East Sussex County Council

Wealden Community Support Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 30 August, 31 August and 1 September 2016. To ensure we met staff at the service's main office, we gave short notice of our inspection. This location is registered to provide personal care to people in their own homes. The service provided support to 50 people with a learning disability in the community. However only two people received support with personal care which is a regulatory activity registered by CQC. In addition to the domiciliary care service there was also a supported living service for six people who received support under the regulated activity. This inspection focused on the care and support provided to eight people where they received a service registered by CQC.

People who used the service were adults aged 18 and over with a learning disability. People had different communication needs. People used verbal and non-verbal communication.

The service had 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.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were effective and promoted positive risk taking. Risk assessments took account of people's right to make their own decisions.

There were sufficient staff on duty to meet people's needs. Staffing levels were adjusted according to people's changing needs. There were safe recruitment procedures in place which included obtaining references and photographic ID. Staff were trained in the safe administration of medicines and supported people with their medicines safely.

Staff knew each person well and understood how to meet their needs. Each person's needs and personal preferences had been assessed and people had been involved in their own reviews. Staff received effective training and supervision to monitor their performance and professional development. Staff understood the principles of the Mental Capacity Act 2005 (MCA).

People had enough to eat and drink, and received support from staff where a need had been identified. People's special dietary needs were clearly documented and staff ensured these needs were met.

Staff communicated effectively with people, responded swiftly to their needs and treated them with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity. People were involved in their day to day care and support.

People were promptly referred to health care professionals when needed and were supported to access specialist medical assistance when they needed it. The staff promoted people's independence and

encouraged people to do as much as possible for themselves. People were involved in planning activities of their choice.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wanted. People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

The culture of the service was open and person focused. The registered manager provided clear leadership to the staff team and was an active presence in the service. There was strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from avoidable harm and abuse.
Risk assessments were comprehensive and reduced hazards.
Staffing numbers met people's needs safely.
Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported.
Consent was being sought and the principles of the MCA complied with.
People received adequate food and drink.
People's healthcare needs were being met.
Premises met people's needs and the building was well equipped and suited to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and used the information effectively.
People and their families were involved in their lives.
People were treated with respect and their independence was encouraged.

Is the service responsive?

Good

The service was responsive.

People received a person centred service and staff responded effectively to people's needs.
Complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

The culture of the service was open, person focused and inclusive.

The management team provided clear leadership to the staff team. Quality monitoring systems had been effective and led to change.	

Wealden Community Support Service

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 inspection took place on 30, 31 August and 1 September 2016 and was announced. The inspection team consisted of one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. 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.

As some people who received a service from Wealden Community Support Services were not consistently able to tell us about their experiences, we observed the care and support being provided and talked with relatives and other people involved with people's care provision during and following the inspection. As part of the inspection we spoke with the registered manager, directly provided services manager, one team leader, three staff, eight people and three people's relatives. We looked at a range of records about people's care and how the service was managed. We looked at four people's care plans, medication administration records, risk assessments, accident and incident records, complaints records and quality audits that had been completed. We last inspected Wealden Community Support Services in March 2014 when we found the service was compliant.

Good

Is the service safe?

Our findings

People were protected against the risks of potential abuse and avoidable harm. One relative told us, "Oh yes they're safe. I've taken it for granted and the reason is they [staff] are people you feel are responsible and mature adults." One person told us, "They [staff] keep us safe and are very good at helping us when we need it." Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. One staff member told us, "My role is to safeguard people as much as I can and report anything I see or suspect. I would report to the manager or team leader and it would go to safeguarding at the local authority." Another staff member told us, "In a safeguarding situation the first thing is to make sure the client is safe so call the police or emergency services, if needed. I would ask them to tell me what the problem was and let them know I would have to tell someone, but not offer an opinion. I would then inform my manager, the duty team and social worker and log the entry."

