Saffronland Homes

Fenwick

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

This inspection took place on 14 June 2018 and was unannounced.

Fenwick 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.

Fenwick provides accommodation and support to up to three people with a learning disability. At the time of our inspection three people were using the service.

The building comprises three bedrooms, lounge, kitchen and dining area. The laundry was outside and there was a rear garden. One bedroom had en-suite facilities of a bath and toilet. There was a communal bathroom and toilet.

There was a registered manager. 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.

Parts of the building required repairs and maintenance. People were protected from the risk of harm. Staff understood the safeguarding procedures on identifying and reporting abuse. People received care that minimised harm from known risks. Risk assessments and management plans were reviewed and updated to ensure staff provided care in a safe manner. Staff managed incidents in an appropriate manner and learnt from them to prevent a recurrence.

People were supported by a sufficient number of skilled and experienced staff. Staffing levels were adequate to meet people's needs in a safe manner. People received care from staff who had undergone appropriate recruitment procedures to ensure their suitability to provide support. People's medicines were administered and managed safely. Staff knew how to minimise the risk of infection and a recurrence of incidents and accidents.

People underwent an assessment of their needs before they started using the service. Health and social care professionals were involved in planning people's care delivery which ensured that support provided met best practice guidance. Staff felt supported in their roles and in addition received training and supervision. People received care in line with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were involved in making decisions about their care. Staff obtained people's consent to care and support and made decisions in each person's best interests when they were unable to do so. Staff respected people's privacy and dignity. People were supported to maintain relationships that mattered to them.

People enjoyed taking part in a variety of activities at the service and in the community.

People's care plans underwent reviews to ensure they remained appropriate to meet their needs. Staff responded to changes in people's health and well-being and involved health and social care professionals in a timely manner. The provider ensured people had information in line with the Accessible Information Standards.

People had access to healthcare services and were supported to maintain good health. People received food that met their preferences, dietary and cultural needs.

People using the service and their relatives had opportunities to share their views about the quality of care delivery. The registered manager acted on the feedback to develop the service.

People's care delivery was checked and audited to identify any shortfalls. Improvements to the service were made to address gaps identified. The provider carried out quality assurance checks and surveys to develop the service.

The registered manager worked in close partnership with other agencies to ensure that people received appropriate and effective care.

We have made a recommendation on the management of the premises.

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. People's care delivery minimised the risk of abuse.

Risk assessment and management plans enabled staff to provide safe care.

Staffing levels were sufficient to meet people's needs. The provider followed safe recruitment procedures to employ staff deemed suitable for their roles.

People had their medicines administered and managed safely.

Is the service effective?

Good

The service was effective. Some aspects of the building needed repairs and maintenance. People received care in line with their needs based on current legislation.

Staff received training, supervision and support to enable them to carry out their roles.

People consented to care and support. People were supported to eat well and maintain their health.

Is the service caring?

Good

The service was caring. People were treated with kindness and compassion. People enjoyed positive caring relationships with staff.

People contributed to the planning of their care and support.

Staff respected people's privacy and dignity. People had access to information about the service in a format they understood.

Is the service responsive?

Good

The service was responsive. People received care and support in line with their identified needs. People's needs underwent regular reviews to ensure staff delivered appropriate care.

People enjoyed taking part in activities of their choosing at the service and in the community.

Staff maintained records of people's end of life care wishes.

Is the service well-led?

Good

The service was well-led. People using the service and their relatives knew the registered manager well. Staff were happy with the support they received from the registered manager.

Recording keeping, information sharing and systems of communication were good.

Effective audits and monitoring checks on the quality of the service resulted in people receiving high standards of care.

People benefited from the registered manager's good joint working with other agencies.

Fenwick

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook a first comprehensive inspection of the service in line with the CQC registration requirements of a new service. There had been a change in the legal entity of the provider on 13 April 2017. This resulted in the changes to the provider's registration with the Care Quality Commission (CQC). Despite these changes, the service remained the same as when it was last inspected in terms of the people using the service and the staff providing care.

