SSL Healthcare Limited

The White House Care Home

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

Overall summary

The inspection visit took place on the 27 January 2015 and was unannounced.

The White House Care Home is a 29 bedded care home in Stockton on Tees. There are bedrooms over three floors, which are accessible by a lift. All bedrooms have a toilet and sink within them. The home provides residential care for older people and people who are living with dementia.

We last inspected the service on 7 October 2013 and found the service was compliant with regulations at that time.

There is a registered manager in post. 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.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The manager had the appropriate knowledge to know when an application should be made

Summary of findings

and how to submit one. The manager also ensured that capacity assessments were completed and 'best interest' decisions were made in line with the MCA code of practice. This meant people were safeguarded.

People told us they felt safe at the service. We saw that staff were recruited safely and were given appropriate training before they commenced employment. There were sufficient staff on duty to meet the needs of the people. The staff team were very supportive of the manager and each other.

Medicines were stored in a safe manner. We witnessed staff administering medication in a safe and correct way. Staff ensured people were given time to take their medicines at their own pace.

There was a regular programme of staff supervision in place and records of these were detailed and showed the service worked with staff to identify their personal and professional development. We spoke with kitchen staff who had a good awareness of people's dietary needs and staff also knew people's food preferences well. One person told us that they had raised an issue regarding the food, it was dealt with immediately and they were very satisfied with the outcome.

We saw people's care plans were personalised and had been well assessed. Staff told us they referred to care plans regularly and they showed regular review that involved, when they were able, the person. We saw people being given choices and encouraged to take part in all aspects of day to day life at the service. We witnessed staff using a communication book with one person who had difficulties in verbalising. A visiting occupational therapist was highly impressed that the service had used their initiative to source this aid and implement it themselves.

The service encouraged people to maintain their independence and the activities co-ordinator ran a full programme of events which included accessing the community with people as much as possible and using assistive technology to keep people in touch with their families.

The service undertook regular questionnaires not only with people who lived at the home and their family but also with visiting professionals and staff members. We also saw a regular programme of staff and resident meetings where issues where shared and raised. The service had an accessible complaints procedure and people told us they knew how to raise a complaint I f they needed to. This showed the service listened to the views of people.

We witnessed the manager welcoming to people to the home who just turned up without appointment to view as a potential place for their relative. We saw they were professionally and warmly welcomed by staff and the manager offered them a tour of the home as well as offering to discuss their views and wishes confidentially.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

Staff were recruited safely and given training to meet the needs of the people living at the home.

People living at the service told us they felt safe. Staff were clear on what constituted as abuse and had a clear understanding of the procedures in place to safeguard vulnerable people and how to raise a safeguarding alert.

There were enough trained and experienced staff to meet the needs of the people at the home.

There were policies and procedures to ensure people received their medicines safely and they were stored appropriately.

Good

Is the service effective?
This service was effective.

People were supported to have their nutritional needs met and mealtimes were well supported.

Staff received regular supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good

Is the service caring?
This service was caring.

People told us they were happy with the care and support they received and their needs had been met.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?
This service was responsive.

People's care plans were written from the point of view of the person receiving the service.

The service provided a choice of activities and people's choices were respected.

There was a clear complaints procedure and staff, people and relatives all stated the registered manager was approachable and listened to any concerns.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the manager to ensure any trends were identified and lessons learnt.

People and staff all said they could raise any issue with the registered manager.

The service used innovative technology to assist people in keeping in touch with relatives, promote choice and in activities such as reminiscence therapy.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

The White House Care Home

Detailed findings

Background to this inspection

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

The inspection visit took place over one day on 27 January 2015. This visit was unannounced consisted of one adult social care inspector.

The provider was not asked to complete 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 all of the information we held about the service including statutory notifications we had received from the service. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.

At our visit to the service we focussed on speaking with people who lived at the service and their visitors, speaking with staff and observing how people were supported. We also undertook pathway tracking for four people to check their care records matched with the care needs they said they had or staff told us about.

During our inspection we spoke with six people who lived in the home, one visitor, the activities co-ordinator, three care staff, two ancillary staff, the deputy manager and the registered manager. We observed care and support in communal areas and spoke with people in private. We also looked at records that related to how the service was managed.

As part of the inspection process we also reviewed information received from the local authority who commissioned the service.

Good

Is the service safe?

