Pathways Care Group Limited

Fairholme

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?	Good

Summary of findings

Overall summary

Fairholme is a care home in South Shields, providing care and support for up to 22 adults who have enduring mental health problems. The service consists of 17 individual rooms and four single flats. There were 20 people using the service at the time of our inspection.

The inspection took place on 23 October 2017 and was unannounced.

We previously inspected Fairholme in September 2016, at which time the service was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the inspection of September 2016 we identified that the provider did not always have in place safe procedures regarding medicines and that bathrooms and communal areas were in need of refurbishment. At this inspection we found the provider had ensured all necessary action had been taken to ensure medicines administration was safe and that areas of necessary refurbishment had taken place. At our inspection of September 2016 we rated the service as requires improvement. Following this inspection we rated the service as good.

The service had a registered manager in place. 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.

Premises had been improved, with two bathrooms refurbished, communal flooring recovered and people's rooms decorated. The service was clean throughout. Maintenance of the building was well managed with a dedicated maintenance team covering this service and two of the provider's other services.

People who used the service told us they felt safe and no relatives or professionals we spoke with raised concerns. Staff had been trained in safeguarding and were confident in how to identify potential abuse and how to report it.

There were sufficient staff on duty to keep people safe and meet their needs.

Pre-employment checks of staff were in place, including Disclosure and Barring Service checks, references and identity checks, to help ensure unsuitable people were not employed.

The ordering, storage, administration and disposal of medicines was safe, with improvements made in the recording of controlled drugs. Staff demonstrated a sound knowledge of people's medicinal needs.

Risk assessments were in place to ensure staff knew how to protect people against the risks they faced, whilst also encouraging them to take some positive risks.

People had access to primary healthcare such as GPs, nurses and specialists, and got the support they

needed. Staff liaised well with external professionals.

Training for staff was up to date and comprehensive, covering mandatory areas such as safeguarding, health and safety, moving and handling and fire safety, as well as areas specific to people's developing needs, such as dementia awareness.

Staff received regular supervision and appraisal meetings and confirmed they were well supported and empowered.

People told us the new chef provided a range of high quality healthy meals. The chef planned a new cookery course for people to encourage more independence and we saw people who used the service interacted well with him.

The premises were well adapted. People used the varied lounges and calm spaces to suit their mood and the open kitchen/dining area was popular.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. One person who used the service was moving on to more independent living on the day of our inspection and the registered manager and deputy were keen for other people to achieve similar outcomes.

The atmosphere at the home was at times relaxed, at times vibrant, with people who used the service feeling at home. People who used the service, relatives and external stakeholders told us staff were caring and treated people in a dignified manner that respected their individuality.

Person-centred care plans were in place and bi-monthly residents' meetings took place, whilst reviews of care plans involved people who used the service or people who knew them best.

There were a range of in-house activities although take-up was varied. People who used the service told us they were content although some relatives felt more could be done to encourage people's independence.

All people we spoke with, relatives and staff spoke positively about the impact the registered and deputy manager had made, and we found them to work well as a team. The culture was one of empowerment and confidence amongst staff, and homeliness amongst people who used the service. The registered manager had ensured people's needs were well met and had clear plans for supporting people to become more independent in future.

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.

Bathrooms and other communal areas had been appropriately refurbished, as had people's bedrooms.

The storage, administration and disposal of medicines was safe. Staff demonstrated a strong understanding of people's medicinal needs.

There were sufficient staff on duty to meet people's needs and staff had a good knowledge of the risks people faced, and how to help keep them safe.

Is the service effective?

Good

The service was effective.

Training was well planned and managed. Staff were trained in a range of core topics as well as areas specific to meeting people's individual needs.

People's nutritional needs were well met by a chef who was passionate about people receiving high quality freshly prepared meals.

Staff liaised well with external healthcare professionals to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were consistent in their praise of dedicated, caring staff, with whom they had developed strong relationships.

