Maple Health UK Limited

Maple Lodge

Inspection report

2 Amber Court
Berechurch Hall Road
Colchester
Essex
CO2 9GE

Tel: 01206766653
Website: www.maplehealthukltd.co.uk

Date of inspection visit:
19 July 2018
23 July 2018

Date of publication:
20 September 2018

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

Maple Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Maple Lodge accommodates up to five people. At the time of our inspection there were five young people with learning disabilities and other complex needs living at the service. Maple Lodge is a detached bungalow in a cul-de-sac in Colchester which forms part of a group of similar properties owned by the same provider. Each property is a distinct service, though there are some shared communal facilities and joint social events.

This unannounced comprehensive inspection took place on the 19 and 23 July 2018.

At the last inspection in May 2017, the service was rated as requires improvement. We had concerns people were not always safe as staff did not have the necessary guidance about how to safeguard people from abuse and there were shortfalls in the storage and management of people's medicines. The requirements of the Mental Capacity Act 2005 were not being met when making decisions for people who lacked capacity. We also found some staff did not treat people with respect. A lack of oversight by the manager meant these shortfalls had not been picked up and resolved as required.

At this inspection we found the provider had addressed our concerns and we rated the service as good in all areas.

There was a new registered manager in post who had arrived at the service at the end of 2017. 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 new registered manager was a passionate leader who inspired staff to share in the improvements at the service, which were ongoing and based on research into best practice. The culture of the service had become more person-centred and there was a focus on respect and openness. There were systems in place to check on the quality of the care, though there was room for improvement in the oversight the provider had of the service. There was limited impact during our inspection from this however due to the strength and quality of the registered manager.

The registered manager had focused on reducing risk at the service, in particular reducing the number of medicine errors. Every area of medicine administration had improved, from staff skills to guidance and quality checks. This demonstrated a commitment by the new manager to ensure people at the service received safe support.

There were improved systems when concerns had been raised that people were at risk of abuse.

Investigations were open and the registered manager communicated well with outside organisations as necessary. Staff knew who to contact if they were concerned about people's safety.

Risk was well managed in a personalised manner through effective assessment and planning. Measures to reduce the spread of infection were practical and effective. There were enough safely recruited staff to meet people's needs.

Staff felt well supported and valued. They were enabled by the registered manager to develop specialist skills and gain a better understanding of the needs of the people they supported. The staff team worked together and communicated well to provide consistent support. People's physical and mental wellbeing was promoted and they received support to access health and social care professionals when required.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. We found the registered manager and staff met their responsibility under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to become better informed so they could take more control over the choices they made

The registered manager promoted a culture where people were treated with dignity and warmth. Staff communicated with people in a variety of way to ensure they understood their preferences and were involved in their care.

People lived full lives, engaging in a variety of activities which developed their independence and skills. Care plans had been adapted to be more person centred and provided staff with the necessary information to meet people's needs and keep them safe. The registered manager encouraged people and families to raise concerns where necessary and used information from feedback and complaints to improve the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service could live as ordinary a life as any citizen.

Further information is in the detailed findings below.

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.

Systems to safeguard people were more robust and open.

There had been improvements in the administration of medicines. Staff skills and quality checks had improved in this area.

There were enough staff to meet people's needs.

Risk was well managed in a proportionate and person-centred way.

Is the service effective?

Good

The service was effective.

The service acted in line with legislation when people did not have the capacity to make choices about their care. They helped people maximise their ability to make choices.

Staff had the skills required to meet the needs of people at the service, and were being supported to develop additional specialist skills and knowledge.

People received the necessary support to maintain good health and wellbeing and access professional support as required.

Is the service caring?

Good

The service was caring.

There was a culture of respect throughout the service.

Staff knew people well and treated them with affection.

Staff promoted people's right to make choices, communicating with them in a personalised way.

Is the service responsive?

Good

The service was responsive.

People lived full and varied lives, in line with their preferences.

Care plans helped promote person centred and were regularly reviewed to ensure they adapted when people's needs and choices changed.

The manager used complaints to make the service better.

Staff were sensitive when introducing discussions about end of life.

Is the service well-led?

Good

The service was well led.

There was a new registered manager who was driving improvements.

There was an open culture where people and staff felt involved in the changes at the service.

There was a programme of audits and checks which resulted in an improved service. The provider had plans in place to enhance their oversight of the service.

Maple Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 19 and 23 July 2018 and was unannounced. The inspection team consisted of one inspector.

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We focused on speaking with people who lived at the service and observing how people were cared for. Where people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with two family members for their views on the service which their relative received.

We spoke with the registered manager, deputy manager and four care staff. We also spoke with the director by telephone and a health and social care professional. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including three staff files.