Our findings

People we spoke with had an understanding of abuse. We asked people if they felt safe at the service, they told us; "Oh yes definitely." And "I feel safe when they move me with the hoist." People all said staff always asked their permission before anything task was undertaken. People at the home appeared comfortable and happy with the staff supporting them, one person told us; "I'm happy to talk to any of the staff about anything."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. One staff member told us; "I'd report anything straight away to the manager and the residents here are aware of the procedure too. If the manager wasn't here I would go to the owners and also to CQC." Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns. In the previous year we found that the registered manager had been pro-active in discussing any relevant issues with the Care Quality Commission, which included an incident where they required advice as to how to proceed. This showed the registered manager checked that they were following the right processes.

We found the home to be clean and pleasant. One visitor told us; "The home is so clean, there is never any smell and since this laundry person has been here the organisation, speed and care of clothes has been excellent." We spoke with one person who told us; "The home is always very clean, someone comes round cleaning all the time and they wash the seats all the time."

We spoke to a member of the staff who was knowledgeable about infection control procedures. They explained to us the different equipment used for different areas and also how they used personal protective equipment to reduce any risks from contamination. They then went on to explain the procedure they followed if there was any outbreak of infectious disease at the service which would reduce the risk of infection spread.. We did discuss with the registered manager that some of the cleaning schedules completed by the night staff had not been ticked as being undertaken. The manager stated they would address this straight away with all staff members.

The training information we looked at also showed staff had completed other training which enabled them to work in safe ways. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people who used this type of service.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at the service had been carried out. Most of the staff we spoke with who were on duty on the day of the inspection, had worked at the home for over three years.

We looked at two staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) checks. The registered manager explained the recruitment process to us as well as the formal induction and support given to staff upon commencing employment.

On the day of our inspection there was a registered manager, a deputy manager, an activities co-ordinator and four other support staff were on duty. We saw that any call bells were answered promptly and staff had time to sit with people and talk with them. One visitor told us; "If she is uncomfortable I press the button and they come straight away." A staff member told us; "Compared to other places I have worked, there is more time to talk to people." People told us; "Yes I think there is enough staff, there is always someone available".

Senior care staff we spoke with told us they had completed medicines training, which was updated on an annual basis. We saw evidence of this in the training records we looked at and from the training matrix provided by the registered manager. Staff confirmed there was always a member of

Good

Is the service safe?

staff on duty who had been trained to administer medicines. One senior carer told us; "I will have completed my Level 3 medicines in April 2015 and I am waiting for my observation and supervision to discuss how well I understand everything before I can administer medicines on my own."

We observed staff supporting people to safely take their medicines. This was done in accordance with safe administration practice. Staff washed their hands before administering medicines and wore red tabards, which indicated they were not to be disturbed. We saw that staff ensured people were given time to take their medicines before they returned to the trolley to sign that the medicines had been administered. One person told us; "The medicines are always on time and I know exactly what I'm having as the staff tell me."

We discussed the ordering, receipt and storage of medicines with one of the senior carers who was responsible for administering medicines on the day of our visit. They explained how the system of receiving medicines into the home worked and how a record was kept to ensure there was a clear audit trail of any medicines that were awaiting delivery from either the GP or the pharmacy, so stock could be maintained. We saw there were several handwritten Medicine Administration Records (MAR) in place where they had not been provided pre-printed by the pharmacy. We discussed that in line with NICE guidance that any handwritten medicine administration records (MAR) should be double signed by two members of staff and the registered manager agreed they would implement this practice immediately.

The service was clean, homely and well maintained. There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances.

Risk assessments were also held in relation to the environment and these were reviewed on a regular basis by the registered manager. The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, skin integrity, falls, and a nutritional screening tool. We saw that people or their families agreed to the care plans and risk assessments that were in place and this was recorded. The risk assessments and care plans we looked at had been reviewed and updated regularly.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. They told us, "They are all competent" and people told us it was mostly the same staff members who cared for them. One person said; "If you want anything they'll get it."

The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. We saw staff had received training in health and safety, infection control, moving and handling, dignity, safeguarding, falls awareness, oral hygiene, mental capacity, equality and diversity and fire safety. We saw the registered manager had a way of monitoring training which highlighted what training had been completed and what still needed to be completed by members of staff. One member of staff told us; "We had training on Parkinson's from a lady who had the condition, it was excellent. We got her views about living with the condition."

