

Care UK Community Partnerships Ltd

Britten Court

Inspection report

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Date of inspection visit:
03 October 2017
04 October 2017

Date of publication:
09 November 2017

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

Britten Court is a care home registered to provide care to 80 older people, some of whom may be living with dementia. The service is registered to provide nursing care. The service is split into four units, two providing nursing care and the other two providing residential and dementia care.

At the last inspection on 19 May 2016, we asked the provider to take action to make improvements to the service. These included improvements to the staffing level, the personalisation of care records and the way the service monitored the quality and safety of the care people received. At this inspection we found that these actions had been completed.

At this inspection the service had made significant improvements and was no longer in breach of any Regulations. The rating for this service is now 'good'.

The service had a registered manager in place. 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 and their relatives told us they felt safe and secure living in the service. Staff knew how to keep people safe and plans were in place to reduce risks to people.

Medicines were managed, stored and administered safely.

People and their relatives told us there was enough competent staff to provide them with support when they required it. The service was working on strategies to reduce the use of agency staff and increase the number of permanent care staff.

Staff had received appropriate training and support to carry out their role effectively. Staff were given opportunities to develop and improve upon their skills.

People received appropriate support to maintain healthy nutrition and hydration. They told us they had appropriate access to support from other health professionals such as GP's, chiropodists and dentists.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs). 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. Some improvements were required to ensure that capacity assessments and best interest's paperwork were completed consistently.

People and their relatives told us the staff were kind, caring and respectful towards them. This was

confirmed by our observations. People and their relatives were given the opportunity to feed back on the service and their views were acted on. However, some improvements were needed to ensure that people's views on their care were documented in care planning and review records.

Staff we spoke with knew people on an individual basis. Care records contained enough information about people for staff to fully understand them. People had access to meaningful activities and were supported to follow their interests.

People and their relatives told us they knew how to complain and felt they would be listened to if they wished to make a complaint.

The registered manager, deputy manager and senior management team created an open, transparent and honest atmosphere within the service. People, relatives, staff and other professionals were invited to take part in discussions about the service and feed back their views.

There was a thorough and robust quality assurance system in place and shortfalls identified were promptly acted on to improve the service.

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.

Plans were in place to reduce the risk of people coming to harm.

There were enough staff to provide people with support.

Medicines were managed, stored and administered safely.

Is the service effective?

Good ●

The service was effective.

The service was acting in accordance with the principles of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However some improvements were required to MCA and best interests documentation.

Staff had appropriate support, training and development to carry out their role.

People were supported to maintain healthy nutrition and hydration.

People were supported to have contact with other health professionals such as GP's.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards people.

People were supported to remain as independent as possible.

Staff treated people with dignity and respect.

Some improvements were required to ensure that people's views about their care were documented.

Is the service responsive?

Good ●

The service was responsive.

Staff were aware of people's preferences and provided them with person centred care.

People were supported to feedback their views and knew how to make complaints.

People had access to meaningful activity.

Is the service well-led?

The service was well-led.

The management team had made and sustained improvements to the service since our previous inspection.

There was a robust quality assurance system in place.

People, relatives and staff were asked for their views on the service.

There was an open, honest and transparent atmosphere in the service.

Good ●

Britten Court

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 checked 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 comprehensive inspection was carried out by two inspectors and two experts by experience on 3 and 4 October 2017. The inspection was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the contents of notifications received by the service and the Provider Information Return (PIR) provided to us by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During this inspection we spoke with seven people using the service, seven relatives, six care staff, the registered manager, deputy manager and the regional manager.

We reviewed 14 care records, four staff personnel files and records relating to the management of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on 19 May 2016 we rated the service 'requires improvement' in this key question. We found the service was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection of 3 and 4 October 2017 improvements had been made and the rating in this key question is now 'good'.

