Care Quality Commission

Leonard Cheshire Disability

Stonecroft - Care Home with Nursing Physical Disabilities

Inspection report

Barnetby le Wold
Lincolnshire
DN38 6DY
Tel: 01652 688344
Website: lcdisability.org

Date of inspection visit: 29 July 2015
Date of publication: 14/09/2015

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

This inspection was undertaken on 29 July 2015, and was unannounced. This service was last inspected on 23 and 24 October 2014 and was found to be in breach of regulation in regards to safeguarding people from abuse and some issues relating to rotation of medical stock and auditing of the service. At that time we rated the service as requiring improvement under the safe and well led domains because of this. At this inspection we found the issues from the previous inspection had been addressed and the service was compliant with the regulations that we looked at.

This service is registered with the Care Quality Commission [CQC] to provide accommodation for up to 29 people who have a primary need of physical disability. The service is situated in an old detached building set in a rural location near Barnetby le Wold, so transport is

Summary of findings

essential. Although there are two floors, all the services for people are on the ground floor. The upper floor is used for administration and staff training purposes. All the bedrooms are designed for single occupancy, eight of which have en-suite facilities. There are sufficient bathrooms and communal rooms for people to use.

The service has a registered manager who has been in post since 2006. 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.

People who used the service were looked after by staff who understood they had a duty to protect people from harm and abuse. Staff knew how to report abuse; they said they would raise issues with the registered manager or local authority. A safeguarding threshold tool had been put in place since our last inspection to help advise staff and to assist the management team to recognise and report issues that may fall under the safeguarding threshold.

People living at the service were provided with home cooked food. Their fluids and food intake was monitored to make sure people's nutritional needs were maintained. People who required prompting or support to eat were assisted by patient and attentive staff. Staff monitored people's nutritional needs and gained help and advice from relevant health care professionals which helped to maintain people's wellbeing.

A visiting health care professional we spoke with was positive about the help and support provided to people by the staff. They told us that the staff acted upon their advice to promote people's health and they had no concerns to raise.

People's privacy and dignity was respected. People were involved in making decisions, where they could, about their care and treatment. People were supported by staff, family and legal guardians to help do this. People made decisions about what they wanted to do and how they wanted to spend their time, where this was possible. Staff supported people to make decisions for themselves. They reworded questions or information to help people understand. This helped people to live their life the way they wished too.

There was a complaints procedure in place. Complaints received were investigated and issues raised were dealt with in a timely way with the complainant being informed of the outcome.

People and their relatives were asked for their opinions about the service. Regular audits of the service were undertaken which helped to monitor, maintain or improve the quality of service provided to people.

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?
The service was safe. Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

People told us they felt safe living at the service. People were cared for by appropriate numbers of skilled staff. Recruitment processes in place were robust.

Staff knew about the risks present to each person's health and wellbeing.

Medicines were handled correctly and safely.

Good

Is the service effective?
The service was effective. Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals.

People's mental capacity was assessed. Action was taken to ensure that people were not deprived of their liberty unlawfully. This helped to protect their rights.

People were provided with a balanced diet their nutritional needs were monitored by staff and relevant health care professionals.

Good

Is the service caring?
The service was caring. People were treated with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes, preferences and interests.

There was a welcoming and caring atmosphere within the service. People held friendly banter with the staff. Staff listened to people and acted upon what was said.

Staff attended to people in a gentle and enabling way to promote their independence and choice.

Good

Is the service responsive?
The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff reported changes in people's conditions to relevant health care professionals and acted upon the advice given to maintain people's wellbeing.

Effective complaints procedures were in place. Issues raised were investigated and people and their representatives were made aware of the outcome of their complaint.

Good

Is the service well-led?
The service was well led. The home had a registered manager in place who promoted good standards of care and support. They had addressed the shortfalls found during our last inspection of this service.

The ethos of the home was positive; there was an open and transparent culture. People living at the service, their relatives and staff were all asked for their views and these were listened too.