One visitor told us; "Any queries I have had about my relative's condition they have helped me. They have given me books to read about dementia which were really helpful."

All staff we spoke with said they had regular supervisions and appraisals. One staff member told us they had seven supervisions in 2014 and that; "We pick up themes or areas for improvement to talk about like recording or health and safety." We saw that appraisal meetings had been undertaken or booked in for all staff to review their personal and professional development. Every staff member we spoke with said they felt able to raise any issues or concerns to the registered manager. One person said; "They make sure you are doing your job. I could say something and it would be listened to." One of the senior carers told us that they had four competency assessments carried out to ensure they were able to manage the senior role.

We looked at supervision and appraisal records for three staff members. We saw supervision occurred regularly and people were offered the opportunity to discuss their standard of work, communication, attitude, initiative and providing person centred care. We also saw how at annual appraisals, people's personal and professional development such as leadership courses were also discussed and actioned. We noted the quality of recording of supervision discussions was very detailed; this was fed back to the manager as good practice.

We also saw records of other regular staff meetings and staff told us one was due imminently.

We observed the lunchtime meal in the dining room. Staff took their time when asking people about their choice to ensure they could process the question and give a response. The mealtime experience was calm and enjoyable, people were offered second helpings or offered an alternative if they appeared not to be enjoying it. Everyone we spoke with at the mealtime said they had enough to eat. One person said; "The food is very good." Where people needed assistance with their food the staff were very patient with them. Staff spoke nicely to everyone.

One relative told us; "The meals are good, my relative has put on loads of weight. If I ever want to stay and eat with them, there is no question." We asked people if they were asked about their nutritional needs. One person told us; "They ask you if there is anything you can't eat or don't like. We did a survey once and I said there wasn't always enough meat provided, it was rectified straight away."

Staff told us about how they monitored people's nutritional needs. One staff member said; "We know what people like or want from their initial assessment and of course we always ask them, we do weekly weights and if anyone has three consecutive losses we refer them to the GP and dietician straight away. We saw snacks, including fortified snacks were provided to people along with hot drinks throughout the day. We saw everyone had a care plan for monitoring their food and nutritional intake. We raised with the manager that for one person their fluid chart was not consistently completed and no target amount of fluid was set that staff should be attempting to maintain with this person. We saw this person's relative and GP were concerned over their poor fluid intake. We asked the registered manager to address the situation immediately and they replied they would take action straight away.

The registered manager and staff we spoke with told us they had attended training in the Mental Capacity Act (MCA) 2005 and demonstrated a good understanding of the Act. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. One staff member

Good

Is the service effective?

told us; “If someone does not have capacity it enables us along with their relatives and other people like the GP make decisions in their best interests.” The registered manager was aware of the process for people with lasting powers of attorney in place and staff that we spoke with had a good understanding of the principles and their responsibilities in accordance with the MCA.

At the time of the inspection, no-one at the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. The registered manager had submitted an urgent referral for one person and was awaiting the local authorising body to confirm they were happy to receive another seven applications. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict people who lack the capacity freedom to leave the care home unless it is in their best interests. The registered manager and staff that we spoke with had a good understanding of DoLS. The registered manager was aware of the recent supreme court judgement regarding what constituted a deprivation of liberty and informed us of the procedure they would follow if a person had been identified as lacking capacity and was deprived of their liberty. We discussed that the manager should update the policy on DoLS to reflect the recent supreme court judgement and they said they would do this straight away

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said, “I never feel poorly but the girls would get me help straight away if I did.” People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

Good

Is the service caring?

Our findings

We asked people if they were happy with their care at the service and received the following responses; "I can't say anything wrong about any of the staff,"; "You can't fault them." And "They are all very kind". A staff member told us; "It's their home, we just happen to be here 24 hours a day for whatever they needs."

One relative told us; "I've been made very welcome. They care exceptionally well for people who have a wide range of abilities. I feel I am part of the team here and they have allowed me to be involved." Another relative said; "My relative has only been here a week but it's lovely and she's really happy so we are."

We witnessed one person who had no verbal skills being supported by staff in their wheelchair. Staff asked where they would like to sit. Staff waited patiently whilst the person gestured and staff made sure they were happy with where they had guided them too. The staff member then asked if the person would like the television on or not. This showed people were given choices.

