

Blythson Limited

# Magenta

## 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** 

### Overall summary

We carried out this inspection on 21 October 2015. Because this is a small service where people are out during the day. We contacted the provider before we arrived to ensure that someone would be in to receive us and to ensure we could meet the people living there.

Magenta is a service for people with learning disabilities and autistic spectrum disorder. It provides accommodation for up to three people, and at the time of inspection there were two people living in the service but only one was available for us to meet. At a previous inspection on 22 July 2013 we found the provider was meeting all the requirements of the legislation.

There was a registered manager in post. 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 were safe and protected from harm because there were enough staff available to support them in the service and when out in the community. Recruitment processes ensured only suitable staff were employed. Staff were trained to meet people's needs and they discussed their performance during one to one meetings

# Summary of findings

with their manager. Staff felt listened to and supported but would like more regular staff meetings, staff did not receive regular formal supervision but did meet regularly with their registered manager or deputy; records of these discussions were not always made.

The person we met demonstrated they were happy by their constant laughter, chatter and willingness to interact with the registered manager and a supporting staff member. The staff member was attentive and showed interest in the things the person wanted to show and tell them about. People were given opportunities to meet with staff to discuss their care and treatment. A relative confirmed that they were kept informed and had been consulted about the persons care and treatment plan. Staff monitored peoples health and well being and supported them to access routine and specialist health when this was needed.

People were given individual support to participate in their own interests and hobbies but also in sporting and conservation projects in the community. Risk assessments were completed for each person regarding their interactions with their environment and the activities they participated in, this helped staff to understand how to protect them from harm, these were kept updated or amended whenever changes occurred. Accidents and incidents were monitored by the provider to see where improvements could be made to prevent future occurrence. Individualised guidance was available to staff to help them understand how to work proactively with those people whose behaviour could be challenging to others.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at the home was subject to a DoLS but the provider understood when an application should be made and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the registered manager or outside agencies if this was needed.

People lived in a well maintained environment that was decorated and furnished to a high standard, it was visibly clean and tidy and people were enabled with staff support to personalise their own personal space. Equipment checks and servicing were regularly carried out to ensure the premises and equipment used was safe. Fire detection and alarm systems were maintained, staff knew how to protect people in the event of a fire as they had undertaken fire training and took part in practice drills. Guidance was available to staff in the event of emergency events so they knew who to contact and what action to take to protect people.

People ate a varied diet and were consulted about the development of menus which took account of their personal preferences. Medicines were managed safely by trained staff. People and their relatives were routinely asked to comment about the service and action was taken to address any areas for improvement. A range of quality audits were in place to help the registered manager and provider monitor the service; ensuring standards were maintained.

## **We have made two recommendations:**

**We recommend that the provider ensures they have written explanations of the reasons for all employment gaps for staff recruited prior to the new interview process.**

**We recommend that the registered manager review and implement fully the company policy in regard to the frequency of meetings with staff in relation to performance and development and imparting information.**

# 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.

Recruitment processes ensured that only suitable staff were employed. People were protected from harm because staff understood how to identify and respond to abuse. There were always enough staff available to support people.

The premises were well maintained and routine checks and tests of fire detection equipment and gas and electrical installations were undertaken. Staff understood the action to take in an emergency to protect people from harm and evacuate them safely.

People were supported to take risks and comprehensive assessments ensured this was undertaken safely to reduce the risk of harm. Accidents and incidents were monitored and actions taken to minimise the risk of recurrence.

Good



### Is the service effective?

The service was effective.

Formal support networks for staff through planned supervisions and staff meetings were not happening regularly enough. However, staff said they felt supported through regular informal discussions with the registered manager but these were not recorded. Staff received a comprehensive induction to their role, they received essential and specialist training to give them the right skills and they were given opportunities to meet with their manager on a regular basis.

The registered manager ensured that people were supported in line with the principles of the Mental Capacity Act 2005, people's capacity to make decisions was assumed and their consent sought by staff in respect of care and treatment tasks. Staff understood people's communication needs and sought professional advice to help with this as necessary.

People ate a healthy and varied diet, and their health and wellbeing was monitored by staff that supported them to access health appointments when needed.

Good



### Is the service caring?

The service was caring.

People living at the service were well matched and got on well, they liked to spend time with each other and with staff. Staff had time to spend with people and supported them with their care and support.

People's privacy and dignity was respected. Staff showed kindness and patience in their interactions with people.

Staff promoted people's independence and ability to do more for themselves. Staff supported people to maintain links with their relatives who felt they were kept informed.

Good



### Is the service responsive?

The service was responsive.

