Canterbury Oast Trust

Homelands

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

Care service description
Homelands is a residential care home for 8 people with learning disabilities. The service is a detached house, in a rural location.

Homelands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The 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 using the service can live as ordinary a life as any citizen.

There was a registered manager at the time of our inspection. 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 service was run day to day by a service manager, who will be refered to as 'the manager' throughout the report.

Rating at last inspection
At the last inspection, the service was rated Good.

Rating at this inspection
At this inspection we found the service remained Good.

Why the service is rated …
Some people at the service managed their own medicines, and others managed their own creams. People received their medicines safely and at the right time. People were supported by sufficient levels of staff, that knew people well and had been recruited safely. Risks to people had been assessed and mitigated. Accidents and incidents were reviewed with improvement plans implemented and learning shared with staff. People were involved in the running of the service, including ensuring the service was clean and protected by the prevention and control of infection.

Staff had the necessary training to safeguard people from potential abuse. People's needs and choices had been assessed and staff understood and worked to the principles of the Mental Capacity Act (MCA). People were encouraged to live healthy lives, and supported to eat and drink sufficient amounts. Staff worked with

health care agencies to ensure people had access to other health care professionals including ensuing everyone was registered with a GP and dentist. The service met people's needs, and people's rooms were personalised.

People were treated with dignity, kindness and respect, and encouraged to be as independent as possible. People were partners in their care planning, people had signed their care plans and had regular reviews with staff, relatives and care managers. Staff took time to interact with people, using their preferred communication methods and having meaningful interactions.

People received personalised care, specific to their needs. People's care plans were detailed, individualised and reviewed regularly with them. There had been no complaints since our last inspection, however people and relatives were regularly given the opportunity to feedback any complaints or concerns. The service was not supporting anyone with end of life care at the time of our inspection.

People, relatives and staff told us the service was well led. There was a registered manager in post, however the service was run by the manager day to day. Staff and managers had a shared vision of the service. People enjoyed living at the service, and staff told us they enjoyed working there. There were regular audits completed by staff and the manager. The manager had created a development plan which contained actions for this year, as well as successful implementations from the previous year. Staff told us they were involved in driving improvements at the service, and understood their roles and responsibilities. Feedback was sought from people and relatives to improve the service. The manager worked in partnership with external organisations including care managers and safeguarding teams.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Homelands

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 20 March 2018 and was unannounced. The inspection was carried out by one inspector, and an inspection manager.

Prior to the inspection, we reviewed information we held about the service, such as previous inspection reports, and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). A PIR is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with the manager, two care staff and four people that use the service. We looked at three care plans and risk assessments, three recruitment files, medicine records, quality assurance surveys and audits. After the inspection we spoke with the registered manager, a staff member and three relatives.

Good

Is the service safe?

Our findings

Staff told us it was "Second nature" to keep people safe, and relatives told us they felt their relatives were safe. One person told us "Yes I feel safe and like living here."

Staff continued to know how to recognise and respond to abuse, and had up to date safeguarding training. The manager showed a good understanding of risks and vulnerability to people and staff, and carefully documented any inappropriate behaviours towards staff. The manager had a positive relationship with the safeguarding team, and discussed concerns with them as and when required. When staff and the manager had identified internet safety concerns for the people living at the service, the safeguarding team and wider healthcare professionals had been contacted to find the least restrictive option for people, whilst ensuring they were safe online. Staff told us their first concern would always be, "To make sure the guys are ok."

Risks associated with people's care and support had continued to be been assessed. People's care plans contained personalised risk assessments relating to all areas of life including bathing, medicines, and activities. They had been implemented and were known by staff. Risk assessments included detail such as how much support people needed; what people were able to do independently, and what people required encouragement to do. Risk assessments had been completed for all areas of the property including the annexe, shed and main building; these were regularly reviewed and updated. Monthly health and safety checks were completed by staff, including visual checks, checks of fire extinguishers, fire drills, infection control, COSHH storage and fire doors. Where the health and safety checks had highlighted high water temperatures in one bathroom, action had been taken, and in the following audit reflected the temperatures as having reduced. The infection control audit in February 2018 highlighted the stools in the kitchen as needing replacing, which the manager told us they had requested but at the time of our inspection had not yet been replaced by the provider. Staff and the manager had carried our regular fire drills. The manager told us one person became very anxious during fire drill. In order to overcome this, they were supported by staff to help monitor the fire panel and turn off the alarm. People had personal emergency evacuation plans (PEEP) in place, which included detail of how each person responds to the fire alarm, people's mobility and support needs to evacuate safely.