Following our previous inspection, the provider sent us an action plan telling us how they intended to address the shortfall around staffing. At this inspection we found that improvements had been made to the staffing level and a tool had been implemented to ensure that the staffing level was based upon people's needs. This meant that the service was no longer in breach of this regulation.

The majority of people we spoke with told us there were enough staff to meet their needs. This was confirmed by our observations. One person said, "If I press my buzzer in my room they [staff] do turn up fairly quickly." Another commented, "Ah yes. The staff are very good. Sometimes you wait for a few minutes if they are busy with someone else, but they do their best to get to you quickly." One other person told us, "They are very good at coming to help me if I press my buzzer and I don't have to wait long."

We observed that people received support from staff at the time they needed it. Staff were responsive when people called for assistance and we observed staff working well as a team to ensure everyone received support quickly. The staff member in charge of each unit organised and deployed the available care staff well which ensured that people did not have to wait for support. We observed that staff had time to spend with people individually, and spent time chatting with them and comforting them when they needed it.

Staff told us they felt there were enough staff to meet people's needs most of the time. Some staff told us that on occasions they struggled if lots of people needed support at the same time, but said that there were usually other staff on other units who could support in these circumstances. The registered manager was continually reviewing the staffing level and assessing the dependency of people using the service to ensure the staffing level remained appropriate.

People and their relatives made negative comments about the use of agency care staff in the service. They told us they felt that agency staff did not know them or their relatives as well as permanent staff and said that they did not like seeing too many new faces. The registered manager told us that whilst they were still using agency staff to fill some of their care shifts, this had significantly reduced due to successful recruitment campaigns. This was confirmed by records we reviewed. We were told that the organisation was looking into ways they could increase staff retention and at incentives to attract new staff. This meant we were assured that the service was actively working towards having a more permanent staff group in future.

The service practiced safe recruitment procedures. These included ensuring that staff had the appropriate background, training and characteristics for the role.

People told us they felt safe living in the service. One person said, "Yes I feel safe enough. The whole set up

here is very good and I'm quite settled now." Another person told us, "I feel safe here and if there was a problem then I would soon tell them." One other person commented, "Yes I surely feel safe here." A relative commented, "The home is as safe as possible."

There were systems in place to reduce the risk of people coming to harm. Staff had training in safeguarding people from abuse and demonstrated a good understanding of this when speaking with us. They were aware of how to recognise and report abuse.

We observed staff taking action to minimise the risks to people. For example, we observed one staff member removing obstructions from one person's path so they could mobilise freely without tripping. We saw another staff member identifying a person's shoelace was untied and helping them with this. This reassured us that staff were able to identify potential risks and take action to reduce these risks.

There was a set of individualised risk assessments in place for each person using the service. These clearly set out the risk to the person and step by step instructions for staff on how to reduce these risks. Staff we spoke with were aware of the risks to individuals and the action they were required to take in order to reduce the risk of avoidable harm.

The registered manager had worked hard to implement extra measures to reduce the number of falls people had in the service. These included putting in place enhanced care plans, monitoring falls more closely and obtaining the support of professionals such as falls prevention specialists. This had been effective in reducing the number of falls in the service.

There was a system in place for analysing incidents and accidents. We saw that these were monitored closely for trends by the registered manager and deputy manager. Clear actions were taken following incidents to reduce the risk of these occurring again.

People told us they received their medicines when they needed them. One person said, "Yes the staff bring me my tablets." Another person told us, "They always give my tablets and wait to make sure that I have taken them. They are very good at that." A relative said, "[Person] gets all her tablets on time and they monitor [them] so [person] takes them."

Medicines were stored, managed and administered safely. There was a robust system in place to monitor medicines administration to ensure potential mistakes were identified. The service had taken action following previous medicines errors and had put in place a member of staff dedicated to overseeing the safe administration of medicines.

We audited medicines on two units and compared the number of tablets remaining to the Medicines Administration Records (MAR) and stock balance sheets. We did not identify any anomalies which reassured us that people were receiving their medicines appropriately.