Good



# Summary of findings

People were assessed prior to coming to live in the service to ensure their needs could be met. People and their relatives were involved and consulted about their care and treatment which was kept under review.

People were supported to participate in a range of activities and sports in the community and to socialise and make friends.

The complaints procedure was available in a format suited to people's needs. People were given opportunity to raise issues that affected them. Relatives felt confident of approaching staff with their concerns.

## Is the service well-led?

The service was well led.

There was a registered manager who staff, people and their relatives found approachable and supportive. The providers were a visible presence and staff said they felt listened to, and able to express their views at staff meetings.

Audits systems were in place that ensured staff, the registered manager and provider checked service quality and took action to address any shortfalls. Staff practice was informed by policies and procedures that were kept updated.

People and their relatives were asked to give their views about the service and their responses were analysed and informed service development.

**Good**



# Magenta

## 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 inspection took place on the 21 October 2015. As people and staff were usually out during the day we gave the provider short notice of our inspection to ensure that someone would be available to meet with us. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the other information we held about the service, including previous inspection reports,

complaints and notifications. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

We met one person who lived at the service. Their communication was complex but with staff support they were able to give responses to some of the things we asked them, about living in the service. We also spent time with them, observing how they were supported by staff and interacted with them. We spoke with their relative, the registered manager and four staff who worked in the service. We contacted three health and social care professionals and received feedback from two that raised no issues of concern.

We looked at one person's care and health plans, risk assessments and medicine records. We also looked at operational records for the service including: staff recruitment, training and supervision records, staff rotas, accident and incident reports, servicing and maintenance records and quality assurance surveys and audits.

# Is the service safe?

## Our findings

A person told us that they felt safe and happy in the service. Their relative told us “We are so happy with this placement, it’s a lovely environment, so well maintained, I can’t believe how much room he has, he can go wherever he likes they are not watching him all the time, and he can bring his personal possessions down into the lounge if he wants and no one minds”.

The provider operated safe recruitment procedures. Staff recruitment records were clearly set out. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and reasons given for leaving previous care roles. Some minor gaps in employment histories were noted on all three files. This is an area we have identified as needing improvement. However, since these staff were employed the provider had changed the recruitment procedure to ensure that at interview, a specific interview question explores any gaps in employment histories with applicants. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff rotas showed there were sufficient staff on shift at all times during the day. Staff told us there were always enough staff. Each person was allocated a member of staff during the day shift and they supported people throughout the day at their activities and in the service. At night there was one waking night staff member and one sleeping in. The registered manager told us that if there were gaps in shifts due to annual leave or sickness; these were covered from within the staff team or from a bank of flexible staff who worked across the three homes owned by the provider. The bank staff knew people living at Magenta well and this ensured there was continuity in the support people received from a known group of staff who were familiar with their needs and the routines of the service. People received one to one support from staff but these levels would be assessed and adjusted if a person’s needs indicated they needed more or less support in some areas of their care.

People were supported by staff who had the knowledge to recognise and report any abuse. Staff were able to tell us about the signs of abuse, and how they would report their concerns and to who; including those agencies outside of the organisation such as the local authority safeguarding team. Staff received regular training in protecting people from abuse so their knowledge of how to keep people safe was up to date. The registered manager was aware of their role and responsibilities in safeguarding people from abuse and was familiar with using this procedure to raise concerns about abuse. The registered manager and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the provider or outside agencies if this was needed.

Staff were trained in all aspects of medicine management to ensure that they knew the procedures for ordering, receiving and booking in medicines. People were unable to administer their own medicines and this was made clear in their care records. Medicines were stored appropriately and temperatures checked to ensure these did not exceed recommended levels. Medicine Administration Records (MAR) charts were completed properly and a photograph of each person was provided with them to ensure the right medicine was administered to the right person. Some people were administered ‘as required’ medicines that they took now and then; a clear protocol was provided for staff about when these should be administered. A returns book was used to return unwanted medicines to the pharmacy.

Risk assessments were completed for each person; these were individualised and took account of each person’s specific needs and their personal awareness and understanding of danger and risk. Measures were implemented to reduce the level of risk so that people were protected from harm when undertaking activities outside and inside of the service, from the environment, the activities they were involved in or from other people. Risk assessments were kept updated and reviewed on a regular basis. These could be reviewed more often, if there were changes or safety concerns that impacted on the safety measures already in place.

There was a low level of accidents and incidents; these were recorded clearly and the registered manager monitored these to see if improvements could be made to

## Is the service safe?

prevent similar events in future. For example, ensuring clear communication was given to people in the service to avoid their misunderstanding, and to ensure staff responses did not precipitate negative behaviour.

