

# Parkcare Homes (No.2) Limited

## Combs Court

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 14 August and 7 September 2016 and was unannounced. The service provides accommodation and personal care for up to 30 people who have a learning disability or who are on the autistic spectrum. Due to changes and upgrading the service is proposing to reduce its numbers to 29 in the near future. The service is divided up into units called The Beeches, Laurel and Willows plus bungalows and an activity centre which are based around a court yard with gardens. There were 25 people using the service on the day of our inspection. One unit was undergoing refurbishment so that the accommodation would be more suitable for people with more independence.

The service did not have a registered manager in post as their registered manager had left the organisation a few weeks prior to our inspection. The service was being managed by an experienced manager from the organisation and they informed us they would be seeking to become the registered manager.

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

At our last inspection in March 2014 the service was compliant with the regulations inspected.

People were protected from the risk of abuse as staff had attended training to ensure they had good understanding of their roles and responsibilities if they suspected abuse was happening. The manager had shared information with the local authority when needed to ensure people were safeguarded as far as possible.

People were supported by a sufficient number of suitably skilled and knowledgeable staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work. Staff had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely. Although the recording of the 'as required medicine' could be better as there were gaps in the medicine chart because staff had not always followed the guidance on the medicine chart. However all medicines were accounted for so we could be confident that when staff had signed to say medicine had been administered this was the case.

The manager, the management team and the staff were passionate about providing people with support that would enable them to lead lives of their choice. We saw evidence of how the staff were supporting people to develop their own independence and use the service as a stepping stone to move on to other accommodation. The service provided staff with support through meetings, annual appraisals and supervision. The manager was embarking upon providing additional support and training for the

supervisors.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. People at the service were subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times. People were given choices in their daily routines and their privacy and dignity was respected.

People were very happy and content living at the service and liked the staff that cared for and supported them. The service operated a key worker system where one member of staff was responsible for working with an individual to develop and review their care and support plans. Key workers identified people's interests and explored innovative activities that they could support them with.

Staff knew people well and were trained and competent in meeting people's needs. Staff received supervision to help them develop and share ideas and good practice.

People were involved in the planning and reviewing of the care and support. Care plans and risk assessments were in place demonstrating how people should receive safe care. These were being updated so were not all current in accordance with people's needs. The documentation and combining risk assessments with the rest of the new care plan structure coming into place was work in progress. We identified during the inspection that a care plan required further information regarding risk to the person. Action was taken immediately by the manager and staff to correct. We were also assured that the staff knew the person well which reduced the likelihood of harm occurring.

The health needs of people were managed appropriately with input from relevant health care professionals. People were treated with kindness and respect by staff who knew people well. People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health.

People were supported to develop and maintain activities in the local community. There was an open culture and staff were supported to provide care that was centred on the individual. The manager was open and approachable and enabled people who used the service to express their views and act upon suggestions.

There was a reporting procedure in place for any concerns or complaints and people felt they would be taken seriously. People who used the service were encouraged to be involved in decisions about the service. The provider had systems in place to check the quality of the service and implement actions to improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

People felt safe and comfortable at the service and staff were clear on their roles and responsibilities to safeguard people from potential harm and abuse.

Risk assessments were in place and were reviewed to enable people to be supported to be as independent as possible, but did not always have sufficient detail about the risks to people or how they should be mitigated. .

Staff recruitment policies were in place and focussed on ensuring that only staff that could meet the needs of the people that used the service were employed.

Medicines were administered according to the services' medication policy and procedures by trained staff. This ensured people had their medicines as instructed. However medication recording sheets were not always completed correctly and further guidance was needed as to when staff should administer medicines for occasional use such as pain relief.

### Is the service effective?

**Good** ●

The service was effective

People received innovative care and support that was based on their needs and wishes. This promoted their wellbeing and encouraged people to develop their independence skills.

Staff had good access to training and the management team used innovative ways of training staff to assist them in providing a high standard of care to people.