Good

Summary of findings

Staff we spoke with understood the management structure in the home. Auditing systems were in place to help the manager monitor and improve the level of service provided.

Care Quality Commission

Stonecroft - Care Home with Nursing Physical Disabilities

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 registered 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 29 July 2015 and was unannounced. It was carried out by one adult social care inspector.

Before undertaking this unannounced inspection we looked at the notifications we had received and reviewed all the intelligence the Care Quality Commission [CQC] held to help inform us about the level of risk for this service. We reviewed all of this information to help us make a judgement.

During our visit we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served and observed a medicine round. We looked at a variety of records; including three people's care records, risk assessments and medication administration records, [MARs]. We looked at records relating to the management of the service, policies and procedures, maintenance, quality assurance documentation and the complaints information. We also looked at staff rotas, staff training, supervision and appraisal records and discussed information with the registered manager about the recruitment process.

We spoke with the registered manager and interviewed four staff and the cook. We spoke with five people living at the home, and one visitor. We asked a visiting health care professional for their views. We were told by people that they felt looked after by the staff.

People living at the service that we spoke with in the communal areas could tell us their views about the service. We also used general observation to understand the experiences of people living there. We did not use the Short Observational Framework for Inspection [SOFI] at this inspection. Our general observations confirmed that people were supported well by staff and they provided us with evidence that the staff understood people's individual needs and preferences well.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living there. A person said, “I’m safe here.” Another said, "I feel safe and I am looked after well.”

A relative we spoke with told us they felt the service was a safe place for their relation. They told us they did not worry when it was time to leave their loved one and return home, they knew their relation was in safe hands.

A health care professional we spoke with said they had never seen anything which had worried or concerned them whilst visiting the service.

There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. This did not prevent people from gaining access to the gardens and outside space.

We found that the registered provider had effective procedures in place for protecting people from abuse. Since the last inspection a safeguarding threshold tool had been put in place to help advise staff and to assist the management team to recognise and report issues that may fall under the safeguarding threshold. The registered manager told us how this was working effectively. Staff we spoke with could name the different types of abuse that may occur. Staff had completed training about how to protect people who were vulnerable and used the service from abuse or harm, there was a whistleblowing policy [telling someone when abuse was suspected] in place. Staff knew what action they must take to protect people from potential abuse and harm. A member of staff said, “I would go straight to the home manager if I saw a safeguarding issue.”

We looked at three people’s care files. We found that potential and known risks to people’s health and wellbeing were recorded, assessed and were seen to have been regularly monitored. This included the risk of falls, choking, receiving pressure damage due to immobility, aspiration or getting their airway blocked. Risk assessments were also present for people going out into the community. Specific risk assessments were in place for people’s hobbies, for example a person enjoyed riding a tricycle and there was a risk assessment in place for this to help keep them safe.

We saw that risk assessments were updated as people’s needs changed. For example, a person had been seen by the physiotherapist assistant and equipment was being used to strengthen their limbs, increase their balance and aid their mobility to reduce the risk of falls and increase their independence. Staff were knowledgeable about the equipment people needed to use to maintain their wellbeing and they were trained in how to use this.

The registered manager undertook monthly audits of accidents and incidents that occurred. They told us they observed to see if there were any patterns to incidents that had occurred but said incidents and accidents were rare and they always took corrective action to help prevent such further issues from occurring in the future. We saw evidence which confirmed help and advice was sought by staff from relevant health care professionals to prevent further issues from occurring.

Information was available for staff to refer to in the event of an emergency. This included the support and help people needed to receive in the event of a fire. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff received fire training which helped them prepare for this type of emergency.

Systems were in place to maintain and monitor the safety of the premises. The registered manager undertook a general environment audit which included inspecting people’s bedrooms, including the furniture and fittings. Issues such as power failure and flood had been considered and there were contact phone numbers for utility companies and local tradesmen available for staff to use in the event of an emergency.

