who was supported by care workers. The manager explained that staffing levels were planned according to people's needs and occupancy. They further highlighted that they had recently made some adjustments to the staffing levels based on the occupancy level. They told us that the staffing levels will be reviewed regularly and adjusted as required to meet people's needs.

People were protected against avoidable risks based on their mental and physical health, environment and activities of daily living. Risk assessments contained written guidance for staff that covered moving and handling, pressure sores, malnutrition, choking, falls and mobility. Management plans were formulated on how the hazards identified would be reduced. We saw an action plan in place to reduce the choking risk for one person. The speech and language therapist (SALT) was involved in drafting the plan. The plan included information about the types of food textures and fluid consistency that was safe for them to consume. The person only had pureed food and thickened fluids in line with the recommendations of the SALT assessment. We observed the person during a mealtime and saw that staff complied with the instructions on the person's care plan.

There was also a management plan to manage and reduce the risk of pressure sores for people at risk. Two people's care plans we looked at in relation to their skin integrity included body maps to document any wounds and these were well completed. The person had a pressure relieving mattress and cushions. The importance of maintaining good personal hygiene and moisturising the specific areas of their skin was also noted. They were also supported to change positions in bed to reduce the risk of pressure sores developing. Charts showed that staff followed the plan and assisted people to turn in bed. Staff sought the input of a tissue viability nurse where required. Moving and handling plans were also in place for people to ensure they were transferred safely from one place to another. Staff had completed up to date training in the safe transfer of people and they told us they were confident in carrying out the tasks. Staff we spoke with, the daily logs we checked and our observations confirmed staff followed the risk management plans in place for each person. This indicated that people were supported in a way that promoted their safety.

Good

Is the service effective?

Our findings

People told us and training records showed that staff had received relevant training to enable them to care for people well. One person said, "The carers are good at looking after you." Another said, "Oh definitely they [staff] are well trained. They are always on hand to help." A third person said, "They [staff] seem to be very good actually."

Records showed that new staff had completed an induction when they first started. The induction covered learning about aspects of care delivery and skills required to meet the needs of people. Training records confirmed that care staff had completed training in moving and handling, safeguarding, health and safety, dementia care, dignity and privacy, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff also received training in specific areas such as stoma care and pressure sore management. Staff told us that they had opportunities to continually develop and update their knowledge. A member of staff said, "I have done all my care trainings. But the manager is sending us on more training so we can learn more and do the job better." Another told us, "[The manager] has put us all on training. I have done safeguarding, MCA/DoLS, fire safety, moving and handling, dementia and infection control." This demonstrated that staff had the knowledge, skills and experience to care for people.

Staff told us they were supported and appropriately supervised in their roles. One staff member told us, "I get the support I need." Another member of staff said, "I feel supported in my role. I can ask for help and I will get it." Notes of supervision meetings were based on discussions such as the well-being of people, team work; health and safety and training needs were discussed. The manager had devised a plan to ensure staff received regular supervisions and appraisals when these were due. We saw that the manager also used supervision meetings to address performance issues.

The service had complied with the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to consent to their care. One person said, "You are not forced to say or do anything." Another person told us, "[The staff] always ask for my permission before they do anything. They give us a lot of freedom." We saw that the provider had worked in collaboration with people using the service and their relatives where appropriate. Relevant professionals had assessed people's mental capacity in relation to making specific decisions. Best interests meetings were held for people where there were doubts about the person's capacity to made specific decisions. Staff knew their responsibilities in line with MCA/DoLS

principles. One staff member told us, "We don't restrict residents here. I have done MCA/DoLS training. We will follow the process to enable people to make decisions." Another staff member said, "You always let them decide what people want. It's their choice and you have to respect it."

The manager understood their responsibilities under the MCA/DoLS. DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain the person's safety. The service maintained records of DoLS authorisations and reviewed the conditions attached to these regularly to ensure people's rights were protected.

People were appropriately supported to meet their nutritional and hydration needs. People told us they liked the food provided to them. One person said, "I do like the food. It is really good food." Another person told us, "Oh it is lovely. If you don't like it they will give you something else." And a third person said, "The food is spot on. There is a lot of variety with food choices." People's care plans indicated people's nutritional and dietary requirements and the support arrangements that were required during meal times were met. We saw staff supporting people in line with their care plans. We observed staff giving people choices of what to eat and drink. People who required assistance to eat received the support they required. Staff offered snacks and drinks to people at regular intervals throughout the day.

People had access to healthcare services when they needed them. One person said, "District nurses come in the morning to give me my insulin." Another said, "If I am not feeling right I can ask for a pill plus I can ask to see a Doctor if I wish and they arrange for the GP to visit." Records showed that people received input from a number of healthcare professionals when required. These included the tissue viability nurses (TVN), a palliative care team, podiatrist, GPs, dentists, opticians, and dietitian and community psychiatric nurses. We found that a referral was made to an audiologist to assess a person's hearing. Professionals we contacted told us that the service liaised with them and followed their recommendations.