There continued to be a sufficient number of staff to meet people's needs. Staffing rotas were completed in advance and dependent on activities or appointments of people in the service. If the manager could not cover all the gaps in the rota with permanent staff, the provider's flexible workforce were offered the shifts. If the shifts remained vacant, agency staff would be used. Agency staff had profiles on file and had received an induction for working at the service. Staff told us they knew people well. One staff member told us "We have long standing staff, it's a good place. When you find somewhere like this, you don't move on." People were able to tell us who their favourite staff members were. One relative told us "(Name) has had the same keyworker for 19 years, they are fantastic"

Since our last inspection, there had been one new staff member, with two further staff transferred from one of the provider's other services. Prior to commencing work, the provider had carried out all necessary recruitment checks. Each staff member had a disclosure and barring check (DBS) in place. The DBS helps

employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services. Where staff had transferred internally from another service, a new reference had been sought.

Medicines continued to be managed safely, and people were supported to be as independent as they wanted to be with their medicines. At the time of our inspection, two people were managing their medicines independently. Staff supported these people by completing a weekly tablet count, and aligning this with the Medicines Administration Records (MAR). Other people's medicines were managed by staff, but they were independent with creams and lotions. We checked the MAR and they showed people were receiving their medications when they should. There continued to be a stock of 'homely remedies' that the service purchased and kept in case any person was unwell and required these medicines; for example paracetamol for pain relief. These 'homely remedies', had been agreed by the GP individually for each person. Staff continued to have medicines administration training. Competency checks were completed on each staff member, and were reviewed annually.

There was a cleaning rota in place to keep the service clean and hygienic to protect people from infection. People had 'house days' scheduled into their activities where staff supported them to complete house chores including cleaning and laundry. A relative told us they were happy with the life skills their relative had learnt at the service, "(Name) is doing things I never thought they would. They help with house chores, and do their laundry." There was sufficient Personal Protective Equipment (PPE) available throughout the service, and we observed staff using PPE appropriately.

All accidents and incidents were dealt with on an individual basis and accident and incident forms completed when things went wrong. Possible triggers, options for prevention and things to be aware of were detailed on the accident and incident forms. Learning from these incidents was shared by the manager in staff meetings, and in the staff reading file in the office, with care plans updated to reflect any changes. A potential risk was identified with a person accessing a ledge on the stairway, which extended to an unsafe height. The manager organised for this area to be made safe by the maintenance team, with the restructure of a bannister. All accidents and incidents were sent to senior managers who would review them and contact the manager to discuss any trends.

Good

Is the service effective?

Our findings

People and their relatives told us their needs were met and staff were skilled in carrying out their role. A relative told us, "I have always found the service to be excellent. They really understand (name's) needs. They are externally happy living there, I can tell by their face."

People's needs continued to be assessed, through six and twelve monthly reviews, and people were treated as partners in their care. People's care plans continued to be person centred, and included clear guidance on known triggers for people, the behaviours they may display, and how to support them and de-escalate the situation using proactive strategies. There was clear guidance on people's preferred communication styles, the use of Makaton and photos of people's individual variations of this, which we observed being widely used throughout the service. The manager told us, "[Makaton] has almost become part of the culture." Makaton is a language programme that uses speech with signs (gestures) and symbols (pictures) to help people communicate.

People and their relatives told us they thought the staff received appropriate training to carry out their role. One person told us of the staff, "They make sure you are happy." Staff continued to have the training and supervision to enable them to support people. Staff received an induction to the service prior to starting, which included shadowing established staff and reading people's care plans to understand people's needs. One staff member told us that they were initially contracted across two properties, which benefitted them as they received increased shadow shifts across both sites. The manager completed probation reviews.

