

Mr & Mrs R Hann

Kensington Lodge

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

The inspection took place on 7 December 2016 and was announced.

Kensington Lodge provides residential care for up to 15 people who are living with a learning disability. At the time of this inspection there were 12 people living within the home.

The accommodation is over three floors of a period building with communal areas including a lounge and dining room. Bedrooms have washing facilities and there are communal bathrooms available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in January 2015, we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the risks associated with the premises and the governance of the service. At this inspection, carried out in December 2016, we found that the provider had made sufficient progress to no longer be in breach of the regulations.

At our last inspection carried out in January 2015 we found that the service had failed to identify and rectify the risks associated with hot water, the storage of hazardous chemicals and infection. At this inspection we found that these concerns had been addressed by the service and measures were in place to manage the risks. Improvements had been made to the premises and these were ongoing.

The provider had audits in place to help monitor the quality of the service and rectify any identified issues. These had been completed on a regular basis and covered most areas of the service. The audits had been effective but required more attention to detail to become more robust in the event of any concerns.

Staff had been recruited following appropriate checks to ensure they were suitable to work in the service. There were enough suitably skilled staff to meet people's individual needs in a person centred way.

People received support from staff who enjoyed their work, felt supported and worked well as a team. Staff had received an induction that prepared them for their role and completed relevant training. Their competency to perform their role was assessed and discussed in regular supervision sessions.

There was a warm and friendly atmosphere within the home and people were treated with respect. People were part of the running of the home and had choice in how they spent their days. Their dignity was maintained and their confidentiality respected by staff. People could come and go as they pleased and staff encouraged their independence.

Processes were in place to help reduce the risk of abuse and avoidable harm. The risks to the people who used the service and staff had been identified and managed. People received their medicines as the prescriber had intended and good practice guidance was followed.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service was working within the MCA although not all staff had a working knowledge of the legislation. We brought this to the registered manager's attention and they contacted us shortly after our visit to confirm that training in this topic had been arranged.

People's individual nutritional needs were met and they had choice in what meals were prepared. They received food and drink as they wished for it and the kitchen was open for people to access. Healthcare was available and the service supported people with this as required.

The service had discussed people's care plans with them and they had been involved in this process. Care plans were developed with people's consent and in an individual manner that met their needs. They had been reviewed on a regular basis.

The management team were spoken about positively and were available to people. They were involved in the day to day management of the service and people told us they were approachable. The provider visited the service on a regular basis and was available by other means on a daily basis as required.

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.

Processes were in place to help protect people from the risk of abuse and avoidable harm.

There were enough staff to meet people's individual needs and provide support when required.

People received their medicines as the prescriber had intended. The service followed good practice in the management and administration of medicines.

Is the service effective?

Good ●

The service was effective.

The people who used the service were supported by staff who had the skills and knowledge to do so.

The service adhered to the principles of the MCA.

People's nutritional needs and wishes were supported and they had full involvement in what they chose to eat and drink.

Is the service caring?

Good ●

The service was caring.

The people who used the service were supported by staff who demonstrated respect, acceptance and recognition of those they supported.

People had been involved in the planning of the care and support they received.

Independence and choice was encouraged and dignity maintained.

Is the service responsive?

Good ●

The service is responsive.

People received care and support that met their individual needs.

Support was provided to people to help them engage and maintain their hobbies, interests and friendships.

People had no concerns or complaints about the service provided but told us that they would feel comfortable in raising these should any arise.

Is the service well-led?

Good ●

The service was well-led.

The provider had a quality monitoring system in place that was effective and drove improvement.

Staff worked well as a team, felt supported and enjoyed working for the management team and provider.

Feedback on the service was encouraged and requested.

Kensington Lodge

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.

This inspection took place on 7 December 2016 and was announced. We gave the service 24 hours' notice of the inspection. This was because it is small and we wanted to make sure that staff and the people who used the service would be available to speak with us. One inspector carried out the inspection.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority safeguarding team, the local authority quality assurance team and a number of healthcare professionals for their views on the service.

