National Schizophrenia Fellowship

Derwent Lodge

Inspection report

11 Beaufort Street
Chaddesden
Derby
Derbyshire
DE21 6AX

Tel: 01332347597
Website: www.rethink.org

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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

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

Derwent Lodge is registered to provide nursing and residential care and support for 16 people with mental health needs. At the time of our inspection there were 13 people using the service. The service is a detached, single storey property located within a residential area of Derby. The service provides communal rooms, which include lounges, dining room, activities room and two kitchens. The bedrooms are single occupancy with an en-suite facility. The service has a garden which can be accessed from the communal rooms.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Derwent Lodge did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had resigned their post in May 2018.

The manager of Derwent Lodge had been in post for six weeks at the time of the inspection. The manager had completed their application form for the post of registered manager and had submitted an application to the Disclosure and Barring Service (DBS). The manager advised us that upon receipt of their DBS check they would submit their registered manager application to the Care Quality Commission (CQC) for consideration.

People's safety was promoted by staff that had the appropriate training to monitor and support people to be safe. Potential risks were identified and action to reduce these was taken. There were sufficient staff to keep people safe and staff were aware of their responsibilities in monitoring people's safety and well-being. Environmental risks were reduced, through regular maintenance of the service. People received their medicine and were supported by staff with the appropriate knowledge and skills in the management of medicine.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrict way possible; the policies and systems in the service supported this practice. People were supported by staff that had the necessary training and skills to provide care and support. Staff worked collaboratively with people using the service and health and social care professionals to monitor people's health to maintain and promote people's well-being.

People spoke very positively about the attitude and approach of staff towards them. People told us staff were available when they needed them and we saw staff respond to people when they became upset or distressed, having time to spend with the person talking about their concerns. People were encouraged to be involved in the development and reviewing of their recovery and support plans and were involved in meetings to review their care and treatment. People said confidentiality was maintained and that they were respected by staff.

Staff encouraged people to be involved in the development and reviewing of their care, treatment and support plans. People spoke to us about their involvement and setting individual goals of achievement for them. A nurse had been leading a project to review people's care and support plans, with a focus on them being person centred, to promote people's involvement and to further reflect their goals and aspirations.

People's concerns and complaints were documented and the outcome of investigations was shared with the complainant.

People using the service were positive about the day to day management of the service. People's views and that of staff were sought. Regular meetings took place that provided opportunities for all to share information. Robust systems were in place to monitor the quality of the service being provided and any shortfalls were identified within an action plan to bring about improvement.

The provider had displayed the CQC rating from the previous inspection within the service and on their website.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Derwent Lodge

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.

The comprehensive inspection site visit took place on 7 June 2016 and was unannounced.

The inspection was carried out by one inspector, a Specialist Advisor (the Specialist Advisor had experience working and caring for people who required nursing care in relation to their mental health) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We contacted health and social care professionals that commission the service and who are involved in the reviewing of people's care Derwent Lodge.

We spoke with five people who used the service. We spoke with the manager, the service manager and three recovery workers (staff who provide people's care and support).

We reviewed the care records of three people who used the service. We looked at staff training records. We looked at the minutes of staff meetings and people using the service. We examined documents which recorded how the provider monitored the quality of the service being provided.

Good

Is the service safe?

Our findings

People we spoke with were very confident that they were safe at Derwent Lodge. When we asked people what made them feel safe, all linked their feeling of being safe with staff. People's comments included. "I feel safe because of the staff and my room is safe and secure." A second person said. "I feel very safe here, ten out of ten. My belongings are also safe. The staff help me feel safe." We asked people if they had any concerns about their safety or that of others what would they do. People told us they would speak with staff. One person said. "If I had any concerns I would report them to the staff. I do not understand what the word safeguarding means." A second person said. "I would talk to staff. I do not understand what safeguarding is." Information about safeguarding was displayed in the service. The manager told us they would be discussing the topic of safeguarding at meetings involving those who use the service in the future to increase people's awareness of safeguarding.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Staff we spoke with understood their responsibilities in providing support to people to help them make decisions to promote their own safety. The service had a very low number of safeguarding concerns.

