

FitzRoy Support

Webb House

Inspection report

Claremont Road
Newhaven
East Sussex
BN9 0NQ

Tel: 01273514007

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Webb House provides accommodation for up to 20 people. There were 17 people living at the home at the time of the inspection. People living at Webb House had a range of learning and physical disabilities including multiple sclerosis, stroke and acquired brain injuries following accidents. Some people had lived with their disability since birth and a number had lived in care all of their adult lives. Accommodation was provided over two floors with a passenger lift that provided level access to all parts of the home. The home was built on a slope which meant both floors had level access outside.

There is a registered manager at the home. 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 registered manager is also the registered manager for two other homes and spends time at each location during the week. The deputy manager was responsible for the day to day running of the home and was present throughout the inspection.

We carried out an inspection on 16 and 17 December 2015 where we found improvements were required in relation to the quality assurance system and maintaining accurate records. The provider sent us an action plan and told us they would address these issues by 1 June 2016.

We completed this inspection on 15 and 17 February 2017 and found the provider was meeting the legal requirements that were previously in breach. However, these improvements need to be fully embedded into practice. Some aspects of people's records needed more detail to demonstrate the full range of support people were given.

People received person-centred care from staff who had a good understanding of them as individuals and of their needs. Staff supported people to maintain and improve their independence and live as full a life as possible. Staff treated people with kindness and compassion and were respectful of people's individual choices. People were supported to set and achieve their own goals and maintain their own hobbies and interests.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required. Staff understood that people had the choice to make unwise decisions and risk assessments were in place to support them to do this. Individual risk assessments were in place and staff understood the risks associated with people they looked after.

Staff understood their responsibilities in protecting people from the risk of abuse. They received regular training and knew how to report any concerns. There were systems in place to ensure people's medicines were managed safely.

There were enough staff to support people and meet their needs. Recruitment records demonstrated staff

had been appropriately employed and were suitable to work with people who used the service. Staff received appropriate training and support to enable them to look after people at Webb House and staff had the skills to perform their roles.

People had their nutritional needs assessed and were supported to maintain a healthy diet of their choice. People were supported to maintain good health and they had access to relevant healthcare professionals when required.

The registered manager and deputy manager had developed an open and positive culture. This was focussed on ensuring people received good, person-centred support that promoted their independence. People and staff spoke highly of them and told us they would always address their concerns. People were actively encouraged to be involved in the day to day running of the home. They were asked for their feedback which was listened to and used to improve and develop the home.

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 ●

Webb House was safe.

People's risks were safely managed. Individual risk assessments were in place and staff understood the risks associated with people they looked after.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns.

There were enough staff to support people and meet their needs. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with people who used the service.

There were systems in place to ensure people's medicines were managed safely.

Is the service effective?

Good ●

Webb House was effective.

People received support from enough suitably trained and supported staff who had the skills to perform their roles.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) had been submitted when required.

People were provided with a choice of healthy and nutritious meals each day.

Staff ensured people's health needs were met and they had access to relevant healthcare professionals when required.

Is the service caring?

Good ●

Webb House was caring.

Staff communicated clearly with people in a caring and supportive manner. They knew people well and had good

relationships with them.

People were treated as individuals and staff respected people's dignity and right to privacy.

People were supported and encouraged to make their own decisions and to maintain their independence.

Is the service responsive?

Good ●

Webb House was responsive.

People's support was personalised to reflect their needs and choices.

People were supported to set and achieve their own goals and maintain their own hobbies and interests.

People regularly provided feedback about the service and this was listened to and acted on.

Is the service well-led?

Requires Improvement ●

Webb House had met the legal requirements that were previously in breach. However, these improvements need to be fully embedded into practice.

There was an open and positive culture at the home. This was focussed on ensuring people received good person-centred support that promoted their independence.

Staff told us they were well supported by the registered and deputy manager. They were clear about their responsibilities.

There was a quality assurance system in place to monitor the quality and safety of the service.

Webb House

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.

This was an unannounced inspection on 15 and 17 February 2017. It was undertaken by an inspector 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the support provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection, we spoke with ten people who lived at the home, one visiting relative, and seven staff members including the deputy manager. We also spoke with one healthcare professional who visited the service.

We also looked at five people's support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their support documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving support.