During our inspection we spoke with four people who used the service. We also spoke with the registered manager and two support workers. We observed support being provided to some of the people who used the service. Shortly after our visit, we received written feedback from one relative of a person who used the service and verbal feedback from a second relative.

We viewed the care records for seven people who used the service. We also case tracked the care and support one person received and viewed the medicine administration records and associated documents for four people who used the service. We also looked at records in relation to the management of the home. These included the recruitment files for two staff members, minutes from meetings held, staff training records, quality monitoring information and feedback questionnaires.

Is the service safe?

Our findings

At our previous inspection carried out on 21 January 2015, we found that people were not receiving safe care and treatment. This was because the risks to people's safety within the home had not been properly assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which told us what action they would take and that these actions would be completed by June 2015. At this inspection, carried out 7 December 2016, we found that the service had made sufficient progress to no longer be in breach of this regulation.

At our inspection in January 2015 we found that the provider had failed to identify, assess and manage the scalding risk associated with hot water outlets. The provider had also failed to ensure that hazardous chemicals were suitably stored. At this inspection, carried out in December 2016, we found that the provider had taken steps to rectify these concerns. Hot water outlets had been fitted with thermostatic regulators to mitigate the risk of scalding and we saw that chemicals were stored securely and safely. Other risks associated with the premises and work practices had been identified, assessed and managed.

The provider had identified, assessed and regularly reviewed the risks associated with a fire at the premises. However, the individual risks to the people who used the service in the event of an evacuation had not been assessed. Most people were low risk in regards to this and other mitigating actions were in place, although, for one person with mobility issues, this did pose a risk. However, regular fire drills had been carried out that involved both staff and the people who used the service.

During our January 2015 inspection, we had also noted that the risks associated with infection had not been properly identified, assessed and managed. This was because the laundry room was not conducive to preventing and controlling the risk of infection. At this inspection we saw that although further improvements were still required, the provider had installed non-porous flooring and a new ceiling. The area had been redecorated and the walls sealed. Colour-coded cleaning equipment was in place to mitigate cross contamination. A separate area contained a low level sink for the disposal of dirty water and there were hand washing facilities in place. At the time of the inspection, we noted that the area was clean, tidy and free from hazards.

All the people we spoke with who used the service told us that they felt safe living at Kensington Lodge and were happy. Two of these people told us this was because they liked everyone they lived with and the staff that supported them. They told us this made them feel safe. One said, "I have lots of friends here and I feel very safe."

Processes were in place to help protect people from the risk of abuse. The staff we spoke with told us that they had received training in safeguarding people and the training records we viewed confirmed this. They were able to explain some symptoms that may indicate a person was being abused and what steps they would take as a result. Staff told us they would report these concerns to the registered manager or whichever staff member was on call. However, although the staff we spoke with knew where to find the

provider's safeguarding policy, they weren't able to tell us where they could report concerns outside of their organisation. They did, however, tell us that they had confidence that the registered manager and provider would appropriately action any concerns they may have.

Both the registered manager and the deputy manager had undertaken management training in safeguarding people. We saw that details for the local authority safeguarding team were prominently displayed within the home. Also on display was an accessible poster encouraging the people who used the service to discuss any worries or concerns they may have with any member of staff.

The individual risks to the people who used the service had been identified and regularly reviewed. These included where people were at risk due to specific medical conditions, mental health needs, accessing the local community and any individual risks associated with the premises. For one person who was at risk due to mobility issues, we saw that the service had gained the advice of healthcare professionals. We saw that the recommendations they had made were contained within the risk assessment and that staff were providing the support as documented. The risk assessments were individual to people and stated what support each person needed to help manage that risk and keep them well. These had been signed and agreed by both staff and the person they related to.

When we spoke with staff they demonstrated that they knew the risks associated with the people they supported. They were able to explain what support they provided in order to keep people safe. For example, staff told us what the risks were, and how they managed these, in relation to one person who lived with a specific medical condition.