The provider's safeguarding policy provided clear guidance for the reporting and recording of safeguarding concerns. The policy had been written with consideration to a range of other current legislation, which included reference to the Equality Act 2010 which ensured all people were protected with fear of prejudice or discrimination.

We spoke with people to find out their understanding of risk and how it was managed so that they were safe and their freedom respected. One person told us. "Risks that matter to me are explained."

People's records included assessments where potential risks had been identified and were used to develop plans to promote people's safety. This included where people were at risk of exploitation when accessing the wider community. People's plans which were developed with their involvement, where people chose to do so, detailed how risks to their safety and well-being could be minimised whilst promoting independence and choice. For example a person had been diagnosed with being borderline diabetes. The person had made an informed choice not to take medicine. Staff were therefore supporting the person to lose weight, by making healthier choices at meal times. Records showed the person was losing weight, which meant the potential risks to their health were reduced.

The provider engaged external contractors to maintain and service equipment, which included electrical and gas systems, the fire system, passenger lift and equipment used to support people in the delivery of their personal care, such as hoists and other mobility aids. All systems had a certificate to evidence they had been assessed as safe at the time of the inspection. Individual personal emergency evacuation plans (PEEPS) were in place, which provided guidance on the support people would require should they need to evacuate the service in an emergency.

People's safety within the environment of Derwent Lodge continued to be promoted by staff carrying out visual safety checks at regular interval throughout the day. The focus was to ensure there were no hazards identified, such as ligature risk points and fire escape routes being blocked. A visual check on people was included to evidence people were well and safe.

People's safety was supported by the provider's recruitment practices. Staff recruited by the provider underwent a robust recruitment and interview process to minimise risks to people's safety and welfare. Prior to being employed, all new staff had an enhanced Disclosure and Barring Service (DBS) check, two valid references and health screening. (A DBS is carried out on an individual to find out if they have a criminal record which may impact on the safety of those using the service).

Derwent Lodge employs nursing and recovery workers (care staff) to support people. Recovery workers are on duty 24 hours a day, with nursing staff being on duty during the day, Monday to Friday. On the day of our inspection, we were told a nurse was not on duty as they were attending training. Nursing staff were contactable out of hours through the on-call system in place at the service. Where the on-call service was used, a record as to why they were contacted was made along with the advice given. Therefore people using the service can be confident that advice from a nurse is always available.

We spoke with people about their medicines. In some instances people told us they administered their own medicine, whilst others had their medicine administered by staff. People expressed confidence in the staff who administered their medicine. One person told us. "Staff give me my medication." A second person said. "I take my own medication. I keep it in my room in a safe. I get seven days' supply and I take my medication at 9am, 2pm and 6pm." A second person said. "I take my medication myself and store it in a safe in my bedroom."

People's care plans provided information about the medication they were prescribed, which included information on potential side effects. Where people managed their own medicine different arrangements were in place to meet the person's specific needs, which included a robust risk assessment for the self administration of medicine. For example, a person who administered their own medicine asked staff each day for the key to the safe containing their medicine, which they then administered themselves. A weekly audit was undertaken by staff to ensure the person had taken their medicine.

We observed medicine being administered safely. On all occasions the member of staff explained to the person what each medicine was for, once the medicine had been administered the member of staff signed the Medication Administration Record (MAR) to confirm the medicine had been administered. Staff responsible for the management and administration of medicine received training and had their competency assessed annually.

An audit undertaken by a pharmacist had highlighted areas for improvement. We spoke with the manager who advised us that visits and meetings were being held with the appropriate services, such as doctors to improve prescribing systems for medication. The medicines fridge used to store medicine had the temperature regularly monitored; this was to ensure medicine was stored safely and appropriately, consistent with manufacturers guidance.