Staff had regular supervisions with the manager, which included discussions about people, training and development required for the role. Staff told us all the training they attended was beneficial and they enjoyed it. Staff were complimentary about the training saying that it "Met people's needs," and that it was good because "There's always new legislation and best practice so it's important to keep updated." Staff spoke positively that the training organised by the provider was classroom based and interactive. One staff member told us "Staff give 100%. They are here because they want to give everything they can to the people living here." The manager checked staff competency annually.

People continued to have access to sufficient food and drink, and were involved in weekly meal planning, shopping and cooking. Meals were decided by people on a weekly basis and two shopping trips or deliveries were planned. Staff told us if people changed their mind about what they wanted to eat, alternatives are found with stock food the service kept. One person discussed the food options for that evening, and staff responded to them; "You don't have to have that, you can have whatever you want." We observed lunch time. People were enjoying different meals of their choice, and eating when they chose. Staff and people ate together, and mealtimes were an enjoyable event. We observed some people helping in the house duties, taking the plates to the kitchen when they had finished eating. There were two locations with facilities for people to make tea and coffee, as staff told us the kitchen could be busy with eight people living there.

People were involved in preparing snacks and cooking meals. One person told us they were helping with dinner the following evening as it was their favourite, toad in the hole. Staff told us "(Name) loves cooking

dinner, another person likes to peel the potatoes. We always ask if people want to be involved in cooking, because sometimes someone who doesn't usually will surprise you, and get involved." Peoples care plans detailed the support people needed with eating and drinking. One care plan had guidance for staff relating to the person needing encouragement to start eating at mealtimes. We observed this was happening during our visit. Staff knew people and their preferences well, but told us they encouraged people to try new things, especially those who usually liked to eat the same thing.

Since our last inspection, one person had been supported to transition from another of the providers locations to the service. Prior to the person moving in, a best interest meeting was held with the person, their relatives, their care manager and the manager of the service to establish if Homelands was the best service to meet the person's needs. Before moving, the person was given the opportunity to visit the service and get to know the other people living there. Relatives told us they felt welcomed at the service immediately, with people recognising them and their family member from activity groups they did together. The provider was able to share the person's care plan with staff to allow them to get to know the person prior to the transition. The manager had previously worked at the location the person was transitioning from, and therefore was able to brief the staff, and provide assurance to the person. Following the move, the care plan was reviewed after a period of three months to ensure it was still fit for purpose in the new environment. Staff told us that all residents were very receptive and engaging to them and showed them round the service. Staff told us the person transitioned well and coped well with the move. Relatives told us the person seemed "More relaxed" in their new environment, and that the provider had given the transitions for people "A great deal of thought to get the best placement." We observed this person smiling and joking with staff, appearing at ease in their environment.
Staff and the manager continued to work with wider organisations to ensure people received consistent support in line with their needs. Staff spoke regularly with the day centres people attended, and the activity leaders. People had hospital passports in preparation for any time they may need to go into hospital. The hospital passport contained information to help provide the person with support needed and included information regarding people's medical history, medication, conditions, allergies, communication, next of kin details with contact details, how to help keep the person safe, the level of support needed and people's likes and dislikes.

People had health plans in place, and continued to be encouraged to live healthier lives. We observed the manager negotiated with one person to reduce their sugar intake in a tea. The manager agreed to reduce their own sugar in take, and the person agreed to take one sugar, instead of two like the manager. People lived active lives, taking part in activities such as horse riding, and were supported to attend the gym. With their consent, people were weighed regularly, with any increases or decreases in weight monitored and reported to the GP as appropriate. The manager informed us the service always had a stock of fresh fruit and vegetables.