Staff were knowledgeable about the Mental Capacity Act 2005

There was induction training for new staff, supervision and appraisal to help staff develop their skills and competencies.

### Is the service caring?

**Good** ●

The service was caring

We observed positive interactions from staff and people's enjoyment in response to this.

Staff were passionate about the care they provided and treated people with kindness, respect and dignity.

Staff accompanied and stayed with people during any hospital admissions.

### Is the service responsive?

The service was not always responsive

People received care that was flexible and responsive to people's individual needs and preferences. However the new care plan system was not fully in place which meant the plans in some instances were disjointed.

There was a complaints policy and procedure in place which was followed to ensure complaints were adequately responded to within the agreed timescales.

**Requires Improvement** ●

### Is the service well-led?

The service was well led

People told us the new manager and senior staff were approachable and listened to them. The manager and senior staff were passionate and dedicated to providing a quality service to people.

The staff team worked in partnership with other organisations at a local level to provide the support people required.

The new manager was working with the people and staff to ensure they delivered a high quality service which met people's needs

**Requires Improvement** ●

# Combs Court

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 24 August and 7 September 2016 and was unannounced.

Prior to the inspection the registered provider was asked to complete a Provider Information Return (PIR). We found that the information provided in the PIR was accurate to what we found during our inspection.

The inspection team consisted of the Chief Executive of Skills for Care (observing an inspection procedure), one inspector and 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.

Before our inspection we reviewed the information we held about the service, which included safeguarding alerts and statutory notifications which related to the service. Statutory notification include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We spoke with seven people who lived in the service. We also spoke with four care staff members and the manager as part of this inspection.

We looked at four people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

# Is the service safe?

## Our findings

People who used the service and their relatives told us that they felt safe. All people spoken to felt safe and secure with many very much regarding Combs Court as their home. One person told us, "I feel very safe here" and "it's lovely here." Another person told us, "I feel safe and supported here."

We saw that there were posters displayed around the office and activity centre that explained to people what abuse was and how people would be protected from abuse. The manager was knowledgeable about the procedures for dealing with safeguarding concerns and whistleblowing. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace without fear of the consequences of doing so. Staff told us that they were aware of the whistleblowing and safeguarding procedures and would not hesitate to use them should it be required. One member of staff said, "The safeguard training was good because it explained the different ways in which people can be abused and what we are required to do." Another staff member told us, "I would report any concerns right away to my supervisor and manager."

The service had developed emergency evacuation plans for people using the service and also plans for how the service would cope in an emergency such as fire. We also noted that safety equipment such as fire extinguishers and equipment used to support people such as hoists were maintained and underwent safety checks as required. Records showed that the previous registered manager had carried out assessments to identify and address any risks posed to people by the environment. These included risk assessments for when the weather was hot and staff provided additional drinks for people and this was being continued by the new manager.

There were person centred risk management plans for each person who used the service, including personalised assessments for each and every activity that people undertook. The risk assessment identified the hazard, what the risks were and how to lessen the risk.

Accidents and incidents were recorded and the manager analysed the causes to identify ways in which similar accidents or incidents could be prevented. Any learning from the analysis of the incidents was shared with members of staff at supervisions and team meetings.

There were enough staff on duty to support people safely. Staffing levels had been determined by historic information but the needs of the people using the service had been assessed. The new manager intended working with the senior staff to determine the number of staff required to support people throughout the 24 hour period using a dependency tool. The normal staffing levels for each unit were adjusted dependent upon the individual needs of people using the service at the time. Each accommodation was permanently staffed at night. One person told us about the support provided at night. They said, "They come quickly."

The manager told us that staffing levels were flexible and depended upon what people needed. We saw that staff were not rushed and had time to sit and talk with people. Staff told us that they thought there were enough staff to support people to meet their needs and this included the arrangements for night staff. We saw the staffing rota for each unit and saw that the same members of staff worked regularly on the same

units of the service. This meant that staff could get to know the people they cared for. One person told us, "There is always someone there, if we need help with anything."