People agreed the continuity of care provided by staff meant they felt themselves at home and in a welcoming environment.

Staff demonstrated a good knowledge of people's needs, preferences, life histories and relationships.

Is the service responsive?

Good

The service was responsive.

There were a range of group activities on offer and people were supported to pursue their own interests.

Activities were varied although there was a consensus from relatives we spoke with that more could be done to encourage people to improve their independence through social activities.

Complaints were managed in line with the provider's policy and all people we spoke with were confident they could raise an issue and have it resolved appropriately.

Is the service well-led?

Good

The service was well-led.

The registered manager led the service well and was ably supported by a deputy. Corporate management support arrangements were in place and consistent, whilst appropriate delegation of duties on site took place.

Auditing was effective and ensured errors were identified and standards maintained.

Morale was high and the culture was one of focussing on helping people to become more independent.

Fairholme

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.

We visited the service on 23 October 2017 and the inspection was unannounced. This meant the provider and staff did not know we would be coming. The inspection team consisted of one Adult Social Care Inspector and one 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 service.

Before our inspection we reviewed all the information we held about the service. We also examined notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within required timescales. We spoke with professionals in local authority commissioning teams, safeguarding teams and Healthwatch. Healthwatch are a national independent consumer group who champion the rights of patients.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

We spent time speaking with five people who used the service and observing interactions between staff and people who used the service. We spoke with seven members of staff: the registered manager, the deputy manager, three care staff including a team leader, the chef and a member of the maintenance team. Following the inspection we spoke with three relatives of people who used the service and two external health and social care professionals.

During the inspection visit we looked at three people's care plans, risk assessments, staff training and recruitment files, quality assurance documents and systems, a selection of the home's policies and procedures, IT systems, meeting minutes and maintenance records.

Good

Is the service safe?

Our findings

At the previous CQC inspection in September 2016 we identified concerns that the provider's management of medicines was not always safe. At this inspection we found the registered manager had ensured the ordering, storage, administration and disposal of medicines was safe and in line with good practice as set out by National Institute for Health and Clinical Excellence (NICE).

Medicines were stored securely and kept in a separate locked trolley, in a locked room. Temperatures were regularly checked and found to be within a safe range. Each person's medicines file contained known allergies, a recent photograph and pertinent contact information.

We reviewed a sample of people's medicines administration records (MARs) and found these to be free from errors. The registered manager and administering staff we spoke with had a detailed knowledge of people's medicinal needs. Staff completed a daily audit of medicines and the registered manager a monthly audit. Completed MAR records were kept in the registered manager's office alongside care file information for auditing purposes were and archived after a year. This meant there was strong oversight of medicines administration.

Controlled drugs were kept in a separate locked cabinet. We checked a random sample of these and found these to be accurate. Controlled drugs are medicines that are liable to misuse.

There were specific protocols in place for people who had medicines prescribed 'when required'. These told staff when they might need to use the medicine and what effects they should see. We found these plans to be suitably detailed and in line with NICE recommendations. Topical medicines (creams) were documented by way of body maps, meaning staff members could easily see whereabouts on a person's body the cream should be applied.

At the previous CQC inspection of September 2016 we noted two bathrooms were in need of repair and refurbishment, whilst some communal areas and people's rooms were also in need of refurbishment. At this inspection we found the provider had ensured the two bathrooms had been retiled and redecorated so that they were easy to clean and fit for purpose. Likewise, communal areas on the ground floor had been re-floored with hardwearing lino. People's bedrooms that required improving had been redecorated and the provider had plans to refurbish the rest of the service in time, including two further bathrooms. We found these, whilst showing some signs of age, to be fit for purpose. This meant the registered manager had completed the necessary actions to ensure the service was compliant with regard to medicines and premises.