People were supported to access health care services such as the dentist, GP, optician, speech and language therapists (SaLT), and chiropodist, for on-going health care needs. One person's care plan detailed information on how to support them with their hearing aid. There was also information for staff about how to change the batteries, and contact details for the audiologist in case of any issues. One person told us, "Sometimes I can't hear well. The staff speak louder and help me to go to the GP." One staff member told us "If we have concerns about anyone we escalate it to the manager and call the GP. We would never take a risk with people." Staff told us any appointments were documented and shared with staff, and updated in the health action plan. One person had been supported with specialist equipment from SaLT, and had pictorial communication cards and keying's to support communication.

The service continued to be suitable for the people living at the service. People's rooms were personalised,

and there were photos of people enjoying activities around the service. Some people had sensory items in their rooms proving music and lights. We observed some areas of the home in need of updating, such as the living room decoration and carpet which the manager informed us had been requested to be re decorated, but not yet completed. One person's bedroom was only accessible from the outside of the property. This meant they had to go outside to access the main building. The person told us they were happy with their living arrangement, and wore a coat when the weather was bad. The same room had been identified as needing a new front door, however at the point of our inspection it had not been replaced.

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 interest and as least restrictive as possible.

We checked if the service was working within the principles of the MCA. Staff continued to have a good understanding of the MCA. One staff member told us, "They can make decisions, even bad decisions, we can advise them, but we cannot tell them what to do." During the inspection, we observed staff giving people choices and involving them in decision making. The principles of the MCA were clearly displayed on the office wall. Details on advocacy were available in the office for people and relatives to support them making big decisions. The manager had assessed the need, and organised a best interest meeting in relation to one person's dentistry work. People who are unable to make big decisions, such as decisions about medical treatment were involved in best interest meetings with relatives, healthcare professionals and the service to ensure the best outcome for the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where there had been a potential restriction for a person, the registered manager had applied for a DoLs which was awaiting authorisation.

Good

Is the service caring?

Our findings

The manager and staff spoke highly of the people at the service, and told us of one person, "(Name) is a really great person, and they have done some really great stuff." We asked people if they enjoyed living at the service, and they all told us they did. One relative told us "The staff are very caring, always telling us how (name) is smiling and happy."

People continued to tell us they were happy living at the service; when asked what they liked most about it, one person said "It's my house." Staff told us they speak with people to gauge how they are feeling, and where possible let interactions be led by people, on their terms. We observed staff using a range of communication tools to interact with people, including Makaton, and personalised variations of this. Staff and relatives told us their approach changed person to person to ensure people were treated as individuals. We observed one person debriefing the manager on an incident that had occurred that day. The manager gave the person time to explain the incident, taking notes and reassuring the person as appropriate. The manager had a clear understanding of the person's background and assured the person they would follow up on the issues raised. Staff wellbeing meetings were documented, and included detailed debriefs with staff, following incidents with people displaying challenging behaviour.

The manager told us "Everyone is always pleased to see me. The best thing about working here is the interactions with people, and the impact you can make on people." People and relatives told us they were fond of the staff and the manager. One person told us "(Name) is my keyworker, they are funny." We observed many kind interactions between people and staff, many of which were jovial, with both parties laughing as a result. One staff told us "The staff team have the wellbeing of the people at the centre of everything we do."

People were involved in six and twelve month reviews, where care managers, staff and relatives were invited to discuss the support that person needed and how they wanted it delivered. The review covered people's health needs, activities and allowed people to set goals and aspirations for the future. One person's goals detailed them wanting to learn to self-medicate which the service were supporting. During the review, the level of support people needed was revisited and amendments made where required, allowing people to be as independent as they wanted. Staff continued to have good knowledge about the people they supported, and were passionate about ensuring they were happy and lived fulfilled lives. Staff were able to spend time with people in a meaningful way.

People told us staff continued to respect their privacy and boundaries. One person answered the door when we arrived and we observed staff knocking on doors before entering. Staff told us "They have free reign over everything they do, it's their house." Staff and relatives told us people had locks on their doors that some chose to use, and others didn't. We observed people moving freely and comfortably around the service. People regularly offered to make us tea or coffee, and we observed staff offering people drinks, and some people making their own drinks throughout the inspection. The manager sought people's permission to share their care plans with us. One person was able to access their care plan and it was clear they had seen it before. Two people had their own cash cards, and are supported by the staff to manage their money and

budget. Others monies were held by staff and a system was in place to ensure their money was kept secure.