The provider had a robust recruitment policy. This included the making of relevant checks with the Disclosure and Barring Service (DBS) to ensure that the applicant was suitable to work in the service. Potential new staff were asked for their full employment history on the application form. This assisted the provider to determine whether the applicant was suitable for the role for which they had been considered. There was a recruitment policy and procedure for the management to follow which included the interview process and to ensure that successful staff were given a contract of employment to be signed by all concerned and also a job description of the person's duties.

The manager explained the recruitment process to us and the importance of the potential applicant having the correct values. They were keen to develop the current process so that potential new staff would spend time with staff meeting people who lived at the service. The manager also wanted to review the selection process for new staff to ensure they knew what was involved and what training and induction they could expect. One member of staff informed us about a career where they would learn skills and knowledge from the care certificate.

Staff told us that they received regular training on the administration of medicines. Medicines were stored appropriately within locked medicine cabinets. A member of staff informed us that their competency to administer medicines was checked annually. This was confirmed by the training register. The service also worked with the supplying pharmacist for auditing the medicines. We looked at the medicine administration records (MAR) for six people and found that these had been completed correctly for regular medicines. However, there were a number of gaps in the MAR for medicines prescribed on a needs as and when basis (PRN), such as for pain relief. Therefore from the record (MAR) we could not be sure if the medicine had been administered or not. From counting the medicine tablets in storage, we could see that this agreed with the MAR record with the number of tablets dispensed for that period. We were able to do this as the service staff were correctly administering medicines from people's individual boxes of medicines. The senior staff and manager informed us that they would use the guidance on the MAR charts in future which gave specific guidance of how to record when a PRN medicine was offered but the person decided they did not want any PRN medicines at that time.

We saw that there were protocols in place for ordering medicines and for the return and disposal of any unused or unwanted medicines. Each person had their photograph on their MAR and this included any allergies.

One person had been prescribed a buccal medicine (a medicine that is given in the side of the mouth between the cheek and gum). We saw from training records that staff had been trained to administer this medicine. We were also aware from talking with staff they were aware of where the medicine was stored and when it was to be given. However although the medicine was prescribed on the persons MAR chart we could find no record in the persons care plan or risk assessment, information that would inform staff how and under what circumstances to administer. We informed the manager of this and although satisfied that the regular staff on duty were aware of how to support the person, we were concerned by the lack of record keeping in the care plan. The manager immediately wrote a memo to all staff to read the care plan and be aware of our findings. They also changed the care plan with immediate effect, so that this now contained the required information to keep the person safe. The new manager also informed that they had commenced and would complete within the month a review of care plans.

We saw, listened and discussed with a senior member of staff that the medicine files were different on one



unit to the others. The reason was that the service was working as part of the care plan review to bring all documents closer together for ease and in support of effective communication. The service staff did not wish for the medicine records to be standalone documents but to be inclusive as part of the care plan. This would support care reviews which were being planned with GP involvement to ensure the medicines that were prescribed to people would be reviewed as part of the review process.

## Is the service effective?

### Our findings

Staff were universally regarded as very understanding and helpful. One person told us, "staff will always help if I ask"

Staff told us they received a full induction before they worked on their own with people and on-going training to improve their skills. One member of staff told us, "During my induction I did all the basic training such as manual handling and food hygiene." A team leader explained to us that new staff would work in a shadowing role to begin (watching an experienced employee) until they and their manager felt they were confident to work as part of the established staff. A member of staff told us, "I was shadowing different people and I read the policies and looked at the support plans for everybody that was I going to care for as part of my induction." We saw from the training records that new members of staff completed an induction and were subject to regular reviews throughout their probationary period, which had to be successfully completed before they were confirmed as suitable for their post. Further and update training was recorded and planned on computer system so that the manager was aware of each member of staffs training at anytime. We saw training included health and safety, food hygiene and infection control.