We reviewed other records relating to the management of the home. These included staff files, staff recruitment, training and supervision records, medicine records, complaint records, accidents and incidents, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe living at Webb House. One person said, "I have an alarm that is worn like a necklace. If I found myself needing help I can press the button and I know someone will come quickly. I haven't had to use it up to now it but it's there and it's a comfort to me." Another person told us, "I do feel safe here because they let me get on with my own things but I'm not alone."

People were protected from the risks of abuse or harm because staff had a good understanding of what to do to protect people. Staff told us what steps they would take if they believed someone was at risk of abuse. This included reporting to the most senior person on duty, or more senior managers within the organisation. They told us if this was not appropriate they would inform CQC or the local safeguarding team. The deputy manager had recognised some people may need guidance about staying safe and had arranged for local police officers to come and meet people and discuss ways of maintaining their safety. This had included a discussion about internet scams, disability 'hate' crimes and financial abuse by friends. We were told this had provoked conversations amongst people and helped them identify steps they could take to keep themselves safe.

There were a range of individual and environmental risk assessments in place to keep people safe, and staff had a good understanding of the risks associated with looking after people. These included mobility needs, behaviours that may challenge the individual and others and going out. Where people were at risk of falling out of bed but had declined bed rails they had been provided with a bed that was able to go low to the floor, in addition there was a 'crash mat' which the person would roll on to. There was specific moving and handling guidance which included information about how people should be positioned and the use of specialised equipment. Where people were at risk of developing pressure wounds there was guidance in place to prevent this. Staff were aware of the importance of maintaining good skin integrity and told us they checked when they provided personal care. There were risk assessments that related to people going out and these included guidance to staff about ensuring people had identification with them and let staff know when they left the building.

Some people chose to take risks in relation to what they did during the day, for example going out without their mobility aids. This was recorded and showed they were aware of the risks they were taking and possible consequences. Staff had a clear understanding of the support people needed. We observed staff reminding people what they needed to do to remain safe. Regular fire checks and fire drills had taken place. Personal emergency evacuation plans (PEEPs) ensured staff and emergency services are aware of people's individual needs and the assistance required in the event of an emergency evacuation.

Incidents and accidents were recorded and staff had a good understanding of their responsibilities. One staff member said, "If we see a bruise we report it and record it on a body map. We will then monitor the person to make sure it heals properly and nothing else occurs."

People were supported to receive their medicines safely. One person said, "Staff administer my drugs but that's my choice. If I asked to do it they'd let me, it's just easier for me to let them do it. That way there's no chance I'll miss them." Medicines were stored securely in locked cupboards in people's bedrooms with a

copy of the person's medicine support plan and risk assessment and the Medicines Administration Records (MAR). This meant staff had the information they required when giving people their medicines. Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. PRN protocols were in place which guided staff on when and why a person may require their PRN medicine and when it should be given. Staff had a good knowledge about the medicines people had been prescribed and how they liked to take them. People's MAR charts were properly completed and after administering a medicine staff were able to ask a colleague to check this had been done correctly. There was a medicines audit system in place. The deputy manager told us this audit was either done at staff request or randomly to check on individual staff competency. Staff received regular medicine training and updates and their competencies were checked each year.

People told us there were enough staff working to support them safely and staff told us there were currently enough staff working at the service. Where people required one to one support this was provided. One person said, "I've certainly no complaints. I get assistance when I need it and if I press my alarm someone will come quickly." Staff were visible throughout the inspection and people were attended to in a timely way. There was a system in place to support people who wanted to go out or had health related appointments. There were a number of bank staff employed who worked when required. This meant people were supported by staff who knew them well. The deputy manager told us on occasions agency staff would be used but these generally knew the service well. One agency staff member we spoke with told us they had been working at the service, when needed, for a number of years. People were protected, as far as possible, by a safe recruitment system. Appropriate checks were completed before staff started work to ensure they were of suitable character to work at the home. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).

The home was clean and tidy throughout and had undergone a recent refurbishment which provided people with more space due to the extension of a lower floor lounge. Regular health and safety checks took place. These included environmental and maintenance checks, regular servicing for gas and electrical installations and lift and hoist servicing. The home was staffed 24 hours a day with an on-call system for management support and advice.

Is the service effective?

Our findings

People told us they were supported by staff who were able to meet their needs. One person told us, "The Manager and deputy are very experienced and everything works well. All my healthcare needs are met." Another person said, "The staff are all very good. The manager and deputy are very good too."