The premises, décor and furnishings were maintained to a high standard. People were provided with a clean, tidy and comfortable home. Repairs were carried out in a timely way and a programme of regular maintenance was in place. There was a secure accessible garden which people used in good weather and barbecues were held.

Equipment checks and servicing were regularly carried out to ensure this was safe and in good working order. Risk assessments for the building environment had been developed and looked at potential health and safety issues. Internal checks and tests of fire safety systems and

equipment were made regularly and recorded. Fire alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and guidance available to staff in the event of emergency situations that required evacuation. Personal evacuation plans took account of people's individual needs to ensure a safe evacuation. Staff knew how to respond in the event of an emergency, who or what agencies they should contact and how to protect people.

**We recommend that the provider ensures they have written explanations of the reasons for all employment gaps for staff recruited prior to the new interview process.**



# Is the service effective?

## Our findings

One person told us they were happy with staff and the food they ate. Their relative told us that “The staff there are in a different league to what we have experienced elsewhere, they’re better trained and have the right attitudes”. “He eats well and would complain bitterly if he did not like the food”. “We are kept well informed about his care and support”.

Staff told us that they felt supported. Staff told us that the registered manager or deputy manager were always available at shift handovers, which were comprehensive. These provided them with updates about changes in people’s care needs and important information they needed to know about, but there were limited opportunities for staff to get together as a team. Documented supervision by the registered manager with staff was infrequent, however, staff said they felt able to approach the registered manager or deputy anytime if there were issues they wished to discuss, but, these meetings were not recorded. There was an appraisal system in place for staff but some of these were overdue.

Staff were effective because the provider valued the need to embed good practice and ensured staff received support to acquire the right skills and knowledge. Newly appointed staff were required to complete an induction programme that included an awareness of the ethos of the service and an understanding of the needs of people using it. They spent several weeks shadowing other experienced staff whilst they familiarised themselves with people’s needs and support routines. Staff were required to complete a probationary period during which their competence was assessed and discussed with them at probationary meetings. New staff were provided with the basic essential skills training they needed to understand how to carry out their role safely and protect people from harm.

For established members of the staff team there was a programme of refresher training in a variety of topics, such as safeguarding, food hygiene and health and safety. Specialist training relevant to the needs of the people in the service was also provided to all staff for example, Autism and MAPA (management of actual or potential aggression) that helped them to deliver care effectively to people at the expected standard. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Whilst no-one living at the service was currently subject to a DoLS, we found that the registered manager understood when an application should be made and how to submit one. People were supported by staff to make everyday decisions about for example, what they wore, where they ate, what they ate and what they wanted to do. Where people lacked the capacity to make some more important decisions for themselves around their care and treatment the service was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person’s best interests.

People could on occasion express behaviour that could be challenging to staff or other people. Physical restraint was not used and staff had been trained in the management of actual or potential aggression (MAPA). Staff responses were guided by clear information specific to each person, as to how best to de-escalate and manage incidents of behaviour. The registered manager monitored incidents of behaviour. The infrequency of such events gave the registered manager and staff confidence that the support they provided to people at times of high anxiety was effective in reducing incidents of aggression.

People’s dietary needs and preferences were discussed with them or with people who knew them well before admission. Menus were developed that ran over a four week cycle, and took into consideration people’s likes and dislikes. Although there was a set menu people were offered choices of what they wanted to eat and records showed that staff diverted from the main menu on occasion to accommodate people’s preferences. Staff encouraged people to eat a healthy balanced diet but people also enjoyed a weekly takeaway of their choice. Care was taken to ensure that people’s weights were regularly recorded and any significant changes reported to the registered manager.

People were supported by staff to maintain their health and wellbeing. Routine health checks with doctors, dentist and opticians were arranged, and where necessary referrals were made to other health professionals, such as speech and language therapist (SALT) for help with



## Is the service effective?

communication. A record was kept of all health appointments and contacts and a relative told us that they were kept informed of any issues regarding the health and wellbeing of their family member.

**We recommend that the registered manager review and implement fully the company policy in regard to the frequency of meetings with staff in relation to performance and development and imparting information.**

# Is the service caring?

## Our findings

We observed good interactions between staff and people. The person we met interacted well with staff, was comfortable and chatty, laughed a lot and smiled at staff often. Their relative said they thought they were happy in the service because when they came home they were always keen to return to Magenta.

Staff said that both people living in the service got on well together, and although their communication differed they understood each other and would spend time chatting together using a mix of sign, sound and words.