Good

Is the service caring?

Our findings

People were cared for by staff who were interested in them and were compassionate and kind towards them. One person told us, "They [staff] are wonderful and kind to us." Another said, "They [staff] are beautiful and lovely. They chat with us a lot and are very attentive."

We observed positive interactions between staff and people using the service. Staff knew people well and were friendly towards them. They addressed people by their preferred names and knew how to engage with people and cheer them up if needed. One person told us, "They [staff] study our mood and state of mind and they know what we want and how to help us." Another said, "If you have a trouble you can go and talk to them [staff] and they will help you." We saw staff provided reassurance to people who were unsettled. We also saw staff checking on people who were not engaging in discussions or activities. Staff showed empathy and understanding in the way they approached and cared for people.

Staff understood people's needs and preferences, and cared for people accordingly. One person said, "They really get to know you and how you like things done for you. They don't ask me to get dressed unless I want to." Another said, "They ask what you like and remember it." Clear information was provided on records about people's choices, care and routines. People using the service and their relatives, where possible were involved in their care planning. We saw staff complied with people's choices and daily routines. We saw that people were assisted in and out of bed as they wished. When we arrived onsite for our inspection, the people awake early that morning confirmed it was their choice. One person who was awake when we arrived told us, "You can get up when you like. I get up at 0500. It has always been my lifestyle." Another said, "I am an early bird. I like to get up, dressed and cup of tea before anyone gets up." Another said, "I get up at 0800 to 0830 and it is my choice." Staff communicated with people in a way they understood. We observed that a staff member adjusted their tone and pitch of voice when speaking to different people so they could understand them. We also found that staff had referred people to an audiologist for a hearing aid to improve their hearing and communication.

People's privacy and dignity was respected. One person said, "Oh yes they [staff] knock, but I told them not to knock and just come in." Another told us, "They [staff] knock and wait to be called in." another commented, "They always ask for permission before they come in. Also if you want to talk privately they [staff] will take you into another room." We observed staff discreetly speak to people and later both the staff member and person left and headed towards the toilet so we knew then that they spoke to the person about their toileting needs. Staff spoke to people in a dignified manner, using appropriate tone and language. Staff we spoke with understood what it meant to promote people's dignity and privacy. They were confident in giving us various examples of how they promoted this in their day to day work.

The service encouraged people to maintain relationships which mattered to them. People's relatives could visit the home as they wished. One person said, "My family can come whenever they like." We saw a relative visit during our inspection. They told us they were always welcomed. Staff told us they also gave people access to the phone if they wanted to receive phone calls from their relatives.

People received the end of life care they wished. There were Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place. The GP involved people using the service and their relatives where appropriate in the decision making. The reasons for the decisions made were also recorded. We saw that the palliative care team and GPs were involved in the care of people at this stage of their lives. A member of the palliative care team we contacted told us people's wishes were respected as regards to where they spent their last days. They also confirmed staff treated people with dignity and respect and that staff were experienced and knowledgeable when carrying out people's end of life care wishes. They added that staff followed the advanced care plan in place for people and liaised with the palliative care team and GP appropriately. The service was awarded the end of life care certificate in 2016 for sustaining 'The steps to success programme'.

Good

Is the service responsive?

Our findings

People's care and support was planned and delivered in a way that met their individual needs. One person said, "If you want to know anything all you need to do is ask." And another person commented, "I am very happy with the way they care for us. The workers put their heart out for the patients." A relative told us, "[My family member] gets what they want." Care records showed initial assessments took place before people were admitted to the service so the manager and staff understood the person's needs and to also establish if the home could meet their needs. People had the opportunity to visit the home and spend time there before they made a decision about whether to move in or not.

Care records provided information about people's backgrounds likes and dislikes, interests, hobbies, preferences and routines. It also included a summary of their physical health, mental health, personal care and social needs. Care plans were created based on people's identified needs and explained how these needs would be met. Care plans were detailed and covered various areas of people needs including diabetes, heart conditions, and other physical, mental and/or personal care needs. One person with a history of reoccurring urinary tract infections received support from staff to collect their urine sample every two weeks which was then sent for further tests. This was so they received appropriate intervention from their GP to prevent or treat any traces of infection early. The person was also encouraged to drink plenty of fluids. Staff told us this plan had helped to improve this person's quality of life as the person's condition had been managed and controlled. Another person's care plan detailed how staff were to support them to manage and improve their nutritional intake as they were underweight. Staff had involved a dietitian and monitored the person's weight weekly. They followed a special meal plan which included fortified foods and drinks with the right level of nutrients and calories. Staff also kept records of the person's food and fluid intake to ensure this was monitored. Records showed that the person's weight had gradually increased. Another person with visual impairment was moved to the ground floor. The person was supported by staff around the home and they were provided with appropriate aids such as a white stick to help them move around in the home. Staff told us, and our observations and reviews of daily logs confirmed, they understood people's care plans and complied with them. Care plans were reviewed regularly to reflect people's current needs. Staff told us changes in care plans were communicated through handover meetings.