Only one accident had occurred at the service in the last 12 months. We saw that appropriate immediate and follow up action had been taken to ensure the wellbeing of the person involved. For another person who experienced seizures as a result of a medical condition, we saw that detailed information was logged each time this occurred. This included any factors that may have contributed to the seizure, how it presented, how long it lasted and what support was required. This information then fed into a detailed care plan that gave staff guidance on how best to support this person with their medical condition. We saw that a specialist nurse had also contributed to the care plan.

Processes were in place to minimise the risk of employing people not suitable to work within the home. This included the completion of a Disclosure and Barring Service (DBS) police check, proof of identification and the receipt of references. We saw that for one staff member who had worked in the service for some years, no references were in place. However, we saw that the provider had made attempts to gain these. All other checks were in place for this staff member including an application form that had a full employment history in place dating back many decades.

All of the people who used the service told us there were enough staff to support them when they needed it. Staff agreed there were enough of them to meet the individual needs of those living in the home and that there were consistently enough staff on duty. During our inspection we saw that people's needs were met in a timely way.

We looked at the medication administration record (MAR) charts and associated documents for four people who used the service. This was to see whether people received their medicines as the prescriber had intended and in a way that was safe and followed good practice guidance.

We saw that medicines were securely stored and organised to assist medicines management and administration. Identification sheets were in place to help mitigate the risk of people receiving the incorrect

medicines. MAR charts were legible and completed in a way that followed good practice. All medicines had been counted into the home and for those medicines we checked, the amount in stock corresponded with the information on the MAR charts. For medicines that had been prescribed on an 'as required' basis, guidance was available to staff to help support the safe and appropriate administration of these medicines. These were individual to the people who used the service with person centred detail recorded.

Medicines were stored at an appropriate temperature and the service monitored this. A list of those staff members authorised to administer medicines was in place and this also contained copies of their signatures. This was to aid identification in medicines administration. The service completed regular checks of the medicines management system and a pharmacist had undertaken a full audit in August 2016. This showed that few issues had been identified. We concluded that people received their medicines as the prescriber had intended.

Is the service effective?

Our findings

All the people we spoke with told us that the staff that worked at Kensington Lodge had the right skills to perform their roles. One said, "They [staff] sort problems out." Whilst another told us that staff worked hard to support them and that they felt listened to. One of the relatives who provided feedback told us, "Staff are so willing." A healthcare professional said, "The staff and managers have always been extremely helpful and accommodating."

The staff we spoke with told us that they had received an induction and that it prepared them for their role. Training had been provided and the service had recently appointed online training that staff were in the process of completing. Each online training session required staff to pass a written examination at the end of the session to ensure knowledge and competency. Newly appointed staff were working towards the Care Certificate which is a set of standards staff must work to. The staff we spoke with told us that they received enough training and that they liked the new online training sessions. When discussing the training they had received, one staff member told us, "Training gives me confidence."

When we discussed training with the registered manager they told us that staff had been signed up to additional training sessions. These included a session on equality and diversity. We noted that not all staff had recently received training in managing a particular medical condition that two people who used the service had been diagnosed with. We brought this to the attention of the registered manager who, following our visit, contacted us to confirm that staff had been signed up to complete this.

Staff told us that they felt supported in their work and that they received the assistance they needed to perform their roles. Staff received regular supervisions throughout the year, one of which included an assessment of their competency to administer and manage medicines. The staff files we viewed confirmed this.

Staff communicated well with those they supported, people's relatives, each other and those outside of the service. One relative who provided feedback told us that the service was good at communicating with them and their family member. A healthcare professional said, "Their [the service's] communication is good, alerting our team to any changes they encounter [with those who use the service]." Good communication was evident during the inspection. Staff demonstrated that they had the skills to communicate with each individual and adapt their approach as required. We noted an easy and comfortable rapport between those that used the service and the staff who supported them. Staff verbally handed over any issues to each other at the end and start of each shift and this was backed up with a communication book which was in place.