The premises were well maintained. The provider had increased resources in terms of staffing and there were a team of three maintenance staff who supported the provider's services in the area. We spoke with one member of the team who confirmed they received the necessary resources from the provider to maintain systems, and that they understood the challenges posed by older buildings (for example, the fact the service had three separate boilers heating different parts of the service). Portable appliance testing had

been completed, as had testing of fire fighting equipment and emergency lighting. Gas boilers and electrical systems had been inspected and a recent fire inspection had led to only minor actions, which we saw had been completed. People were therefore not at risk through poor upkeep of the facilities. Likewise, we found all areas of the home to be clean. One relative told us, "It's really clean now – I go every week and it's spotless."

People who used the service told us they felt safe. One person said, "I'm safer here than when I was on my own," and another said, "There are always people to check on you."

There were sufficient staff on duty to keep people safe and to ensure people received person-centred care. We reviewed the rota and found that people were not put at risk due to understaffing. Relatives we spoke with and external professionals raised no concerns about the service and all felt there were sufficient staff to meet people's needs.

Safeguarding training was part of the provider's core training and we saw all staff had received recent refreshers in this topic. Information was available in communal areas regarding how to raise concerns if people needed to. Staff were confident in the support of their management should they raise concerns. Likewise, the service's whistleblowing procedure was available near the entrance and staff we spoke with knew who they could raise concerns with outside of the organisation.

Risk assessments were in place and were tailored to people's needs and preferences. Staff we spoke with had a good understanding of the risks people faced and described how they supported people to remain safe; we found this corresponded to people's risk assessments. Risks were managed in a way that balanced people's rights to sometimes make unwise choices, for example in relation to personal hygiene where there may be a risk of self-neglect. Strategies to encourage people to help lessen these risks were well documented.

Pre-employment safeguards, including enhanced Disclosure and Barring Service (DBS) checks, identity checks and references and had been made. The DBS maintain records of people who are barred from working with vulnerable people, as well as people's criminal records. This information helps employers decide whether a prospective employee is suitable. This meant the service had a consistent approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We saw Personalised Emergency Evacuation Plans (PEEPs) were easily accessible in an emergency bag, as well as in people's care files. PEEPs are designed to help staff and others safely evacuate people from the premises.

Accidents and incidents were consistently recorded and a log kept by the registered manager, should any trends or patterns emerge.

Good

Is the service effective?

Our findings

People who used the service were supported by staff who were well trained in a range of courses that equipped them to care for people effectively. The majority of staff had been at the service for a number of years. They received ongoing refresher training to keep their knowledge current and we saw they had recently received, for example, training in safeguarding, first aid, infection control, fire safety, medicines, mental health awareness and diabetes awareness.

Staff received training that prepared them for people's needs changing, for example epilepsy awareness and dementia awareness training. One person who used the service was living with dementia and nobody had epilepsy but this demonstrated the registered manager ensured staff had a broad knowledge base to help support people's changing needs. Staff who were not directly delivering care also received core training such as mental health awareness, to ensure they had a good grounding in people's needs.

Training needs were documented on the registered manager's training matrix and discussed at regular staff supervision meetings and annual appraisals of performance. A supervision is a formal discussion between a manager and staff member about their professional development and training or other needs. Staff told us they were well supported to access training courses and they found supervisions to be open discussions about any concerns they may have, or professional development topics they wanted to discuss. One said, "The door really is always open - they have backed us 100% since coming in."

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 checked whether the service was working within the principles of the MCA. The registered manager had a strong understanding of capacity and staff respected people's right to make choices that were sometimes unwise. Where people required a DoLS for their own safety we saw their capacity had been assessed and the appropriate documentation had been submitted to the local authority.

Consent was evident in the interactions between people who used the service and staff, and in the care plans we reviewed. For example, one person required a nightly check by staff. We saw they had signed their consent for staff to enter their room on this one occasion per night to check on their safety. Where people could not sign to give consent but had capacity, staff recorded the conversation they had had with the person.

