

**ITEM No ...2.....**

**REPORT TO:** SCRUTINY COMMITTEE – 20 APRIL 2016

**REPORT ON:** EXTERNAL INSPECTION REPORTS FOR CARE HOME SERVICES WHICH ALL GRADES ARE GOOD OR BETTER

**REPORT BY:** HEAD OF SERVICE, STRATEGY, INTEGRATION, PERFORMANCE AND SUPPORT SERVICES

**REPORT NO:** 143-2016

**1. PURPOSE OF REPORT**

To provide a summary of recent external inspection reports which do not require in-depth scrutiny.

**2. RECOMMENDATIONS**

It is recommended that the Scrutiny Committee:

- 2.1 note the attached summaries of recent inspection reports on, Janet Brougham House, Menzieshill House, Craigie House, Turriff House, the Mackinnon Centre (Respite), and Mackinnon Centre (Skills), all of which received grades of good or better in all areas covered by their inspections.
- 2.2 note the Chief Officer, Dundee Health & Social Care Partnership will ensure that the areas for improvement and the recommendations included in the reports are acted upon, both in relation to the particular services inspected and as guidance on good practice for other services.

**3. FINANCIAL IMPLICATIONS**

None.

**4. MAIN TEXT**

- 4.1 The remit of the Scrutiny Committee states that, where the grades awarded in external inspection reports are all good or better, and the reports would not benefit from in-depth scrutiny, summary scores from the inspections will be reported to the Committee, together with any best practice to improve performance.
- 4.2 Summaries of recent inspection reports which fall into this category are attached, and the Committee is asked to note these and to note that the Chief Officer, Dundee Health and Social Care Partnership will ensure that the areas for improvement and recommendations are acted upon.
- 4.3 Copies of the inspection reports have been passed to the Administration and Opposition group leaders and to the Conservative, Liberal Democrat and Independent members.

**5. POLICY IMPLICATIONS**

This report has been screened for any policy implications in respect of Sustainability, Strategic Environmental Assessment, Anti-Poverty, Equality Impact Assessment and Risk Management. There are no major issues.

**6. CONSULTATIONS**

The Chief Executive, Executive Director of Corporate Services and Head of Democratic and Legal Services were consulted in preparation of this report.

7 . **BACKGROUND PAPERS**

None.

**Laura Bannerman**  
**Head of Service**  
**Strategy, Integration, Performance and Support Services**

**29 March 2016**

<b>Inspection of:</b> Janet Brougham House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b>  <b>Theme</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
	<b>November 2015</b>	<b>December 2014</b>	<b>November 2013</b>	<b>December 2012</b>
Quality of care and support	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of environment	EXCELLENT	VERY GOOD	VERY GOOD	VERY GOOD
Quality of staffing	EXCELLENT	VERY GOOD	VERY GOOD	VERY GOOD
Quality of management and leadership	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD

### **Summary:**

#### **What the service does well**

Janet Brougham House provides a comfortable and homely environment for residents and their families. The staff team work well together and work hard to ensure that the health and well being of the residents are met. Residents and relatives spoke very positively about the quality of care and support they receive within the home.

#### **What the service could do better**

The staff team should work together to further develop risk assessment and risk management planning in relation to the management and prevention of falls.

#### **What the service had done since the last inspection**

The staff and management have continued to maintain a good quality service. Residents and relatives continue to be involved in assessing the service. All social care staff are now registered with the Scottish Social Services Council (SSSC). The management team have reviewed the staffing levels within the home, taking into account the layout of the building and the support needs of the residents. Further work is planned to make sure that the changing dependency levels of residents are taken into account within staffing levels.

#### **Conclusion**

The staff and management at Janet Brougham House demonstrate a commitment to continuous improvement, which takes account of the views and suggestions of residents and their relatives. A very good standard of care was observed at this inspection and this was supported by the feedback received from residents and relatives through completed questionnaires and discussion during the inspection visit.