Everyone said they got privacy. We saw staff using people's preferred names and knocking before entering rooms. We asked a staff member about maintaining people's privacy and dignity and they explained how the staff said exactly what they were doing with any type of care with people and "It's how you would like to be treated yourself."

We saw staff interacting with people over the course of the visit. Interactions were always positive and caring and there was also a lot of laughter and kindness shown towards people.

No one said they would change anything at the service. One relative told us; "My relative was very immobile when they first came here and we worked to get them out to the countryside which was their passion. The staff helped access a taxi who could accommodate their mobility needs and that gave them much pleasure."

We looked at care plans for four people living at the service. People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information and how people wanted their care to be given. People had a "All about me" and "My life so far" documents which set out people's life history, likes and dislikes and things that were important to them as well as future wishes and aspirations. People's end of life wishes were also recorded in their own words. Care plans were based around the following headings; "Things I am able to do", "What I would like you to help me with", and "What else we need to agree on." We saw that people were involved in their monthly reviews and family were also involved if people wished on a formal six monthly basis.

We saw people signed where they were able, to show their consent and involvement in their plan of care and if not a family member who had lasting power of attorney care and welfare was asked to consent. If no one with the legal authority to make this decision was in place a 'best interest' meeting was undertaken. One person told us; "Oh yes, I know that's all about me, we have talked about it."

The staff we spoke with demonstrated an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. One staff member told us; "You need to ask people every time before you help them."

All healthcare visits were recorded and everyone had a pressure care assessment, falls assessment and a nutritional assessment as well as a self-assessment people had been supported to complete about their own view of their risks and needs in this area. People were also weighed on a weekly basis. We spoke with staff about accessing healthcare for people and everyone said they were comfortable to call for professional help if they felt it was needed. We saw from care plans appropriate referrals had been made to professionals promptly and any ongoing communication was also clearly recorded.

Good

Is the service responsive?

Our findings

The service was responsive. We saw that care records were regularly reviewed and evaluated with, where they were able, the person who used the service. One person told us; "We just sit in my room and talk about me and they ask lots of questions about me." Another person said; "Yes I know about my care plan, they talk about it with me."

Risk assessments were in place where required. For example, where people were at risk of falls and these were reviewed and updated regularly.

The premises were spacious, well-furnished and pleasantly furnished. There was sufficient available space to allow people to spend time on their own if they wished or to join in activities that often took place in other areas of the home.

During the course of the inspection there was lots of very positive interaction by all staff in the service towards people. We saw everyone from the kitchen staff to housekeeping staff spend time talking to people and helping them if needed.

We spoke with a member of staff who was responsible for activities who was working as a senior care staff on the day of our visit. One visitor told us; "X (the activity co-ordinator) is a master at involving people and encouraging people to try. Seeing them work is super." Another person said; "The activities are appropriate to the range of people who live here." We saw the activities co-ordinator kept records of people's involvement and enjoyment of the activities provided as well as an assessment of peoples likes and dislikes. The assessment covered areas such as people's spiritual and emotional well-being as well as listing people's physical limitations. Some people mentioned that the activities had been a little less often recently and we discussed this with the co-ordinator who said they had been working as a senior staff member to mentor a new senior in post. This would change when the new staff member was competent and confident take on their role fully.

We saw that the activity co-ordinator had used technology with people living at the service such as developing a catalogue of music that people enjoyed that could be played in various areas of the home. We were told that the TV was used as an internet device and had been used to look at maps and pictures of the local area as well as photographs. They had also assisted people through video to talk about their reminiscences and one person had been supported to talk via Skype to their relative who lived in Spain. One person told us; "We go out on trips and we went on a lovely river trip and also went to the pantomime."

People told us they would complain to staff or the registered manager and one person told us they had raised an issue about mealtimes and it had been resolved to their satisfaction straight away.

Records we looked at confirmed the service had a clear complaints policy and there was an "open door" system by the registered manager. Information was held in the reception area of the home that related to complaints, meetings and quality assurance and was available for people to pick up and read. We looked at the home's record of complaints. There were none recorded this year and the manager stated they dealt with any issues quickly and as they arose, but would enable anyone to progress to using the formal complaints process if they wished.

We saw records of regular meetings that took place for people living at The White House. One person told us; "Yes I always go, sometimes I'm the only one who says anything!. The manager takes notice of what you are saying though."