The premises were relatively well adapted to people's needs. The home constituted three terraced houses which had been converted. We found there was a good use of the variable spaces within, for example to have one lounge that was predominantly used for watching films and television and another lounge known as the 'tranquil' lounge where people could relax. The outdoor space had been cleaned and potted plants added. The kitchen adjoined the dining area had additional workbenches which went into the dining area. This meant there was a good level of interaction between the chef and people who used the service, who could access the kitchen at any time. We noted the steps at the front were relatively steep and that the lift currently was not in use. This did not currently impact on anyone using the service but the deputy manager confirmed they intended to repair the lift to make the service more flexible in terms of the range of people's needs they could support. Likewise we saw a maintenance request had been made by the registered manager to install handrails by the front steps.

The chef demonstrated an excellent knowledge of people's preferences, likes and dislikes. One person told us, "The food is great – he's a brilliant chef." Where one person was expecting dental work, the chef had planned for this and discussed softer options with the person. The chef had held themed nights since joining the service, such as a curry night and a Mexican night, and told us these were proving popular. They freshly prepared all meals and regularly baked cakes, as well as trialling various ways to encourage people to try healthier options, such as soups. People we spoke with enjoyed the meals and said the new chef had made a difference.

The chef planned to start cookery lessons with people to help promote their independence and skills. The kitchen was ideally suited for this as there were additional work spaces in addition to the main kitchen area the chef used.

We found people had lost weight where they had planned to do so and put on weight where they had been at risk of losing too much weight. Staff used the Malnutrition Universal Scoring Tool (MUST). MUST is a screening tool using people's weight and height to identify those at risk of malnutrition.

External professionals we spoke with said staff displayed a good range of skills and awareness of people's needs. One said, "Staff are knowledgeable in general mental and physical health problems. Staff have also undertaken numerous training sessions which has enabled them to feel more competent and confident in their role.

People who used the service were supported to achieve good health outcomes through accessing a range of external healthcare professionals, for example, doctors, nurses, psychiatrists and speech and language therapists.

Good

Is the service caring?

Our findings

People who used the service were relaxed throughout our inspection and interacted warmly with staff. One person told us, "They are great and they should be paid as much as doctors and nurses. They look after us." Another said, "The staff are lovely."

One relative told us, "Staff are really good. They know people's characters and they make good judgements – when to back away a bit and when people are doing fine." Another said, "The staff are very good and caring. They have a lot to do but they always find time to make sure people are happy. No complaints whatsoever about the staff." Another said, "She has her favourites and gets on with them – she's happy to confide things and is comfortable."

Professionals we spoke with who visited the service regularly told us, for example, "People enjoy living in Fairholme and I would have no concerns recommending Fairholme to other people requiring 24 hour residential care.

One relative said, "It's always a relaxed environment." We found this to be the case, with some people enjoying a film in one of the lounges and others in the dining area, playing a board game with staff, whilst one person relaxed in the 'tranquil' lounge. People played pool in the games room intermittently and told us they were content. Survey responses we reviewed indicated all people who used the service and visitors agreed the service achieved a level of homeliness.

People who used the service were interested to know about the inspection processes and what our regulatory remit was. We saw the registered manager had included information about a potential upcoming Care Quality Commission inspection in the latest newsletter and had told people about what to expect previously. We also saw the latest CQC report was readily accessible in the entrance hall in a folder entitled, 'Keep Calm It's a CQC Report'. This meant the registered manager had taken steps to ensure people who used the service, whilst feeling at home, were aware that the service would need to be inspected on occasion.

People who used the service consistently told us they were at home and we found the atmosphere to be welcoming and calm on our arrival, and throughout the inspection. People interacted with each other and staff in a relaxed fashion. People were encouraged to maintain relationships important to them and one person told us how they visited and stayed with relatives regularly.

The registered manager confirmed that, at the time of inspection, nobody who used the service chose to attend church or follow a religion but that people were supported to make their own choices. For example, people had been supported to vote at the last election.

We saw one person had chosen the colour of the bathroom and people were involved in the redecoration of their own bedrooms (including getting involved in the painting if they so wished). We found rooms that had been refurbished were personalised with photographs, musical instruments, crafts and sporting equipment.