We asked people who were in residence at Derwent Lodge for their views about the cleanliness of the service. Everyone stated the service was always clean and tidy. One person told us. "This place is clean." A second person said. "This place is kept to a high standard."

Staff had undertaken training on infection control and we saw they wore personal protective equipment

(gloves and aprons) when providing personal care and support to reduce the risk of infection. We found the clinical room to be clean and tidy and the room temperature to be monitored. Derwent Lodge employs staff to clean the premises.

A central system for recording accidents and incidents was in place. The system was accessible to all managerial staff and monitored to ensure any related actions to accidents and incidents were completed. External safety alerts and information received by the service, for example about equipment or medicine were discussed in the clinical meetings held by nursing staff. Consideration was given to the alert and whether it affected the service or people using the service. Where action was needed, this was recorded. For example, where concerns were highlighted with regards to a 'batch' of medication. A designated member of staff was allocated to check whether any medicine on the premises had the 'batch number' identified within the alert, so that action could be taken to withdraw the medicine if required.

Good

Is the service effective?

Our findings

People shared their views about the assessment process and their move to Derwent Lodge. One person told us. "The staff from Derwent Lodge came to visit me in hospital. They made an assessment and I was invited to visit them. The hospital team decided that this place would be suitable for me to live in. The team at Derwent Lodge agreed and offered me a place here." A second person said. "I visited for a day and staff came to visit me in hospital." A third person said. "Yes, I went to see the place and they came to see me to see if it would be suitable." People's move from a hospital setting to Derwent Lodge was overseen by a number of health and social care professionals, with the involvement of the person using the service and other relevant parties such as a person's family member. People's introduction and move to Derwent Lodge, from hospital were planned. People's move to the service was phased to suit the person's needs and to ensure the best outcome for the person.

People continued to be supported by staff that had the relevant skills, knowledge and experience to provide people with the care and support they needed. Training records showed staff accessed a wide range of training reflective of the needs of people using the service. Our discussions and observations showed that staff had benefited from their training, which they put into practice.

We spoke with a member of staff about their training. They told us. "We have several kinds of training. One to one training on the computer and group training to discuss new topics." We spoke with staff about the support they received, for example through supervision. One member of staff said they had been supervised; however they said that these did not take place frequently. A second member of staff said they received regular supervision with the home manager and they supervised other staff. A third member of staff said. "I receive regular monthly supervision for about 60 minutes per month. I find the supervision very useful. All my concerns about the residents are resolved by my supervision."

People we spoke with were complimentary about the food and ate their meal where they wanted to. One person told us. "The food is very good here." A second person said. "I get up at seven and have breakfast at 7am. I have cream cheese and toast for breakfast. I go back to my room until 12:30 for lunch. Staff take my chosen meal to my room where I eat it alone. The same happens regarding my evening meal." A third person said. "The food is excellent 10 out of 10." A fourth person said. "The food is excellent, I love the food here." The person went on to say that drinks and snacks were available throughout the day, which they could serve themselves if they so wished. A fifth person said. "I choose my breakfast every day. Weetabix at 10 every morning. I choose my lunch and dinner menu every day before 11am. I can go to the shops and buy sweets and biscuits and fruit at any time."

The menu for day was displayed, however our observations showed that people could request other options if they did not want to have the meals planned for the day. Throughout the day we saw people leaving the service, sometimes alone, whilst others were accompanied by staff. In many instances people chose to buy items of food and drink from the local shop. One person went into town on the bus for their lunch.

Two smaller kitchens were accessible to people to make themselves drinks and snacks. At the time of the

time of the inspection one kitchen was being refurbished. The manager and a recovery worker told us once the improvements were completed they would be encouraging and supporting people to plan a meal, buy the ingredients and then prepare and cook their chosen meal. This was seen a significant way to promote and encourage people's independence.