Staff were knowledgeable about the types of abuse and what signs to be vigilant for. Three staff we spoke to were able to identify the different types of abuse, including newly classified types, such as modern slavery. The safeguarding policy was up to date to reflect all the possible types of abuse. This meant that staff had access to up to date information on safeguarding. People benefited from a safe service where staff understood their safeguarding responsibilities. Records showed that trading standards had attended a staff meeting to educate staff about 'scams' and contracts people could get pressured into. This had resulted in staff having the resources to keep one person safe and knowing how to resolve a contractual issue for them. The registered manager told us, "Safeguarding situations often occur where we come across them in the community and we notice people are not safe. We always flag it up to the assessment team, to CQC and to the community learning disabilities team. Often we're the only service that the person sees so we have a responsibility to advocate for them and monitor their safety." Records showed a high number of safeguarding alerts had been made by the service about vulnerable people, which demonstrated they followed this principle in practice.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Care plans contained an overall risk assessment to cover key areas of people's lives. It was supplemented by individual risk assessments for specific areas such as epilepsy support, or keeping dogs at home. Each section of the care plan contained a risk assessment and the assessment showed a reduction in the potential hazard after control measures had been applied. Care plans contained detail about areas considered to be of heightened risk such as specific health needs that posed a risk to people's wellbeing. This meant that risks to individuals were regularly monitored and reduced. People were enabled to take carefully assessed risks and there were examples of this in how the service used positive behaviour support plans. One person, who had behaviours that challenge, had a plan in place to ensure they did not isolate and neglect themselves. The plan gave clear guidelines on how to support the person to get out of bed and receive personal care, as well as how to support them out of their home. This information was in clear stages and contained signs for staff to look out for as well as techniques for reassuring the person. This meant that the manager and the staff were taking positive risks to increase peoples' independence.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs.

One staff told us, "There are enough staff. I can say that as we're able to do the things that people want to do. We can take people out when we want to go out and there are really good care relief staff if someone is off sick. Everyone has their personal care needs met." The registered manager completed staff rotas in advance to ensure that sufficient staff were available for each shift. There was an on-call rota so that staff could call a duty manager to discuss any problems out of office hours, and staff were confident to do this. People's preferences were the determining factor in setting rotas so that people had support on the time and day they wanted. The service manager had set up a priority system so that people with the highest need for support were ensured of staff support in times of emergency. People were able to access social activities and medical appointments when they wanted.

The service followed safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Files were kept for each member of staff and included a new starter checklist, employment application and induction forms. This meant that staff were recruited and trained with the same criteria so that managers were clear about the type of person they wished to recruit to the role, and staff worked consistently

There were safe medication administration systems in place and people received their medicines when required. There was a locked cupboard with a safe for as required medicines and a separate safe for any controlled drugs. In addition each person had a lockable medicines cabinet in their own bedroom. Tablets were pre-prepared by a local pharmacy into daily dosages and peoples' medicines were kept in lockable cabinets in their rooms. Staff were observed following best practice when supporting people to take their medicines. At one point a person dropped a tablet on the floor before they could take it. The staff replaced the tablet with one from later in the month, so the person still had their prescribed medicines. The staff then recorded the dropped tablet as destroyed and completed the correct form to return it to the pharmacy and order a replacement.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One relative told us, "For me it's their friendly approach to things and if you want to speak to them or change something nothing seems to be too much." Another relative commented, "One gentleman comes regularly to take X shopping and he helped my son to meet him at the bus stop and he did this gradually by first meeting outside the house, then further down the road and then gradually at the bus stop. This was brilliant I thought." Staff told us they had the training and skills they needed to meet people's needs, "Training is really good. We have standard training and I've been put through the NVQ 3 and am a first aider. The training is varied and good and if I request it I get it. I requested dementia training due to the ageing client group and got it and then asked for hearing impairment training and got that too."

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Records showed that there was a comprehensive training programme in place to meet people's needs. Courses were available to staff in areas such as moving and handling, fire safety and food safety. These courses were supplemented by other specialist courses, such as managing medicines for people with dementia, which staff could request in their one to one supervisions or appraisals. Staff told us they had the training they needed when they started working at the service, and were supported to refresh their training regularly. Staff had access to a training programme of over 150 courses varying from face to face training, on line training and course modules. This meant that people's diverse needs were being met by staff who could gain skills in a very large number of courses.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I have supervisions and observations where a manager comes and observes a shift and checks I'm working in the right way and also gives feedback. We also have other support workers who shadow to learn how to support a client and they will offer good feedback too." Staff told us they felt supported by the registered manager and their colleagues and records showed that staff were supported to do their job well by the management team.

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. The registered manager had ensured that people's capacity to make decisions was assessed appropriately. For complex decisions, such as whether to move home, people accessed a formal mental capacity assessment and best interests meeting, with an advocate if needed, to arrive at a decision. For less complex decisions there was a supported decision process where the principles of the MCA were followed. This meant that people were able to make decisions for themselves when they could and that they had control over their lives.