This unannounced inspection took place on 14 June 2018. The inspection was carried out by one inspector and an inspection manager.

Prior to carrying out this inspection we asked the provider to complete a provider information return (PIR). This is a form which asks providers to tell us what they think the service is doing well and their plans to improve the service. We also reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

During the inspection, we undertook general observations and formal observations of how staff treated and supported people throughout 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.

During the inspection, we spoke with two members of care staff and the registered manager. We reviewed two people's care records. We looked at four staff files including recruitment, training, supervision, appraisal records and duty rotas. We looked at quality assurance reports and reports related to the management of the service that included complaints, incidents and accidents and team meeting minutes.

After the inspection, we spoke with three relatives of people using the service. We also received feedback from two health and social care professionals who were involved in people's care.

Good

Is the service safe?

Our findings

People's care delivery considered the risks to their safety and well-being. Health and social care professionals were involved in assessing risks to people's health and well-being and working closely with staff to determine effective ways of supporting people safely. Risk assessments were in place for all aspects of people's care such as personal care, self-neglect and behaviours that challenged. For example, a risk assessment around food preparation detailed one person's lack of awareness of danger and the support required around using the cooker and kettle to minimise the risk of burns or scalding. Staff described the risks to people and the support they required. The registered manager reviewed risk assessments and updated the management plans to reflect the support each person required to receive care in a safe manner. Staff were happy with the guidance provided by the registered manager about how to support people in a manner that minimised risk whilst encouraging each person to maintain their independence.

Arrangements were in place to support people to evacuate the building. Each person had a Personal Emergency Evacuation Plan (PEEP) in place that contained sufficient detail about how to safely evacuate them from the building.

People were supported to keep safe from avoidable harm. Staff understood their responsibility to report and record incidents and accidents that occurred. There had been one incident since the registration of the service. The incident report contained details of what had happened and the treatment given. Records also showed that staff had monitored and appropriately reported the incident to the registered manager. Despite there only being one incident, the registered manager told us they would learn from any incidents and seek advice from health and social care professionals where she thought this was relevant to prevent a reoccurrence. Appropriate procedures and systems were in place to record and monitor incidents and accidents.

People were protected from the risk of abuse. One member of staff told us, "Our priority is to keep our service users safe." Another member of staff said, "If we are not sure of anything, we ask each other or the manager. The responsibility is so high to make sure none of the residents comes to harm." The registered manager and staff understood the safeguarding procedures and were clear about their responsibility to report any concerns about people's safety and well-being. Staff were able to identify types of abuse including misuse of finances, hitting, degrading treatment and modern slavery. Staff were knowledgeable about the signs and symptoms that people who used the service could display if they were being abused. The provider ensured staff had access to a safeguarding policy for guidance on how to protect people from abuse. We did not identify any safeguarding concerns or issues that could constitute potential abuse. Staff had safeguarding adults training and received refresher courses to keep their knowledge up to date about how to recognise and protect people from abuse.

People received appropriate support to manage their finances. People had appointeeships in place to ensure that their funds were managed appropriately. People's money was kept locked away and secure. Staff maintained accurate records of people's income and expenses. Two members of staff signed for any transactions, checked the balances daily during handovers and recorded this. This increased openness and

accountability about handling of people's finances. The registered manager audited the receipts and withdrawal records to ensure staff followed the provider's procedures to minimise the risk of financial abuse.

People had the care they required when needed. One member of staff told us, "The rotas are planned well and we have enough time to deliver care." The registered manager assessed people's needs and the support each person required to determine staffing levels. Rotas showed staffing levels were consistent with the support needs of each person. Staff absences and training were covered. A senior member of staff or the registered manager provided an out of hours on call service to provide additional support and guidance for staff. Records showed additional staffing cover to enable people to attend appointments.

People were supported by staff vetted for their roles. Staff recruitment records contained relevant checks, for example, employment history, proof of identification, right to work, references and Disclosure and Barring Service (DBS). The DBS provides information on an applicant's background to help employers make safer recruitment decisions. The provider had signed up to an online service so that DBS records could be checked on an ongoing basis and therefore there was no need to review. A member of staff told us they only started to work at the service when checks were completed.