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Most people had capacity, but where there were any concerns DoLS applications had been submitted. This information was included in their support plans. Everybody could make decisions about their day to day support and what they did each day. Staff were aware of people's level of capacity and used this to support them to make decisions. Some people, who had capacity, chose to make unwise decisions that could impact on their health and well-being. There was information in their support plans which demonstrated they were aware of the risks and potential impact this could have. One person was walking without their mobility aid. We observed the deputy manager remind the person they should use it. The person replied they did not wish to and this was respected. From our discussions with staff it was clear they had a good understanding of mental capacity and people's rights to make unwise decisions. They told us they were not always comfortable with the decisions people made. One staff member said, "I know he has the right to make that choice, I always remind him of his options but I respect his decision."

People were supported by staff who had the appropriate knowledge and skills. When staff started working at the home they completed an induction period. They were introduced to people, the day to day running of the home, had the opportunity to read people's support plans and shadowed colleagues. They also completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular training. This included safeguarding, medicines, infection control and moving and handling. Moving and handling and medicine competencies were assessed annually to ensure staff supported people safely and appropriately. Staff also received training specific to the needs of people who lived at Webb House, such as epilepsy, mental health, positive behaviour support and acquired brain injury awareness. We were told if training was required to meet any person's specific needs this would be arranged to ensure staff could provide the appropriate support. Staff were able to gain further qualifications such as

the health and social care diploma. There was ongoing supervision which identified any areas that staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt supported at the home.

People were supported to eat a healthy diet of their choice. People told us the food was good and they were involved in planning and developing the menu. One person said, "We get a good choice, pasta, curry, fish, chicken, pork, you name it, it's varied and tasty. We also have weekly meetings to discuss the menus and they do try to please us." Another person told us, "The food is very good and it's good that we can give suggestions to the menus." A further person said, "The food is lovely and fresh. "The chef had a good understanding of people's dietary needs in relation to specialised diets such as soft or diabetic and people's likes and dislikes. He met with people each week to discuss the following week's menu and discuss what had been provided the week previously. The chef told us in addition to listening to people's choices he also introduced new foods to maintain variety in people's diets. He had a good understanding of people who made unwise dietary choices and endeavoured to introduce healthier versions wherever possible. People told us how obliging the chef was.

There were nutritional assessments in place which identified if people were at risk of malnutrition or dehydration with guidance in place for staff to follow. Some people required support to make sure they had enough to eat and drink. There was clear information in place for staff and we saw this was followed in practice. Staff supported people appropriately, they worked at the person's own pace and engaged with the person throughout the meal. Some people were at risk of choking and risk assessments stated they required supervision when they were eating. This was provided discreetly by staff which ensured people were able to remain independent.

People were supported to maintain good health and received on-going healthcare support. One person said, "I have regular appointments at the clinic and staff see that I get there okay. I've also been to the optician and to the dentist and I go there as and when I need to." Throughout the inspection we saw people attending a variety of healthcare appointments. Records demonstrated that staff regularly liaised with a wide range of health care professionals to ensure people received appropriate the healthcare. This included speech and language therapists, mental health team, GP and chiropodist. A visiting healthcare professional told us staff knew people well, referred people to them appropriately and acted on the advice given. Some people required support in relation to a health condition such as diabetes or epilepsy. Support plans contained information to ensure these health needs were met appropriately. For people who were living with diabetes there was information about the medicines they had been prescribed, when their blood sugar levels should be checked, what were normal levels for each individual and what action staff should take if the levels were not within their normal range.

People had health action plans in place. These included information about people's health conditions and health related needs, the health professionals involved in their care. There was information about how people communicated and any other information that may be useful for example if they required specific blood tests. These were used to support people when they attended health appointments or were admitted to hospital.

Is the service caring?

Our findings

People were supported by staff who knew them well and cared about them as individuals. People told us that all the staff were kind, considerate, caring and respectful. One person told us, "They are good to me and help me, I like them very much. I am free to do my own thing, I can call for help and they come, they are so good." Staff were always respectful, polite and encouraging when speaking with and attending to people. Staff spoke about people with care and understanding. One staff member said, "We just want to make a difference to people's lives."

People were treated with kindness and compassion in their day-to-day care. Staff understood people's individual needs well and had built up a good rapport. One person told us, "The carers get to know you very well. When you have the same people all the time you build up a relationship and they know when you need help or assistance and when to respect if you want to be left alone." Another person said, "They look after me so well, I get tired and probably sleep quite a lot but nobody makes any fuss of that, they know me and let me get on with it. It's things like that that make me realise how lucky I am." Staff were able to tell us about people's individual support needs and preferences. We saw people were familiar with staff and regularly approached them throughout our inspection for support and reassurance. People told us if they had concerns or worries they could always talk to staff.