Throughout the service we saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons; these were found in different communal areas throughout the service and in people’s bedrooms which helped to maintain effective infection control practices.

Communal areas of the service were free from obstacles or trip hazards. Corridors and bedrooms were spacious so people could use wheelchairs and staff had the space to use moving and handling equipment safely. There was access to the front door and garden so people could get around. The paths at the back of the home were scheduled to be repaired to ensure wheelchair users were safe to use this area.

Good

Is the service safe?

The registered manager monitored the staffing levels, they told us they placed staff on duty that had the right skills to be able to deliver the service people needed to receive. Staff rotas that we looked at confirmed this. Staff we spoke with confirmed there were enough staff provided to meet people's needs. Staffing levels were flexible so that people were able to go out or attend appointments.

We inspected the medicine systems in operation in the service. We spoke with the staff who operated this system. They told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place for most people living at the service, unless they had come in for a short stay. Photographs of people were present in the medicine administration folder to help staff identify them. Allergies to medicines were recorded on people's medication administration records [MARs]. This helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round, the member of staff had undertaken training about how to undertake this safety. They were competent at giving people their prescribed medicines. We saw they took their time to correctly check the medicines to be given; the person's identity and then stayed with them until their medicine was taken before recording this on the MAR.

We checked the balance of some controlled medicines at the service and found these to be correct. The temperature of the treatment room used for storing medicines was regularly monitored. There was a medication fridge in use for the cold storage of medicines where this was necessary. We noted that there were four gaps in the recording of the medicine fridge temperature. This was discussed with staff who said the member of staff had forgotten to record this because these temperatures were taken and recorded at the same time. Corrective action was immediately taken and staff were reminded of the importance of recording this information promptly. The fridge was within the correct temperature range for storing medicines the registered manager said they would ensure this was dealt with straight away.

Good

Is the service effective?

Our findings

People we spoke with said they felt they received effective care and support from the staff and from the service. A person we spoke with said, "The staff have training, they know what they are doing." Another said, "Staff are there when I need them, nothing is too much trouble." I have no complaints. I would say if I was not happy." People we spoke with commented about the food provided, they said, "Lunch was marvellous, the food is good, you get enough. I have three meals a day." and "The food generally is good."

A relative we spoke with said, "The staff are very good at engaging with [name]. He could not feed himself now he is feeding himself and drinking ordinary drinks, making excellent progress in a short space of time. The facility is perfect here, the atmosphere is very good staff are able to have one to one time with people. If [name] seems upset the staff tell me and they spend some time with him. He was on a special textured diet now he is able to eat normal food. There are good choices of food. He had a Chinese takeaway at the weekend and really enjoyed this."

We saw evidence which confirmed that people were assessed to make sure that the staff could meet people's needs before they were offered a place at the service. Information was provided to people and to their relatives or guardians about what the service could provide for them. This helped to inform all parties. This information was given in a format that people could understand.

Staff knew people's preferences. For example, staff called people by their preferred names, knew how they liked to have their drinks served and knew what hobbies and interests they liked and enjoyed. People were seen being encouraged to play board games supported by staff. One person loved wildlife and they spend time with the chicken in the garden. People were assisted by staff to do what they could for themselves to promote their independence and to increase their capacity to achieve their own personal goal.

Care records that we inspected confirmed that a wide range of relevant health care professionals were asked for their advice and help to assess people's health and wellbeing as their needs changed. We saw people received input from a multi-disciplinary team which included speech and language therapists, consultants, neurologists, psychiatrists, dietician occupational therapists and physiotherapists. Staff supported people to gain services from GP's, opticians and chiropodists. There was a physiotherapist assistant employed by the service who provided treatment throughout the week, a relative commented that it would be nice to have this service provided at weekends. The physiotherapist assistant told us they taught the staff to undertake treatments so that people could continue their treatment at the weekends. People's care was monitored to make sure it was effective by the multi-disciplinary team. This helped to maintain people's wellbeing.