The registered manager had successfully ensured people were supported by people who knew them well. Most staff had been at the service for a number of years and people therefore people benefitted from a continuity of care. When the registered manager took over management of the service they ensured that, whilst staff were given increased responsibilities, they were still focussed on caring as their main objective. Staff members demonstrated a good knowledge of people's individualities and were not task orientated.

We saw end of life care plans were in place where people wanted them and these were in an easy-ready format. This meant staff understood people's preferences regarding how they wanted to be cared for when they reached the end of their lives.

Advocacy information was clearly accessible in communal areas via an easy read leaflet and people who used the service benefitted from the regular involvement of people who knew them best, such as their family members.

Good

Is the service responsive?

Our findings

Staff were able to demonstrate a sound knowledge of people's needs and preferences. We saw staff had regularly reviewed people's needs and identified when those needs changed and when, for example, additional support from external professionals may be required. We saw advice had been sought from community nurses, doctors and others when people's health deteriorated. Where advice was given we found staff were aware of that advice and had adhered to updated care plans. External healthcare professionals we spoke with confirmed staff sought their advice where appropriate.

We saw care plans were person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. Each person's care file contained a one-page profile with a photograph and important information about each person, for example, family relationships that were important to them, hobbies, interests, as well as dislikes. We found care plans to be sufficiently detailed and accurate in terms of daily notes and interactions with external professionals. People were clearly involved in their care planning and reviews.

The service had a keyworker system in place. This meant each member of care staff was responsible for ensuring one or two people's care plans were up to date and that they were reminded about planned appointments. We found the system to be working well, meaning keyworkers had built up close relationships with people who used the service and recognised their changing needs.

Feedback regarding the provision of activities was mixed. People who used the service felt there were ample activities. For example, one person regularly enjoyed playing board games with staff, one person went to a disco regularly, people were regularly supported to go to the shop or to the seafront, whilst there were a range of group activities and evenings planned. One person told us, "I have all my weights and my rowing here." Another said, "I like to play games with [staff member's name]." The chef had also made an impact in this regard and the layout of the dining room/kitchen meant that cookery classes, due to be trialled two weeks after the inspection, could help protect people against the risks of social isolation.

One relative said, "It takes a lot to get people to come out of their own corner, we understand that, and the staff do try. The deputy is very enthusiastic and gets people to try things. Sometimes I think there could be a bit more structure to it." Another said, "I have seen a recent improvement but sometimes there could be a bit more in terms of activities or themes that involve people a bit more." They went on to state that they thought the decoration of the service in a Halloween theme had people excited and that they welcomed the prospect of further themed evenings.

Family members were generally supportive of staff efforts to keep people motivated and enthused about taking part in, or attempting, activities. One relative said, "There could be more individual activities but I understand the restrictions under which they're working." We saw people who used the service regularly gave their opinions about what activities and menu choices they would prefer. There was a consensus that the provider could still do more to ensure there were a range of person-centred opportunities for people to purse activities meaningful to them. The registered manager acknowledged this and was keen to ensure

people had access to more opportunities.

One person who had used the service for a number of years was leaving the service on the day of our inspection, to move into a sheltered housing environment. Staff we spoke with were particularly proud of being able to support a person to increase their life skills and to move on to a service that afforded them more independence. The registered manager told us this was the longer-term plan for the service, to support and encourage people to more independent living in the community. The premises were well designed to support this purpose, with four self-contained flats and the open plan dining space.

With regard to complaints, information regarding how to complain was easily accessible and in a format people who used the service could understand, in communal areas and in the company's literature. People who used the service were also encouraged to raise any concerns or problems at bi-monthly residents' meetings and via the annual quality surveys. Where complaints or concerns were received we found the registered manager had considered and responded to them in line with company policy and that complainants were content with the responses. All people we spoke with and their relatives were satisfied they knew how to raise concerns and who with, should they need to. One relative told us, "There has never been anything major and when we have raised something, they sorted it quickly."