Although the home was busy there was a calm and relaxed atmosphere. People were supported to spend their day as they chose and to make their own decisions about day to day care and support. Staff supported people at their own pace. One person said, "The carers are kind and good to me, they take their time and never rush me." Interactions and conversations between staff and people were positive and there was friendly chat and good humour. Staff communicated with people in a way that met their individual needs. One person spoke quietly and staff remained close to the person to make sure they had heard what the person said. Another person was only able to respond to closed questions and non-verbal techniques such as gestures. We observed staff communicating well with this person. Each person had 'How I communicate' information within their support plans which provided guidance for staff about how people may present and what this may mean.

People's bedrooms were personalised with their own belongings such as photographs, computers and other items that were important to them and reflected their hobbies and interests. People were involved in making decisions about the redecoration of their bedroom. They chose their own colour scheme, wallpaper and flooring. People's views and lifestyles were respected. They wore clothes of their choice and they were able to maintain their own laundry where possible. They were supported to maintain their own appearances and style in a way that suited them.

Staff maintained people's privacy in a way that suited each individual. We observed staff knocking on people's doors before entering their bedrooms and introducing themselves so people knew who was there. They gained consent from people before offering any care or support. One person said, "They always knock before entering my room and respect what I want to do."

People were supported to maintain and develop their independence as far as possible. They were encouraged to make decisions about their own lives and the day to day development of the home. They were encouraged to maintain and develop their own friendships and visitors were always welcomed at the home. Staff supported people to go out and meet friends and family and take advantage of opportunities as they presented themselves. One person was being supported to attend a healthcare appointment. The staff member recognised that this was nearby to where the person had relatives. Following a discussion the person was supported to visit their family.

Is the service responsive?

Our findings

People received support that was personalised to their individual needs and wishes by staff that knew them well. People told us they were regularly asked for their feedback and if they had any complaints they would have no hesitation in raising them.

Before people moved into the home the registered manager or deputy manager completed an assessment to ensure their needs and choices could be met. People were then invited to visit the home, meet the people that lived there and staff. They were able to join people for a meal and stay overnight before they made up their mind to move in. This enabled people to make an informed choice about where they lived. The deputy manager told us some people decided immediately, others went away and thought about things before they made their decision.

People told us they were fully involved and contributed to the development of their support plans and reviews. They included information about people's mobility, nutrition, personal care and continence care. These were personalised and reflected each individual. There was information about what the person did throughout the week and information about their getting up and going to bed routine. Some people's plans were very detailed and contained clear guidance for staff. Where people were more independent they were less detailed and one stated the person had no set routine. Staff confirmed this person made their own decisions each day.

Support plans contained information about what was important to people, their likes and dislikes and individual goals. One person had stated it was important to them that the staff board was kept up to date so they knew who was on duty each day. People had an allocated key worker. A key worker is a person who has and co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Each person had set their own goals with staff and these were reviewed with their key worker each month. People were supported by their keyworkers to achieve the goals they had set. One person had just been supported to purchase new bedroom furniture and book a holiday. Staff were working with another person to choose their holiday which they wished to book. People's goals were reviewed at each monthly key worker meeting. Staff told us how they supported people and worked with them to achieve their goals. They told us it was important people were enabled to do as much as they could for themselves.

The keyworker meetings were also an opportunity for people to review the previous month and raise any concerns or ideas they may have. One person told us, "I have regular one to one meetings with regard to my care and am involved." Another person said they were encouraged to make decisions about their own care. They told us, "I have a monthly meeting with the manager." People's support needs were also reviewed at the keyworker review meetings. The aim was to identify if there were any changes needed in risk assessments and support plans, or if a referral to a health or social care professional was required.

People were supported to be as independent as possible and do what they wished during the day. This included attending health and personal appointments, attending clubs and shopping. People told us they

had enough to do and were involved in a wide range of activities and hobbies. One person said, "There is a good atmosphere here, I am happy. We have parties, film nights, music, TV, baking cakes, there's plenty to do." One person wished to go out and staff supported them to look at the bus timetable and find appropriate routes. Another person had organised a taxi and been shopping, someone else had arranged to go out with staff to have a 'pampering session'. We heard one person asking staff when they would be available to support them to go out, staff then checked in the diary and made arrangements with this person. One person said, "I keep myself occupied, I go out about once a month and I'm happy with that. I could go out more often if I wanted, we're encouraged to be as independent as we can be and I just do my own thing." There were a variety of visiting entertainers who came to the home and people told us about them and knew they could join in whenever they wished to.

