

Scope

The Vines

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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected The Vines on 7 and 8 September 2016. This was an announced inspection. We gave the provider 48 hours' notice as the service provides respite for people and we wanted to be sure that someone would be available to assist us with the inspection.

The Vines is located in Mapperley, Nottinghamshire. The service provides respite care for people with a range of needs including those with learning and physical disabilities. The service is registered to provide accommodation and support with personal care for up to four people.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives felt safe. People were protected from the risk of abuse as management and staff had a very good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise the risk of harm.

People received care and support in a timely way as there were enough staff to meet people's needs. People could be assured of safe recruitment practices.

People received their medicines as prescribed and the management of medicines was safe.

People received support from staff who received training and support to ensure they could carry out their roles effectively. Staff had their competency checked if using specialist equipment or carrying out specific procedures and felt supported and confident in their role.

People were encouraged and supported to make independent decisions wherever possible. In the event people lacked capacity to make their own decisions, the Mental Capacity Act (2005) was followed to ensure people's rights were protected.

People were supported to maintain their nutritional and health needs. Referrals were made to health care professionals for additional support or guidance when needed and staff followed their guidance to ensure people maintained good health.

People were supported in a respectful and friendly manner and we observed that positive caring relationships had been developed between staff and people using the service. Where possible people were

involved in planning their own support.

Staff understood people's support needs and ensured they received personalised responsive care. Detailed and up to date guidance was contained within people's support plans. People had the opportunity to take part in activities as they wished.

People, who used the service, and their relatives, knew how to raise an issue or complaint and were confident these would be listened to and acted upon.

Some improvements were required to systems to ensure people were supported in a consistently clean and safe environment and that regular audits were effective in identifying and responding to issues.

There was an open and transparent working culture at The Vines. People who used the service, their relatives and staff felt listened to and able to make suggestions to drive improvements at the service.

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 and their relatives felt safe. People were protected from the risk of abuse as management and staff had a very good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to people's safety were identified and assessments carried out and followed by staff to minimise the risk of harm.

People received care and support in a timely way as there were enough staff to meet people's needs. People could be assured of safe recruitment practices.

People received their medicines as prescribed and the management of medicines was safe.

Is the service effective?

Good ●

The service was effective.

People received support from staff who received training and support to ensure they could carry out their roles effectively. Staff had their competency checked if using specialist equipment or carrying out specific procedures and felt supported and confident in their role.

People were encouraged and supported to make independent decisions wherever possible. In the event people lacked capacity to make their own decisions, the Mental Capacity Act (2005) was followed to ensure people's rights were protected.

People were supported to maintain their nutritional and health needs. Referrals were made to health care professionals for additional support or guidance when needed and staff followed their guidance to ensure people maintained good health.

Is the service caring?

Good ●

The service was caring.

People were supported in a respectful and friendly manner and we observed that positive caring relationships had been developed between staff and people using the service.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care where able.

Is the service responsive?

Good ●

The service was responsive.

Staff understood people's support needs and ensured they received personalised responsive care. Detailed and up to date guidance was contained in people's support plans.

People had the opportunity to take part in activities as they wished.

People, who used the service, and their relatives, knew how to raise an issue or complaint and were confident these would be listened to and acted on.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Some improvements were required to systems to ensure people were supported in a consistently clean and safe environment and that regular audits were effective in identifying and responding to issues.

There was an open and transparent working culture at The Vines. People who used the service, their relatives and staff felt listened to and able to make suggestions to drive improvements at the service.

The Vines

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 inspected the service on 7 and 8 September 2016. This was an announced inspection. We gave the provider 48 hours' notice as the service provides respite for people and we wanted to be sure that someone would be available to assist us with the inspection. The inspection team consisted of one inspector.

Prior to our inspection we checked the information that we held about the service such as previous inspection reports, information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with one person who used the service, three care workers, the team co-ordinator and the registered manager. We observed care and support in communal areas. We looked at the care records of three people who used the service, staff training and the recruitment records of three staff, as well as a range of documentation in relation to the running of the service including medication records and audits. Following our visit we spoke with two relatives of people who used the service.