Good

Is the service safe?

Our findings

At our inspection of May 2017, we rated safe as requires improvement, as we had concerns about staff knowledge of safeguarding and the administration of medicines at the service. At this inspection we found improvements had been made and the rating has improved to good.

The systems in place to safeguard the people at the service were more transparent and robust. Staff understood how to protect people and what to do if they had concerns about people's safety. Since the last inspection, they had attended training on safeguarding. The manager described their investigation following an alert about how a member of staff had spoken to a person when supporting them in the community. We reviewed the investigation and found it had been extremely thorough, despite the difficulty in gathering information. The registered manager left no stone unturned when trying to find out what had happened so that they could resolve the concern.

We could see from records that they had carried out other similarly thorough investigations since our last inspection, consulting with family and professionals as required. After each investigation an action plan had been put in place. This specified what action should be taken to make improvement. For example, one member of staff was retrained after one incident. At our last inspection we found the provider had not raised concerns with us as required. The registered manager had taken our feedback on board and had raised concerns with the local authority safeguarding team and with us.

We found safeguards were investigated in a positive way, with a focus on the wellbeing of the people at the service. An outside professional told us, "There will always be safeguards raised due to the complexities but how they manage it has differed over the years. At present it appears to be open and proportionate to the concern."
At our last inspection, we had concerns about the management of people's medicines and the lack of monitoring. People received their medicines as prescribed. Improved training, protocols, risk assessments, observations and audits had been put in place since out last inspection. A member of staff told us. "The process is more organised now."

We observed staff administering medicine. Two members of staff carried out this task, one administered and the second observed and countersigned. Each person had a medicines protocol which described the medicines prescribed, any allergies and preferences when taking their medicines. This included a protocol for medicines which were taken as required. We observed staff followed this protocol, offering a person the choice of whether to have eye drops, which were optional at lunchtimes. The staff could describe the medicines people took.

There was an improved understanding of covert medicines since our last visit. Staff had discussed with the GP how best to ensure people took their medicine safely, whilst supporting their human rights. For example, staff now openly mixed tablets with yogurt in front of a person, explaining that they were doing this to help them take the medicines more easily.

Only suitably qualified staff administered medicines. There were clear instructions to staff on how to administer and record the support they provided with medicines. There was a schedule to ensure all staff had their competence checked, and we noted these checks were detailed and resulted in improvements in the way medicine was administered. The registered manager described how they had changed the checks since the last inspection and staff told us they found the new system more thorough.

The service had procedures in place for receiving, storing and returning unused medicines safely. It was very hot on the day or our inspection and staff showed us the measures they were taking to try and keep the medicines cool. They were measuring the temperatures regularly and knew what levels they would have to report to the pharmacist.

Risk was managed well, but in a proportionate way to limit restrictions to peoples' freedom and rights. There were detailed plans in place outlining risk for each person and how this could be mitigated in a common-sense way. Therefore, one person's toiletries were locked away to keep them safe but this was not done for any of the other people at the service and staff reviewed this risk and restriction on an ongoing basis.

As well as individual risk assessments there were more general risk assessments. For example, staff were instructed to support people to cross the main road outside at the traffic island, even though this meant walking a bit further. There were practical risk assessments around leisure equipment such as paddling pools.

There were safe systems in place for use in the event of an emergency. A senior member of staff told us how fire safety had improved at the service after they had reviewed their fire evacuation procedures and found staff were not fully aware of what to do in the event of a fire. There was a new grab bag, which had vital details about each person and emergency equipment such as a torch and fire blanket. Each person had a hospital and communication passport that were useful documents which outside professionals could use if they needed to support people.

Measures to minimise the risk of infection control were appropriate for the environment and people being supported. Staff used common sense, for example a member of staff gave a person plastic gloves to wear when they were making cakes. These did not fit easily so the staff said, "Let's just wash your hands, it is just as good and we will order you some bigger gloves."

There were enough staff to meet people's needs. The registered manager deployed staff efficiently and staff knew what their responsibilities were each day. Staffing levels varied according to risk and need depending on the support people were receiving, so for example some people needed support from two staff when out in the community but only one member of staff when at home. Where a person needed constant supervision, staff tried to give them space, for example, monitoring them through a glass door.

A member of staff told us, "There are always enough staff, even if we are one down the manager or deputy steps in." Staff told us they received good support from senior staff out of hours, if they needed to contact them in an emergency.

The recruitment of new staff was managed safely. Checks including references and applications to the Disclosure and Barring Service (DBS) were undertaken before a new staff member commenced in their role. The DBS is an agency which holds information about people who are barred from working with vulnerable people. Employers can use the DBS checks to make safer recruitment decisions.