We observed staff having time to spend with people, and have meaningful interactions. Staff were able to recognise changes in people, and respond accordingly. One staff member told us, "Some people have a high pain threshold, so it can be difficult to recognise if they are in pain. However, we know them well and can recognise changes in behaviour, the whole person changes." The manager described behaviour that could challenge, a person had displayed respectfully, and did not see it as defining the whole person, just a part of their personality.

Relatives told us they were welcomed to visit the service at any time, and knew all the staff on first name basis. Staff told us they supported one person to visit their family, when their relatives were no longer able to travel to the service. Other people were supported to maintain relationships with those that mattered to them, with staff organising for them to 'pop in' to relative's houses for a cup of tea if they are in the area. One person was identified as being exhausted following visits to their family at the weekend, resulting in them missing out on activities on their return. Staff recognised the visits were important to the person, and worked with the family to agree more structured visits, so the person could look forward to the visits. On return from the visits, staff organised for activities that the person enjoyed to be moved to another day, and organised a 'quiet' or 'home' day for the person to relax and recover. Staff told us this collaborated approach helped achieve the best outcome for that person. □

Good

Is the service responsive?

Our findings

People continued to receive personalised care, promoting their independence. People told us of the staff and manager, "Yeah, they do a good job." People enjoyed varied range of activities, which they chose. One relative told us "They live a full, active life suited to them."

Care plans were created with people where possible, and those who were able had signed their care plan to agree to their content. People's care plans were created in a simple format, with picture references. People were familiar with their care plans; the manager asked one person if we could review their file, they agreed and went to the office, located their file and talked us through different parts of it. One person was able to highlight different care plans for different areas, and show us their activity planner. Care plans stressed the importance of enabling people to be independent, and contained guidance for staff and detailed what people could do for themselves, what support they needed, and how they liked that support to be provided. This included prompts for people. Staff told us "Everything is person centred, people are individuals and treated like that."

People continued to live full active lives and were involved in a number of different activities, depending on their likes. One person told us "I sometimes go to college." In the office, there was an activity planner on the wall, which detailed peoples activities for the week including; food shopping, house days, Poulton woods workshop, visiting the farm, music, crafts, and college. People told us they enjoyed all the activities. One person told us they enjoyed going to the disco; "dancing and having a beer." Another person told us they wanted to go on holiday on a boat; the manager was able to tell us arrangements they were making to go on a boat to the Isle of Wight. Another person told us "I am going to Butlin's on holiday." People had life skills placements; one person volunteered at a dog sanctuary with the support of staff. Staff told us "We ask them what they like to do. They soon let us know if they don't like something, or if they don't want to do something." People that were able, left the service independently, and caught the bus into town.

One person was supported to maintain a relationship with a friend they lived with at a previous service. They meet up and went to the town together independently. Staff had supported the person by putting measures in place to safeguard them. Others attended individual activities such as horse riding. People told us they had plans to visit their families.

Since our last inspection there had been no complaints. There was a complaints policy in place, which signposted people to where their complaint could be escalated, including the provider and the Local Government Ombudsman. We asked one person what they would do if they wanted to report concerns or a complaint. They were able to point to the complaints process in their care file, which was in a format which they could interpret. The complaints section in people's folders included staff photos to allow people to identify anyone they wanted to raise concerns about. During residents meetings people were asked if they had any complaints, concerns or worries to discuss. Any issues that came up were discussed with staff and people, and improvement plans put into place. One relative told us "Staff are always very welcoming to me, and ask if I have any concerns to raise. The manager had received a number of compliments from relatives, and prospective relatives.

At the time of our inspection no one was receiving end of life care. The manager told us the provider was starting to review how they could provide a 'home for life' for people, and that end of life care and discussions would be included in this.

Good

Is the service well-led?

Our findings

The service was run day to day by the manager, who was experienced in working with people with learning disabilities. The registered manager had oversight of the service, and supported the manager who had transitioned from another service. People, their relatives and staff told us the service continued to be well led. One relative told us "The manager is very good. Very open and doesn't hind things from us. They are approachable and easy to talk to, and take on board what we say."