Is the service safe?

Our findings

People, who used the service, and their relatives, told us they felt safe. One person told us staff kept them safe and knew what action to take if they had any concerns about their safety. They said, "I feel safe because I know the place and the staff. I would go straight to [team co-ordinator] if there was a problem with my safety." The person told us they were confident the team co-ordinator or registered manager would take any action required to keep people safe. People's relatives also told us that people were safe when at the service. One person's relative said, "Oh gosh, yes (people are kept safe). No problem whatsoever." The staff we spoke with told us that they felt that people were safe and were confident that any issues which could compromise people's safety would be acted upon promptly.

People's safety was promoted because there were systems and processes in place to minimise the risk of abuse. Staff had received training in how to keep people safe from abuse and had very good knowledge of the different types and signs of abuse. The staff we spoke with understood their role in reporting any concerns to the management team, and escalating concerns to external agencies if needed. One member of staff said, "I would let the manager know (if had any concerns about people's safety) unless I was concerned about them (the registered manager). If so, I would contact the MASH team". MASH is the acronym for Multi Agency Safeguarding Hub, which is the point of contact to report safeguarding concerns within the local authority. Records showed that the registered manager had taken appropriate action and had shared information with the local authority when it was required.

People we spoke with had a good understanding about keeping themselves safe. We observed that the service had a supportive atmosphere with staff communicating with people appropriately. Information was contained within support plans about how to best support people with their communication and ensure that information was understood. We saw examples of staff using the information contained within support plans to promote good communication.

Risk assessments were in place in relation to people's care and support and contained guidance for staff about how risks to people's health and well-being should be managed. For example, the risk to people of developing a pressure sore was monitored and support plans were in place which contained guidance for staff as to how people's skin integrity could be maintained. Where people required specialist equipment this was available and measures were in place to ensure that staff used this correctly. Consideration had been given as to how people could be involved in managing risks to themselves, for example, whether people were safe to use equipment controls. Care staff had read people's risk assessments, demonstrated an awareness of the information they contained and followed this guidance to keep people safe.

Staff were aware of procedures for reporting events at the service which may compromise people's safety. The team co-ordinator told us that staff were very good at completing body maps if they were concerned about marks or bruises on people. Records showed that these had been completed when required. We saw that detailed information was available to keep people safe in the event of an emergency situation such as the person requiring hospital admission or evacuation from the service in the event of a fire.

Training records showed that staff had undertaken a range of training to help reduce the risk of harm to people including fire awareness, emergency first aid and infection control. We saw that accident and incident forms were used when incidents had occurred which may affect people's safety. Action was taken in respect of incidents and accidents that occurred within the service to reduce the risk of reoccurrence, such as providing additional guidance or altering procedures, discussing recent incidents at team meetings and offering staff additional training. Effective systems and processes were also in place to reduce environmental risks such as those associated with fire or faulty equipment.

People received the care and support they needed in a timely way. One person told us, "There are enough staff. It sometimes depends on whether there is a driver on. I think [team co-ordinator] is recruiting new drivers." Both of the relatives we spoke with told us that there were enough staff to meet their relations needs. Staff told us that the management always ensured that there were enough staff to provide a safe level of support at the service.

The management team explained that staffing levels were based upon the amount of people using the service and their level of need. The service manager said that 95% of the time people using the service were provided with 1:1 support and that minimum levels of staffing were ensured to keep people safe. Consideration had been given to the requirements of people using the service and recent feedback about the availability of drivers was being responded to. We were told by staff and the registered manager that the service had a pool of bank staff and regular agency workers to cover staff absence. We looked at staffing rotas and saw that minimum staffing levels were achieved and staff had been allocated to work with people to ensure that they received 1:1 support if required.