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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Through discussion, the registered manager demonstrated that they understood the principles of the MCA and that the service adhered to them. DoLS applications had been submitted for those that required them and the registered manager was able to explain why applications had been made. For those whose applications had yet to be processed by the supervisory body, the service had taken actions to ensure they were providing support in the least restrictive manner. For one person whose application had been approved, we saw that the service was taking steps in preparation to meet the conditions of the authorisation.

The staff we spoke with did not have a full understanding of the MCA and told us that they had not received training in this. When we discussed this with the registered manager, they told us that they would ensure training was arranged. Shortly after our visit, the registered manager contacted us to confirm this had been organised. Staff's lack of full knowledge of the MCA had not impacted on the way people received support. They understood the need for consent and were able to explain how they supported the people who used the service. This demonstrated that the support they provided was not overly restrictive and took into account people's abilities to make decisions about their safety. However, people may be at risk if their capacity to make decisions changes and the staff do not have full understanding of how to appropriately respond to this.

The people who used the service told us that they enjoyed the food provided by the service. One told us, "The food is very good." Another person told us how the staff had supported them to lose weight and how successful this had been. They felt proud of this achievement and this was evident during our conversation. They also told us that they were looking forward to doing some baking with the staff in preparation for Christmas. The people who used the service told us that menu choices were decided by them and that they were fully involved in this. During our inspection, groceries were delivered that showed a wide variety of choice was available to people. At lunchtime, we saw that people could have what they wished and were offered choice. Drinks were available throughout the day and staff made hot drinks as and when people wished for them. We also noted that the kitchen and food store was accessible and that people had access to it as they wished.

Is the service caring?

Our findings

Those who used the service said they liked the staff that supported them. They told us that they felt listened to and that staff supported them when they needed it. One person spoke enthusiastically when they told us about the home and smiled broadly when telling us. One relative who provided us with feedback told us, "[Family member] is very happy there." A healthcare professional told us that when they recently visited the service, "The people who used the service greeted me with big smiles and appeared to be very happy. Staff rapport with people was also very good; they were all laughing and joking together which was great to see."

During our inspection we saw that staff easily and warmly interacted with those that used the service. Chatter flowed throughout the day and we saw staff discussing topics with people that were important to them. Staff were encouraging, showed interest in the person and used humour to interact. Staff involved people in conversations and we noted that these were often around the running of the home. We saw that when people came home after being out for the day, staff welcomed them warmly and asked them how their day had been. They acknowledged what people told them and encouragingly recognised their achievements of the day. For one person who had been telling us about their achievement of losing weight, we saw a staff member praising this person whilst offering warm encouragement.

The staff we spoke with demonstrated that they knew the individual needs of those they supported. They were able to tell us their likes, dislikes, preferences, the support they required and any risks associated with each individual. This included people's family circumstances, their hobbies and interests, personal preferences in regards to food and drink and their personality traits. Staff spoke respectfully and positively about the people they supported and talked about people's attributes and strengths. They told us about the support they provided to maintain people's health and happiness.

The people who used the service had been involved in the planning of the care and support they received including any measures put in place to manage any individual risks to themselves. Although the people who used the service couldn't tell us if they had been involved in developing their care plans, they told us staff spoke with them on a regular basis. The conversations we had with people demonstrated that they had been involved in decisions around the support they received. One staff member we spoke with told us how they sat and chatted with people about their support needs. From the care plans and associated documents we viewed we saw that the people who used the service had signed to agree these plans. The service also facilitated the use of an advocacy service for those that wished for it.

We saw that people's dignity, confidentiality and privacy were mostly maintained. They had their own rooms which were personalised and individual to them. Those that wished to shared rooms. The people we spoke with took pride in their rooms and enjoyed their personal spaces. One person said, "This is my home." One of the relatives who gave us feedback told us how their family member had been pleased with the recent refurbishment of their room and how happy this had made them. On all except one occasion we saw that staff knocked at people's doors before entering when given approval to do so. When people needed assistance with personal care, we saw that they were discreetly supported with this. We saw that personal information was securely stored at all times.