People lived in premises that were checked regularly for their safety. The provider carried out checks on gas and electrical appliances and ensured these were safe for people to use. Staff carried out regular audits of the health and safety of the premises, and ensured fire doors and exits were in good functional order. Legionella tests confirmed water sources were free from water borne diseases. Floors were maintained and free from hazards and trips. A business contingency plan was in place to ensure minimum disruption to the service in the event of high staff shortages or adverse weather.

People were protected from the risk of infection. Staff carried out cleaning tasks and ensured the premises were clean and floors and surfaces were regularly washed and disinfected. Staff told us they followed good handwashing procedures, used personal protective equipment (PPE) and had access to hand wash liquid and paper towels. Staff had received training on the prevention and control of infection. We observed a member of staff wearing an apron, hair net and gloves when supporting a person to prepare a meal.

People were supported to take their medicines. For example, one person did not like capsules and would not take them so arrangements were made with their GP for capsules to be opened and poured onto a spoon of yoghurt. This was not done covertly but in front of the person. Staff administered and managed medicines in line with the provider's procedure. Each person had a medicine administration record (MAR) which showed the medicines they were on, dosage and frequency. MARs were accurately completed and did not show any evidence of missed doses or gaps in signing. Staff followed 'when required' (PRN) medicines protocols, for example when a person showed signs of being in pain or constipated. Staff worked closely with the GP who reviewed people's regular and PRN medicines to ensure that these remained appropriate for each person's needs. Regular weekly checks and monthly audits enabled staff to monitor the safe administering and management of people's medicines. There were no medicines issues that arose from the previous audits. We carried out a random count on a person's PRN paracetamol and regular medicines. The balances recorded tallied with our stock account which showed that the systems were effective. Staff monitored the medicines cabinet temperatures to ensure that this was within the acceptable ranges.

Good

Is the service effective?

Our findings

Parts of the accommodation needed repairs and maintenance. Cracks showed on corridor walls and the walls of two bedrooms. There were missing wall tiles in one communal bathroom, which were due to be replaced. The registered manager explained that there were ongoing repairs to the walls, although the problems recurred. People had access to the garden. However, we did not see any garden chairs or tables or canopies as well for sun and wind protection for people to use should they want to spend time outside.

We have made a recommendation that the provider seek guidance from reputable sources on premises management and provision of equipment.

People's needs were assessed before they started using the service. Health and social care professionals contributed in planning care delivery to ensure that people received support in line with current legislation. Each person had a 'journey of my life' which highlighted their medical and social history. People had been at the service for several years and there was an ongoing re-assessment of their needs when required. Care plans contained detailed information about each person's needs and the support they required to have their needs met. Staff were clear about how to provide care to people effectively including supporting people who displayed behaviours that challenged the service and others. Records showed staff followed health and social care professionals' guidance to deliver care in line with each person's support plan.

Appropriate arrangements were in place to meet people's individual needs. There was information about any required adaptations such as handrails to support people's independence. One person had a hoist and bath chair which enabled them to access and use the bathtub safely. Grab rails were available to allow people with mobility issues to have stability and access to all parts of the building.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We checked whether the service was working within the principles of the MCA and found this to be the case. Staff told us they obtained people's consent to care and support. Care plans stated that all decisions should be made in each person's best interests to reiterate this requirement. People's communication needs both verbal and non-verbal were thoroughly assessed and understood by staff so that people were supported to make decisions wherever 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Three people using the service had restrictions on their liberty. Each person had an up to date DoLS authorisation in place. The registered manager maintained a schedule to ensure a review and renewal of the appropriateness of the DoLS conditions.