People could be assured that safe recruitment practices were followed. References were requested from previous employers to determine if staff were of good character and checks were carried out through the Disclosure and Barring Service (DBS) as part of the recruitment process. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work vulnerable adults. This helps employers make safer recruiting decisions.

People told us that they received their medicines when they required them. One person explained how staff supported them to be as independent as possible in managing their medicines safely by ensuring they took the correct amount of medicine. People's relatives also told us that staff supported their relation to take their medicines safely. One relative told us that a medicines error had been responded to appropriately and that extra measures had been introduced to help prevent a reoccurrence. They told us that their relative had not experienced any further medicine errors since these measures were introduced.

People were given their medicines by staff that had been trained and assessed as competent to do so. Staff checked medicines when people arrived and left the service and two staff checked that medicines were recorded correctly in accordance with pharmacy labels. Staff were aware of the procedure for reporting a medicines error and we saw that they had followed guidance when required.

People's medication administration records (MARS) did not contain details of their GP or information about allergies and how they took their medicines. However, people's MAR sheets were located in their support plans which did contain this information. The team co-ordinator told us that staff took people's support plans with them when they supported people to take their medicines in the community. We observed this to be the case. The team co-ordinator confirmed they had made changes to people's MAR sheets so that additional information was included following our feedback. This would help ensure the safe administration of medicines. We saw that medicines were stored safely and securely.

Is the service effective?

Our findings

People were supported by staff that had the skills and knowledge to support them safely. People's relatives told us that their relations had complex needs and they were confident that staff had received sufficient training to enable them to meet these. One person's relative told us, "Staff have always been trained." People's relatives told us they were told if a new member of staff was supporting their relation and received assurances that experienced staff were available to provide support and guidance.

Staff told us that they were given appropriate training to enable them to provide effective care and support to people. One staff member told us that the training they received was, "Really good" whilst another staff member said, "I feel the follow up after training is really good. It's second to none." We saw training records which showed that staff undertook all mandatory training identified by the provider and systems were effective in identifying which staff required refresher training. We saw staff that required refresher training had been booked on upcoming courses to ensure their knowledge remained up to date and relevant to their role. Additional training was provided in response to people's specific health and care needs, such as feeding awareness and use of suction. Staff trained in these areas had their competency checked to ensure they provided safe and effective support to people.

The team co-ordinator told us that all new staff undergo an induction period which involved a period of shadowing experienced staff and enrolment on the Care Certificate. The Care Certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The staff we spoke with confirmed that they received sufficient induction when they commenced working at the service which prepared them for their role.

People were supported by staff who received support and formal supervisions from the management team. The registered manager told us that all staff had supervision every 6-8 weeks in addition to an annual performance appraisal. Staff told us that they felt supported by the management team to provide effective support and develop in their roles. Staff members had taken on lead roles and told us that requests for additional training to support these roles were responded to. One staff member told us, "It's the best support I've had (from an employer)."

People told us that staff always asked for their permission before carrying out any care interventions. One person told us, "I take the lead. (Staff) always ask permission and ask how I want things done." We observed numerous occasions of staff asking people if they agreed to support being provided.

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 were supported by staff that had very good knowledge and understanding of the MCA and how this applied to their role. People's support plans contained mental capacity assessments if a person's capacity was in doubt in areas such as health interventions, medicines and use of equipment such as bed rails. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. People's relatives told us that they had been consulted when decisions needed to be made on behalf of their relative who lacked capacity.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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. The management and staff team had an understanding of the Deprivation of Liberty Safeguards (DoLS) and when an application needed to be made. Records confirmed that a DoLS application had been made to the local authority when required.

People were supported to maintain their nutrition and hydration. One person told us, "I decide what to eat and drink. There are always biscuits available. I choose when to eat." People's relatives also told us that their relation was well supported in this area. Some of the people who used the service required a lot of support to maintain their hydration and nutrition. People's relatives told us that the service liaised with healthcare professionals such as dieticians and speech and language therapists to ensure effective support was provided. One person's relative told us that staff had received training on using equipment to ensure their relation could eat safely, they also said, "They are brilliant (at maintaining nutrition and hydration) If it is hot weather they ensure extra fluid due to high temperature."