People's records provided evidence that some people's dietary intake was monitored where required, as they were at risk from insufficient hydration or malnutrition. This included monitoring people's weight and recording whether people were eating and drinking sufficiently. However, we found improvements could be made to how information was recorded. For example, a target had not been set for the volume of fluid a person should be drinking. We also found where drinks were provided; staff had recorded the number of times a person had drunk but not the volume. We spoke with the manager who said they would inform staff of the need to accurately record information.

People we spoke with confirmed they had access to a range of health care services. One person said. "I go to appointments with members of staff. They organised these for me." A second person said. "I see the GP here at Derwent Lodge. If I need to go to the hospital this is arranged by the staff who will take me to the appointment. All other appointments are sorted by the staff who always come with me." Staff worked collaboratively with a range of health and social care professionals to achieve the best possible outcomes for people using the service. Regular meetings involving the person using the service, staff from the service and external health and social care professionals were held. The purpose of the meetings were to discuss the health needs of people with regards to their mental and physical health.

The premises of Derwent Lodge were well maintained, with improvements ongoing. People spoke positively about the décor and maintenance of the service. One person said. "My room is painted regularly and my shower room. It is cleaned at least every week. The environment of the home is great. It is always clean and tidy. I like the communal rooms and dining room." A second person said. "The rooms are continually being redecorated. So are all the communal rooms. The home is bright clean and well looked after."

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. Whey 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

People shared their views and thoughts with us as to their understanding of their rights. One person said. "I am free to come and go whenever I want. I can do what I want." A second person said. "I can come and go whenever I want."

We checked whether the service was working within the principles of the MCA and whether any condition on authorisations to deprive a person of their liberty were being met. We found one person had a DoLS authorisation in place which had conditions. We found staff adhered to these conditions, which were in place to ensure the person was safe.

We found staff to be knowledgeable as to people's rights. Staff working at the service support people who in some instances have a Community Treatment Order (CTO) in place. A CTO means people will receive

supervised treatment when they leave hospital where they have been detained under the Mental Health Act. Any conditions set out in the CTO need to be followed by the person. A member of staff we spoke with told us, "If people have a CTO in operation and they leave Derwent Lodge, they cannot be restrained by staff. People who leave must be referred to the police and the relevant RMO (Responsible Medical Officer). Staff told us they did not restrain people and that people, if they chose could leave Derwent Lodge.

Good

Is the service caring?

Our findings

People shared with us their views as to whether they were treated with kindness, respect and compassion and whether they were provided with emotional support. One person said. "I think the staff are brilliant. I would give them 10 out of 10 for attitude. I am sure they are interested in all of us." A second person said. "They (staff) are wonderful so good. 10 out of 10." A third person said. "The staff are great. I love them."

People were seen to be supported by staff who understood them and took time to talk with people when they became distressed. People freely approached staff for support and staff always made themselves available. Where people requested to go to the local shop, staff were quick to provide the support. We saw a member of staff supporting a person walking to the shops, holding their hand to offer reassurance and support. The person looked relaxed in the company of the member of staff and their appearance suggested they appreciated the support being given.

People told us their diversity and spiritual needs were understood by staff and that they received support where necessary. One person said. "They keep offering me a Priest, but I do not want one." A second person told us. "They (staff) do respect me. They offer me a Catholic Priest to come and visit. I do not agree to this although I am Catholic." A person records showed that staff supported them to attend a local place of worship of their choosing.

We found staff to be knowledgeable about the needs of people, telling us about people's needs and how they supported people and were able to identify where improvements to people's health had taken place. Staff were able to provide examples of how people had been encouraged to be more independent, for one person this had meant they had moved from Derwent Lodge into their own home. Staff spoke of a person who had declined to use public transport that meant they shared by others, due to their anxiety. Staff told us the person for the first time had travelled by public transport on a bus, to an activity of their choosing. Staff said this was a significant step forward for this person, who had previously travelled by taxi or car.