People received effective care because staff training was comprehensive. One member of staff told us, "We

attend training for any aspect of support we provide. The training is relentless and loads of refresher courses." There was a training record kept on the wall in the office detailing which staff had completed their refresher training for the year. Training included areas such as medicines awareness, basic first aid, de-escalation, moving and handling, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, autism, health and safety, infection control, nutrition, dignity and respect, safeguarding, fire safety, learning disability awareness and mental health awareness. Staff told us there was a mixture of online and face to face training which ensured they benefitted from both individual and group learning. The registered manager monitored and followed up on staff completion of training. Both permanent and agency staff had an induction to familiarise themselves with the needs of people using the service, the provider's policies and procedures and the environment before they started to provide care. Staff had completed the Care Certificate, which introduced them to standards of practice expected of health and social care workers and certificates were seen in their files.

People were supported by staff who received regular supervision and appraisal of their performance. One member of staff told us, "I have one to one meetings with my manager/team leader. I find these useful, in that we talk about what's working well and not." The registered manager said supervisions should be four times a year or more if required and records confirmed this. Appraisal records were also seen and these looked at staff development and training and addressed any performance issues.

People enjoyed the food provided. Staff told us they had weekly meetings with people to plan their menus. People had different meals because of their preferences and dietary needs. Staff worked closely with healthcare professionals to ensure people's dietary and hydration needs were met. The service had a seasonal menu which incorporated culturally appropriate foods, fruit and vegetables and promoted healthy eating. Staff supported people to prepare their meals and encouraged them to eat healthily. Daily observation records showed people received meals in line with their preferences and cultural needs. We observed people during a dinner mealtime. A member of staff sat in the dining area with the person and checked if the meal was how they liked it and if they wanted some more food. Staff ensured the environment was calm and relaxed which allowed the person to enjoy their meal.

People had access to healthcare services. Each person had a health action plan which showed the support they required to maintain their well-being. People's care plans contained details of any potential health concerns such as those related to their eyesight, dental needs, skin integrity, medicines, diet and weight management. For example, support plans had guidance for staff which indicated each person's ideal weight and a recommended diet for healthy eating. Staff weighed and monitored people's weight regularly and involved healthcare professionals when they had a concern. Records showed people were seen by GPs, dietitians, occupational therapists, dentists, opticians and speech and language therapists. The registered manager ensured staff had sufficient guidance to manage people's changing needs.

Good

Is the service caring?

Our findings

People using the service were well cared for. Relatives of people using the service described members of staff as kind and compassionate. Comments included "[Staff] are very caring and they take good care of [family member]", "The home is pleasant, lively and [members of staff] do everything in their power to provide very good care" and "[Family member] is very happy here. I have no concerns at all about the care." We observed positive interactions between people using the service. The atmosphere was pleasant and relaxed which enabled people to enjoy living at the service.

People were supported to make decisions about their care. Staff knew people well and their communication needs were fully outlined in their care plans. For example, one person's care records contained a communication passport that contained detailed information about how she communicated their likes, dislikes and how she was feeling such as when she/he was feeling hungry thirsty, was not well or in pain. There was information for staff about how to communicate so that the person understood, for example the care plan stated 'Speak slowly and clearly, using simple sentences. Point and use gestures'. Another person's care plan included details of signs that a person displayed when they were anxious or were uncomfortable with their surroundings. One member of staff told us, "[Person] will not continue with a walk if they are tired. We know then that is the time to walk back with them to the house or get a cab." Staff had sufficient guidance to manage situations such as carrying a work mobile phone to use to call for a cab or for extra support if a person displayed behaviours that challenged the service or others. People had access to advocacy services they required to ensure their voices and views were heard.

People received care in a manner that protected their privacy and dignity. Staff respected people's privacy. Comments included, "We provide care behind closed doors", "We knock on bedroom doors before entering, wait outside bathroom doors until asked to come in and close the curtains to maintain their privacy." Staff helped people to maintain their dignity. One member of staff told us, "We carry an extra set of clothing when we go out just in case [person] has an accident such as spilling foods whilst eating." One member of staff said, "We administer medicines in people's rooms or in the communal areas when there aren't any other residents around." Staff held handover meetings in the office and discussed confidential information away from people using the service and visitors. Care records were maintained securely in cabinets and a lockable office. Staff received training in equality and diversity and understood how to promote people's rights. We saw food provided catered for diverse cultural needs.