Where people were prescribed 'as and when' (PRN) medicines, we saw that sufficient protocols were in place to advise staff on the administration of these medicines. These included information for staff about why the person may need the medicine and when it could be administered.

Is the service effective?

Our findings

At our last inspection on 19 May 2016 we rated the service 'requires improvement' in this key question. Improvements were required to some of the training staff received and the meal time experience at the service.

At this inspection we found that the service had made sufficient improvements and the rating is now 'good' in this key question.

People told us they thought the staff were well trained. One person said, "They [staff] often come in for training. The new staff seem very good. I don't have any concerns with what they [staff] do." Another person commented, "I do think they know what they are doing when they help me." One other person told us, "The staff are well trained here and they certainly know what they are doing." A relative told us, "I think the staff know what they are doing and my [relative] seems happy with what they do for [relative]."

We reviewed the training matrix for the service and this demonstrated that 99% of the staff were up to date with the service's mandatory training. Training included subjects such as First Aid, Manual Handling, Dementia, Food Hygiene and Safeguarding.

Staff told us they felt the support they received from the management team helped them to develop in their role and provide better care to people. They told us they felt the training they received was comprehensive enough to ensure they had the knowledge they needed to provide safe and effective care to people.

Staff told us they had regular supervision sessions with their line manager and felt they could discuss anything they wished in these sessions. They told us they also had an appraisal yearly where they could talk about any further training or development they would like over the next 12 months.

Staff told us, and the management team confirmed, that there were a number of different opportunities to take part in further training and progress to other roles in the service. Some staff we spoke with had progressed from the role of carer into team leader roles. This assured us that staff were supported and encouraged to develop their skills.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that staff asked for their consent before providing them with support. One person said, "They always ask me if I am happy with what they are doing for me." A relative told us, "They ask before they come and do anything for [relative]." This was confirmed by our observations.

The majority of people had their capacity to make decisions assessed. However, staff were unable to locate

the assessments for two people whose records we reviewed. Assessments we were able to review had been carried out appropriately. People's care plans reflected what decisions they could make independently. There were records to confirm that best interests decisions had been made appropriately for most people using the service. However, some improvements were required to ensure that records for other people clearly reflected the process of making a decision in their best interest.

The registered manager had ensured that DoLS applications were made to the local authority where this was appropriate. Applications which were authorised had been reviewed as necessary. This assured us that action was taken to ensure people's liberties were not being unlawfully restricted.

Staff were able to demonstrate to us they understood MCA and DoLS and how this applied to the people they supported. Our observations confirmed that staff encouraged people to make day to day decisions independently, such as what they would like to eat. People who were unable to verbally communicate were supported to make decisions visually. For example, staff would show people different meals and drinks so they could point to their preferred option. We observed that staff asked for people's consent before they provided them with support.

People told us they enjoyed their meals and could choose what they wanted to eat. One person said, "The food is not bad and there is a good choice each day. If I want something else I just need to tell them and they will organise it." Another person told us, "I've always been happy with the food. I have breakfast and lunch in the dining room. We have a choice for breakfast and lunch and I'm usually happy with what's on the menu at lunchtime." One other person commented, "The food is very good here." A relative said, "It was a good meal today and [relative] really enjoyed it. There is always a good choice."

The support people required to maintain healthy nutrition was set out in detail in their care plans. Step by step instructions were available for staff to ensure that people received the support they required. People's risk of malnutrition was assessed regularly and records demonstrated that action was taken where this risk increased. People's weights were monitored by the management team and where there were concerns about people's weight it was clear what action was taken to protect the person from harm. For example, we saw that the service had referred people to dieticians and provided people with high calorie diets.

Our observations demonstrated that people were given practical support to eat their meals. Staff encouraged people to be as independent as possible with their meals, but were available to provide ad hoc support where needed. For example, we saw staff offering to cut up people's food so it was easier for them to eat independently. People were provided with adapted cutlery such as plate guards or specialist cups where appropriate which enabled them to eat and drink more independently. This reassured us that people were not over supported by staff.