People were encouraged to be as independent as possible. This was demonstrated in our conversations with the people who used the service and staff and our observations. One person told us how much they enjoyed going out with their friend at the weekends and how this was safely supported by the service. We spoke to the relative of this person and they also told us how much it meant to their family member. The people we spoke with told us about how they spent their week at various events and organisations and we saw that people came and went as their schedule required. One staff member explained how people's high levels of independence made the home feel like theirs and that staff were simply there to support this. During our visit we saw staff assist people to go out in the local community to complete shopping and preparations for Christmas. We saw that both people and staff were involved in the running of the home and that people used the facilities as they wished. When groceries were delivered, those people that were at home fully assisted with this whilst discussing what food they had ordered and when they would have it. All of the people we spoke with said they had choice in how they spent their day and that they received support to do this.

Although there were no visitors during our inspection, the service had no restrictions on people's friends and relatives visiting the home. Although communal areas were few, people had their own rooms to entertain guests in private if they wished. For those people in relationships, support was provided by the service as required.

Is the service responsive?

Our findings

The needs of the people who used the service were met in a person centred way. All the people we spoke with told us they were happy and received the support they needed. One person said, "[The staff] are always there to help me. I get on well with them all and they help me a lot." One relative who provided us with feedback told us, "[The staff] look after people well."

The staff we spoke with told us that they had the time, resources, information and guidance to support people in an individual manner. They told us they read people's care plans and were involved in their development and reviews. They said the care plans contained enough information, and were in the right format, to assist them to support people. One staff member told us how important the care plans had been in getting to know people when they first started in post.

We viewed the care and support records for seven people who used the service. Two of these were looked at in detail to ensure that those people's needs had been identified, assessed and reviewed in a person-centred way. The two care plans we viewed were individual to the person and accurate. They contained relevant information and guidance for staff to be able to support these people. They had both been reviewed on a regular basis with changing needs recorded.

Overviews of people's personal details and needs were in place and we saw that these were accurate. This document was used in the event of a hospital admission and helped to ensure continuity of care should a person require hospital treatment. It contained relevant and important details such as past and current medical history, preferred methods of communication and what level of support the person needed. It also contained information on whether any other people had the legal authority to make decisions on that person's behalf. All of which helped to ensure people received the care and support they needed should they temporarily require the use of another service.

The service had completed assessments of people's needs prior to moving into the service. This was to ensure that the service could meet the person's needs and that it was the right home for them. Care plans were then developed with the person and consent to provide care and support gained. Pen pictures were in place that gave good information on each individual including their interests, hobbies and how they liked to spend their time.

The support plans we viewed covered all areas of daily living that were individual to each person. Information such as how a person communicated and how best staff could support them with this was in place. Other care plans covered areas of people's lives such as their environment and how they felt about this, how they interacted with their local community and friends and relationships. Information was in place to support people with their individual personal care needs as well as their emotional and physical wellbeing. Where people had specific medical conditions, information was in place to help staff support people to remain well. During our visit we saw that people's needs were met in a person centred way.

The people we spoke with who used the service told us that they engaged with others and their local

community. They told us about the clubs and activities they went to and that they enjoyed them. People told us they had plenty to occupy them and that they never felt bored. We saw that people's rooms contained objects that reflected their hobbies and interests. Where required, the service supported people to engage in their social and leisure activities. For those in relationships, the service supported people with this as required. One relative we gained feedback from told us how easy staff made it for them to contact their family member and how much this had improved.

The people we spoke with who used the service told us that they had no worries or concerns and would feel comfortable speaking with any staff member if they did. The relatives we gained feedback from also had no complaints to make in regards to the service. One told us, "Both [family member] and I are very happy with Kensington Lodge." Another told us, "None at all – no complaints whatsoever." This person also told us about a concern they had had in the past and how quickly and effectively the provider had addressed it. They said, "[Provider's name] is a fine owner." We saw that accessible information was on display in the home encouraging people to raise any worries they may have.