People were supported to develop and maintain relationships that mattered to them. Relatives told us they had no restrictions to the times they could visit. Care records contained information about family relationships that were important to people and details of the contact they had with their relatives. For example, one person saw her relatives every week. Another person went out every week for a social outing with a relative. Staff encouraged people using the service to develop friendships between themselves if they wished, for example taking part in activities of mutual interest. People attended day centres where they enjoyed meeting friends.

People undertook tasks and activities they could do. Staff encouraged people to develop their daily living

skills and maintain their independence as practicable. Care plans contained good detail about what each person could do for themselves and all aspects of their care plan directed staff to encourage people to be as independent as possible. People had allocated keyworkers. One member of staff told us, "We discuss each service user's well-being, ask people about their wellbeing and if they're happy with what we provide". Staff held regular key working sessions where they held meetings with each person to understand how care delivery was working and if they wanted a change in their support plans.

People had access to information in a format suitable for their communication needs which complied with the Accessible Information Standard (AIS). AIS is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Support plans were summarised in a way people with limited reading skills or sensory loss could understand. Menus were presented in a pictorial format which made it easier for people to choose the food they liked. Staff had developed 'twist and turn' care charts. These had pictorial features and provided a very simple outline of people's needs and how these should be met; one had been started and staff were to implement these for the other two people shortly.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. Comments from relatives involved in their care included, "They look after my [family member] very well. I am pleased about the care and have total trust in the staff to do the right thing all the time" and "We work well with the manager and her team. I am involved in [family member's] care."

People had care plans which identified their goals and aspirations towards developing daily living skills. One member of staff told us, "We work closely with our service users and their families to understand the support they need." Another member of staff said, "I am a keyworker to [person] and sit down regularly with them to identify their goals". Care plans contained detailed information about people's needs, likes and dislikes and how they communicated these. Staff carried out monthly reviews of care plans to ensure these remained up to date and accurately reflected people's needs. Health and social care professionals were involved in carrying out bi-annual reviews to ensure the placement was appropriate and supporting people to access the support they required.

Care plans contained an 'all about me' document that gave people's histories with details about things they were interested in such as baking, jigsaw puzzles and going to the park. There was also a pictorial version of people's likes and dislikes so this could be used to communicate with them and this included dislikes such as 'being rushed', 'having to wait' and 'long walks'. Staff had guidance to support people with their needs, for example having sufficient time to undertake tasks, or information about routes where a person could go for a walk without getting tired. This showed the provider's commitment to delivering individual care and support.

People received care that responded to changes in their health. Staff contacted health and social care professionals when a person was unwell or showing a decline in their mental health. Staff monitored people's health and well-being, which included maintaining contact with relatives involved in their care to ensure they delivered appropriate care. Records showed staff supported people to undertake tasks such as washing or eating when they were unable to do so because of a decline in their health.

People were supported take part in activities at the home and in the community. Each person had an activities programme tailored to their individual likes and preferences. People took part in activities that included going for walks, arts and crafts, cooking, baking and watching television. One person had been supported to attend an art session and they went out to a club on the day of the inspection. The person looked happy when they returned from the activity. The home had decorated communal areas with people's pictures and artwork. Staff had supported people to watch and celebrate the royal wedding.

People had access to a copy of the complaints policy which was also displayed at the service. Staff were in regular contact with people using the service and their relatives and held weekly sessions with each person to find out if they had any concerns about care delivery. One member of staff told us, "We ask our service users if everything is okay and address any issues as soon as we can." No complaints had been received about the service since registration with the Care Quality Commission.

People's end of life wishes were known. No one using the service was receiving end of life care. People using the service were supported to express their wishes for how they preferred to be supported at the end of their lives. Staff understood the importance of having end of life care plans when needed to ensure people would receive a comfortable and dignified death.

Good

Is the service well-led?

