

Hestia Housing and Support

Talgarth Road

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

About the service

Talgarth Road is a residential care home providing personal care to people with mental health conditions. The service can support up to 10 people and there were nine people using the service at the time of the inspection. The home is a four-storey domestic property with a small rear garden.

People's experience of using the service and what we found

People were provided with a safe and supportive environment. Staffing levels were arranged to enable people to have the support they needed from a staff member to attend appointments and other meetings.

People were supported by staff to receive their prescribed medicines. Where applicable people managed aspects of administering their medicines with guidance and monitoring from staff.

People were encouraged by staff to tidy their rooms and take part in cookery sessions. Staff motivated people to be as independent as possible in line with their training about how to effectively support people with mental health needs.

People were involved in the planning and monitoring of their care and support. Staff worked with people to ensure they understood their health care needs, attended appointments and adhered to guidance from health care professionals.

People and staff had developed positive relationships and we observed good interactions during the inspection. One person told us they particularly enjoyed their cooking sessions with a staff member. Another person was working collaboratively with a senior support and review worker to train interested parties about the value and benefits of co-production. People were treated with respect.

People were supported to engage in a wide range of meaningful activities within the service and in the wider community, for example day centre resources, exercise groups and adult education classes to promote their emotional and physical wellbeing. Staff encouraged people to maintain valuable friendships and relationships.

There were clear systems in place to provide people with information about their rights and entitlements living at the service, for example people knew how to make a complaint.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were consulted about how the service should be operated through residents' meetings and co-production to organise social events.

People received their care and support from staff who felt well supported by the provider and the registered manager. Relatives felt assured their family members lived in a service that was managed in a competent and open manner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Talgarth Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the registered manager sent to us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We reviewed the evidence we held about the service. This included the last inspection report and any notifications of important events which the provider is required by law to send to us, for example safeguarding referrals and incidents when the police were contacted. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who lived at the service. We also spoke with three support workers, one senior

support and review worker, a social work student on a placement at the home, the registered manager and the area manager.

We reviewed a range of records, which included the care plans and risk assessments for four people. Other records we checked included four staff files for recruitment, training, supervision and appraisals, medicine administration records, the complaints file, minutes for residents' and staff meetings, accidents and incidents records, health and safety checks, compliments and quality monitoring audits.

After the inspection

We spoke by telephone with the relatives of two people who used the service. We contacted six health and social care professionals who had experience of working with the service and did not receive any comments.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and their relatives informed us that staff were committed to ensuring their safety. One person commented, "I always feel safe living here, the staff help me if I am worried about anything" and a relative said, "The staff are approachable and really do care about [family member], we know they are in a safe place."
- Staff had received safeguarding training about how to identify different types of abuse and how to protect people from avoidable harm. They were familiar with the provider's safeguarding policies and procedures and knew how to report any concerns to their line manager. Staff told us they were confident that any concerns they raised about people's safety and wellbeing would be taken seriously by the registered manager.
- Staff were aware of the provider's whistle blowing procedure and knew how to raise concerns within the organisation, and externally if necessary. Whistle blowing is when an employee discloses wrongdoing at their organisation.

Assessing risk, safety monitoring and management

- Processes had been implemented to identify any risks to people's health, wellbeing and safety. Each care plan we looked at contained detailed risk assessments, which were regularly reviewed. Staff demonstrated a comprehensive knowledge of individual risks to people and described the actions in place to promote people's safety.
- Where people had a history of behaviours which put themselves and/or others at risk, there was clear information about how to safely meet their needs. The registered manager and the staff team liaised with people's allocated external mental health care professionals and ensured the risk management plans contained any guidance provided by relevant practitioners.
- Staff had received suitable training about how to promote people's safety and were familiar with the provider's health and safety procedures. This included fire safety, first aid and how to effectively and calmly communicate with people if they presented as being anxious and distressed.