The service only used agency staff when necessary, and tried to maintain continuity when possible. Agency staff were used appropriately. For example, a person was unsettled on the day of our inspection so the manager made sure only permanent staff supported them.

Incidents and accidents were logged and there was an open culture at the service where the registered manager learnt from any mistakes and took action to minimise the risk of the incidents re-occurring. They shared this information in a positive way, focusing on improving people's wellbeing, rather than apportioning blame. For instance, following an incident in the community, staff were reminded that two members of staff needed to be with a person during a particular activity.

Good

Is the service effective?

Our findings

At our inspection of May 2017, we rated effective as requires improvement as the requirements of the Mental Capacity Act 2005 were not being met. At this inspection we found improvements had been made and the rating has improved to good.

We checked whether people were being supported in line with requirements of The Mental Capacity Act 2005 (MCA). This act provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At our last inspection, the correct process had not always been followed to seek authorisation from those qualified to do so when making decisions in people's best interests. Staff did not always recognise potential restrictions to people's freedom of movement and these were not always appropriately managed.

At this inspection, we found the provider was now meeting their legal responsibilities within the MCA. Detailed assessments around capacity and up-to-date DoLS had been put in place, as required. The assessments showed a good understanding of how people's capacity could vary, for example when they were not feeling well. Staff were able to describe and demonstrate they were managing restrictions to people's freedom. We observed that when they were supervising people continually, they did so in a discrete manner to give them as much freedom as possible.

The registered manager worked well with families and social care professionals to ensure correct systems were in place to support people in line with legislation. Where people lacked capacity, decisions were made in their best interests, but these decisions were always under review. Staff enabled people to develop their capacity to make better informed decisions. For example, they were teaching a person the names of their medicines and the reasons they were taking them, so that they would be better able to consent when they were taking their tablets. Staff gave information to help people make decisions. For example, we observed when making a cake a person said they wanted to lick the bowl. The staff gave advice to the person, saying it might not taste that nice, but then let them make their own decision.

Staff told us training was of a good quality and developed the skills they needed to support people. Since our last inspection the provider had increased the use of external training, in addition to the in-house training. Staff told us any formal training was followed up with helpful discussion and advice. They told us, "The manager fires questions at us to make sure we've learnt it" and "I have a fantastic manager teaching me, I've learnt so much." Training and guidance had particularly improved in the areas of medication administration and introducing best practice when supporting people when they became distressed.

The registered manager had enabled staff to develop their skills and knowledge around the complex needs of the people in the service. Team meeting records showed they had explained how they were adapting care plans to "a step by step guide of the support the service user's need." Staff told us the care plan and guidance had improved significantly since the arrival of the new registered manager.

Staff now understood better about any triggers which might lead to them becoming distressed. One person used to become highly distressed at meal times and throw things at other people and staff. The staff team had discussed why this was happening and decided the meal time environment was too busy for this person, because they did not like people sitting next to them. They adapted meal times for the person and their anxiety reduced.

New staff had a detailed induction, which included shadowing more experienced staff, who gave them detailed advice on each person's needs. Where staff were new to care they were supported to complete the Care Certificate, which is a national programme to ensure staff develop the core skills needed for their role.

Staff worked and communicated effectively as a team. We observed a handover where information was shared, for example about any activities that day or any concerns regarding individual people. Staff completed detailed daily logs and communication books which helped ensure support was consistent.

Staff told us they were well supported and supervised. There was a structured timetable for individual and team meetings which were used to discuss any concerns and to drive improvement. Senior staff discussed with senior staff any gaps in their knowledge and any poor practice was challenged in a positive way.

People received the necessary support to maintain their health and wellbeing. People had regular health reviews and where appropriate staff weighed them regularly to monitor their weight or supported other ongoing health screening. Staff received detailed advice on specific health and social care needs, with the necessary input from outside professionals when necessary. For example, a care plan had been amended with advice from a social worker regarding how staff should manage certain behaviours.

People were supported to eat and drink in line with their preferences. We observed meal times were flexible depending on what was happening each day. People had a choice of what to eat, on the day of our inspection, some people had crackers and other sandwiches. Personalised arrangements were in place where people had complex dietary needs. Staff had been advised by a specialist health team to develop a menu for a person was on a healthy eating diet to help them manage their weight. They had also researched online with the person to get ideas of the kind of healthy food which they liked.

