Court House Care Services (Devon) Ltd

Court House Residential Home

Inspection report

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Date of inspection visit:
01 March 2017
30 March 2017

Date of publication:
30 May 2017

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

Court House is registered to provide accommodation for people who require personal care. The service provides care and support for 29 people; some people are living with dementia. This inspection took place on 1 and 30 March 2017 and was unannounced. There were 24 people living at the service at the time of the inspection. Court House is the main building with an attached annexe; there is also a separate building called The Cottage. The Cottage has its own sitting and dining room, and a kitchen that can be used by the people living there. The Cottage, which is based in the grounds of the care home accommodates six people.

We last inspected Court House on 11 and 15 July 2016; the overall rating for the service was 'good'. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 relating to the management of medicines and identified areas for improvement. The registered manager had produced an action plan to ensure improvements were made and sustained. At this inspection, we found that improvements had been made and the breach was met.

People said they felt safe and secure living at the home. They were positive about their relationships with staff and each other, for example, "I find it very nice, I am very happy here."
People were protected from potential abuse and avoidable harm. Staff had undertaken safeguarding adults training and understood their responsibility to reports concerns immediately. There were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Since the last inspection, the registered manager had resigned. The providers were present on both days of the inspection and advised us they had appointed a new manager. By the second day of inspection, the new manager was in post and had already taken action to address issues that had been identified for improvement on first day of the inspection. The provider and the manager told us after an induction period, the aim was for the manager to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

Court House was run by providers who worked closely with staff and the manager. Through investment they showed an on-going commitment to improve the experience of people living and working at the home, including refurbishment. Further improvements had been made to the garden and the home continued to be refurbished and updated in an on-going commitment to improving the experience of people living and working there. Staff praised the team work and how they were supported to carry out their job. They respected people's choices and valued people as individuals knowing when to change their approach based on their knowledge of the person.

The manager was spending time to get to know staff and people living at the home and had already begun to instigate changes based on feedback. The manager was getting to people living at the home and they

were establishing relationships with them and gaining the confidence of staff. People said concerns or complaints would be listened to and acted upon. People were offered a choice of meals. They were supported with their health needs and had access to health professionals, when necessary.

There were gaps in recruitment information from 2016, which had not been identified by the providers but was addressed during the inspection. The new manager showed they were clear about the steps needed to make recruitment practices more robust. They confirmed requests for key pieces of recruitment information were now their remit and their practice and records demonstrated their experience in this role. Work was also completed during the inspection to ensure risk assessments for individuals using the outdoor space were completed.

Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and demonstrated through their practice an understanding of the legal requirements. Staff were clear about the values and ethos of the home and were supported with their training and personal development. There were systems to monitor the quality of the service, including responding to suggestions for improvements.

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.
Recruitment practices were improved during the inspection. to ensure staff recruited were suitable to work with vulnerable people.
Medicine management had improved; staff continued to look for further ways to improve and were open to new ideas to achieve this.
Staffing levels met people's emotional and physical needs.
Staff knew their responsibilities to safeguard vulnerable people and to report abuse.
Risks were assessed and steps taken to minimize them; work continued to make the home's outdoor space safe and accessible.

Is the service effective?

Good

The service was effective.
People were cared for by well trained staff who were supported to develop their skills and understanding to benefit people living at the home.
People benefited from receiving a range of food and drink in a calm atmosphere with staff who supported their individual nutrition and hydration needs.
The environment was well-maintained with on-going improvements to make it more accessible and comfortable.
Staff understood the principles of the Mental Capacity Act which was shown in their approach and practice. People had access to health professionals.

Is the service caring?

Good

The service was good.
People were supported by staff who were kind and caring.
People were involved in decisions linked to their care and daily life.
Staff knew people well and there was a friendly atmosphere.
Staff were committed to providing good end of life care.

Is the service responsive?

Good

The service was responsive.