Is the service well-led?

Our findings

At our previous inspection carried out on 21 January 2015, we found issues around the governance of the service. This was because the provider's quality monitoring system had failed to identify and rectify issues relating to incomplete care plans and associated documents. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which told us what action they would take and that these actions would be completed by June 2015. At this inspection, carried out 7 December 2016, we found that the service had made sufficient progress to no longer be in breach of this regulation.

The service had a monthly audit in place that checked the quality and completion of care plans. This was completed by the registered manager and covered all areas of the care plan. This had been effective as all the care plans and associated records we viewed were complete, accurate and had been regularly reviewed. However, the audit did not indicate whose care plan or plans had been audited.

The provider had a quality monitoring system in place that assisted in identifying and rectifying any concerns or shortfalls with the service. A number of audits were in place and these covered areas of the service such as the dining experience, the engagement of those using the service, health and safety topics, infection prevention and control and medicines management. They had been completed regularly and had been effective although some needed more detail. For example, the audit for cleanliness and health and safety of bedrooms did not record which rooms had been checked. In addition, the dining experience audit did not show what date this had been completed. This would make it difficult to follow up on any issues identified. We did, however, see records that showed identified issues had been addressed.

The provider completed audits when they attended the service. These had last been completed in August and October 2016. We saw that the audits were effective and that issues identified had either been rectified or plans were in place to address them. For example, the August 2016 audit showed that new staff training was to be resourced. The October 2016 audit records that this has been completed and this was confirmed during our visit.

The people we spoke with were happy with the management team at Kensington Lodge and how the home was run. One person who used the service told us, "[The registered manager] is a very good manager. [Deputy manager] is a good manager too" They went on to tell us that they saw the registered manager most days. The other people we spoke with also told us they saw the management team on a regular basis and that they liked them. One relative who provided us with feedback said, "The two managers are working well together." Following a recent visit, a healthcare professional told us, "The home appeared clean and organised."

One relative we spoke with told us how much the home had improved since our last visit. They gave us examples of this which included staff approach, the refurbishment of the home and communication. They said, "The home has improved wonderfully in the last two years since [registered manager] took over. I congratulate them on the turnaround of the service. The managers are doing a very good job." They also

spoke positively about the provider.

Staff told us they enjoyed their work and felt supported by the management team and the provider. One described them as 'brilliant'. They went on to say, "There is always someone available when you need it. They are very supportive and approachable." Another staff member told us how the management team were always there to help them and come into the service should assistance be needed. They went on to say, "They help you and resolve issues." Staff also felt supported by each other and worked well as a team. One said, "We all get on so well and we support each other." The registered manager told us that both they and the deputy manager regularly completed shifts alongside the staff. They told us that this was to provide support to the staff and to ensure involvement with the people who used the service.

The service had forged many links with the local community and the people who used the service attended many events and organisations. Some people attended the local church.

There was a registered manager in post who had worked in health and social care for many years. They had been registered as manager with CQC shortly before our inspection in January 2015. They told us they felt supported in their role and enjoyed it. They said, "I feel it an honour to come to work in people's home." They went on to say, "I have an amazing boss in [provider's name]." The registered manager had completed their management diploma since our last visit. From the information we hold about this organisation we know that the service has reported incidents to CQC as required.

Feedback on the service was gained through questionnaires and regular meetings. Questionnaires had been completed for the people who used the service in March 2016 and these were in an accessible format. We saw that they were all positive. Relatives of those using the service had completed their questionnaire in February 2016 and were again positive. The provider also requested feedback from staff and these had been completed in September 2016. No issues had been identified as a result.

Regular meetings for those who used the service and staff had taken place. Minutes had been produced which showed topics were discussed openly and that people were encouraged to submit ideas and views. For example, we saw minutes that showed holiday destinations had been discussed as well as menu options and plans for Christmas. During the last staff meeting held in November 2016, we saw that although the provider couldn't attend, they had left a message for staff. This not only gave staff guidance for making future improvements to the service provided but also praised them for their work.