The property was purpose built and designed to meet the needs of the people who lived there. Individual bedrooms had been decorated to reflect individual's interests. A person told us they had helped select the paint when their room was redecorated. Since our last visit, the registered manager had rearranged the layout of the communal area to create an additional lounge as they felt people would benefit from more space and the option of a quieter lounge. Staff told us this had led to a reduction in the incidents of distressed behaviour when all the people were using the shared spaces.

Good

Is the service caring?

Our findings

At our inspection of May 2017, we rated caring as requires improvement as people were not always treated with respect. At this inspection we found improvements had been made and the rating has improved to good.

The registered manager had taken on board our feedback regarding the lack of respect some staff showed and had addressed this concern in every area of the service. We could see respect and attitude had been discussed in great depth with staff in team and individual meetings. Where safeguarding investigations had taken place, there was a focus on the way an incident might have affected not only a person's safety but also their dignity. When care plans were re-written they spoke about people in a more respectful way. There was respect for people's privacy for example, for their rights to have time in their rooms on their own was considered when carrying out risk assessments to decide on the amount of supervision people needed.

We observed staff interacting with affection with people. Staff spoke warmly about a person's birthday plans for the weekend after our visit, discussing with the person the plans for a barbecue and decorations. We saw a pile of attractively wrapped gifts and a member of staff told us, "We are like their family so we all chipped in to buy presents." During the day, different staff spent time discussing the presents and the upcoming celebrations, as if they were talking about the party for a family member.

Staff knew people extremely well and were focused on their wellbeing. The improvement in staff skills when dealing with people who became distressed, discussed in the effective section of this report, had led to a more caring environment at the service. Staff described how the atmosphere was calmer and people were less anxious as staff anticipated and avoided any avoidable upset. Staff respected established routines, where they were part of an overall detailed plan to support a person's wellbeing. One person always requested a coffee when they woke up.

People were supported to keep in touch with their families, for example to come to special events such as barbecues and parties. Staff managed this process respectfully, for example, people had a choice about who they would like to attend their meetings.

Staff communicated with people in a personalised way, in line with their needs and preferences. For example, one person who liked routines, had a communication diary pinned on the noticeboard and a picture menu in the kitchen, which the person shared with the staff who were supporting them.

People were enabled to make choices about the care they received. There was clear input from people in care plans, be this through directly asking their views or observing them to work out what their preferences were. A person told us they had chosen the music channel on the television in the lounge.

Staff promoted people's independence in a gentle enabling way. For example, when after preparing a meal a member of staff said to a person, "If I wash up do you want to dry up?" and when they had finished they said, "You did it. High five." Staff had considered how each person could become more independent. Whilst

one person was able to change their bedding with prompting by staff, another person was enabled to make a choice about what time they went to sleep.

People's personal information was kept confidential, for example care plans were locked away. Staff had spent time with each person describing legal changes which had been introduced around keeping their personal data safe and their rights in this area. Staff had used personalised ways of communicating quite complicated information to try and ensure each person's rights were upheld.

Good

Is the service responsive?

Our findings

At our inspection of May 2017, we rated responsive as good. At this inspection we found the service continued to be responsive and the rating remained good.

The service was tailored around people's needs and preferences. During our inspection we observed each person engaging in individual routines which were based on staff knowledge about each person. For example, a person liked going out every day and staff had started to leave earlier as they noticed the person became anxious in the period after their breakfast while they were waiting to go out.

Care plans had been amended further to be more personalised and reflected the support people received. The information showed a detailed knowledge of people's needs and preferences. For example, one person's plan said, "I do not like lettuce," and had a picture of KFC, where they had said they liked to go for a treat. Care plans had details which made a difference to people's wellbeing. For instance, a person wanted a coffee as soon as they woke up. Staff told us the plans were now more ordered and detailed.

People's care was reviewed annually or as required. Families were involved in reviewing the care, where appropriate. This more formal review of the care was however additional to a constant awareness of staff of the need to continually adapting the support people needed to their changing needs.

People took part in a range of activities and lived full and varied lives, with a mixture of leisure and practical activities. For example, in the few days before our inspection a person had gone shopping to buy sun cream and then for a day trip to Clacton on the bus. A family member told us, "[Person] has a nice life. Recently staff have been involving them more and there are more activities. They went to proms in the park and went out the day before to pick some new clothes to wear."

Staff involved people in making choices about their daily routines, using pictures to communicate, when appropriate. A person had chosen a picture of arts and crafts and put a cross against golf when they were asked to pick from a series of different activities. Another person had chosen Great Yarmouth from brochures of different holiday destination. In addition, as part of the holiday planning they had selected their preferred staff to support them, plus their favourite activities, foods and clothes.