Staff confirmed they undertook regular training in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Training was provided to staff regarding physical disabilities and specialised care such as maintaining people's health who had gastric feeding tubes and tracheostomies which maintained people's airway. The staff told us training was on-going and had to be completed to maintain their skills. A member of staff said, "We have a lot of training and yearly refreshers, they cover choking, safeguarding, fire safety, food hygiene health and safety infection control, the practice and theory of person centred care, everything really." Staff confirmed they had training on specialised procedures such as maintaining people's feeding tubes and airways. We saw basic life support training was being undertaken by staff on the day of our inspection.

A programme of supervision and appraisals was in place to help support staff and to highlight any issues or further training that may be required. A member of staff said, "Supervisions are generally helpful." We inspected staff files which confirmed staff were receiving supervisions and appraisals on a regular basis.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager and staff were aware of their responsibilities in relation to DoLS. People had their mental capacity assessed and the registered manager had made successful applications to the local authority and had gained advice to ensure they acted in people's best interests and did not deprive people of their liberty

Good

Is the service effective?

unlawfully. We saw six people had a DoLS in place. There were three people with a DoLS application awaiting review by the local authority. We inspected some of this documentation to ensure it was correct and protected the people's best interests. We saw it was in line with current guidance and was reviewed, as necessary. We saw this was the case. A member of staff we spoke with said, "I have had Mental Capacity Act training, people are not deprived of their liberty, this is taken really seriously. We always look for the least restrictive options." We saw the registered provider had appropriate policies and procedures in place to help guide the staff. Care was provided in the least restrictive way. Advocates could be provided locally for people who required this to help protect people's rights.

People had their nutritional needs assessed on admission and throughout their stay. This information was available to staff and to the cook who was aware of people's special dietary needs and preferences. We spoke with the cook who told us that people's needs were gained by discussion with people, their relatives, dietician's speech and language therapists and staff. We saw people's views about the food provided were asked for at residents meeting to ensure people had a say in what was provided for them.

We observed lunch. People could have their meals where they wished. Staff took time to sit and prompt or assist and encourage people to be as independent as possible with eating and drinking. Specific textures of food recommended by speech and language therapists were provided for individuals, some had thickened fluids which helped people swallow the food and fluid without risk of choking. Adapted crockery and cutlery was assessed for people and provided so people could promote their independence. Staff monitored people's dietary and fluid intake. We saw that health care professionals were contacted for advice and guidance. This helped to ensure that people's nutritional needs were met.

Drinks were made at set periods throughout the day as well as spontaneously. The dining room was set out so people could be sociable with each other. People spoke to each other or listened to the background music. There was friendly banter between people and staff. The cook spoke with people after lunch to make sure they had enjoyed their meal. Special themed food events were put on for people to enjoy.

We observed that the building was suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. Corridors were wide and spacious. There were refurbished bathrooms and shower rooms with ceiling hoists. Those at risk of getting up unaided or at risk of falls had a pressure mat by their bed to help alert staff. People who had tracheostomies had suction units in their bedrooms for staff to use. Equipment for each individual person was assessed and provided to ensure people received personalised care that met their needs and encouraged their rehabilitation this help to maintain people's health and wellbeing.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support they received. A person we spoke with said "I am cared for." Another said, "The staff make it marvellous, they have a caring attitude." A third person told us, "I have been here a few months and the staff are good to me, they are kind." We observed that staff treated people with dignity and respect.

A relative we spoke with told us they felt the staff cared for their relation and said they were welcomed by the staff when visiting the service at any time. They told us the staff really understood their relation needs and knew when they were unhappy or did not feel well. They said, "[Name] is cared for very well. He likes it here. The staff here are very willing. I can even bring the family dog. He has had a trip home to the village Hall to see friends. He is reminded by the staff he is here to get better to be able to come home. The staff look after [name] but they also look after me and have all the way through this."