There were very good examples of how the supported decision process and MCA assessment had been used

to benefit people. One person needed surgery on their eyes, but there were medical complications and the clinician was worried the person did not understand the procedure. Staff worked closely with the learning disabilities nurse at the hospital and were able to show the clinician, who was reluctant to operate, that the person understood the decision. The registered manager told us, "Staff were able to use the supported decision process to show that the person understood the decision despite their learning disability." This meant that the person was able to have a say in their life and they received the medical treatment they wanted. The person had greatly improved vision and independence because of staff supporting them under the principles of the MCA.

The staff were aware of people's dietary needs and preferences. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. Staff commented, "We know what people like because menus are written by people at their house meetings and they go shopping themselves with support so they can buy the things they like. People also have their own food cupboard they keep their own preferred food and snacks in." Records showed that people had pictorial menus and food shopping lists. One staff supported a person to plan their shop the next day by using the shopping list so that the person could cross off all the things the person had in stock.

People liked the food and told us, "It's good the food. We grow our own fruit and vegetables and sometimes we use them to cook." People were referred appropriately to the dietician and speech and language therapists if staff had concerns about their wellbeing. One person had been unwell and had been referred to a speech and language therapist and a dietician. This referral had resulted in food and fluid charts being put in place for this person. Staff had used these to accurately record how much the person had eaten or drank and then fed the information back to the dietician to inform their plan of care. This meant that people with medical conditions that lowered their appetite were still receiving adequate food and drink. One staff told us, "If someone hadn't eaten a meal it would be very unusual so we would record it and pass the information on to the staff team to monitor them."

People's care records showed relevant health and social care professionals were involved with people's care. Records showed that people had regular visits form the local GP and were seen by the dentists, chiropodist, learning disability nurse, psychology and psychiatry. One person had high cholesterol and another medical condition that impacts on their dietary requirements. The person had been seen by their GP several times. They had been given a specialist diet to follow with information about which foods to avoid. This information was included in their care plan and staff were knowledgeable about how to support the person with their diet. People had health action plans which showed regular reviews of health needs by the persons' named nurse, referral to dietician if there was a problem, and how to encourage the person with food and fluid intake.

Another person was being supported with a sensitive issue and had access to a network of professionals including social worker, employment support worker, employment advisor, community support worker, a nurse, psychologist and consultant psychiatrist. This meant that a potentially difficult and troubling situation was managed smoothly by a group of professionals, who supported the person to achieve good outcomes.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day- to -day care. People told us, "Staff are always kind to me" and "The staff are very good, they help me a lot.". One staff told us, "We get to know the person and talk to them and their families. We spend time with people doing the things they want and find out about what they used to enjoy. If someone looks worried we take them out for a coffee so they can talk if they want to." People and their staff interacted as equals. During the preparation of dinner we heard relaxed and natural conversations about food and about the person's day. When the person changed the conversation to discuss a friend who was unwell the staff reassured the person that their friend was being looked after and suggested that they could make them a card together. This reassured the person and they were able to continue preparing dinner for their housemates.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. One person's relative told us, "They build up a relationship; for example the staff has learned through conversation that X likes to be phoned about when he's coming. So he's phoned X and will tell him I'm at the bus stop waiting for you and are you coming to meet me. This gives X a lot of confidence and although it sounds small it has a great impact on his confidence and allows him to develop as an adult as it's not me 'the mother' doing that: it's him as an adult doing that. It takes me out of the picture and gives him independence. It's one of the main features of community support creating independence for X although we live in the same house he's not reliant on me for everything, it's his life, separate that he's creating through community support."

People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Staff told us, "The guys here are good at expressing their views. We use pictorial aids and people are given the opportunity to talk before a review. They also have tenants meetings where they can discuss things as a group and decide on things like decorations." Records showed that people discussed social events in their tenants meetings and that these were facilitated by the use of pictures. People had chosen their new sofas and had arranged a coffee morning and decided who to invite. This meant that people had a sense of control over their lives and their home. Review documents showed that people and their families were involved in making decisions. One person's relative recorded for the review, "I think the service you provide is excellent. X has become more independent and confident."

Care plans captured peoples' voice and preferences so that they received the care and support they needed in the way they wanted it. Records showed one person's plan advised, "I can verbally communicate, but can say words that sound like something different. Encourage me to speak clearly and slowly. Talk clearly to me and if you are unsure of what I've said please ask me to repeat it." The plan set out a glossary of terms that would enable staff to communicate effectively with the person. The person's voice and how they communicate were consistently threaded through the plan. Another person had a communication plan that recorded all their own Makaton signs. Makaton is a language programme using signs and symbols to help people to communicate by supporting spoken language. Records showed that staff used the person's communication plan to effectively plan their day.