Using medicines safely

- People were supported to safely receive their prescribed medicines as the provider ensured staff had appropriate medicine training and guidance. One staff member told us, "The training was thorough, and we were observed by the manager to check our competency."
- Medicines were securely stored and were checked together with people's medicine administration record (MAR) charts at the beginning of each shift to minimise the occurrence of any errors. The provider conducted audits and received an annual audit by a local pharmacist.
- Where appropriate, people were supported to manage aspects of their own medicine administration, in

line with their own wishes to develop their independence and confidence. The registered manager ensured that any proposal to support people to take responsibility for this element of their care was discussed with a relevant health care professional and an individual risk assessment was created.

Staffing and recruitment

- People received their care and support from employees who had been subject to the provider's safe recruitment practices. Pre-employment checks including Disclosure and Barring Service (DBS) checks were undertaken. The DBS helps employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with people who use care and support services.
- Staff rotas showed there were sufficient staff scheduled to work at the service to ensure people were safely supported to meet their needs, including attending community activities and social outings. We observed that staffing levels were adjusted as required, for example additional staff were rostered if people required support to attend medical appointments and other external meetings.
- Staff were supported at all times by the provider's emergency arrangements, which enabled staff to speak with an on-call manager if they needed advice. The provider's lone working policy for night staff explained about the importance of calling the police for support where necessary.

Learning lessons when things go wrong

- Concerns were previously identified in relation to how the provider ensured the safety of people during heatwaves at another local service they operated. The provider had subsequently developed a policy and procedure to support people to remain safe and comfortable during hot weather and heatwave conditions, which was used in conjunction with published guidance from NHS England. This inspection took place during particularly hot weather and we saw that people were provided with sufficient fluids, refreshing food items and a cool environment, and staff closely monitored their welfare.
- Detailed records were completed for accidents and incidents. Information was recorded to demonstrate what actions were taken to promote people's safety and minimise the risk of recurrence. Relatives confirmed they were told about any accidents and incidents that affected their family member's safety and wellbeing.

Preventing and controlling infection

- People were protected from the risk of infection due to cross contamination as the provider had suitable systems in place to ensure that a clean and hygienic environment was maintained. This included staff training on infection control and the provision of personal protective equipment (PPE) for staff. PPE was also available for people who used the service who participated in the cleaning of their rooms.
- The registered manager carried out audits to check whether staff correctly adhered to cleaning schedules. The provider employed a cleaner five days a week to attend to the communal areas, which enabled staff to focus on encouraging and supporting people to clean their bedrooms and clear up in the main kitchen after they had prepared their own snacks and drinks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the provider and external health and social care professionals prior to moving in to the service. These assessments were carried out to determine whether the service could effectively meet their needs and gather additional information for the care planning process.
- People were ordinarily offered opportunities to visit the service to meet other people who lived there and members of the staff team before they moved in. The registered manager told us the service was occasionally asked at short notice to admit a person for a temporary stay due to urgent and difficult circumstances.
- The provider used a 'recovery and strengths' established approach that reflected national guidance and recognised best practice for the care and support of people with mental health needs. The registered manager used his professional knowledge as a qualified social worker to support staff to provide care and support for people in line with relevant legislation.

Staff support: induction, training, skills and experience

- People received their care and support from staff with suitable skills and knowledge to meet their needs. One person told us, "Staff know how to support me, I think they are very good and non-judgemental" and relatives commented positively about the way the registered manager and the staff team understood the individual needs of their family member.
- Newly appointed staff were supported to understand their roles and responsibilities through induction training and opportunities to work with experienced staff. Staff undertook the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working lives.
- The provider enabled staff to develop their knowledge about mental health and relevant physical health conditions, in addition to the mandatory programme of training. The mandatory training included health and safety, food hygiene, and equality and diversity. Other training was tailored to meet the needs of people who used the service, for example mental health awareness, an introduction to hoarding and the care and management of diabetes.
- Staff told us they felt well supported by the registered manager. Records showed that staff received supervision at least every other month and their performance was appraised annually. These records evidenced that the registered manager applied a thorough and helpful approach towards supporting and developing staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed eating at the service and were encouraged to get involved in the planning and preparing of meals. One person told us, "I like all sorts of food, particularly the roast dinners. I cook with

[staff member] and do cookery classes here." A relative told us staff supported their family member to make dishes that reflected the person's culture and this food was served at a party where relatives and friends were invited.