There was a programme of activities, including music and art, which meant people were kept occupied and stimulated. Care plans were detailed and person centred and showed respect for people's individual care needs and wishes. People were confident their complaints would be listened and acted upon.

Is the service well-led?

Good

The service was well-led.

Court House was well run by committed providers who had employed a new manager to help them with their vision to improve the service further.

There were systems to monitor the quality of the service, including responding to suggestions for improvements.

Court House Residential Home

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 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 inspection took place on 1 and 30 March 2017 and was unannounced. The inspection team comprised of one adult social care inspector on both days and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We reviewed the information we held about the home, such as notifications, which update us on events at the home and the action taken.

We met with seven people living at the home. We looked at four people's care records, including risk assessments. Some people living at the service were unable to communicate their experience of living at the home in detail as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with five staff, the manager and the provider. We looked at systems for assessing staffing levels, for monitoring staff training and supervision, staff rotas, and looked at six staff files, which included recruitment records. We also looked at quality monitoring systems the provider used such as audits.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in July 2016, there was one breach of regulation relating to medicine management. Improvements had been made and the breach was met. A new electronic system had been introduced since the last inspection; and records for creams were added to this system following our feedback. Staff could demonstrate how they monitored the applications of prescribed medicinal creams was recorded by staff. This meant there was a clearer audit of medicine management and showed people were receiving the care they needed. Medicines administered were clearly documented in people's Medicine Administration Records (MAR). MAR sheets were completed appropriately.

People received their medicines safely and on time. For example, a person said, "I have four different tablets in the morning, tea time I have one and just before bed. They bring it and stay and make sure I have had it." During a meal, staff practice demonstrated this approach; staff ensured people understood what they were taking and checked if people needed pain relief. Medicines were stored safely within a secure treatment room. Medicines, which need additional security because of their potential for abuse, were stored securely and records showed they were managed safely. Staff recorded the fridge temperature daily to check the medicines refrigerator was within the safe range for storing medicines. During the inspection, they recognised the form to record this task could be improved to aid staff, which they said they would instigate. A new role was being established for a senior staff member to oversee medicines management to help ensure practice was safe and based on best practice.

Four out of six staff recruitment files held all the appropriate information to enable a judgment to be made regarding people's suitability to work at the home. All six included disclosure and barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
There were gaps linked to previous employment for two staff members who were recruited in 2016, which had not been identified by the providers but these gaps were addressed during the inspection. The new manager showed through their own recruitment of new staff that they were clear about the steps needed to make the recruitment process more robust.

People said they felt safe and secure living at the home. For example, they had access to a call bell which was within in easy reach and were confident staff would come to assist them in a timely manner. People said they felt at ease with staff but would talk with the provider if this changed as they were "approachable" and "friendly." People felt safe when staff used equipment to assist them to move. There was a core group of experienced care staff working at the home who provided stability and consistency for people living at the home. People and long standing staff were positive about the calibre of new staff. Staff explained how they pulled together as a team to cover unexpected staff sickness so that shifts did not run short.

People's safety and wellbeing was promoted because there was sufficient staff to keep people safe and meet their needs at a time and pace convenient for them. For example, one person said "They are there. We know they are there." The atmosphere in the home was calm; staff worked in an organised way. The staff levels were based on a dependency tool to help assess the care needs of people living at the home. In the

morning there were six care staff, including the senior. In the afternoon, there were five care staff including the senior and at night three waking night staff. Day time staff were supported by kitchen and housekeeping staff, as well as the management team and activity staff. There was an on-call service to provide advice and additional support to staff working in the evenings and at night. An apprentice also worked at the home; they worked as an additional staff member and their role was closely monitored to ensure they had the right skills to support people.

People were protected from potential abuse and avoidable harm. Staff had undertaken safeguarding adults training and understood their responsibility to reports concerns immediately. The provider had safeguarding and whistle blowing policies in place and information about what action staff should take if they suspected abuse. Contact numbers for the local authority safeguarding team were also on display. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice.