#### **The views of people using the care service**

Comments from residents:

‘Fine, very good, no complaints’

‘Oh aye company’s good’

‘Staff look after everyone’

'Don't know how carers have the patience'  
'Would rather be in my own home, but very happy here'  
'Braw crowd all nice'

Comments from relatives:

'Communication with the care home is good and we are informed of any issues'  
'The home can accommodate most situations, you just have to let them know'  
'I consider the staff to be well trained, always providing a high level of care'  
'Excellent care given at all times, his needs are met to a high standard'  
'All staff are very approachable, excellent at keeping me up to date with my relative's progress'

#### **Areas for Improvement:**

- The minutes of meetings should record action taken by the service to address matters raised. This could include an action log which would record who is to take action, and by what date. The action log should be discussed at each meeting so that all participants know what has been progressed.
- The service should consider a further analysis of the feedback from resident and relatives questionnaire, comments and suggestion box and dedicated email address that results and action to be taken from this can be shared with all residents, staff and managers. This service could use the newsletter to make people aware of the results of the questionnaire.
- The manager should ensure that progress is made with implementing the prevention of falls and fractures toolkit to develop a robust tool for managing the risk of falls for residents. This will be considered at the next inspection.
- The manager could review signage within residents' bedroom and on the bedroom doors to ensure these are as clear as possible to meet the different needs of residents.
- Although the home currently does have a computer and computer access for residents on each suite, they are working towards achieving funding for Wifi for the whole building to enable residents to be able to use the computer in the comfort and privacy of their own rooms.
- The service should maintain the excellent support provided by the staff team within the service. Continued progress should be made in matching the dependency levels of residents to staffing levels available within the home.
- The service should consider the development of the newsletter so that there is increased involvement of the staff team in producing the newsletter. This could include developing a 'champion' role for communication within the service.
- A medication audit to be carried out through the Health and Social Care Partnership should include consultation with, and involvements of residents, relatives and staff.

#### **Recommendations**

- None

<b>Inspection of:</b> Menziesshill House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
<b>Theme</b>	<b>November 2015</b>	<b>November 2014</b>	<b>October 2013</b>	<b>August 2012</b>
Quality of care and support	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of environment	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of staffing	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD
Quality of management and leadership	VERY GOOD	VERY GOOD	VERY GOOD	VERY GOOD

**Summary:**

**What the service does well**

We observed interactions between staff and residents to be respectful, friendly and supportive. The staff were caring and understanding in their approach. The service, staff team and management work hard to listen and respond to the views of residents and their representatives. In addition they promote a high standard of care and the promotion of both individual and group interests and activities. The service promotes the active participation of stakeholders in the assessment of the home.

**What the service could do better**

The home, staff and management continue to promote a high standard of care focusing on the promotion of activities, interest and community involvement. The service should continue to ensure residents' stays at Menziesshill House remain meaningful and supportive.

**What the service has done since the last inspection**

The recommendation made following the last inspection has been met. The service continues to deliver a very high standard of care and ensures residents are pivotal to the provision of care.

**Conclusion**

Residents told us they found the staff and management supportive, kind and helpful. Menziesshill House continues to deliver a high standard service which is appreciated by residents and relatives.

**The views of people using the care service**

Comments from residents:  
 'Due to the nature of dementia it was not always possible to obtain the formal views of some of the residents. However, comments made were valuable and highlighted their own insight of the service and the support they received from the people who helped them. We also spoke with relatives who gave us an into the ways in which residents were supported at the home by staff and the management team. Feedback was very positive as follows'  
 'The staff are wonderful – very kind'  
 I'm very comfy here – I'm very happy'  
 The staff are lovely'

I'm very happy with the care'

'The meals are very nice and there's always a choice if you don't fancy what's on the menu

Comments from relatives:

'It's just excellent'

'The care is very good'

'So friendly – the staff get to know you'

'They address anything quickly'

The activities are really good'

'The cook always interacts with the residents and relatives'

'The staff and management just care about everything'

'When my mum moved in it was such an easy transition, that's down to good staff and management'