- We were present at the service when groceries were delivered. We noted that people were encouraged to compile shopping lists which included fresh fruit and vegetables, ingredients for healthy home cooking and low-fat snacks. People were provided with a daily budget to buy their own food if they wanted to prepare individual meals rather than have the agreed menu choices.
- People's care and support plans showed that people's nutritional needs were understood and met by staff, for example if people needed to follow a specific way of eating due to health care reasons. People and staff told us they were proud of the 'cultural menu' they had jointly devised, which included meals that reflected people's heritages and preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff sensitively supported them to meet their health care needs. One person told us, "I like to go on my own for blood tests and staff will come with me to appointments when they need to write down the doctors' instructions." During the inspection we observed staff discretely speak with a person about a health care appointment they were attending later that day and another person was escorted to a hospital for their treatment.
- Where applicable people were supported by staff to attend Care Programme Approach (CPA) meetings. The CPA is a package of care for people living in the community which aims to support their mental health recovery and is coordinated by a health care professional. We noted the goals identified by people and their assigned multi-disciplinary professionals during their CPA meetings were used by people and members of the staff team as part of the individual care planning process at the service.
- People's care and support plans contained information about their health care needs, for example if they needed to visit a dentist, podiatrist or specialist community nurse. Where applicable, any guidance from health care professionals had been incorporated into people's individual plans. We noted one care and support plan needed more information about a person's health care needs, which was addressed during the inspection.
- Following an incident at the service which did not result in a negative impact for the person, we noted that the system for recording people's attendance at health care appointments needed to be more robust. Improvements were implemented during the inspection.

Ensuring consent to care and treatment in line with law and guidance

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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider provided MCA training for staff. The registered manager spoke with staff about relevant issues including consent to care and the importance of supporting people to make decisions about their

lives during team meetings and individual staff supervision sessions. At the time of the inspection we noted that all of the people who used the service had capacity.

- People were not subject to a DoLS or any other restrictions, apart from one person where restrictions were in place due to their Community Treatment Order (CTO), which is part of the Mental Health Act. A CTO allows people to leave hospital and be treated safely in the community and means people have to keep to certain conditions. We observed that staff were supporting the person to engage in meaningful activities at the service and in the wider community, within the stipulated restrictions of the CTO.

Adapting service, design, decoration to meet people's needs

- People were provided with a comfortable and clean home located close to shops, good transport links and other useful amenities. They were supported to personalise their own rooms and access pleasantly presented communal areas, which included a choice of lounges and a well-maintained rear garden.
- The premises met the needs of people living there. However, this was kept under review by the registered manager as the service did not have a passenger lift and was not suitable for people with particular health and mobility problems. The area manager informed us that specific refurbishment work and other environmental improvements had been agreed with the housing association that managed the property, although it was acknowledged that the design and age of the building meant it could not be modernised to meet people's needs if they became frail.
- We received comments that the condition of some bedrooms needed to be improved, and we observed that communal bathrooms had a stark appearance and were not homely. These areas were in line for redecoration.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring and kind. One person said, "I am happy living here as staff are always friendly and you can tell them if you have a problem." A relative commented, "I see a lot of [family member] and know staff look after [family member], the staff are a real credit to the home." We observed positive interactions between people and staff, for example staff joined people at the dining table for a coffee and a chat.
- People's care and support plans contained relevant information about their backgrounds, interests and wishes, including how they wished to be addressed and if it was important for them to attend a place of worship. We found that staff knew people well and respected their individual rights, for example people could choose to decline to attend social activities held at the service. Staff received training and guidance about how to support people in a respectful and considerate manner, which was regularly highlighted during team meetings and individual supervision sessions.
- Staff supported people in a compassionate manner. We noted that where a person moved out of the service due to increased frailty, staff had closely supported them to find a suitable new home and settle in. A senior support and review worker had subsequently visited the person and liaised with staff at their new home to ensure the person's emotional needs and preferences were understood and met.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to attend individual discussion sessions with their allocated key worker. A key worker is a named staff member who has a central role in developing a positive relationship with a person and supporting them to meet their needs. People's care and support plans showed that they regularly discussed their needs with their key worker and their opinions were used to review and where necessary update these plans.
- People were offered opportunities to give their views about how the service was managed. Residents meetings were used to consult with people about a wide range of issues which included refurbishment of the premises, weekly menus and themed menus for parties, activity groups and outings.
- For example, people's suggestions about where they wished to go each week for a social excursion were discussed as a group and used to develop seasonal entertainment programmes that reflected people's shared ideas and interests. Following some outings and restaurant meals, people were asked for their reviews for inclusion in the service's newsletter.
- There was a strong interest in co-production at the service, where people worked together to design and deliver aspects of their care and support, alongside members of the staff team. We looked at the planning notes for an Easter party that was co-produced by people living at the service and staff, where people took