People had individual risk assessments and care plans were in place to minimise identified risks. For example, people at risk of choking or with swallowing risks. Staff preparing food understood the risks for some people of choking and had clear information about how their food should be prepared. Charts were put in place to monitor people's food and fluid intake when they became unwell or when they first moved to the home. A senior staff member had been assigned the role to oversee the charts completion, including to monitor if there were changes to people's health. The manager and provider recognised further work was needed to ensure there were clear goals to make this monitoring more effective.

Staff monitored people for developing skin damage. Staff showed awareness of each person's safety and how to minimise risks for them. For example, they ensured people were provided with appropriate equipment to help reduce the risk of pressure damage. A health professional said staff were good at monitoring people's skin and were quick to report changes so steps could be taken to minimise pressure damage. Records of incidents and accidents were kept, such as falls. The manager was clear their role was to analyse these for trends and patterns, and take action to try and reduce the risk of further incidents. For example, a person had fallen and medical advice had been sought to try and establish if there was an underlying cause.

The provider had begun work to update the risk assessments for use of the adapted outdoor space; individual risk assessments had been completed by the second day of the inspection. A new surface was being added to the garden to reduce the risk of trips and enable people using wheelchairs to access the area more easily. The temperature of hot water was regulated; records showed hot water temperatures were monitored but the manager said these would take place on a more regular basis rather than six monthly. Windows were restricted and radiators had covers to help keep people safe from falls or burns. The manager said they would instigate regular environmental checks of the building and ensure staff were aware of the need to report changes, for example a window restrictor was broken but had not been reported. This was fixed immediately once we had highlighted the issue.

Good

Is the service effective?

Our findings

People were supported to maintain a healthy balanced diet. Staff checked with people what they would like to eat and offered alternative suggestions if people did not like the choices on offer. Records confirmed people had a choice. A person said "Today I didn't like the choices and I have asked for corned beef and mashed potatoes. They do their best to accommodate. There is always an option every day." Another person said "They ask us if we like it before they serve it. They will tell us what's for lunch and if we don't want it we get something we do like." People were generally positive about the quality of the food saying it was "good", "nicely served and hot" and "good variety", although several said there could be more variety in the options. Staff, the provider and the manager said they had a meeting planned to review the menus as they recognised they would benefit from an update to provide greater variety.

During a meal, the atmosphere was relaxed. Staff were attentive whilst also giving people time to try to be independent before assistance was offered. When support was provided it was discreet. Vegetables in serving bowls were placed on each table so that people could help themselves. There was a choice of drinks and staff ensured they checked with people about their drink and meal preparation rather than assuming they knew their decision. For example, how they liked their hot drink prepared or whether they wanted cream or ice-cream with their dessert. People praised the quality of a dessert and staff ensured people had the option of 'seconds'.

The Cottage had its own entrance and a conservatory where some people chose to eat their meals together. Main meals were brought across from Court House; people confirmed the food was hot and "very good."

People were supported by staff who helped them access health services, which individual care records confirmed. For example, a person said "I say something to one of the ladies (staff). They will look after us in our room, send for the doctor, send for the paramedics." A health professional said staff contacted their service in a timely and appropriate manner on behalf of people living at the home. They said staff listened to advice and acted upon it. They described staff as being "on the ball."

Staff were clear on their responsibility to report fluctuations in people's eating habits and to seek medical advice, if necessary. They recognised moving home could be a stressful time and so were actively monitoring one person's fluctuating weight. For example, they recognised the person had to have food offered at the time suitable for them and to be encouraged to eat in a communal group. They explained that since the person had joined others for their meals, their food intake had improved, which their relative had commented positively on.