Our findings

People received care that centred on their individual needs. Staff understood the provider's vision to support people to be as independent as possible. One member of staff told us, "Our aim is to support our residents to develop to the best of their potential." Another member of staff said, "We support each of our residents to live full lives." The registered manager championed the provider's ethos to promote independence and maintain people's skills in a person-centred way. The registered manager told us that they would always apply the rules of "observe, implement, evaluate" to anything they did in the service to ensure that they learned and continued to improve the service.

Staff spoke positively about the support from the registered manager and the management team. Comments included, "The registered manager is very supportive, knowledgeable and passionate about standards of care" and "She is hands on, leads by example and makes it a pleasant environment to work in." The registered manager was supporting members of staff to develop by giving them opportunities to take responsibility for certain tasks. For example, one staff member had been given the task of ensuring that all cleaning and hazardous items were ordered and stored correctly. The registered manager was also delegating to the team leader to improve her leadership skills and progression. Staff confirmed the registered manager had an open-door policy and that they could seek support at any time.

The registered manager understood their responsibilities in line with the provider's registration with the Care Quality Commission (CQC). Notifications were submitted to the CQC when needed, for example when they had applied for and received an order to deprive a person of their liberty in line with the Deprivation of Liberty Safeguards (DoLS). The registered manager had comprehensive information about the changes to the Key Lines of Enquiries (KLOEs) and kept up to date in relation to CQC information relevant to the service and the sector. She had signed up for email alerts. Staff were tested on their knowledge of KLOEs to enable them to understand how these related to care delivery.

The registered manager told us they had good support from the service manager and head office when required. She attended meetings with managers from the provider's other services every two to three months and had access to an online managers' forum where they could share information and ask for advice.

People's health conditions and needs were shared appropriately and in a timely manner. One member of staff told us, "Team work is great, everything gets done as communication is very good within the team." Staff attended regular meetings where they discussed various issues about people's health and welfare, operations of the home and policies and procedures. Staff meetings were well attended with detailed minutes taken. For example, a team meeting in April showed discussions included people needs, tasks to be completed, a reminder for staff to support people to use sun cream in the hot weather, health and safety issues and training.

Policies and procedures were reviewed and updated to ensure staff provided care in line with best practice guidance. Managers used meetings to reinforce policies and procedures, for example around the

management of medicines and health and safety checks.

People received care that underwent regular checks. Audits were completed by a senior manager on a monthly basis on areas such as care planning, the laundry and kitchen, medicines, finances, health and safety, infection control and observations around choice and control. The registered manager told us she completed her own checks in between these audits and that staff were also given responsibility to carry out weekly checks, for example in relation to medicines and the cleanliness of the service. In addition, some night time checks had taken place, however not since October 2017 according to the records. Issues identified from audits were addressed, for example, gaps in care records.

The registered manager had a continuous drive to improve the quality of the service, for example, they ensured every member of staff had read case studies from nine adult social care providers obtained from the Care Quality Commission website. Staff had to answer questions on what constituted good practice and how they could avoid poor care as highlighted in the reports. Staff told us they found these exercises helpful as it reinforced the need to maintain high standards of care. Staff also had regular quizzes and tests of their knowledge about how to achieve high standards of care delivery.

People were supported to share their views about the service. Surveys were carried out every six months for people using the service. Their relatives and staff received annual surveys, which were done online to support anonymity and honest responses. Visiting external professionals completed surveys every three months. The registered manager told us that head office analysed the results of these to see if there were any trends. There were no concerns that needed to be addressed. People's responses showed they were happy living at the service and that they enjoyed the activities provided.

People benefitted from close joint working with other agencies. The local authority carried out a monitoring visit in March 2018 and the outcome of this was positive and had recommended improving the recording of team meeting minutes. The registered manager told us they had discussed this with staff although they were still awaiting the full report at the time of our inspection. While a recommendation had been made about the standard of the minutes, the registered manager had identified the issues in a previous audit and had continued to raise staff's awareness to put more detail and put people at the centre of the service.