#### **Areas for Improvement:**

- The management and staff team should continue to support and encourage service user involvement to support and encourage potential.
- We spoke with the manager and staff about best practice guides and the information that was now available on the Care Inspectorate website via 'The Hub'. Infection control and mediation apps that were now available for smartphones and tablets. We left information on best practice initiatives and emailed information to the senior staff member on duty to share with the team.
- The management team said they would continue to involve relatives and residents in making decisions about improving the environment, ensuring participation and involvement was meaningful. The service should continue to maintain this excellent standard in this area.
- We discussed with the manager about the need to ensure 'Rights, Risks and Limits to Freedom' principles were used when reviewing the use of pressure sensors and to clearly highlight where families have been involved in making decisions as this was not always recorded. The manager agreed to look at the recording and documentation of the use of such equipment.
- The management team said they were keen to build on the successes made and would continue to promote stakeholder involvement in a meaningful way.
- The manager said the team was committed to improve and develop the quality of leadership and management where necessary to ensure that stakeholder involvement remained meaningful.

#### **Recommendations**

- None

<b>Inspection of:</b> Craigie House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b> <b>Theme</b>	<b>Latest Grade Awarded December 2015</b>	<b>Grading History</b>		
		<b>January 2015</b>	<b>December 2013</b>	<b>January 2013</b>
Quality of care and support	GOOD	GOOD	GOOD	Not assessed
Quality of environment	GOOD	VERY GOOD	VERY GOOD	Not assessed
Quality of staffing	VERY GOOD	GOOD	VERY GOOD	VERY GOOD
Quality of management and leadership	GOOD	VERY GOOD	VERY GOOD	VERY GOOD

### **Summary:**

#### **What the service does well**

The service provides person centred care and support. Personal care plans are outcome focussed and show that the service users are central to how decisions are made about the delivery of care and support provided. The service has worked hard to recruit new care staff and has a robust induction process in place for new recruits along with a comprehensive training programme for all team members.

#### **What the service could do better**

The manager needs to ensure that all policies, procedures and guidance for staff are kept up to date. Where necessary, this should be done in consultation with colleagues within Dundee City Council.

#### **What the service has done since the last inspection**

The service has implemented a new person centred care plan format which is working well to ensure the service user is at the centre of how their care and support is provided. The manager has explored a range of ways that feedback is received and can help to influence how the service is delivered. As a result of the recruitment of new social care staff, there has been a reduction in the use of agency staff.

#### **Conclusion**

The management and staff were found to be professional, open, approachable and caring throughout the inspection visit and from feedback received from service users and their relatives. There is a committed and consistent management team which offers an 'open door' policy to service users and relatives and is willing to develop the service further based on feedback received from all service users.

#### **The views of people using the care service**

Comments from residents:

'Very good home'

'They care, and staff are cheerful'

'Actually get spoiled here'

Comments from relatives:

'I have no concerns about my relatives care'

'I am very happy with the support provided, my relative liked the baking session held recently'

'I'm very happy, absolutely no complaints'

'Happy bunny'

'My relative enjoys the company and even just watching what is going on is stimulating'

'Can't thank you enough, your care and attention to every detail and your fun and laughter made it pleasant stay for my relative. I felt relaxed knowing that they were being looked after'.

Comments from visiting professionals:

'Happy, safe and caring'

'Staff are always welcoming and ready to help'

**Areas for Improvement:**

- The service should continue to consider ways of involving residents and relatives in the completion of the self assessment.
- The service should continue to promote participation ensuring that residents are central to the service within the home.
- All personal care plans should be signed and dated by the resident and/or their relative following a review.
- Where residents require protection for their clothing when eating, staff should ensure that this absorbs spillages and protects clothing.
- The service should ensure that towels are not left in toilets or bathrooms which are used by a number of residents. This will support the infection control measures which are in place within the home.
- The manager should ensure that carpets are cleaned and any reasons for lingering odours are explored. As well as increasing the cleanliness of the home, this will increase the homely environment created in most areas of the home.
- The manager should discuss the décor and layout of all lounges with residents to ensure that decoration and layout is kept under review and suits the needs of the residents.
- To further enhance the environment with respect to signage and so on the manager should consider the use of the Environmental Assessment Tool, "Is your care home dementia friendly?", produced by The King's Fund 2014.
- Staff meetings could include evidence of staff involvement in agenda planning. This would encourage staff to be further involved in the discussion at team meetings.
- The service should consider the development of the newsletter so that there is increased involvement of the staff team in producing the newsletter. This could include developing a 'champion' role for communication within the service.