People told us they were happy with the service, and a relative told us "The ethos of the service is very good. It's an exceptional service." The manager and staff shared a vision for the service and understood the provider's mission which was, 'To enable safe, stimulating and fulfilling lives for adults with learning disabilities.' Staff told us on a daily basis they aimed, "To support the guys to the best of their abilities whilst ensuring they are kept safe and living life to the fullest possible." The manager told us they were in the process of assessing people's long term needs, and discussing progressing to an independent living service with some people. This supported the manager's vision for the people living at the service, which was "To live as independently as possible and live their dreams and desires."

Staff and the manager detailed shared challenges for the service which were aligned with finances. For example staff ask people where they like to go on holiday, and then try to tailor that holiday to a number of people. Staff told us the management at the service were supportive. One staff member told us "It's the best staff team I have ever been part of." The manager was involved in monthly managers meetings, in which senior management had discussions around budgets, strategies, feedback on policies, and it provided managers the opportunity to share experiences and support one another. The manager shared learning from these meetings with staff, during staff meetings or by updating the 'staff reading file.' Staff told us monthly staff meetings were centred on how to improve things for the people living at the service. Staff said management at the service were open and honest.

The manager told us their manager, and provider were, "Definitely supportive." The manager told us they were in the process of completing a qualification in health care to support them in their role. The manager had been allowed the time to focus on the daily running of the service, and finishing their qualification as they were being supported by the registered manager before making an application to become the registered manager of the service. The registered manager had previously run the service day to day and therefore was familiar with people and staff at the service. Staff told us they understood their role and responsibilities and felt supported by the manager.

The registered manager and manager had notified the Care Quality Commission of important events as required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the registered manager had conspicuously displayed their rating on a notice board in the service and the provider had displayed the service's rating on their website. All personal documentation was stored in the office, in locked cabinet. Throughout the inspection people felt comfortable to come to the office, and the manager told us people were encouraged

to look at their care files.

Feedback about the service was sought from people and their relatives following their six and twelve month reviews. These included pictorial questionnaires for people, created in a format which they could interpret. The provider analysed this data on an individual basis to create a person centred approach for feedback and imporvements, which were shared with the manager. People and relatives told us they could raise things with the staff and manager, one relative told us, "Staff respond well if I raise things."

Residents meetings were held regularly, and detailed information sharing such as 'friends of Canterbury Oast Trust' leaflet given and invitations to events at the farm owned by the provider. During the meetings, people were asked if they were happy with their rooms, activities and days out planned. Previous requests had been completed, one resident had requested a new mattress, and another had their en-suite updated. However, it did not always seem previous meeting notes are reviewed and discussed, as there are some themes that ran throughout the meetings such as one person's door needing fixing, and someone wanting to change activities. The manager had been able to evidence requests made to the provider to fix the door, and explained the person who had requested to change activity was on the waiting list to attend that activity.

Audits continued to be carried out to drive improvements at the service. Staff and the manager completed regular audits on medicines and health and safety checks. The manager had created a development plan for 2017 - 2018. This included detail on achievements, such as more flexible staff recruited, completion of health care qualifications for staff, as well as information of management secondments to other services to understand complex needs and end of life care. The development plan also detailed areas for improvement within the service including; increasing social and education opportunities for people, promoting healthy eating, providing budgeting skills, and continuing training for staff. The development plan also explored environmental improvements for the service including; renewing the roof to the shed, replacing the patio, purchasing new curtains for the lounge, painting the walls and woodwork in lounge and in the pool room. Some items on the improvement plan had already been completed such as refurbishing one of the en suite bathrooms, and redecorating another person's bedroom. All accident and incidents forms were sent to senior managers to be reviewed and analysed, with any trends discussed with the manager and improvement plans created.

The service worked in partnership with other agencies. People had care managers that were invited to attend people's six and twelve month reviews. The manager had sought advice from safeguarding when issues arose, and people were supported with regular appointments with health care agencies such as the GP, dentist and optician.