People's privacy and dignity was respected by staff. One staff told us, "We do this every day. Its arranged at the review what we do. We only tell people info on need to know and this includes other workers as we're respectful about people's wishes. There are some younger guys we support who don't want all their personal info shared with older female workers." Another staff told us, "Doors are kept shut if people want; we always knock on doors before entering people's rooms and people have their own bathrooms so they have that added privacy. X always asks for female support for personal care and that's what she always gets. Personal care is always done with windows and curtains closed." Staff spoke about people in a respectful and empowering way that upheld individuals' dignity. One person told us, "I tell my staff what I want to do and they listen to me. My staff listen to me and not everyone does".

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During a game of cricket between four people and two staff, one person became agitated when the game was not meeting their expectations. Staff responded swiftly to re-direct the person and focus their attention on to another aspect of the game. This meant that other people were not aware that the person was anxious and that they could continue their game. Staff were vigilant and 'checked in' with the person using subtle non-verbal cues and this ensured the game was able to finish successfully. After the game people went home together happily and made drinks and socialised well. This was as a result of the caring and meaningful support of their staff.

Good

Is the service responsive?

Our findings

People received a person centred service. One staff told us, "The actual client is the centre of all support and we put them at the control and centre of their support. People decide about what they want to do and make achievable goals. It's about learning who the client is and what they're capable of doing." Another staff commented, "Reviews are all tenant led: they decide who they want to attend, what their goals are, what to discuss. We use the reviews to shape the support and between the reviews we note if something comes up that a person wants to do. For example, today X looked at pictures of birds on the iPad, so we looked at a local wildfowl reserve and booked a trip to go." Records showed that day services and families are involved in regular reviews and people are supported to engage with the process using iPad's or pictures to aid communication.

We found that that staff were responsive to people's needs and demonstrated a good knowledge and understanding of the support people required. One staff we asked was able to recall a person's history in detail and give a detailed account of the person's needs, including preferences around personal care and medicines. Another staff was able to inform us about a person's support needs and provide a detailed summary of the person's risk assessments and which control measures kept the person safe. One relative told us, "I know staff understand my Son's needs. I know this though talking to them and from speaking to them. I trust them and I see how X reacts to them and that gives me confidence."

Care plans were personalised and each file contained information about the person's likes, dislikes and people important to them. One care plan we reviewed had detailed information on how to support the person with their personal care. There were detailed instructions written first-hand about how the person wanted their support, such as which products to use on which days. The person's voice was evident throughout the care plan. Not only in the words used but also in the way the plan was decorated. There were photos of the person's favourite football team, pop star and sporting event. There were detailed instructions on how to support the person with their leisure activities such as attending the gym, including which locker the person likes to use and key phrases to encourage them to exercise. The care plan gave a clear sense of the persons' unique character and their voice was present throughout. This was consistent in all the care plans we reviewed.

People had a range of activities they could be involved in. People were able to choose what activities they took part in and suggest other activities they would like to complete. Records showed that some people were employed, for example on a farm, went to day services, attended nature reserves, attended classroom activities to increase their skills, had water therapy, employment skills workshops, and had days free for shopping, banking and housework. In addition to group activities people were able to maintain hobbies and interests. One person showed us their photo album documenting all the trips out they had organised with their staff team. The person spoke enthusiastically about trips abroad, and day trips to places of interest such as a museum dedicated to their favourite pop group. The images and memories were clearly very valuable to the person and records showed that support workers were supporting the person to plan new trips and outings, such as to a disco with one of their friends.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The service kept complaints in a file where each complaint was logged and assigned a number. Each complaint was investigated within a set time frame and the complainant was given a written response. The complaints file contained an up to date copy of the complaints policy. Records showed that people were given information on how to complain and an easy read leaflet explaining how to complain when a support service is started. The regular newsletters that were sent out to people also contained information for people on how to give feedback. All negative feedback was recorded as a complaint and logged as a formal complaint that generated a response.

People's concerns and complaints were encouraged, investigated and responded to in good time. We saw complaints relating to a support session that the complainant wanted changed to a different time. This was resolved and the person had a response they were satisfied with. Another complaint was centred around a support worker supporting a person when they were suffering from a cold. This was promptly investigated and a response was sent to the complainant within the specified time frame. The learning from this complaint was fed back to staff in a team meeting so that the service could be improved in the future.

Good

Is the service well-led?