People told us how they were supported to express their views and were involved in decisions. "One person said. "The staff are very interested and involved with the residents. I am including the cook and the domestic cleaners in this." People's understanding of care plans and their involvement in these were mixed. One person said. "No, I have never seen my care plan. I have never seen my notes or know anything about them." A second person said. "I understand my care plan and how it is stored and the information stored about me to make my care plan." A third person said. "I know about my care plan and have and understand what information is stored about me by the Lodge." People's records reflected people's views about their care plan were regularly sought. Where people had decided they did not wish to be involved, their records reflected this.

Information about advocacy services was displayed on notice boards within the service; however we found people's understanding and awareness of advocacy to be mixed. One person said. "I do not know what advocacy is all about." A second person said. "I know what advocacy is but I only used them in hospital."

People were encouraged to be involved in their recovery and support plans, where people chose not be involved this was documented. People we spoke with shared their views about their plans, with some people being aware of them, whilst others were not.

People expressed confidence with the staff and their approach towards them, which included their thoughts around confidentiality. People shared their views with us. One person said. "I have every confidence in the staff." A second person told us. "This place is very confidential. I have no worries about confidentiality." The person went onto say. "They (staff) really do respect me." A third person said. "I am very confident regarding the staff. They are very caring and spend time with me looking after me." The person went onto say. "I have every confidence in this place."

Family members and friends of people at Derwent Lodge were encouraged to visit, as confirmed by people we spoke with. One person told us. "I see my family twice a week."

Throughout our site visit we saw staff knock on people doors, telling the occupant who it was. Staff did not open doors until they were invited in or the person opened the door themselves. Staff were seen and heard to interact with people throughout the day. Derwent Lodge had a real community feel about it and people using the service interacted with each other positively.

Good

Is the service responsive?

Our findings

People spoke with us about their recovery and support plans; we found people had mixed views as to their involvement in these. Where people had chosen not to be involved this was recorded. Where people had chosen to be involved, the people we spoke with told us about their involvement. A person said. "Staff talk to me and put my wishes into it (care plan). My relatives also input into my care plan, especially my [family member's title]. My goals have been identified and place in my care plan." People were involved in meetings to review their care and support, where they chose to attend. This was confirmed by people we spoke with. One person said. "Yes, I think I was (involved in a review) but I do not remember much about the review."

The manager told us they would be improving care and support plans. They spoke of the further development of recovery plans to support people looking to move out of the service. They also spoke of the development of person centred plans which would reflect the development and maintenance of people's skills. They told us there would be a focus on people's quality of their life and experiences for those who continued to reside at Derwent Lodge, as a 'home for life'. A nurse had been identified to lead this project.

The recovery worker who was in charge of the service during our inspection spoke about all those using the service in a very person-centred way, demonstrating that they knew everyone's individual routines, likes and dislikes on dressing and food preferences. They told us. "Some residents can't tell you what is wrong but you can tell by little changes in their behaviours that something is not right."

People were encouraged to maintain contact with family friends. One person told us. "On Wednesday and Sunday, I go to see my [family members]." We saw people throughout the day leave Derwent Lodge, independently or with staff support. One person ordered a taxi to take them into town to the local bank. A second person spoke on the telephone to a family member organising when they would be visiting them. A third person used the local bus to visit the local town. A person we spoke with told us. "I go to get my cigarettes locally every day. I go into town twice a week to window shop."

At the time of the inspection no one was in receiving palliative or end of life care. Discussions about people's end of life care and wishes were not routinely sought. The manager was aware that as people became older; these discussions would need to take place. In some instances, people's mental health meant they focused on their own mortality, which was identified in people's care and support plans.

Organisations that provide publicly-funded adult social care services are legally required to follow the Accessible Information Standard (AIS). This says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. Information about AIS was displayed within the service and the provider had produced documents reflective of AIS to improve people's understanding of information.