We asked people about choices. Everyone said they could get up and go to bed when they wanted; One person said; "Sometimes I stay up really late and it's not a problem, if you need help they'll take you any time." Another person said; "It's really good as staff respect your decision. I've slept in till 9.45am and it doesn't matter when you wake up, they'll still make you breakfast." We saw staff giving people choices over activities and for drinks and snacks throughout the day. Other staff told us about promoting independence with people by encouraging people to do things however small for themselves.

One relative said; "They have put up a light board in the hall that shows which staff will be on duty and this has helped my relative immensely as they can talk about who is on shift and who is coming on night shift as knowing this information is really important to them."

People's care and support needs had been assessed before they moved into the service. Each person had an assessment prior to moving to the service which highlighted their needs. Following the assessment care plans had been developed, which included details of the care and support needed, for example, what people were

Good

Is the service responsive?

able to do for themselves and what staff would need to support them with. Care records we looked at detailed people's preferences, interests, likes and dislikes and these had been recorded in their care plan. The service was introducing one page profiles which we saw had been put in place in one person's file we viewed. This was a concise clear document with a photograph stating was important to the person, what people who know this person say about them and how best this person can be supported. This helped to ensure the care and support needs of people who used the service were delivered in the way they wanted them to be.

One staff told us; "We read up on care plans and if I felt that anyone's needs had changed or they were unwell, I'd report it straight away to the senior and manager and I'd ring the doctor if I felt it necessary."

People told us they felt they would be assisted quickly if they required any healthcare support. One person said; "I haven't been in the position of being unwell but I know staff would get the right help." Another person said; "Yes, I had an itchy back and they rang my GP straight way and I got some cream and it's cleared up now."

Good

Is the service well-led?

Our findings

People who used the service, visitors and staff that we spoke with during the inspection spoke very highly of the registered manager. They told us that they thought the home was well led. One visitor told us; "The manager is extremely approachable and very helpful. If we have raised anything it has never re-occurred." One person told us; "You can talk to the manager and she does something about it. I wouldn't part with her; she listens and acts if she needs to. Even the big boss (the provider) is great; they got me an angle lamp for my room so I could see for my crosswords."

The home had a clear management structure in place led by a registered manager who was very familiar with the service and people who lived there. Many other staff had also worked at the home for several years and data told us that staff retention was better than average at the service.

We witnessed the manager welcoming people to the home who just turned up without appointment to view as a potential place for their relative. We saw the vistors were professionally and warmly welcomed by staff. The manager offered them a tour of the home as well as offering to discuss their views and wishes confidentially.

The registered manager showed and told us about their values which were clearly communicated to staff and focussed on care being delivered in a way that was individual to each person. One visitor told us; "All the staff are on board with the philosophy of the manager, this is the strongest the staff team has been since I have been visiting this service."

We asked people about the atmosphere at the home, everyone said it was a happy place to be. One person said; "This is the best place I've been," and another told us; "You can have a laugh and a joke with people. That means a lot as there is not much to laugh about at our age!"

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us that a satisfaction survey was used to gather feedback. One person told us; "Yes I did fill it out once, they asked lots of questions." There were also regular meetings for people who used the service and for relatives and we saw at the most recent that items such as menus, activities and the Deprivation of Liberty Safeguards were discussed. We saw the service audited all meetings that took place to ensure there was a summary of the meeting and that feedback was provided to attendees. We saw that staff were also formally asked for their views on the service. On one return we saw that a staff had made a comment about the cover available for breakfast whilst staff were in handover. We saw the registered manager had written on the form; "This is a valid comment," and arranged for a night carer to assist in the dining room so an effective handover and support for breakfast could take place. This showed the service listened and acted on improvements it could make. One staff had also responded with the following comment; "It is a very caring fun place to work. The home has a person centred approach."

We saw that one visitor had responded to a questionnaire stating; "X likes to do jobs and it would be helpful for staff to give her something to do each day". We saw that the manager had replied by putting a board in place with little jobs such as helping set the table for the person to do.

The law requires providers send notifications of changes, events or incidents at the home to the Care Quality Commission and The White House had complied with this regulation.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The registered manager told us of various audits and checks that were carried out on medication systems, the environment, health and safety, staffing, choices, health. We saw that the provider had an annual action plan in place which showed how the service wanted to improve and it included such items as increasing the number of themed supervision topics, increasing keyworker input, increasing family reviews and moving the manager's office.