A relative said that they had found communication from the registered manager and staff good and that they contacted them all the time. They said that they were kept informed about changes in care and treatment before these were implemented, and were included in regular reviews. They said they were consulted about their relative's plan of care and had helped with giving information to staff to help them build a profile of their relative's likes and dislikes and personal history.

One relative told us that one staff member in particular took time to send them photographs of activities their relative was involved in or had undertaken. They spoke positively about the opportunities their family member was given around experiencing activities, that as a relative they had not thought possible for them to do previously. They commented about how well their family member now socialised with other people, and said they had been invited along by staff to observe their family member tackling challenging activities and had observed them happily and comfortably chatting and interacting with other peers, which had amazed them.

Staff were still getting to know one person at the service; they were looking into ways they could improve the person's communication skills using communication tools that could be used on an iPhone and iPad. This would enable the person to be more in control and independent when out and able to order goods and services for themselves with staff support. For example, requesting the meal they want in a food outlet, or ordering their own drink when out with staff in the community or when engaging with staff or other people in the service.

Staff supported people to make choices and decisions for themselves in their everyday lives and respected their

choices. People made decisions about when they went to bed, what they wore, or did, whether they stayed in their rooms, where they ate and what they ate. The person we met was seen to be comfortable in the presence of staff and sought their company and interaction with an interest or activity. Staff were observed to protect people's dignity and privacy by discreetly managing personal care tasks.

People were supported as required but allowed to be as independent as possible. Staff were responsive to their needs, and adjusted support to suit individual requirements. This was an all-male household and the registered manager was conscious of the need to have a mixed group of staff with a good representation of male staff to provide people with role models.

We observed gentle patient and supportive interactions between the person, registered manager and staff. The registered manager and staff showed that although the person had not been with the service that long, they had taken time to understand their needs and to know them well. Staff recognised and were developing a greater understanding of the person's non-verbal and very individual ways of communicating with them, for example the sounds, gestures and signs they used. Staff understood the person's wishes and were able to offer choices.

There was a relaxed atmosphere in the service; there was a lot of laughter and good humoured exchanges with positive encouragement. The registered manager spoke positively about the improvements in the person's behaviour and aspects of their personal care regime since moving in and celebrated these, and showed aspirations for the person to grow and develop their potential for greater independence.

A relative said that people were supported to bring personal possessions downstairs in the communal areas and had their own boxes for storing things there. Bedrooms had been personalised not only with personal possessions and family photos but décor had been chosen carefully to reflect people's specific interests.

Relatives were welcome to visit but because people were usually out during the day, to avoid disappointment relatives were asked to make known their intention to visit so this could be arranged within people's activity schedules. A relative said they were made to feel welcome and were very happy with the responses they received from staff.

# Is the service responsive?

## Our findings

The person we met told us that they liked the activities they did and they were happy. They had a hobby and showed us a favourite book with pictures in that excited them, they told us about an event they had gone to related to their hobby, and they had liked this very much. They liked staff to talk with them about their specific interest, and we observed staff engaging in conversation with them about this.

Before admission to the service the registered manager carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. Initial meetings between the registered manager, relatives and representatives and previous care providers enabled reports to be gathered and an assessment of needs to be undertaken, this was usually undertaken at a pace to suit the person, with opportunities for visits and trial stays. A relative confirmed that they had been involved in the early gathering of information and the development of a plan of care. The registered manager explained that whilst usually people were admitted over a longer period with opportunities for full assessment and trial visits and stays often this was superseded by the need for people to move quickly due to changing circumstances in their placement, and the registered manager always tried to help and accommodate people where this happened.

Each person's care and treatment was planned and recorded in an individualised plan of care, this informed staff about what people needed and wanted in the way of support to live their daily lives. These plans guided staff in how they delivered support to the person around maintaining their personal care, social interaction, leisure interests, night time support including continence management. Each person also had a development plan of future goals with reflection from them about what they thought they could do for themselves and what they needed assistance with.

Staff knew the person we met well enough now to respond appropriately to their needs in a way they preferred and

was consistent with their plan of care. Changes in their care and treatment were discussed with them and their relatives and representatives before these were put into place. People and their relatives were included in the regular assessments and reviews of their individual needs.

Staff were able to describe the level of support and care provided to the person and what they were doing to encourage and enable the person to become more independent, for example, in their personal care. We saw that the person could ask any staff member including the registered manager for help if they needed it. Staff knew the needs and personalities of the people they cared for.