**Recommendations**

- The provider should ensure that all policies and procedures relation to the care and support of older people are reviewed and updated regularly and that staff teams are made aware of these through supervision and team meetings.



<b>Inspection of:</b> Turriff House				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grades:</b> <b>Theme</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
	<b>February 2016</b>	<b>September 2014</b>	<b>February 2014</b>	<b>August 2013</b>
Quality of care and support	VERY GOOD	GOOD	VERY GOOD	VERY GOOD
Quality of environment	VERY GOOD	GOOD	VERY GOOD	VERY GOOD
Quality of staffing	VERY GOOD	GOOD	GOOD	GOOD
Quality of management and leadership	GOOD	GOOD	VERY GOOD	VERY GOOD

### **Summary:**

#### **What the service does well**

The service provides a comfortable and relaxed home to the residents. Care and support is person centred and personal care plans are outcome focussed. Residents are encouraged to comment on the service and feedback is used to make decisions about the delivery of care and support. Relatives and professional visitors are made welcome and are given the opportunity to comment on the service and, where they feel necessary, make suggestions for improvement.

#### **What the service could do better**

The manager should ensure that all policies, procedures and guidance for staff are kept up to date. Where necessary, this should be done in consultation with colleagues within Dundee City Council.

#### **What the service has done since the last inspection**

The service has worked hard to recruit new social care staff and had a robust induction process in place for new recruits. The service had developed a comprehensive training programme for staff. This ensured that all staff had the opportunity to undertake training regarding dementia at a level necessary for their role within the service. The service manager had ensured that all staff had regular supervision sessions and that team meetings happened on a regular basis.

#### **Conclusion**

The staff and management at Turriff House were found to be professional, caring and committed to providing a high standard of care to the residents. Residents, relatives and other professionals were overall satisfied that the service being provided was of a high standard and met the care and support needs of each resident.

#### **The views of people using the care service**

Comments from residents:

‘The staff treat me with dignity and respect and yes, they do listen to what I have to say’

The staff do have the experience to care for me. When there is a new member of staff they are always paired up with a more experienced member of staff’

‘Everything is ticketyboo’

'I feel completely safe'

'I don't think there is anything to improve, coming in here has been the best move I have made'

'Beautiful meals, good helpings and yes you do get something else to eat if you do not like the food you are given'

Comments from relatives:

'Couldn't improve anything, residents are happy and staff are very good'

'I asked that notice boards were kept up to date for staff on duty and this was dealt with'

'My relative loves the meals – wouldn't change anything'

'Our relative is given all the care and attention they require and we are kept well informed about care provided'

'Staff are very friendly and we are always offered tea or coffee when we visit'

'A very happy home'

'I cannot find a single complaint against the home'

Comments from visiting professionals:

'Staff are very good, however there are times when they are a bit thin on the ground'

I have always found every member of staff has information about the person I am visiting or has notes from other staff'

'Staff always find time to talk to me'

### **Areas for Improvement:**

- To ensure all actions agreed at meetings with residents, relatives and staff were progressed as agreed, minutes of meetings could be improved by an action plan. The action plan would be reviewed at the following meeting.
- The newsletter should continue to provide information about the variety and type of outings and events taking place within the home and in the local community. This could include comments from residents about how they found these events. As the newsletter is a co-production the service could include a list of all staff and residents who have a contribution to each addition.
- The manager should continue to survey relatives to assist with the self assessment process and this should be extended to residents of the home and staff members.
- In relation to slips trips and falls, the manager should consider further work to implement a more robust to the assessment and management of falls within the service.
- The service should continue their person centred, outcome focussed approach to personal care plans which fully involve the resident and their relatives. This is a positive strength of the service and ensures that good outcomes are achieved for the residents.
- The manager should continue to consult with residents and their families regarding the facilities, equipment and resources available in each suite to ensure that these continue to meet the needs of all residents living in each suite.
- The manager should continue to look at ways of involving staff in the self assessment process so that this includes the views of front line staff.
- The service should continue to involve staff in the production of the home's newsletter. This could include developing a 'champion' role for communication with the service.
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### **Recommendations**

- The service should ensure that all policies and procedures relating to the care and support of older people are reviewed and updated regularly to include all relevant legislation, national and local policy related to the care and support of older people. This should be discussed with the staff team on a regular basis through supervision and team meetings.