The service provided training to the staff in line with the needs of the people using the service. Staff told us that they had a yearly appraisal and also supervision which was confirmed in the staff records. Staff told us that the senior staff were approachable and supportive with advice and problem solving on the spot or as matters arose.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We looked at the home's records around the requirements of the Mental Capacity Act 2005, and the associated Deprivation of Liberty Safeguards and saw that these had been followed in the delivery of care. Records showed that, where applicable, assessments of people's mental capacity had been carried out and decisions had been made on their behalf in their best interest following meetings at which they, their relatives and their support teams had been present.

We noted in one of the accommodation units a gate was in place preventing people from accessing the kitchen. This had been installed for the safety of one person in the past but this person was no longer using the service. The manager told us that with the one to one support provided to people living at that accommodation, there actually was no need to have the kitchen closed off with the gate and this would be removed within the next 24 hours.

The manager explained to us that some people went shopping for their food, while other people went shopping for snacks and supplements and other people's meals were ordered and delivered. Hence the service worked upon an individual person-centred basis to support people appropriately and to increase people's independence. On the day of our inspection, one person was working in the local town and another person chose not to go on the picnic with other people. They were supported by a member of staff providing one to one and went on their own picnic which was their choice. Another person used public transport to attend their own place of work.

People told us that they liked the food they were given. One person said, "The food is really nice here." Another person told us, "I like cooking and the staff help me with that." While we were inspecting the first day was particularly warm and we saw that drinks were available for people and we heard staff encouraging people to drink. For one person who was particularly unwell the staff were recording the food fluids the person was consuming.

We saw that the kitchen cupboards, freezers and fridges were well stocked with various foods. A member of staff explained that meals were planned ahead while they could be changed at short notice. Sometimes people enjoyed the same meal while at other times there could be four or five different meals provided in the same unit dependent upon people's choice. Staff told us that people were being offered different foods and drinks which were introduced at the activity centre, so people could also learn about foods from different parts of the world. The foods that people enjoyed would then be introduced into the various accommodations units if that's what people wished.

The service had areas where vegetables were grown by people using the service supported by staff and used in the cooking of some meals.

People's weight was monitored as required and the service had involved other healthcare professionals, such as Speech and Language Therapists (SALT) and dieticians, should there be any concerns about people's weight or dietary difficulties.

People were supported to maintain their health and well-being. When people had been admitted to hospital a member of staff always accompanied them. The service had developed a hospital passport as part of the care plan. This document which was regularly updated would be sent with the person should they need to go to hospital and would provide the hospital staff with vital information about the person. Records showed that people were also supported to attend appointments with other healthcare professionals, including dentists, opticians, district nurses, mental health professionals and chiropodists.

Interaction between staff and people was caring and supportive. During our inspection we became aware that a person had returned to the service with the support of other professionals including District Nurses and GP's. They were extremely unwell and wanted to come back to their home rather than stay in hospital. It was agreed by all concerned that the service with the support of other professionals could support the person at the service to meet their needs which was their choice. The staff had been able to support the person with their knowledge of the Mental Capacity Act 2005 to work with other services with regard to the person having capacity to express their choice to return to the service from hospital.

## Is the service caring?

### Our findings

People told us that the staff were kind and nice. One person said, "The staff look after me and one is very funny and helpful."

People and their relatives were involved in decisions about how support was delivered. Some of the people, who used the service, had routines they liked to keep to and would become upset if their routine was broken. Staff were knowledgeable and supportive of this as well as being able to support people who regularly went outside of the service for the day returning in the evening. The service staff were flexible and adaptable in their approach which made the people feel more settled in their home. A member of staff told us, "I like working here as it is all about the person and helping them with what they need,"

Staff knew people well and were able to support them to meet their needs. One person told us how staff escorted them when they went out of the service and they enjoyed their company. Two people told us about the activity centre and how they liked doing a number of activities there with the staff. One person said, "I enjoy making things." Another person told us about how the staff supported them to pursue their interests and they enjoyed going to watch cricket and football matches.