Support plans contained clear guidance for staff about the support people required to maintain good levels of hydration and nutrition and how to respond to any risks, for example, in relation to choking. We saw that these had been updated to incorporate any changes and guidance issued by healthcare professionals. Staff kept daily records of what and how much people had eaten and drank. The team co-ordinator told us that they were currently liaising with the clinical lead for the service about how they could improve their monitoring for people who were at risk of malnutrition. This was because the service provided respite care and it was difficult to keep weight records up to date. They told us that they liaised closely with families, day services and dieticians to ensure that people's needs were met.

People were supported to maintain their health. People's relatives told us that the service liaised with medical and healthcare professionals as required and followed their advice. One person's relative told us that staff had contacted the person's doctor when they had been concerned about their relations health. People's detailed support plans incorporated information which had been provided by healthcare professionals such as speech and language therapists and physiotherapists. The staff we spoke with were aware of the guidance contained within support plans and followed this to provide effective care. We saw one example where a referral had been made to a healthcare professional when staff had been concerned about the risks to a person which had resulted in an additional piece of equipment being provided for the person which reduced the risk of harm.

Is the service caring?

Our findings

People told us that staff were caring and we observed staff speaking to people in a warm, respectful and friendly manner. People's relatives told us that The Vines was a happy, busy place that their relations enjoyed visiting. Both of the relatives we spoke with commented positively on how staff communicated with their relation and involved them in decisions and conversations.

Staff told us that people were treated with kindness and respect. One staff member told us, "We treat people how they want to be treated. We have banter with people if they want it and adapt our personality to suit theirs." The person we spoke with confirmed that they enjoyed the banter with staff. Staff told us that the management and staff team were open with each other if they felt that an interaction with a person using the service had not been caring, for example if inappropriate words were used or a person had not been communicated with effectively. The staff we spoke with told us that this feedback was seen positively and benefitted the people using the service. We observed a lively and fun atmosphere during our visit which the people using the service clearly enjoyed.

Staff involved people in making decisions about what they wanted to do during the day and took care to ensure that people's preferences were ascertained and information was conveyed in a way which people would understand. For example, one person chose to spend part of their day updating their daily communication sheet with the support of staff to make it more accessible to them. The staff member supporting the person checked that the person understood the information and were happy with how information about them was presented. On another occasion a person using the service was asked what jacket they would like to wear. The staff member showed the person three jackets so they could choose.

People's support plans contained clear guidance for staff about the importance of consulting with the person prior to providing care and support and communicating in a way that people would understand. Staff were aware of people's different communication needs and told us that they were able to ascertain people's preferences in different ways, for example, by following their gaze or indicating towards objects. Support plans also contained information about how people communicated that they were in distress to enable staff to respond to people who may be experiencing pain or discomfort.

People's support plans contained information about the person, their likes and dislikes and what was important to them. Staff told us that they got to know people by talking to them, speaking with their families and reading support plans. We found that staff were very knowledgeable about people's personalities and interests. One person told me, "Staff know about me because I tell them. I take charge of my support plan, I know it inside out. It's there, I can look at it." The team co-ordinator told us that people were involved in developing their support plans where they were able. Where people were not able to do this, their relatives contributed to support plans. One person's relative told us, "If (support plan) is updated, [staff] will let me know and ask if I want a copy. Yearly I am asked to check contents."

At the time of our inspection no one who lived at the service used an advocate. Information was available at the service about advocacy support and the team co-ordinator told us that a person who had previously

used the service had the support of an advocate. Advocates are trained professionals who support, enable and empower people to speak up.

People were treated with dignity and respect. One person told us, "Staff respect me, they wait for my choice. If I didn't see it happening I would be talking to team co-ordinator." The person told us they had recently taken on the role of Dignity Champion in the service along with some staff members. They told us that everyone at the service made an effort to use appropriate language and talk about issues of a personal nature discreetly.