The registered manager told us that the staff cared for the people using the service and told us a lot of staff working at the service had worked there for many years, so there was a 'family atmosphere' at the service. They said the staff were flexible and covered each other's holidays and sickness to provide continuity of care to people. The staff told us; "It is a really nice place to work. The residents and work is varied with people with head injuries and different disabilities. The team of staff are lovely. The manager is very nice and approachable." "Everyone pulls together and gets on well." and "It's a nice place to work we get a lot of people for rehabilitation and see their improvement. We can adapt to meet people's needs."

People's care records gave detailed information to staff about how individuals wished to be cared for. Records also provided details about people's behaviours that may challenge or indicate people needed some attention or felt unwell. We saw that staff acted promptly in a caring and effective way to attend to people in the communal areas of the service, this included the physiotherapist assistant provided at the service.

People who used the service looked relaxed and happy in the company of the staff and there was some friendly banter observed. This made the atmosphere relaxed. Staff addressed people by their preferred name and knocked on their bedroom doors before entering to respect their privacy and dignity.

Staff told us they treated people as they would wish to be treated. The staffing levels provided ensured that staff could spend quality time with people, for example, we saw staff talking with people in the lounges. Staff were mindful of people's wellbeing within their environment. We saw staff regularly checked on people who were cared for in their bedrooms.

The registered manager told us that if a person had to be admitted to hospital staff would always go with them so that they could help to alleviate the person's fear and anxiety as well as advise the medical staff of their needs.

We observed staff took time to listen to what people said. Staff knelt to get down to people's eye level so they could talk with them better. They reworded sentences If people appeared not to understand what was being said.

Personal care was provided to people in their bedrooms or in bathrooms behind closed doors to protect people's privacy. We observed that staff were attentive, patient and kind to be people living at the service.

The registered provider had a personal involvement officer who was available to assist people and their families with any queries or questions. They also spend time with people to gain people's views about the service. The registered manager told us that advocacy services were available to people locally. Advocates were provided to people if they required this to help support them.

Good

Is the service responsive?

Our findings

People who used the service and who could talk with us told us the staff responded to their needs and they said they were looked after well. One person said, "The staff are there when you need them, nothing is too much trouble. I have choices; I go do what I would like to do. I go on day trips." Another person said, "I am happy with how they [the staff] look after me they listen to me they are always busy but they chat to residents and spend quality time with me. I had a chat with the staff about how I would like to be cared for." People we spoke with told us they knew how to raise complaints. One person said, "I would complain if I needed too."

A relative we spoke with told us they were kept informed of their relations current and changing needs by the staff. They confirmed they were invited to care reviews. This ensured people were involved and kept informed. The relative said, "The staff have spent time learning [name's] triggers and hot spots, they talk to him, he is making good progress. He has a key worker who we see regularly to discuss things." [A key worker is a named member of staff who is responsible for supporting the person and their family.]

The registered manager or senior staff at the service had undertaken an assessment of people's needs prior to them being offered a place, this ensured that people's needs were known and could be met. People had detailed care records in place and some records had a pictorial format or large print so that people could understand the content.

People's care records we looked at contained pre admission assessment information. Care plans were detailed about the individual care people needed to receive and their preferences for how their care and support was to be provided. People's goals were recorded and reviewed. They contained detailed medical and social backgrounds as well as information about people's daily routines which helped staff treat people in a holistic way and respect people's diversity.

We observed that staff took their time to understand the communication methods that people used and acted upon people's wishes. Staff asked people if they were alright or if they needed anything. People who could not communicate who spent time in their rooms were checked upon regularly by staff who attended to their needs.

Care records we looked at included information about people's likes, dislikes and preferences, specialist care and communication needs. This helped to inform the staff. We observed staff delivering care and support to people in the communal areas of the service. We saw that the staff knew how to communicate effectively with people and saw information was recorded in people's care records 'How to communicate with me' and 'Things you need to know about how I communicate." This gave specific advice to staff and ensured care was delivered in a person centred way.