People's legal rights were protected because staff understood the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS), which were embedded in day to day practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's best interests. We checked whether the

service was working within the principles of the MCA and DoLs and found they were. Applications for a DoLS had been made for people living at the home. Staff had received training to understand their responsibilities. Mental capacity assessments were undertaken. For example, when people lacked capacity to consent to live at the home, records demonstrated the decision had been made in their best interests involving families and health and social care professionals. This showed people's capacity had been assessed and records captured decisions made about this in the person's best interest. The management team recognised further work was needed to ensure a best interest decision was recorded for people where a sensor mat was used to keep them safe but they were unable to recognise risks relating to their safety. People or their legal representatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People received effective care from a well trained staff group. Staff had access to supervision and support. Staff said they felt supported by the providers but also were positive about the appointment of the new manager to provide more guidance on the day to day running of the home. One said the new manager was "amazing." They qualified this by describing their supervision session, which included an overview of their training needs and arranging updates. The new manager was in the process of completing supervisions with staff, which staff confirmed; there was a clear record of those that had already taken place and those that were planned. The manager was focussing on whistle-blowing and safeguarding knowledge for this first round of supervisions. Staff appreciated the opportunity to discuss their development and understood the purpose of supervision. For example, senior staff were encouraged to develop their own particular interests and skills, which included specialist roles within the home and management training.

Training records showed staff received training on a range of subjects. This included safeguarding vulnerable adults, fire safety, moving and handling and medicine administration. New staff shadowed more experienced staff as part of their induction, and they were not allowed to be involved in any moving and handling practice until they had completed training. The new manager had reviewed the staff training matrix and had established which areas needed to be prioritised. They recognised how staff responded to a variety of types of training; this meant external and internal trainers providing practical sessions and e-learning. For example, a moving and handling straining session was booked to train new staff, as well as fire training.

Staff members commented there was good communication between shifts to ensure people's changing needs were shared when staff came on duty. Information was given verbally and there was also a written electronic record, which provided an audit trail to show if staff had read updates. Staff said they worked well as a team. Staff meetings were planned and staff said they were able to share their views with the new manager and the providers either formally or informally on a day to day basis.

People said they were enabled to keep in touch with those who were important to them. For example, "I can ask if I need to use the phone", "I have got a computer and I can send them emails" and "I am getting a phone."

The providers continued to invest in the environment; creating more parking space for visitors, updating carpets and furnishings, as well as further changes to the outdoor space to make it safer and more accessible to people living at the home. They had considered the style of the garden to make places for people to rest and look at the plants, as well as creating raised beds and a polytunnel, where vegetables were grown last year. There was a choice of seating, handrails and an even surface was being laid for the paths during the inspection. Staff, as well as people living at the home, were enthusiastic about the changes; people said they enjoyed looking at the garden from their bedroom window. They were looking forward to warmer weather so they could use the garden again, as they had the previous year.

Good

Is the service caring?

Our findings

People benefited from a staff team who felt confident to provide end of life care. There had been a recent period where several people had died at the home. Staff acknowledged this had been sad but they felt they had been given the time to ensure people had reassurance and comfort during their final days. A health professional praised the quality of care provided to people at the end of their life describing it as "perfect." They said staff were attentive, "absolutely brilliant" and picked up on people's changes of health quickly and reported these changes so that health professionals could give advice and help make the person comfortable.

Staff followed advice and made changes to their paperwork following feedback from the health professional to show their good practice. The health professional said, "all the staff seem very caring" and commented the atmosphere within the home was calm. Care records held information about people's final wishes, including treatment escalation plans regarding end of life medical treatment.

People benefited from a caring staff team. They said staff asked permission before they provided assistance, which we observed throughout the inspection. For example, people's comments included "Everyone is very kind here. Yes, they say 'can we help you?'" and "I feel I have dignity. I feel they are very good that way." Staff spoke about the people they supported with compassion and respect. They clearly demonstrated through their conversations with us how they saw people as individuals. They could explain how they adapted the way they communicated with each person, for example to compensate for a sensory loss or because the person was living with dementia. This was based on the guidance within people's care plans regarding communication and how to interpret people's moods and body language. Care plans were written respectfully.