on individual responsibilities connected to the preparation, hosting and clearing up after the event.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected their entitlement to privacy and confidentiality. Staff asked people for their consent to enter their rooms. During the inspection staff checked with people if they were happy to speak with us and allow us to look at their rooms. Staff reassured people they were entitled to refuse our requests and their wishes were respected. People's care and support plans showed that people's needs were described in a dignified way, for example any complex needs in relation to their mental and/or physical health.
- Systems were in place to ensure people's records were maintained securely and accessible only to approved staff.
- People were encouraged to develop and maintain their independence as much as possible. Staff supported people to access the local community, for example people were encouraged to apply for travel passes, discounted leisure centre membership and cinema cards for customers with support needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support which was recorded in their individual care and support plans. The plans we looked at were reviewed at least three monthly or more frequently if necessary and clearly demonstrated that people took part in the care planning process. The provider used electronic care and support plans and gave people a paper version if they wished to have a copy.
- People and their relatives spoke positively about the quality of the care and support and how it was tailored towards people's needs, wishes and aspirations. One person was supported by a senior support and review worker to jointly deliver a teaching session about co-production, which was presented to an audience beyond the service.
- A relative told us the service offered people opportunities to take part in a weekly art group as well as visits to art galleries and museums. This was very important for their family member's wellbeing and contentment as a local gallery had staged a public exhibition of their own art work since they moved into the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff team understood their responsibilities in line with the AIS. People's communication needs were assessed as part of their initial assessment and kept under review. At the time of the inspection none of the people living at the service needed information in different formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were asked by staff about their individual interests and supported to access external classes, groups and amenities where they could pursue their interests and hobbies. People stated they went to computer classes, walking groups, swimming, dance and movement sessions, gyms and yoga. One person said, "I was nervous about [enrolling for an adult education group] and [staff member] really encouraged me."
- A varied programme of activities was organised by staff to support people to engage in fulfilling activities within the service and in the wider community. This included gardening, cookery, bingo, quizzes, film evenings, meditation and relaxation, a picnic or café lunch at a local park and art sessions. Each week people went on an outing with staff if they wished to, for example to a museum, pub lunch, seaside resort, boat trip or historic place of interest. People were supported to maintain important relationships and family

customs, which included weekend stays and holidays with their relatives.

- Staff supported people to celebrate birthdays, special occasions and cultural events, for example Black History Month and Saint Patrick's day. People told us they made pancakes on Shrove Tuesday and had a summer barbecue in the garden. People's care and support plans contained information about people's individual cultural needs, so their key worker could find out how they wished to be supported to meet their needs.