People told us they could have input from other health professionals such as GP's when they needed it. One person said, "The staff call the doctor if needed." Another person told us, "The GP comes regularly and if I need to see him, then I just need to mention it to any of the carers." One other person commented, "I can see the doctor whenever I need one." A relative said, "[Relative] gets good access to medical support."

We spoke with two tissue viability nurses who visited the service during our visit. They told us the service had called them to request some specialist advice on wound care for one person. They made positive comments about the way the service engaged the support of their department to ensure they managed people's skin integrity effectively. Records we reviewed confirmed that staff and the managers were proactive in obtaining advice or support from health professionals when they had concerns about people. Records were kept of visits people had from other health professionals and the outcome of these visits.

Is the service caring?

Our findings

At our last inspection on 19 May 2016 we rated the service 'requires improvement' in this key question. We found that improvements were required to ensure people's privacy and dignity was protected. At this inspection we found that the service had made improvements and the rating for this key question is now 'good'.

People told us they had been involved in the planning of their care. One person said, "I recall a discussion." A relative told us, "Yes when [relative] came in we all sat down and they talked with us about what we wanted and what our preference was." However, some improvements were required to ensure that people's involvement in care planning and reviews was documented. For example, people had their care records reviewed on a regular basis using a document which had space to record the involvement of the person or their relatives. In six of these documents we reviewed this section was blank and did not evidence whether the person or their relative had been asked for their views. This meant it was not clear whether people had been consulted during these reviews. Quality assurance records demonstrated that this issue had been independently identified during recent audits by senior managers and an action plan to address this was in place.

People and their relatives told us staff were kind and caring towards them. One person said "I'm always treated well." Another person told us, "The carers here seem to be very caring to me and are very patient with us all." One other person commented, "Caring and kind, yes the staff in here are very good." A relative said, "The staff are so caring. When they speak to [relative] they talk to [relative] like they're the most important person in the world." Another relative told us, "Totally. The staff are so good, so kind and caring to my [relative]."

We observed that staff interacted with people in a kind and caring way. Staff were thoughtful in their interactions with people and engaged with people in an individualised way. Staff were quick to alleviate people's distress. For example, one person in their bedroom was frequently calling out and we observed that staff took time to go to the person whenever they became distressed and sit with them holding their hand and talking to them soothingly. We saw that this had a positive impact on the person.

We observed that staff took a genuine interest in people. We observed lots of conversations between staff and people using the service about their particular hobbies and interests. For example, conversations about a recent football game or a television programme.

We observed that staff upheld people's right to privacy and protected their dignity. For example, we observed staff ensuring one person was discreetly made aware that their clothes had become soiled. The staff member assisted the person back to their bedroom to change their clothes to protect their dignity. We observed that staff knocked and asked for permission before entering people's bedrooms, and the level of privacy people liked to maintain was documented in their care records.

People were enabled and encouraged by staff to remain independent and complete as many tasks for

themselves as possible. Care records set out the tasks people could complete independently and what people required support with. This reduced the risk of people being over supported and losing the skills they still had.

Is the service responsive?

Our findings

At our last inspection on 19 May 2016 we rated the service 'requires improvement' in this key question. Improvements were required to ensure people's care records were personalised and that people had access to sources of meaningful activity. We found the service was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the service had made sufficient improvements and the rating for this key question is now 'good'.

People told us that staff knew them well. One person said, "Most staff know me well, [staff] even know which paper I have delivered and when it got messed up by the shop, [staff] sorted it out for me." Another person commented, "Ooh yes, I think they know me well." This was confirmed by our observations and what staff told us about people. Discussions with the registered manager and deputy manager confirmed that they also knew people's needs and preferences well.

People's care plans were personalised and included detailed information about people's daily routines and how they wanted their care delivered. One person said, "[Staff] like my routine." People's preferences were recorded in each section of their care plan. For example, in their personal care plan it stated what products they preferred to use when they bathed. This reassured us that people received care in an individualised way.