We saw this approach in practice with a person who came into a communal area, who had difficulty using verbal communication to express their feelings. Staff took time to ensure they understood their wishes by checking their body language and used short sentences and gestures to engage with the person. Another person living at the home shared how they had seen staff carefully respect a person's dignity when they had experienced incontinence in a communal area.

Staff considered how a newer person to the home could be included in the lunch time meal; they introduced them to people at a table and ensured they were sat with people who could interact with them. They recognised another person was caring in their approach to others; we saw how the person had built up a good rapport with another person who was frail and took time with their meal. Their friendship was valued by staff who ensured they sat together. A person shared their experience of moving to the home under traumatic circumstances "Everyone was kind to me. I was in a terrible state when I came."

Staff respected people's privacy; they knocked before they entered people's rooms. For example, one person said "They always knock on the door and if someone comes to see me they are supposed to ask first." They understood staff did this to ensure they wanted to see the visitors. Another person said they chose to have their bedroom door open and this was respected, and a third person said their independence

was respected by staff. For example, they had the code to open the front door.

There were working locks on toilet doors and the home was kept odour free which helped maintain people's dignity. Care staff described their practice to demonstrate they respected people's dignity, for example when supporting people with personal care. During the inspection, staff discreetly supported people to find the toilet.

People said the staff were friendly and approachable. For example comments included, "They are really lovely and helpful" and "They are very friendly, the girls seem nice"; people said they were called by their preferred name. People said the mornings were busier and staff had less time to stay and chat but they said "Sometimes they are busy, but you can always ask to talk to someone. Sometimes they will stay and have a little chat. Everyone is very approachable."

During our inspection, the manager held a meeting to discuss how people's faith needs could be met at the home and to review the arrangements. Currently, people were offered holy communion every four weeks, which people said they could attend if they chose to.

There is a choice of accommodation within The Cottage and Court House to support people's range of abilities and independence. For example, accommodation at The Cottage was generally for people who were more physically and mentally able. One person lived in an area they called the flat, which had its own bathroom and kitchen. They appreciated this arrangement.

Good

Is the service responsive?

Our findings

People received personalised care that responded to their individual needs. Discussions with one of the providers and the manager showed they were clear about their responsibility to assess people's care needs to ensure they could meet them. This was demonstrated through the completion of pre-admission assessments before people moved to the home. There was a commitment to offer end of life care where possible, but also recognition when people's health care needs needed a nursing care. During the inspection, the manager clearly explained the assessment process to a visitor. They encouraged them to visit with the person before considering moving to the home and provided them with a brochure about the service.

Care records were clear and easy to follow. Each contained guidance to staff to help them provide personalised care to the individual. They provided a record of how the person had been assisted and at what time. This demonstrated that people had the help at the time they preferred. For example, some people chose to stay in bed until later in the morning, while another person liked to eat their breakfast in their night clothes before dressing for the day. We saw these preferences had been respected during our inspection. Reviews of care had taken place and records updated.

Complaints information was clearly on display; people told us they would feel confident to raise a concern if needed. Their responses varied regarding who they would go to within the home to share a concern. The manager said as they were getting to know people, they were checking if they had any concerns or worries. There were no on-going complaints being investigated; they gave an example of where they and the provider had met with a person to resolve a concern they had. CQC has not received any complaints about the service since the last inspection.

The activities co-ordinator worked four days each week, which was planned to be increased. They demonstrated their knowledge of people's individual interests. They adapted their approach to suit each person depending on whether they could participate in a group or preferred or required quieter one to one time. Records showed people participated in group sessions linked to bingo, quizzes, word searches and general discussion groups. The provider supported the activities coordinator to apply for funding to become involved in an arts project. This meant they had learnt new skills, increased their confidence and had support to create artwork with people living at the home. The project was to depict the local environment as the seasons changed and they showed us the work completed so far. The provider also paid for a music therapist to visit the home to spend individual time with people, which people enjoyed and benefitted from. A hairdresser also visited the home regularly.