Staff we spoke with told us how people worked to achieve their goals even if it took some time. They said they were proud to be part of people's rehabilitation process and that sometimes a lot of time was needed before positive changes in people's condition was seen. All the staff we spoke with told us they felt proud to support people to achieve their goals no matter how long it took.

Reviews of people's condition, care and progress were regularly held with a multidisciplinary team so that everyone could discuss the way forward and agree this. People chosen representatives or representatives from the person's funding local authority were invited to attend to gain an update and see how people were progressing.

We observed activities occurring throughout our visit this included quizzes, Jenga, board games and watching television or people listening to music. Some people went out and enjoyed the garden. There were events planned at the home and outings took place in the transport provided by the service. People were encouraged to visit family and family members were welcome to attend the service at any time and could stay for a meal with their relation.

Each person had their own individual schedule to aid their rehabilitation or to help stimulate their mind. Staff supported people to develop life skills, hobbies and activities. If people changed their minds and did not want to take part in activities their decision was respected.

A complaints procedure was available to people and the registered manager had reminded people and their representatives that this was there for them. The last complaint received was made in 2014. We saw that the issue raised was investigated and resolved. The registered manager told us they asked people daily if things were okay for them so people remained happy with the service they received.

Good

Is the service well-led?

Our findings

People we spoke with told us the service was run well by the manager and they said they were happy living there. One person said, "I am happy here." Another person said, "The home is managed well."

A relative said that they felt the service was run well and that they could attend the residents meetings if they wished too. They told us they could speak with the staff or registered manager at any time if they needed to discuss anything or were worried. They told us their opinions were listened to and were acted upon by the staff throughout the service.

Since our last inspection the registered manager told us how they had improved their monitoring of the service to ensure the issues found were resolved. They showed us evidence of these action plans, their monitoring and the conclusion of the issues that had been found. For example, at the last inspection it was found the medical stock of peg and tracheostomy equipment was excessive and some equipment was out of date. Following this regular audits were undertaken, all of the old stock had been removed and a new stock checking and rotation system was now in place.

Staff were clear about the structure of the management team and there were up to date policies and procedures in place for staff to follow to gain further advice or guidance. There was a deputy manager in place and they supported the registered manager in undertaking some of the audits and helped to monitor the standard and quality of the service provided to people.

The ethos of the service was to promote people's independence where possible and to ensure people received the support they needed to maintain their health and wellbeing. Staff understood the values of the service and promoted them. The staff we spoke with told us they would not want to work anywhere else.

We observed that the registered manager had a good rapport with the staff and interacted well with people who used the service. There was an open, positive culture in place. The registered manager told us they always tried to improve the service. They informed us that they worked closely with the local authority and with health care professionals and always asked for their views about the service provided.

Staff meetings were held and the staff we spoke with said they could discuss anything with the registered manager or with the deputy manager at any time. They told us they felt listened too and supported. The minutes of the staff meetings were available for staff that were not able to attend, which helped to keep them informed.

Policies and procedures were in place such as: safeguarding vulnerable adults, infection control and person centred care. We found these reflected current good practice. The registered manager was supported by a deputy and a senior manager visited the service regularly to monitor the quality of service provided.

A quality assurance questionnaire was undertaken in May 2015, the results were awaited at the service, and the Personal Involvement Officer had assisted with this. This was also completed last year; some people had fed back they did not know how to complain. We saw evidence that the registered manager had implemented a customer service action plan to make sure people were aware of this information. The registered manager said, "I work on issues raised." During our discussion the registered manager said people and their relatives said they had completed a lot of surveys and felt they did not wish to complete any more at present. People had told the registered manager that if they had any issues they would speak with him as they knew things would be sorted out.

We received notifications about accidents that occurred which helped to keep us informed. The registered provider has companies in place to gain professional help and advice about any issues that may occur at the service.

The service had links to local schools and there were a variety of outings taking place in the community. Religious ministers visited upon request and regularly to attend to people's spiritual needs. Social events were also held which raised the profile of the service within the community.