Our findings

The registered manager and the management team provided clear leadership to the staff working in the service. One staff told us, "I find them [the management team] absolutely brilliant. They're very approachable and knowledgeable, and it helps that they've all come up from the ground floor so they know the job and I find them absolutely brilliant. My childcare situation means I have to start work at different times and they've always supported me to work around that to help my family and I'm always thankful for that." Another staff told us, "I made a complaint once and the managers listened to me and took action. The managers here are very good and offer lots of support. The team leader is also really good and I know I can approach her or any of the managers and be listened to." One relative told us, "It seems really well managed: if they can't support X or if there's changes they always let me know. We've had a get together at the office and it's a nice friendly atmosphere and you can approach anyone." Another relative commented, "It [the service] has got such a clear objective and there's no confusion as to why the service is there and the management follow that. It's very simple the aims of the service: to support people living in the community to enable them to access resources they need." The registered manager told us, "As a leader you need to be clear and make sure everyone understands what their roles are." Observations made during our inspection confirmed that staff were clear about their roles and felt supported by their managers.

The management team were actively involved in raising standards and making improvements. There were several systems in place to review the quality of the service. We reviewed records for customer satisfaction feedback, which was a day to day log of calls from people requesting changes to their service, and saw that people's requests resulted in changes where practicable. Managers also undertook monthly telephone calls to a selection of people to gauge the quality of service and seek feedback on improvements. Questionnaires were sent out to people to ask for improvements and records show that improvements were made. For example the service used to send out a two weekly rota to people but as this was subject to possible changes people stated they preferred a weekly rota. This change was implemented. Where needed the registered manager, and other members of the management team, would work in services to provide support to staff. During the annual leave period of a team leader the registered manager was based at a service to monitor the health of a person who had been discharged from hospital and to provide support to the staff team.

The service promoted a positive culture that was person-centred, open, inclusive and empowering. The registered manager told us, "The culture is threaded through from recruitment and induction. We look at people's values and look at every stage of the process to see if the person has the values; if they do we provide the skills they need through training. We enable staff to deal with difficult situations and be creative about the way we provide support." Records showed that staff had worked together to implement a creative solution when supporting a person to take their medicines. This had been risk assessed and we were shown how it had resulted in the person taking their tablets independently, having previously missed several doses. During our inspection we saw that staff communicated openly and effectively with each other and supported each other in their roles. There was evidence that staff took a proactive approach to supporting each other. Comments in the communication book showed staff working closely together in an open and supportive way, and this was reflected in the culture of the service overall.

There was a strong presence from the senior management team who conducted periodical quality reviews as well as spot checks on the service. The registered manager told us, "I have a senior manager who supervises me and we also have regular management meetings where we discuss each service and there's a real interest from the senior team. I regularly discuss development plans with the head of service. I feel supported by the management team and I can pick up the phone at any time and get support. There's a senior level on call and last week I called to get advice on a person who returned from hospital." Record showed that there was a clear and robust quality auditing system in place that involved locality managers, the registered manager, and senior managers. Quality audits had identified problems and resulted in action plans that were followed up to remedy any identified issues.

People benefitted from a staff team that was supervised and assessed regularly by the management team. People were received regular supervisions and appraisals. One staff told us, "Supervision's are held regularly, every 4-6 weeks, and it's useful as I work alone a lot of the time and it's nice to be able to talk through with the boss." New staff worked through a corporate induction checklist that covered things such as, welcome letter, corporate policies to be read, and equality and diversity. Staff were given a mix of shadow shifts and training so that they did not have too much training at once. This meant that managers could ensure that new staff would be inducted in all areas of the company, and have received all the necessary training, prior to supporting people. Support staff were able to access additional professional support and career development opportunities after they had passed their probation. Records showed that there was a mentoring programme in place and that one staff who had expressed an interest in training as a social worker had shadowed a social worker as part of their development plan.

The management team had a clear vision for the service. The registered manager told us, "It is about honing in on the high quality support we provide. We did a full review recently in terms of who we support and referrals and it generated an action plan that reset our objectives. One objective was to review staffing so we did a staff consultation which led to agile working." Records showed that staff had requested laptops to make their work more efficient and this was implemented. Other staff suggestions from the consultation had been implemented. The registered manager also spoke about plans to set up a client representative group so people who use services could review paperwork and help to simplify it. The service also had plans to implement a planning group for money skills that would be held on weekends to assist people with their finances. When speaking about plans for developing the service one relative commented, "I would be reluctant to say anything because anything I could suggest would change the service and I don't think it needs changing: it as it works beautifully".