During our inspection, there was a lot going on, some people were busy getting ready to go out on a picnic, others had already left to go to various regular activities in the nearby town and builders were on site, as part of the service is being reconfigured. The staff had explained to people what was happening to support people and resolve any fears that having unknown people around their home could bring. A member of staff told us that the staff could communicate verbally with most people at the service. However where this was a difficulty they would use hand gestures and pictorial prompts and we saw staff using these techniques during our inspection.

Staff were passionate about promoting people's dignity. We saw that people's privacy was maintained and staff knocked on doors and waited to be invited into people's rooms before entering. One member of staff told us, "I always knock and wait." Another member of staff informed us about how they provided personal care and were mindful to acknowledge and maintain the person's dignity.

One person invited us into their home and showed us how they worked with the staff to personalise their unit. They also explained how they worked with the staff and had gained confidence in them as they had listened to them and got to know them. Hence they felt staff supported them as they wished and with their best interests in mind. Staff told us of ways in which people's confidentiality was maintained and said that information about people would only be shared with other people who had the need and right to know it.

Another person explained to us how the staff showed them their care plan and worked through carefully recording decisions with them. They told us, "It is nice to be listened to, I can get into a bit of mess with planning things, this is why I plan things out with the staff."

The manager explained to us how the service supported staff with regard to the rare event of people passing

away at the service. Staff wanted to support people with their wish, if it was to spend their last days at the service. So long as the necessary support from other services could be provided to ensure the person's needs were met. This meant that the service staff were sensitive to people's desires and also culture.

## Is the service responsive?

### Our findings

The service had just commenced a review of the care plan forms used with the emphasis on making the care plans better person-centred with clear assessments of need, risk assessments, reviews and full involvement of people as far as possible.

The first plan we saw had been reviewed with the person and other professionals had been involved. The plan had been organised into sections but it was still difficult to locate the risk assessments and also to understand when providing care to the person where this information was located. We saw hospital passports; assessments and meaningful information about the person's history and also their choices and preferences.

The manager and all staff we spoke with were clear about the importance of having a clear care plan which was up to date and person centred. Most important of all is that the staff providing care and support follow the care plan. The care plans we saw contained a great deal of information which reflected the complex needs of the people using the service.

In one care plan we saw that the person had a diagnosis of a long standing condition. However we could not see from the risk assessment or care plan how staff were meant to support this person in line with their condition. When talking with the staff and also looking at the daily notes we saw evidence that the staff were aware of the persons condition and also recorded information about how the staff supported the person.

We raised this with the manager and they provided immediate information into the care plan which clarified for staff the care required. They also said that they would discuss this with the person as it was their care plan in order to gain their agreement. This meant that the care plan and risk assessment were in agreement and we were confident from the regular staff working with the person that the necessary care would be provided.

In another care plan we saw that there was a highly detailed pen picture and personal profile. We saw that the care plan was reviewed by a member of staff monthly and also with the person three monthly. The person had not signed the review but had signed other parts of their care plan. The manager informed us that they would continue to have an auditing process in place to ensure the accuracy of the care plans. Most importantly the staff would work with the person themselves and ask them to sign as appropriate to record their involvement and to confirm the record was accurate. We also noted that in this care plan the risk assessment was a standalone document because it was not cross referenced with the rest of the care plan. The risk assessment did not contradict the careplan. The manager saw a main task was for them to review the care plans and work with staff so that they were skilled in auditing and updating peoples care plans. We were reassured again by the care being provided by consistent staff who knew people well. Staff were enthusiastic to implement the new care plan process and work with the people in the service. Updated care plans would ensure people's needs were accurately reflected and agreed. .

People's support needs were assessed before they moved into the service. The manager explained to us

how they had assessed people who would be coming to the service soon. They had also worked with the local authority and the organisation had agreed to change and adapt the environment. This was so it was suitable for the person's needs. The adapted environment would support them to increase their independence by being able to practice daily living skills.

People were encouraged to visit the service prior to moving into the service to ensure they were content that the service would be suitable for them. People and their families or representatives were consulted and involved in deciding the level of support they needed and the plans that were put in place to provide this.