<b>Inspection of:</b> Mackinnon Centre (Respite)				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grade:</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
<b>Theme</b>	<b>March 2016</b>	<b>November 2014</b>	<b>December 2013</b>	<b>December 2010</b>
Quality of care and support	EXCELLENT	VERY GOOD	VERY GOOD	VERY GOOD
Quality of environment	EXCELLENT	EXCELLENT	VERY GOOD	Not assessed
Quality of staffing	EXCELLENT	VERY GOOD	VERY GOOD	Not assessed
Quality of management and leadership	EXCELLENT	VERY GOOD	VERY GOOD	Not assessed
<b>Summary:</b>				
<b>What the service does well</b>				
<p>This is an excellent all-round service which provides respite and rehabilitation for people with physical disabilities. It has a confident and well-trained workforce, an excellent adapted environment, great social support as well as excellent care.</p>				
<b>What the service could do better</b>				
<p>The service has recently begun to trial collaborative rehabilitation programmes for people recovering from brain injuries. There is an inevitable learning process with any new service.</p>				
<b>What the service has done since the last inspection</b>				
<p>The service has recently begun to trial collaborative rehabilitation programmes for people recovering from brain injuries. This has involved taking on an additional project worker, seconded from the NHS, who was working closely with staff to provide educational and professional support to them when working with people under this scheme.</p> <p>The service has also reviewed and simplified its medication paperwork, has developed annual appraisals for staff and has now started to train service users in recruitment.</p>				
<b>Conclusion</b>				
<p>This service was providing service users with excellent respite care.</p>				
<b>The views of people using the care service</b>				
<p>“Excellent service: friendly, knowledgeable, caring staff.”  “The service is very well run. As a service user I look forward to going to the Mackinnon, Jackie is a lovely boss that the staff get on with and like. I think she runs a tight ship and always makes sure everyone is happy and their needs are met.”  “I always feel welcomed by the staff. It’s the only service of its kind and is very popular, and no wonder, as it’s such a friendly place to be in.”  “Ten out of ten.”  “Socially it lets me mix with people outside my family.”  “I like the way they listen to our views. I am on the SURGE committee and we have been consulted</p>				

lots of times in relation to how the service is run, how it is decorated and we even get involved in recruitment of new staff.”

“Everyone is equal here, the staff are good and no-one leaves me out.”

“We feel safe here.”

### **Views of Care Managers**

“This service manages to deal with people with some very complex needs.”

“They are good at communicating with me if there is an issue to be addressed.”

“They are good in the event we need an emergency respite place.”

“The staff are helpful and well-trained.”

“The service has rooms equipped for bariatric care.”

“The service users I have helped find a place there are all very happy with the service.”

“It provides social interaction for people who can often be isolated in their homes.”

“They are good at dealing with service users families as well.”

“They provide person centred care and are clear on outcomes.”

### **Views of Carers**

“My daughter loves going there. When we visit her in the unit the staff are always friendly and polite and she is having a great time. It gives me a break as well.”

“She likes going there so much she always wants to go back.”

### **Areas for Improvement:**

- The service had recently expanded its remit to take in rehabilitation home programmes for people with brain injuries. The service should ensure that their participation practice encompasses this new area of what they do.
- The service should review peoples support plans in a way that is proportionate to the respite times and frequencies they receive.
- As technological supports to people with physical disabilities develop so should the service.
- The service will need to keep an eye on the development of the new rehabilitation arm of this service and keep staff up-to-date and aware of support for service users.