There were detailed life histories available for people living with dementia. These included information on people's lives such as their families, childhood and any significant events. These life histories also placed emphasis on the person's life currently and what they liked to do now. This information is helpful in giving staff a thorough understanding of people living with dementia and how their history may influence their current behaviours.

People with specific cultural and religious backgrounds were supported to live their lives in line with the principles of their culture or religion. This included being supported to communicate in the language of their origin. For example, one person spoke limited English. There was specific care planning in place to instruct staff on how to communicate with this person. They were supported to maintain close contact with their family who helped to translate for the person so staff could better understand and meet their needs.

People told us that there were enough activities available to them and they did not feel bored. One person said, "Oh there's plenty to do. I never feel bored." Another person told us, "I like bingo and trips out. [Staff] do indoor sports. Other homes come here for music events, which are usually good." People's care records contained information about what their hobbies, interests and how they liked to spend their time. Staff knew of people's individual interests and we observed staff speaking with people about these.

We observed that improvements had been made to the availability of activities and engagement for people. New activities staff had been recruited and people were positive about their input. We observed that they engaged with people well and split their time evenly between the four units in the service. During our visit we observed one activity that had been organised by the activities staff in a communal area. We saw that

people visibly enjoyed this activity and staff supported people from all four units to take part in this. The service had recently started having the use of a minibus every other week to take people on trips. People were positive about this, one person told us, "We get trips out which I like and it's a chance to have a change of scenery." Another person said, "We are able to go on trips now which is really good fun."

There was a café with ample seating located on the ground floor where there were snacks and hot drinks available for people to help themselves to. We observed that this was well used by people and relatives, and people could access this freely. We saw activities such as board games taking place in this area during our visit. These activities could be accessed by people from all four units. The registered manager told us that the café provided a space for people to meet with friends from other units or their relatives and provided a change of scenery from the communal area's on the units. This reassured us that people were supported to be engaged in meaningful activity and that the risk of social isolation or boredom was reduced.

People told us they knew how to make complaints and felt these would be acted upon. One person said, "Yes. I am happy enough but if I wasn't I would speak to the [registered] manager or deputy manager or speak to my [relative] and we would sort it out." One relative said, "I would speak up if necessary. I asked, on one occasion, if [relative's] carpet could be shampooed and when I came the next time it had been done. That's good service isn't it?"

We reviewed the records of two complaints that had been made and saw that appropriate investigations had taken place. Records were kept of the action that was taken and the contact the service had with the complainant. Action plans were put in place following complaints and we could see that these informed changes across the service.

Is the service well-led?

Our findings

At our last inspection on 19 May 2016 we rated the service 'requires improvement' in this key question. We identified that there were widespread quality issues in the service. We found the service was in breach of Regulations 9, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements were required to ensure people were treated with dignity and respect, that there were enough staff to meet people's needs and that there was a robust quality assurance system in place.

At this inspection we found that the service had made sufficient improvements and the rating for this key question is now 'good'.

The service has a registered manager in place, who registered with the Commission in December 2016.

People made positive comments about the registered manager and deputy manager. One person said, "[Registered manager] generally knocks on my door. I've noticed the manager and the deputy have been taking turns to be in the dining room at mealtimes. I think that's very good as they're watching what's going on." Another person told us, "Much has improved over the past year." One other person commented, "Things have got better here with the new manager." A relative said, "I think the new manager has made some good changes." Another relative told us, "The new manager has brought some new ideas which are great for the residents." One other relative commented, "I know [registered manager's] door is always open if we need anything."

The registered manager and deputy manager promoted an open, inclusive and transparent culture within the service. We observed that they were visible in the service and provided support and direction to care staff and team leaders. Staff told us that the managers got involved with caring for people and helped support the care teams day to day. It was clear from our discussions with the managers that they knew people well and had spent time getting to know them and their relatives as individuals.