Each person had a Hospital Passport in place. A Hospital Passport details people's medical, mobility and communication needs to help clinical staff, should they need to go into hospital.

Good

Is the service well-led?

Our findings

The registered manager had been in post at the previous Care Quality Commission (CQC) inspection but had not been registered at that time. They had since registered with CQC. We gathered a range of evidence and feedback which demonstrated they provided strong levels of leadership and accountability to the service, which had ultimately had a beneficial impact on the lives of people who used the service.

Feedback from people and their relatives was consistent regarding the confidence they had in the registered manager and their deputy. One person who used the service described the registered manager as, "Lovely." One relative told us, "The communication from the office is good. I've spoke to the manager and the deputy plenty of times and they are very good." Another said, "Whenever there is a change of management things can be unsettled but they've managed the changes well. It's settled and improved, I'd say. Everything is run smoothly and the staff are all helpful."

We found the registered manager and deputy manager worked well alongside each other and both had a detailed knowledge of people's needs and preferences. During the inspection we observed a number of people who used the service going in and out of the registered manager's office. Both the registered manager and the deputy interacted well with people and encouraged them to complete tasks independently, such as making hot drinks and ordering taxis.

The registered manager and deputy performed the bulk of quality assurance and auditing work although they had delegated a number of duties to other staff, for example financial audits and rota planning. Staff we spoke with valued these additional responsibilities and consistently told us they were managed in such a way that enabled them to develop their skills. One said, "I feel empowered now. Before it was just tasks and not a lot of responsibility. The manager trusts us." The registered manager told us about how they had assessed the skills of the current staff team and delegated various responsibilities. They told us, "The team are fantastic – they have such a range of skills." This meant staff were well managed and supported to improve their skills. Morale was high as a result and turnover of staff extremely low.

The registered manager and other staff also felt they were well supported by the provider, giving examples of the speed with which new equipment had been bought. The registered manager said, "They let you have your own autonomy but still get us together for group supervisions so we know what we're all doing." We saw there were weekly teleconferences with national managers as well as a manager's meeting once a month, whereby the provider's registered managers met to share any concerns and good practice.

Audits included nutritional audits, financial audits, infection control audits and care plan audits. These were recorded at the front of each care file, with any follow-up actions documented by the registered manager, with a date by which action should be taken. We found the system to be working well in identifying errors and ensuring they were addressed. For example, where one person's medicines record did not have a photo (because they did not want to give permission) we saw the solution was to have a description of how they looked. There were good levels of quality assurance and accountability in place for all aspects of the service and people's care.

The registered manager demonstrated an eagerness to continue making community links. The service already had links with a local snooker club and a disco and the registered manager planned to ensure people could access local 'Green' and 'Blue' Gym schemes, which encouraged people to help tidy the local environment whilst getting outdoor exercise. They acknowledged this was an area of the service that would benefit from more focus.

We reviewed a range of care records and policy documents and found them to be accessible, accurate and in good order. The manager's office was well organised and we saw appropriate notifications had been made to CQC.

We reviewed the previous annual survey results and found there were positive responses from people who used the service, relatives, staff and external professionals regarding the management of the home, staff attitudes, cleanliness, safety and independence. Another round of questionnaires were due to be sent out at the time of inspection. This meant the registered manager routinely sought the views of people who used the service and other pertinent voices to continually assess service provision.

We found the culture to be one clearly moving more towards empowerment and independence, both in terms of the support people who used the service received and in terms of the way in which staff were supported to provide good care. One relative told us, "In the last year it's got better. [Registered manager] is always trying things, which is great. Things might not always work but you have to keep trying."

This opinion was supported by professionals we spoke with, who were impressed with the level of stability and direction the registered manager had brought the service. One told us, "I have been attending Fairholme now for nearly five years and during the last two years there has been a great improvement. The manager's staff and her are an asset to the company and service users and as a member of the wider community team I applaud them."