People had a range of activities of interest they enjoyed and occupied themselves with. There was an activities coordinator who planned and coordinated activities. The activity plan included both individual and group activities; indoors and outdoors. Special events such as Valentine's Day, St Patrick's Day, and birthdays were also celebrated. People told us they enjoyed activities provided. Comments from people about the activities provided included, "Sometimes we go out in a coach to visit places. I love it", "There is always something to do. I like the singing and questions", "Yeah we are all like the activities. Sometimes we have entertainers who come in" and "We like the activities also our nails get painted and a hairdresser comes twice a week to do our hair."

We observed a question/quiz session taking place. There was good number of people participating. The

activity coordinator engaged people well and there was much interaction. The questions were age appropriate and reflected their generation. People joined in with enthusiasm. There was a lot of laughter, singing and excitement. This showed they enjoyed the activities and the participation. People who preferred not to or were unable to join in group activities due to their circumstances received one-to-one activities such as reading, hand massages and singing.

People using the service and their relatives told us they knew how to make a complaint. One person said, "I would speak to the head one." Another told us, "If I was unhappy I would let the staff know my feelings and I would go to the office to speak to the person in charge." The service had a complaints procedure which set out what to expect if a complaint is made and external authorities they could escalate their concerns to. Complaints records showed that the service had followed their procedure in addressing complaints that were received. The complaints were investigated and written responses were provided to the complainant and showed that matters were successfully resolved.

Requires Improvement

Is the service well-led?

Our findings

The manager in post started two months prior to our visit and they were in the process of registering with CQC as the registered manager. From our discussion with her, she demonstrated she understood her role and responsibilities in running and managing a care home effectively. She also knew her responsibility to notify CQC of incidents categorised as reportable in line with the requirements of their CQC registration.

People told us they were comfortable living in the home and they felt it was a good home. One person said, "I love it absolutely. I couldn't wish for a better place." Another said, "It is a lovely home, we joke and laugh. It is the best home in south east London." And another told us, "It has got everything you need. It has a garden conservatory, just like it is at our home. They [staff] also look after us very well." People also told us they knew who the manager was in case they needed to speak to her. One person said, "I know the manager is a woman. She comes around and I know I can talk to her but I don't feel the need to talk to her now." Another person told us, "She [manager] is a new lady only been here for a couple of months and she comes to chat."

Staff and professionals were impressed with the positive changes and improvements that had taken place at the service. Staff also told us they received the leadership and direction they needed from the new manager. One member of staff told us, "The manager is very keen to boost this place. To make sure this place runs smoothly. She has updated care plans, paper work and booked us on training and started doing supervisions with us again. She is committed and enthusiastic. The well-being of the residents is important to her." Another staff member said, "The new manager is very good and experienced. She is changing this place for the better. I don't have any problems with her. She cares about the residents. She supports us." Another said, "I can talk to [manager's name] she likes standards, structure and following procedures. I like those too. Since she started there is more accountability and leadership. She is making a lot of changes." The manager was visible in the home and involved in the day to day operation of the service. Staff told us that the manager also sometimes worked night shifts so she could support the night care team and experience what the service was like at night time.

Staff however expressed unhappiness with regards to a recent change in their contract and hours. They told us that their working hours had been reduced without due consultation and notification. At the time we visited two staff expressed their desire to leave once they found another job. We raised this issue with the manager and they explained they followed a directive from the provider. They also explained the rationale behind the decision. Staff also expressed some level of insecurity due to the high turnover of registered managers they had experienced in recent times. They said it was getting frustrating having to adjust and learn different managers' ways of working.

We recommend the provider seeks advice from a reputable source around improving communication, staff morale and team work.

The manager regularly audited the service to identify gaps and improve the way the service delivered care to people. They conducted checks of care records, medicine management, health and safety, environment,

care delivery during the day and night and other aspects of the service. Following the result of an audit the manager had installed a water fountain to enable people have access to water easily. They had also recently updated and improved the way care records were written. Records we reviewed were all up to date and stored appropriately in line with data protection and confidentiality principles.

The service worked in collaboration with the local authority to improve the service. The feedback from the local authority monitoring team was positive. They were pleased with the improvement the service had made recently. They told us the manager was committed to making positive developments.