The registered manager actively sought the feedback of people using the service, staff, relatives and other health professionals. The registered manager showed us the results of a survey of relative's views completed in May 2017. They showed us that in this survey, the overall satisfaction percentage was 63%. The service had identified a number of areas where improvements were needed as a result of this survey. These included improvements to activities. We reviewed the results of a more recent survey of relative's views completed in September 2017. We saw that the overall satisfaction score had improved significantly to 86%. It was clear from the responses that the service had made improvements in the areas identified at the previous survey.

A survey of the views of people using the service was carried out in March and September 2017. In March 66% of the respondents said they would rate the service as 'good' or 'outstanding'. The registered manager identified that an area of improvement arising for this service was people feeling as if they 'had their say'. In the September 2017 survey 78% of the respondents said they would rate the service as 'good' or 'outstanding'. The registered manager told us that following the March 2017 survey they implemented 'have

your say' comment boxes on each unit. We could see from the responses to this survey that people now felt heard.

People and their relatives were also given the opportunity to feed back their views during regular meetings. We reviewed the minutes of the most recent meetings and these demonstrated that people were given the opportunity to suggest activities, trips and any changes to the service they would like to see. This reassured us that the registered manager asked for and acted on the views of relatives and people using the service.

Staff had the opportunity to feed back on the service in regular team meetings and during drop in sessions with the regional manager and the organisation's HR department. Staff were positive about these meetings and said they found them useful. They told us they felt the communication between them and the management team was open and transparent, and that they could tell them anything. We reviewed the minutes of the most recent staff meetings and saw that messages about changes to practice were communicated through these. The minutes also demonstrated that people's needs and the training and development of the staff team were discussed.

The registered manager and deputy manager attended regular meetings with the regional director and managers from other care services owned by the organisation to share best practice. The registered manager told us that they had guest speakers at these meetings who communicated changes in best practice and improved the knowledge of the management team. Recent guest speakers included staff from the safeguarding team at Suffolk County Council and a specialist in pressure care.

The registered manager maintained links with the community and other care services in the local area. They attended link meetings such as the dignity forum and infection control meetings which meant they were kept up to date with current best practice.

There was a robust quality assurance system in place at the service which records demonstrated was capable of identifying shortfalls.

The regional manager completed a monthly audit of the service. This included speaking with people using the service, relatives and staff. They carried out observations throughout the service and at meal times to assess the support people received. They also reviewed records on medicines administration, staff recruitment, care planning, staffing, environment and safety. Records demonstrated that a recent audit had identified that the meal time experience on one unit was poor and was disorganised. We saw that further audits had been carried out to ensure that this improved. This had been effective as we did not identify any concerns during an observation of the meal time on this unit. Action plans had been put in place where areas for improvement were identified and records demonstrated that a further audit was completed by the regional manager the following month to ensure the actions had been completed.

In addition to the audit carried out by the regional manager, another audit was carried out by three members of the senior management team to assess the quality of the service in line with the areas inspected by the Commission. The regional manager told us these more thorough audits were carried out at services which were rated 'requires improvement' or 'inadequate' to ensure that they were making and sustaining improvements.

The registered manager and deputy manager had a programme of audits they completed to assess the quality of the service and performance of staff. These included audits of the staffing level, falls, incidents and accidents, care planning, pressure care, infection control, weight tracking and the meal time experience. Records demonstrated that where shortfalls in infection control practices were identified, actions were

taken to ensure these practices improved. This included all staff having to redo their infection control training and more frequent checks on the cleanliness of the service. Our observations of the cleanliness of the service during our visit confirmed that these actions had been effective. This reassured us that the management team was proactive in ensuring the development of the service.

The registered manager had an ongoing service improvement plan which detailed the improvements they intended to make to the service in the next 12 months. This included reducing the use of agency staff and the development of the staff team. This assured us that the registered manager was committed to the continual development of the service.