Staff spoke confidently about how they maintained people's privacy and dignity. For example, by monitoring people who required regular observations discreetly and ensuring people's dignity was maintained when providing personal care. People told us that they were able to have time on their own and relatives confirmed that staff supported their relation to communicate on the telephone and handled sensitive information with compassion.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One person told us they were supported to maintain their interests and pursue activities of their choosing. They said, "I like going to the cinema. We go on the bus. I have a cinema card and choose the staff to go with me." They also confirmed that staff met their support needs in a way which reflected their preferences: "I go to bed when I want. There is no time limit." People's relatives also felt that people contributed to planning their care as much as they were able. One person's relative told us, "[Relation] is always offered choices. It's nice to know they communicate that way with [Relation]. They are always busy doing something."

The team co-ordinator told us that some people who used the service had quite strict 1:1 routines due to the level of support they required to maintain their healthcare. We found that the daily recording did not always reflect whether interventions had been carried out in line with the guidance in support plans. However, staff were aware of people's routines and at what intervals they required healthcare support, such as medicines or exercises. The team co-ordinator told us that some interventions were carried out at the day centre and there was good communication between the two services to ensure people's needs were met. We observed that staff communicated well with each other to ensure that care and support were provided at the right time. For example, people's support needs were considered when arranging a trip to the park for people using the service.

People who used the service and their relatives told us they had no concerns about support not being provided when required. One person's relative told us, their relation was, "Always clean" and "Never sore." Support plans contained detailed information about people's medical conditions, signs and symptoms, for example in relation to epilepsy. One person had experienced a seizure which was not usual for them. It was clear from records that staff had responded appropriately and discussed recent changes with the person's relative and healthcare professionals.

The team co-ordinator told us that they had made recent improvements to support plans to reflect people's goals and aspirations. One person told us that staff were supporting them to use different words so that they could expand their vocabulary. Support plans also reflected how people were supported to maintain their independence as much as possible, for example, by requesting their own ticket on the bus. Guidance was available within support plans as to how staff could involve people with limited communication as much as possible in daily decisions and routines. For example, one person's support plan advised staff to describe items of clothing to the person and let them feel textures to enable them as much as possible to express a preference.

Support plans and risk assessments were kept up to date by regular reviews or when a person's needs changed. For example, one person's needs in relation to eating and drinking had recently changed and we saw that their support plan had been updated to reflect changes and guidance issued by a healthcare professional. Staff we spoke with told us that they were given time to read and contribute to people's support plans and we observed them following the guidance contained within these plans.

The team co-ordinator told us that staff had supported people who were using the service to attend a local music festival. One person told us they had really enjoyed this activity: "It was amazing." People's relatives told us that their relations were, "Out and about a lot" and that staff ensured that their relative listened to the music they liked. The team co-ordinator showed us containers at the service where personal items were stored for people to use when they visited the service. This ensured that the room could be personalised during their stay with objects familiar to them. One person told us that they always chose which room they stayed in and their bedding.

People could be assured that complaints and feedback would be acted upon by the service. One person we spoke with told us, "No complaints for a long time. I can go to [team co-ordinator] with any problems. I could ring [team co-ordinator] if they weren't here or leave a message. [Team co-ordinator] would react." People's relatives told us that they were confident that any concerns raised would be responded to appropriately. One person's relative told us, "I have had no complaints. Definitely if I had a niggle [team co-ordinator] is straight away on it. I always get a call back." Another relative told us that they had a small issue which was responded to efficiently and that measures are in place to prevent a reoccurrence.

The provider had a clear complaints policy. Staff were able to describe what to do if they felt someone wanted to make a complaint and felt that any concerns or complaints were responded to effectively by the team co-ordinator. Records showed that only one recorded complaint was received in the last twelve months. This had been responded to in line with the providers policy and the complainant had confirmed that they were happy with the response.