Staff supported people to develop clear goals which were practical and achievable. Guidance from staff was empowering, for instance one person had the goal of brush their teeth at night. Staff were instructed to ask the person what they needed to do before going to bed, only prompting if they had forgotten.

Staff supported people to make choices about their lifestyle and culture. They provided daily support to a person who practiced a religion and were respectful when they discussed how they met their religious needs. Whilst there was no one at the service receiving end of life care, we found staff had provided highly personalised support to a person who had experienced a significant bereavement. There had been exceptional planning and communication to enable the person to understand what was happening and support to minimise distress around changes in routine.

There was a complaint policy and log but this was rarely used as concerns were addressed at an informal level. The registered manager was committed to learning from complaints and using feedback to make the service better. For example, they had received complaint that staff were not brushing people's teeth properly. The manager told us, "We have now improved how we brush teeth and I was so proud when [relative] told me there is not no blood in [named person's] gums." A family member said the registered manager and staff responded swiftly if they raised any concerns.

Good

Is the service well-led?

Our findings

At our inspection of May 2017, we rated well-led as requires improvement as shortfalls in the quality of the service had not been picked up by the registered manager and or provider. At this inspection we found improvements had been made and the rating has improved to good.

There was a new registered manager in place who had transferred over from another part of the organisation since our last visit. They told us they were gradually reviewing all areas of the service, developing new policies and procedures and making improvements where necessary. For example, they had recently reviewed infection control measures and had raised in team meeting the need for good hand hygiene. We had observed staff implementing this when they supported a person in the kitchen. Other areas of concern such as the administration of medicines had been addressed by the manager in a comprehensive way as outlined in the safe section of this report.

Key to the improvements was a new open culture at the service, with the registered manager discussing with staff the importance of the changes so they understood the reasons why improvements were needed. There manager told us they had targeted the morale and culture of the service when they first arrived at the end of 2017. In particular, they had focused on promoting respect and had challenged staff to imagine how they would feel if one of their family members was living at the service.

During our inspection, the registered manager had received an alert regarding alleged poor practice by a member of staff. This investigation had been dealt with efficiently and robustly. We saw other examples where concerns were dealt with openly and efficiently, as the registered manager continued to focus on improving the culture of the service. A member of staff told us, "Before things were brushed under the carpet, now it's more professional."

All the staff we spoke to were very positive about the new registered manager. Comments included, "There have been so many improvements for the guys which makes them happier", "morale is really good" and "I can't fault them, they get things done." They encouraged a shared vision which was focused on the people at the service.

Although people could not verbally give us feedback about the way the service was run, we observed they benefitted from an enabling person-centred environment. Staff had met with people to promote their involvement in the service. They had consulted with them around practical changes and more complex matters such as new regulations around keeping their personal information and data safe. The registered manager also gathered ongoing feedback from family members and staff, through open discussion and questionnaires. They took action as a result of the feedback, for example, they had made changes to training following comments from staff.

The registered manager told us they met regularly with managers from the different services within the organisation to share examples of good practice and any importance updates such as a new briefing about Deprivation of Liberty legislation. We could see in the new policies and procedures that they manager had

knew about or researched best practice, which they were committed to implementing in the organisation.

There was a clear programme of quality audits and checks. The provider visited monthly to carry out quality checks which largely involved an audit of documentation and equipment at the service, such as how many staff had been supervised. Each month the registered manager sent an audit to the provider, for example with information about which audits they had carried out. These manager's audits were thorough, for example they had checked all the care records shortly after their arrival and were working through improving the information held about people's needs. Following the audit, they had requested staff review a person's communication care plan, ensuring they involved the person in the process.

We reviewed how robust the quality checks were and found there was room for improvement in the provider audits, which had an emphasis on records. We discussed this with the provider, and asked them what changes they had made since the last inspection to ensure their checks would pick up the concerns we had found at our last inspection, should the quality of the service dip again in the future. The provider told us they were more visible and discussed a series of measures they were planning to introduce, such as external audits. They assured us plans to improve the oversight of the service would be introduced in a timely manner.

Any impact from gaps in the provider audits was mitigated at Maple Lodge by the openness and thoroughness of the registered manager, who was constantly pushing themselves and the staff team to improve. We found that since their arrival every area of the service had improved, with clear action plans and time scales in place which demonstrated the registered managers commitment. As they were familiar with the service already, the changes were practical and appropriate for the staff team and for the people they supported.

An outside professional told us they had noticed the improvements with the arrival of the new registered manager. They told us, "I found the new manager in post was working hard at getting the team refocused and enthusiastic. Morale appeared to have improved. The focus is far more person centred, (staff are) enthusiastic and keen to try new and different things. Communication appears to be far better with clients, staff and outside professionals."