People shared with us their awareness of raising concerns and complaints and what they would do if they were not happy. One person said. "I do not know anything about the complaints procedure. If I had a problem I would tell my family." A second person told us. "I would complain through the staff of my [family

member]. I do not know about external agencies." Others we spoke with when asked if they were aware of the complaints procedure said yes, no or I don't know.

All concerns and complaints were recorded and information about the investigation and outcome were comprehensively detailed. We saw that where the complainant had provided their contact details they received an outcome following the complaint investigation consistent with the provider's Duty of Candour.

Good

Is the service well-led?

Our findings

Derwent Lodge did not have a registered manager. The manager of had been in post for six weeks at the time of the inspection. The previous registered manager had resigned from their post in May 2018. The current manager had completed their application form for the post of registered manager and had submitted their details to the Disclosure and Barring Service (DBS). The manager advised us that upon receipt of the DBS check they would submit their registered manager application to the Care Quality Commission (CQC) for consideration.

People spoke positively about the management of the service. One person said. "Everything here runs well." A second person said. "Things happen as they should." A third person told us. "I really do think this place is well managed." The provider had a strongly defined mission statement, which is 'Leading the way to a better quality of life for everyone severely affected by mental illness'. This mission statement was integral to the delivery of the care provided by staff of Derwent Lodge. This was evident throughout our inspection in the documents we read about people's care, our discussions with staff and our conversations with people using the service.

Staff we spoke with were passionate about their role in supporting people. One member of staff said. "This is the most challenging job I have ever had, but it is also the most rewarding." Staff were confident and supported people as they had developed positive relationships with people using the service build on mutual trust and respect. All staff spoke positively about their colleagues, stating all staff worked as a team to support people.

We sought the views of external stakeholders prior to the inspection visit. A majority of the feedback we received was positive with regards to people using the service. They were complimentary of the staff team stating that the knowledge of staff as to people's needs had a positive impact in supporting people in their recovery.

Meetings involving people who use the service were regularly held providing an opportunity for people to share their views and influence the service. Recent meetings had focused on environmental improvements to the service and consultation on smoking, which was to be restricted to outside the service, in a designated area, which provided shelter from the weather. People's views were also sought through surveys which were regularly completed by them and comments were responded to on an individual basis.

Staff meetings, involving all staff were used to review any changes to people's needs to ensure any changes were accurately noted and responded to. Recent staff meeting minutes had highlighted staff views that group supervisions were positive as it provided an opportunity for all staff to discuss specific approaches and share ideas about how best to support people. Minutes of staff meetings had identified champions (named staff to lead) in key areas, which included the development of person centred care plans and safeguarding. Clinical meetings attended by nursing staff were used to enhance their skills and knowledge by discussing potential scenarios, which may affect people using the service. Best practice guidance was discussed and links to published authors on specific topics.

There was a strong organisational commitment and effective action towards ensuring there was equality and inclusion across the workforce. The registered manager, management team and staff demonstrated a commitment to continuously improving the service people received. The provider encouraged staff to attend meetings at all levels, to discuss developments and the quality of the support they provided.

Systems were in place to monitor the quality of the service being provided, to identify where areas of improvement were required and to identify any potential risks that may affect the quality of the service. The manager and members of the management team ensured a visible presence by speaking with people who used the service. The governance of the service was therefore fully effective and overseen at a national level to assess the quality of the service.

The provider's commitment to transparency and sharing of information was evident. Their website provided information to people using the service, their family members and the wider public on a range of topics. Information as to the provider's annual plan across all services made reference to corporate objectives and how improvements planned reflected changes to good practice and responding to reviews of legislation. The website and the service itself displayed the rating awarded following CQC inspections.

The Provider Information Return (PIR) had been comprehensively completed, providing information as to how they monitored the service to ensure it delivered good quality care. The PIR identified planned areas for development over the next 12 months, which included improvements to the environment, additional efforts to engage with external stakeholders and look to increase contact for people using the service with services based in the community through opportunities such as voluntary work.