### **Recommendations**

None

<b>Inspection of:</b> Mackinnon Centre (Skills)				
<b>Inspection by:</b> Care Inspectorate – unannounced				
<b>Grade:</b>	<b>Latest Grade Awarded</b>	<b>Grading History</b>		
<b>Theme</b>	<b>March 2016</b>	<b>February 2013</b>	<b>September 2010</b>	<b>September 2009</b>
Quality of care and support	VERY GOOD	EXCELLENT	VERY GOOD	VERY GOOD
Quality of environment	EXCELLENT	VERY GOOD	Not assessed	EXCELLENT
Quality of staffing	EXCELLENT	VERY GOOD	VERY GOOD	GOOD
Quality of management and leadership	EXCELLENT	VERY GOOD	Not assessed	VERY GOOD
<b>Summary:</b>				
<b>What the service does well</b>				
<p>The service provided a variety of skills and recreational classes for people with a range of physical disabilities within an excellent environment for them. The service user's levels of satisfaction were high and they commented on the skill and friendliness of the staff as well as the social and community aspects of the service.</p>				
<b>What the service could do better</b>				
<p>The service should consider its development and how it can create clearer pathways into use of the local community and community resources. This coupled with the encouragement of more time-limited outcomes focussed programming to promote a realistic movement for people through the service towards their personal goals and increased independence.</p>				
<b>What the service has done since the last inspection</b>				
<p>The service had undergone a major refurbishment since the last inspection. This has improved the use-ability and environment of the service to a high level. The service has also developed annual appraisals for staff and has now started to train service users in recruitment.</p>				
<b>Conclusion</b>				
<p>This was a high quality service providing meaningful and skills based activities for people with a physical disability.</p>				
<b>The views of people using the care service</b>				
<p>“Excellent service: friendly, knowledgeable, caring staff.”          “The service is very well run. As a service user I look forward to going to the Mackinnon, Jackie is a lovely boss that the staff get on with and like. I think she runs a tight ship and always makes sure everyone is happy and their needs are met.”          “I always feel welcomed by the staff. It's the only service of its kind and is very popular, and no wonder, as it's such a friendly place to be in.”          “Ten out of ten.”          “Socially it lets me mix with people outside my family.”          “I like the way they listen to our views. I am on the SURGE committee and we have been consulted</p>				

lots of times in relation to how the service is run, how it is decorated and we even get involved in recruitment of new staff.”

“Everyone is equal here, the staff are good and no-one leaves me out.”

“We feel safe here.”

### **Views of Care Managers**

“This service manages to deal with people with some very complex needs.”

“They are good at communicating with me if there is an issue to be addressed.”

“They are good in the event we need an emergency respite place.”

“The staff are helpful and well-trained.”

“The service has rooms equipped for bariatric care.”

“The service users I have helped find a place there are all very happy with the service.”

“It provides social interaction for people who can often be isolated in their homes.”

“They are good at dealing with service users families as well.”

“They provide person centred care and are clear on outcomes.”

### **Areas for Improvement:**

- The inspector noted that many people at the skills service had been attending it for a long time and while in some cases this was a very supportive thing, in others there was perhaps a need for the use of short term outcomes as well. The service should consider its future development and how it can create clearer pathways to use of the local community and community resources. This coupled with the encouragement of more time-limited outcomes focussed programming to promote a realistic movement for people through the service. This would reflect good-practice thinking around promoting independence and outcomes focussed support. See recommendation 1.
- It was noted that some support plans were not demonstrably up-to-date and that reviews for some had not taken place for over a year. Support plans should be reviewed every six months. Though it is acknowledged that this should be done in a way proportionate to the service provided. See recommendation 2.
- The service should continue to show respect for its staff and service users. The term 'ethos of respect' could be made more explicit within the service's expression of values as a way of confirming what it already does.

### **Recommendations**

1. The service should consider its development and how it can create clearer pathways to use of the local community and community resources. This coupled with the encouragement of more time-limited outcomes focussed programming to promote a realistic movement for people through the service.

*National Care Standards 2 Support Services - Management and Staffing Arrangements: 4 You can be confident that all the staff use method that reflect up-to-date knowledge and best-practice guidance, and that the management are continuously striving to improve practice.*

2. Support plans should be seen to be up-to-date and reviewed a minimum of every 6 months. *National Care Standards 4 Support Services – Support Arrangements: 6 Your personal plan is reviewed regularly and whenever you or the support service manager asks.*