People's views were constantly sought and listened to through surveys, monthly keyworker reviews, resident meetings, menu planning meetings and on a day to day basis. One person said, "They arrange household meetings every month and it is a chance for us all to speak." Records of these meetings showed they were led and determined by people. At the January, meeting people had identified the dining tables were not appropriate for people who used wheelchairs. At the time of our inspection the deputy manager was sourcing new tables which people would then be able to choose from. There was a complaints policy in place and this was accessible to people. When people raised concerns they were asked if they would like to make these formal complaints and supported to do so if they wished. All complaints were taken seriously and investigated. We were told, "If I had any problems or a complaint it would be dealt with quickly."

Is the service well-led?

Our findings

Without exception, people spoke highly of the registered manager and said they would have no hesitation in speaking to her if they had any complaints. They also said the same about the deputy manager who was always available. They knew who all the key members of staff were and who they would speak with regard to any problems. One person said, "I know I can go to the office and speak to them and they would help." Another person told us, "They are very good, they listen." Staff were also positive about the support they received from the managers.

We had carried out an inspection in December 2015 where we found improvements were required in relation to the quality assurance system and maintaining accurate records. The provider sent us an action plan and told us they would address these issues by 1 June 2016. At this inspection we found significant improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However improvements were still needed to ensure they were fully embedded in practice.

Some aspects of people's records needed more detail to demonstrate the full range of support they were given. For example, people's daily records included a tick box to show what support they had received. However, these had not always been completed although daily notes demonstrated people had received the support needed. Some charts showed people had declined personal care or engaged in behaviours that may be considered risky, but there was no information to show what steps had been taken to address this. Staff told us what support people required and whether they had received it. They told us some people were independent and didn't need support and for others appropriate actions had been taken. Although this did not impact on people, there was a minor risk that people could receive inconsistent support. We discussed this with the deputy manager as an area that needs to be improved.

There was a quality assurance system in place to monitor the quality and safety of the service, and make continuous improvements. A range of audits were carried out and these included training and supervision, the environment and incidents. Some of the environmental checks were completed by a person that lived at the home. This demonstrated people's involvement in the service.

Incidents were analysed to identify any themes or trends. Some people displayed behaviour that may challenge themselves or others and it had been identified a number of incidents were attributed to these people. The deputy manager spent time with each person every month to discuss the incidents and identify if they required any possible triggers or changes to the way staff supported them. This helped to identify the best way to support people.

People were involved in the development of the service. The deputy manager told us, "It's their home, it's about what they want not what staff want." People were involved in the recruitment and interviewing of staff. When a potential employee arrived for interview they were given a tour of the home by a person who lived there. . There was a manager nearby at all times in case the person needed support. Following the interview people were asked for feedback and to give reasons why (or why not) they should be employed.

During the inspection one person was planning to contact an interviewee to offer them a position following a recent interview. The person told us, "They'll be really good for the job." People were asked for feedback about new and agency staff. When a new agency member had worked at the home people were asked for their feedback about whether they were satisfactory to work at the home in the future. We were told this was the decision of people and reasons for refusal would be fed back to the agency.

The provider held national resident forums for their homes across the county, and a representative from the home attended the forum. The person had recently been involved in developing the provider's feedback survey and were regularly updated about changes across the provider organisation. Results from the recent survey showed people felt involved and were asked for their opinion about the service. Where people had raised concerns or answered negatively we were shown what actions were being taken to address these for example, one person was being supported to find a day centre to attend.

The registered manager and deputy manager had developed an open culture where people and staff felt supported. The deputy manager was visible at the service and knew people and staff very well. Staff told us they felt well supported by the registered and deputy manager and the wider team. One staff member said, "The staff team is what makes it, staff are friendly, helpful and respectful. We all pull together." Another staff member said, "There's always someone you can go to." Staff were aware of their individual roles and responsibilities and knew who they could contact if there were any concerns. They were updated about people's support needs at the start of each shift and by colleagues throughout the day.

There were regular staff meetings where staff were thanked for their hard work and compliments from people or other services were fed back to them. This included feedback from a local hospital of the quality of the information given to them about a person who had been admitted. Staff were also updated about changes at the service and training needs. The provider held national staff forums and a representative from the home attended. They were updated about provider changes and able to raise any issues or concerns.