People appeared relaxed and at ease with staff. Some people said they would like to visit local shops more often. One said "We would like to go out, to see what happens outside. We would blossom." We fed this back to the management team. The activities coordinator said they had a budget and showed us objects they used to instigate conversations with people. For example, books on people's specific interests, such as antiques. They also used the internet to find pictures of places that had been important to people, which enabled them to start conversations and discussions. This could be within in a group or through visits to

people in their rooms.

Good

Is the service well-led?

Our findings

On the first day of our inspection, one of the providers was also acting as the manager. This was because the previous registered manager had resigned three months earlier. The provider recognised that this dual role meant some aspects of their quality assurance had slipped. For example, in monitoring the quality of recruitment records, the effectiveness of food and fluid charts and checking hot water temperatures happened regularly. However, they had been proactive in recruiting a new manager, who was in post by the second day of the inspection.

The new manager was experienced and was clear about how any shortfalls would be addressed. The manager and the providers explained how they worked together and how work was delegated. The manager was clear on their role to oversee day to day practice, including spot checks on the work of staff, as well being involved in the development of the service. The electronic care system used enabled the providers and manager to monitor if care tasks had been completed. This was because they were alerted if work was not completed or delayed, which they would then review with staff. Records showed how people's care needs were being met and managed. Where there had been a delay this was down to the persons' personal preference, for example, their request to a change in their daily routine. Care records were up to date and regularly monitored and reviewed.

The providers were in touch with the service on a day to day basis, and were committed to working alongside the manager for the benefit of the people living at the home. People living at the home knew who the providers were, particularly the provider who had previously acted as manager. For example, the provider was described as "approachable" and a person said they would feel comfortable going to them with problems. People interacted with the provider and looked at ease with them. People were complimentary about the way the home was run and said they would recommend it to others. For example, comments included; "Yes, I would say we are very satisfied. Yes, I would recommend the home." People told us what was good about living at the home. For example, "To know I am looked after 24 hours a day. It's a happy home" and "There is no pressure. Everyone is very nice and kind. You can tease them (the staff)." We asked what could be improved; several people mentioned the food, which was already being reviewed by the manager, the providers and staff. Other people said "Nothing, really" and "Nothing at the moment."

People were getting to know the new manager who introduced themselves to individuals; and people knew who she was. For example, one person said, "Yes, I think she is very approachable, very efficient, and I would also say she is very kind." The manager said they had prioritised learning the systems of the home, staff supervisions and training with staff in their first week of induction. They recognised it would take more time to establish relationships with people living at the home. The manager and the provider planned a cheese and wine house meeting for people living at the home and those important to them. This was to formally introduce the manager and to share their plans for the future of the home, as well as providing reassurance to them.

They aimed to send out a survey to gain people's views on their experiences at the home. People had already fed back that they had enjoyed the newsletter introduced by the previous manager, so the plan was

to continue with this. Staff ensured people had a copy and read it aloud to people who needed support with this activity. People sometimes met as a group but otherwise fed back their views on an informal basis. For example, one person said, "...We still speak our minds. We are quite friendly with the staff; we have been very open with what we say." Another person commented their relative was very pleased with how they were kept up to date, and said, "They write to my son, he gets a newsletter with the date of a meeting and our carers go and we have a group meeting. We haven't had one recently. My son thinks it's excellent."

Staff were positive about the running of the home and the new ways of working introduced, including the new care planning system and specific roles for seniors. Staff said shifts worked well and one described the team work as "fantastic." Staff felt supported by each other, the manager and the providers. Staff were enthusiastic about change, including the steps taking place to review the menu and create greater flexibility around choice and the types of meals. Their focus was on people living at the home, as well as gaining job satisfaction. Staff feedback included "I love this job" and "it's not like coming to work...nothing is regimental, it's (run) for the residents."

Staff had the opportunity to feedback their views and ideas through supervision and staff meetings. Staff members commented on the commitment of the providers to enhance and progress the service; they were positive about plans to further develop the services on offer and create stronger links with the local community. One staff member said the providers "listened and want to invest."