Improving care quality in response to complaints or concerns

- There were open and transparent processes in place to assist people to make a complaint and feel assured their complaint would be responded to in a professional and supportive way. We looked at the complaints received since the previous inspection and noted that the registered manager had carried out comprehensive investigations within agreed timescales.
- People and their relatives told us they were happy with the service and did not have any complaints. They expressed their full confidence in the integrity of the registered manager to deal with any complaints sympathetically and fairly. People were familiar with the provider's complaints policy as a copy was given to them and was raised as a discussion topic at individual and group meetings.

End of life care and support

- The provider was not supporting people with end of life care needs at the time of the inspection. The area manager told us that due to the lay-out of the building it would not be possible to fully meet people's increasing frailty in these circumstances. The area manager confirmed people would be supported to move to a service that could comfortably meet their physical health care needs, for example a care home with nursing or a hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they liked living at the service and found the registered manager and the staff team supportive. One person told us, "I come here to [registered manager's] office most days and say hello to him. He always asks how I am." People's care and support plans demonstrated they were provided with personalised care that reflected their wishes.
- Relatives commented the service was well run and they liked the welcoming and caring approach of the registered manager and staff team. Relatives described staff as being "helpful" and "friendly."
- Staff told us they felt supported. One member of staff said, "We are encouraged to develop our skills and can apply for leadership courses."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the area manager demonstrated their clear understanding of their responsibilities. The registered manager and the staff team recorded and reported accidents and incidents. The complaints file showed that complaints and concerns were dealt with in a transparent way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was well established in his position at the service and demonstrated a good understanding of his role and responsibilities. He ensured that staff were clear about their duties and individual areas of responsibility. In addition to supporting people as assigned key workers, staff also had 'champion' roles where they focussed on specific areas to improve people's safety and experience of using the service. For example, a senior support and review worker was the champion for co-production.
- Detailed systems were in place to monitor the quality of the service and promptly identify any risks. For example, a broad range of health and safety checks were carried out to ensure the premises were safe, for example water and fridge temperatures, the testing of emergency lighting and fire alarms, and the checking of gas safety by a competent person.
- The provider sent notifications of significant events to CQC in a timely manner, in line with legislation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear emphasis at the service in relation to the importance of engaging people who used the

service to contribute to both the daily running of the service and the shaping of its future. The co-production work was offered to people in an inclusive way and people could attend training to take an active role. However, people were also supported by staff to get involved in a way that suited them, for example helping their peers with the practical aspects of preparing a presentation or assembling a newsletter.

- We observed that people spoke enthusiastically about events at the service and local social outings, as they had participated in the planning of these activities. Relatives told us they felt welcomed by the registered manager and staff team, for example they were invited to parties at the service and felt at ease to speak informally with staff on other occasions they visited the home.
- The minutes of the staff meetings showed that staff were consulted by the registered manager for their ideas to improve outcomes for people. Staff reported they liked the provider's collaborative style of jointly working with people and had observed how this positively impacted on people's self-esteem and confidence.

Continuous learning and improving care

- The provider had arranged for the service to receive a 'mock inspection' from an external company, which looked at similar issues to a CQC inspection. Other quality monitoring visits were conducted by the provider, which included visits from a quality monitoring team that comprised senior management staff and a person who used a different Hestia service.
- We looked at the findings from these visits and saw how the registered manager had put in place the recommendations to improve the service. For example, it had been noted that support staff did not consistently record they had supported people to clean their bedrooms and now this was in place.
- There were a range of audits in place to scrutinise the quality of the service and make improvements. For example, the registered manager carried out audits to check care and support plans, risk assessments and medicine administration charts were up to date and correctly written.

Working in partnership with others

- People's care and support plans showed the provider worked with local health and social care professionals to ensure people's needs were safely and competently met. The service had established useful links with voluntary sector advocacy organisations. Advocates help people to be heard, understand their choices and make their own decisions.
- The service had also developed a beneficial connection with a charity that aimed to reduce the wastage of surplus food and offer sustainable alternatives. This enabled people living at the home to develop their skills with menu planning, budgeting and creative cooking.