The team co-ordinator told us that feedback was also sought from people and their relatives by sending out regular surveys which had been recently redesigned to encourage people's comments. We saw that some of these had been recently returned and contained positive comments about the service provided. Comments in relation to the availability of drivers had been taken on board by the provider and the team co-ordinator told us of their plans to address this issue.

Is the service well-led?

Our findings

We found that improvements were required to the system which ensured that equipment and the environment were clean. Whilst we observed that many areas of the service were clean, some areas and equipment in the kitchen were not. We checked cleaning schedules and found that some equipment, such as the microwave, and some areas of the environment, such as the kitchen floor, had not been cleaned in accordance with cleaning schedules. We checked infection control audits that had been completed at the service and found these had not identified that cleaning schedules had not always been completed or that some areas of the service were not clean. We feedback our findings to the registered manager who told us that they also found that the microwave had not been cleaned on the day of our visit and told us of the action they would take to address this.

We found that other audits carried out at the service were effective in identifying issues but did not always record what action had been taken in response. The team co-ordinator told us that audits were completed by staff members who had lead roles and that they or the registered manager did not routinely check they had been completed accurately. In addition, although accident, incident and body map forms were completed and action taken in response to specific events, these were not analysed at regular intervals to help identify any trends. This meant that opportunities to recognise trends and take appropriate action may be missed. Also, routine checks were not carried out to ensure that daily communication sheets were being completed accurately to evidence that people had received support in line with guidance in their support plans. The team co-ordinator and registered manager acknowledged that systems could be improved and told us of their plans to address this.

Other areas of the quality assurance system were effective in identifying and responding to areas of improvement. People and relatives were able to comment on the running of the service and consideration had been given to people's comments to drive improvements at the service. We saw that action had been taken in response to audits carried out by the provider and feedback from external commissioners to address issues identified.

People and their relatives told us that they found the management approachable and responsive. One person told us, "[Team co-ordinator] knows what goes on here. She's ok and makes time for you. If I ask her something I don't have to keep checking." One person's relative told us, "[Team co-ordinator is brilliant, I can approach with anything. Knows which staff are on with [Relation], she's very up on staff. It's definitely good quality care." Another relative told us, "[Relation] is safe, happy and healthy. That's a good thing. It's an excellent place."

Staff we spoke with talked positively about the management team and felt able to speak with the registered manager or team co-ordinator if they had any concerns or suggestions about the running of the service. One staff member told us, "I always feel comfortable to raise issues with staff or [team co-ordinator]. Staff meetings have improved to involve staff more. We talk about what's working and what's not. We can always get hold of the team co-ordinator if she is not here."

Staff told us that the team co-ordinator kept the attitude and behaviours of staff under review and they were given feedback on their performance. We were told that this was being further enhanced by the use of regular staff observations to check that staff demonstrated the values of the service when providing support. Staff described an open culture and good team working to benefit the experiences of people using the service. We observed that staff communicated well with each other and people using the service. One staff member had returned to the service after a period of absence and we observed they asked people using the service and staff of any changes they needed to be aware of before providing support. We also saw that a person who was using the service was invited to contribute towards staff handover to ensure that staff had communicated what was important to the person. Staff felt confident to question the practice of colleagues if they had concerns and felt this promoted a positive culture. All of the staff we spoke with were aware of whistleblowing procedures and felt confident to use these if they felt that concerns needed to be raised outside of the service.

People were involved in the running of The Vines by being invited to attend meetings and, if appropriate, take on roles within the service, such as Dignity Champion. The person we spoke with told us, "I have attended meetings. There was one on Tuesday at the day centre and was able to make suggestions. I have suggested a couple of things like booking clothes in and out and that is now happening." People's relatives also felt involved in the running of the service. One person's relative told us, "I am always involved and have been invited to coffee mornings. I have been asked views about that they could do better." People and their relatives felt that their views were listened to and responded to by the management team.

There was a registered manager in post who was supported by a team co-ordinator. The registered manager understood their role and responsibilities and records showed they had submitted notifications to the Care Quality Commission when incidents had occurred in line with statutory requirements.