Each person had a weekly activity planner that meant they were busy each weekday participating in conservation projects that helped the community or sports activities, they enjoyed football and were active participants in a football team and league. In addition they went kayaking, canoeing, walking, and rock wall climbing. Time was set aside in their busy schedules for doing other things they chose and people also attended evening activities and parties where they were able to socialise and make friends.

There was a complaints procedure, this was available in a format that met people's varied communication needs and was displayed to remind people. Staff met individually with each person each week to ask about their wellbeing, and any concerns they might have. Anything raised during these meetings or at other times were reported to the registered manager for action. A relative told us "I have not had cause to but if I was unhappy with anything I would get on the phone and tell them".

There was a complaints log for recording of formal complaints received, the PIR informed us that there had been two complaints received in the last 12 months, records of the complaints and the investigations undertaken by the registered manager and their consultation with other professionals were recorded and showed that the registered manager had taken action to try and address the issues raised, including sourcing an advocate for the person concerned.

# Is the service well-led?

## Our findings

A relative told us they thought from their experiences the service was well managed and delivered a high quality of care to people. They went on to say “We feel lucky to have found this placement”. “I am happier than I have ever felt about his care”. “They go over things with us and they are always on the phone to us”.

The registered manager in post had been with the company for many years, she managed this and an adjoining service.

The provider’s philosophy set out the principles of providing quality care. Staff had discussed the philosophy during their induction so it was recognised, understood and embedded in their practice. We observed staff displaying these values during our inspection, particularly in their commitment to the people they supported and the maximising of their potential for experiencing new things and for greater independence.

The providers were accessible and visible and had regular contact with staff through delivery of training or support with activities; they undertook unannounced pop-ins to the service each week. They gave direct supervision to all the registered manager and undertook formal audits of the service every six months. A weekly meeting was held by the providers with registered managers across all their services, to discuss on going developments and operational issues, and individual people using the service.

The registered manager said that the providers took their auditing responsibilities very seriously and gave short timescales for the completion of any shortfalls, and this was checked with the registered manager to ensure it had been addressed. Performance indicator reports drawn from the findings of the director’s audits were sent to the registered manager showing the scores achieved and where these fell short discussions took place with the registered manager as to why this had happened and how this could be improved.

There were systems in place to review the quality of all aspects of the service. Weekly audits were conducted by staff of people’s welfare, systems within the service, for example, maintenance of records, computer and office audits, catering, health and safety, medicines audits, vehicle checks and environment and cleaning audits. These were reviewed by the registered manager as part of

their own monthly audit checks and highlighted areas for improvement and listed actions to be taken. A development plan for the service was in place and was updated annually.

The provider information return told us about actions taken by the provider to improve the service and further planned improvements, for example, the development of a management self-audit tool focusing on the inspection methodology domains of safe, effective, caring, responsive and well led. Plans were also underway for the development of systems for requesting and responding to feedback from health and social care professionals who know the service well, and the implementation of people’s review tools in a pictorial format for those with limited communication.

A system was in place whereby people and their relatives were routinely asked in a variety of ways for their views about the service; this could be through phone contact, informal and formal meetings, events where family and friends were invited, and surveys. A relative told us that they found communication from the service was very good and they were kept informed at all times. People were given a personal one to one meeting each week with a staff member to discuss their week, their support and care and any issues that had arisen. Their feedback was analysed from these meetings and from their survey feedback and action was taken where necessary to make improvements.

Staff were aware that the registered manager had an open door policy and were available for staff to talk to at any time. We received feedback from two social care professionals who we contacted for their views, they told us that they had no concerns and that the service was well managed. The registered manager promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

Staff told us that they felt communication was good and they were kept informed of important changes to operational policy or the support of individuals. Communication was facilitated through the registered manager or deputy met who met with staff at every shift change to ensure they were kept informed of important changes, and to listen to any emerging concerns or issues staff were raising or had become aware of. They worked alongside staff on shift and made observations of their practice.

## Is the service well-led?

There were a range of policies and procedures governing how the service needed to be run. The provider subscribed to an on line service that ensured they were kept updated of changes to good practice guidance or legislation that impacted on their service, so this could inform updating of policies and procedures and staff could be apprised of changes, staff knew where to find policy and procedure information and said they were required to read updates.

The registered company had membership of organisations that promote good practice in delivery of services to

people with learning disabilities, to enable them to take greater control of their lives. This includes the Kent challenging behaviour network. The organisation as a whole was currently participating in research conducted by the Tizard Centre (this is one of the leading UK academic groups working in learning disability and community care) on practice leadership in learning disability services. Findings from this would be shared with the Company so that where necessary improvements could be made or planned for in regard to staff support.