Each person had been assigned a key worker who was responsible for reviewing the person's support needs and agreeing the goals they would work towards. One person told us, "I think I am making progress towards being more independent." A member of staff told us, "I love my job, some people make great strides and people can change all the time, not two days are ever the same."

People were encouraged to take part in activities to maintain their hobbies, interests, religion and culture. We saw that people were supported to join in and take part in festivals connected with their interests and cultures. One person told us about their interest in various sports and how the service had supported them to attend local events to spectate. Most people attended the activity centre or went out into the community. There were also activities arranged by the service to support people's interests in their accommodation for those that could not get out as much.

People told us that they would talk to the staff or the manager if they were not happy about anything. One person told us, "If I have any problems I talk with the staff and they sort things out." The service had complaints policy and procedure in place which had been designed to support people to make complaints if the need arose. People and their families were made aware of the complaints procedure when they first moved into the service. .

The manager explained the complaints procedure. They told us that they expected the staff to work with people to consider issues and difficulties as they arose and would support staff to resolve matters at the time.

On previous inspections we had commented upon the balance between the service being the person home while it was necessary to store essential equipment that was required to support people within the service. We saw that the service continued to work towards achieving a sensitive balance and improvements of where vital equipment had been stored such as hoists and medicine trollies had continued to improve. The service staff were now considering and had plans in place for the storage of lifting equipment out of sight when not in use.

## Is the service well-led?

### Our findings

People told us, that they had quickly got to know the new manager. One person told us, "They are everywhere and we see her everyday she is here." Another person told us. "The seniors and all the staff are helpful."

We saw that the senior staff, care staff and manager all knew the names of the people who lived at the service and from their interactions of smiling and joking knew each other well. The manager told us they liked to visit each of the units when they were on duty to see people and their staff to discuss anything at that time to resolve matters and see that people were well.

One member of staff told us, "It is a very good team here and we work together very well. They considered this was because many of the staff were experienced, had worked together for a long time and had a passion to support people. A member of staff told us, "I would never want to do anything else."

We saw that the manager and the senior staff were passionate about making improvements to the lives of the people who used the service. They were aware of striking a balance between continuing to support people who used the service for a long time. While also welcoming new people to the service to support them with their desires to move on from the service at a later date as they developed their skills. One member of staff told us. "It is about person-centred care and we have the varied accommodation here and new development that we can provide a range of services to the individuals." We had noted that prior to our inspection the service had changed its statement of purpose a number of times in the past year which reflected the aims and objectives of the service.

The manager told us about three important elements for the future success of the service which they intended to continue to work upon. Those were person-centred care, additional training for the staff and working closely with other professionals. The manager was planning to have people's medicine reviewed and also to hold regular review meetings for people which would include all relevant parties being invited with the person's permission. We noted how the service was working with community staff on the first day of our inspection and how they planned to keep relevant professionals involved with the care of new people coming into the service.

As well as the informal chats at events that were used to gain feedback on improvements. People and their relatives were able to make suggestions for improvements they would like to see in the service when completing the annual survey or in planned meetings with the manager and staff. This would enable the manager to include their suggestions in the development of the service.

We saw that a survey of what people thought of the service was underway. The manager was planning future surveys to include relatives and other professional's thoughts and considerations which would then be reflected upon and an action plan developed. The plan was to have a system for supplying regular feedback, upon which the service could work.



Staff told us that they had regular meetings at which they could discuss all aspects of the service and identify any improvements that they wished to see. They also told us that they found the new manager approachable and supportive. They said visiting senior managers were helpful and approachable also. The new manager told us that they planned alongside their supervision to make use of the peer support network from the manager of the nearest service and to complete service audits for each other.

We saw the latest monitoring visit record completed by the regional manager. This was transparent and as well as looking at the care and support provided to individuals it also focused upon organisational and management issues. We also saw that it had been produced quickly so that all concerned were aware of and could work upon the action points as stated.