

Autism Sussex Limited

# St Saviours Road

## Inspection report

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Date of inspection visit:  
28 February 2017  
02 March 2017

Date of publication:  
20 April 2017

## 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

St Saviours Road provides accommodation for up to four younger adults who live with autistic spectrum disorders. There were three men living at the home at the time of our inspection. They had a range of complex care needs associated with living with autism and mental health needs. People had complex communication needs and required staff who knew them well to meet their needs. St Saviours Road is run by Autism Sussex Limited who run a number of care homes and outreach services in the county.

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.

This comprehensive announced inspection was carried out on 28 February and 02 March 2017.

At our last inspection in January 2016 we identified areas where improvements could be made. These areas related to the management of medicines and record keeping related to risk assessments and fire safety. In addition a number of the policies and procedures were out of date. At this inspection all these areas had been addressed. People's individual support plans contained information that was no longer relevant. This was not a concern in that all staff working in the home knew people exceptionally well and had worked in the home a long time. However, the registered manager was aware that this was an area that needed to be addressed.

The registered manager and staff had a very strong understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure that people who cannot make decisions for themselves are protected. They also ensured that people were not having their freedom restricted or deprived unnecessarily.

Staff had an extremely good understanding of people as individuals, their needs and interests. Some people attended day centres and people were also supported with daily activities both within and outside of the home. Significant progress had been made in increasing and expanding the variety of activities of offer to people. Staff were acutely aware of people's individual needs in relation to activities and supported people in a way that suited them. Staff were kind and caring in their approach and spoke with people in a way people could understand. People responded warmly to this.

Staff ensured that people were supported to be as independent as possible and they adapted their approach based on each person's strengths and weaknesses. This included the provision of opportunities for people to develop skills in meal preparation and daily living tasks. Staff support was provided in line with people's needs.

There were enough staff to meet people's needs. Risk assessments were carried out to ensure that people were safe and that staff had clear guidance on how to support them. Staff knew what actions to take to mitigate these risks and provide a safe environment for people to live in. Staff understood what they needed to do to protect people from the risk of abuse. Appropriate checks had taken place before staff were employed to ensure they were able to work safely with people at the home.

Staff attended regular supervision meetings and told us they were very well supported by the management of the home. Staff meetings were used to ensure that staff were kept up to date on the running of the home and to hear their views on day to day issues. Staff attended regular training to ensure they could meet people's needs. This included training on various aspects of autism. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently.

People were supported to have healthy and nutritious diets that were varied and met their individual choices. They were also supported to attend healthcare appointments in line with their individual needs.

The provider had good systems to monitor the management and quality of the home and through regular internal monitoring the registered manager ensured that a range of audits were carried out to monitor the care and support provided. Where shortfalls had been identified they were addressed in a timely manner.

## 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.

There were safe systems for the management of medicines.

Risk assessments reflected people's changing needs. Staff had a good understanding of the actions they should take if they suspected abuse.

Recruitment procedures were in place to ensure only suitable people worked at the home. There were enough staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The training plan ensured staff had the knowledge and skills necessary to carry out their roles. Staff attended regular supervision meetings and felt supported by the registered manager.

Menus were based on people's individual preferences.

### Is the service caring?

Good ●

The service was caring.

Staff knew the person well and displayed kindness and compassion when supporting them.

People's dignity and privacy was promoted.

Staff adapted their approach to meet people's individual needs and to ensure that care was provided in a way that met their particular needs and wishes.

### Is the service responsive?

Good ●

The service was responsive.

Individual support plans provided detailed advice and guidance about how to support people.

People had increased opportunities to take part in a wide variety of activities.

Staff knew people well and knew the subtle ways they indicated if they were unhappy with a situation.

### **Is the service well-led?**

The service was well-led.

A wide range of audits were carried out to monitor the running of the home and to ensure that it was well run.

There was a very positive and open culture in the home. Staff told us the registered manager was supportive and approachable.

**Good** ●

# St Saviours Road

## **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 told the registered manager the evening before our visit that we would be coming. We did this because St Saviours provides care for younger adults who are often out during the day and we needed to be sure that someone would be in. The inspection took place on 28 February and 02 March 2017.

When planning the inspection visit we took account of the size of the service and that some people at the home could find visitors unsettling. As a result, this inspection was carried out by an inspector without an expert by experience or specialist advisor.

Before our inspection the provider had 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 reviewed the information we held about the home, including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff files including staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises. We also looked at two support plans and risk assessments along with other relevant documentation to support our findings.

During the inspection, we spoke with three staff members including the registered manager and senior support worker. In addition, we requested feedback from healthcare professionals who had contact with people living at Saviours Road. We received feedback from one visiting health professional.

We met with people who lived at St Saviour's Road. We observed the support which was delivered in communal areas to get a view of care and support provided across all areas. People chose to communicate verbally with staff and others who knew them well. We spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people living at St Saviours.

# Is the service safe?

## Our findings

At the time of our last inspection in January 2016 we assessed that there were areas that needed to be improved. These areas included the management of some medicines and the reviewing of risk assessment documentation. We reviewed these areas and found that improvements had been made.

Although people could not tell us if they felt safe we observed that they were content in their surroundings. We saw that if a person was anxious, staff were immediately on hand to provide reassurance and to address what was bothering them.

Medicines were stored, administered, recorded and disposed of safely. People's medicines were either stored in their own bedroom or in a locked cupboard in the office. The office was locked when not in use. All staff had completed training on medicines and had been assessed as competent before being allowed to give medicines to ensure they followed correct procedures. The temperature at which medicines were stored were recorded to ensure that medicines were stored at a safe temperature. At the last inspection we found that some creams and liquid medicines had not been dated when opened. As these medicines were not routinely used it had not been possible to determine how long they had been open and this could have affected their quality. At this inspection there were systems to ensure that all such medicines were dated and checked regularly to ensure they were still safe to use.

There were systems to ensure that risks to people's safety were not compromised. Staff had a good understanding of the risks associated with supporting people who lived at the home. Risks were identified and plans put in place to manage them whilst protecting people's freedom and maintaining their independence. Support plans contained specific guidance about how staff should support people to keep them safe. Where risks had been identified the level of risk had been assessed. Strategies were then put in place to reduce the risks and records showed that in all cases the level of risk of accidents and incidents had then been reduced. All incidents however, minor were recorded and if appropriate reported to social services. Staff analysed incidents in terms of how they managed them, what had gone well and how they could have worked differently to reduce the possibility of them reoccurring. For example, staff had assessed that in a particular situation one person needed clearer boundaries as to what was expected of them. This had been written into their risk assessment.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and were able to tell us that if an incident occurred they reported it to the registered manager who was responsible for referring the matter to the local safeguarding authority.

Regular health and safety checks continued to be carried out and included infection control, legionella, cleaning checks, gas and electrical servicing and portable appliance testing. All staff had received fire safety training and people had personal emergency evacuation plans. They contained information to ensure staff and emergency services were aware of people's individual needs and the assistance required in the event of an emergency evacuation. There were regular fire safety checks including fire drills and staff knew what they



should do in the event of a fire. Staff had increased the frequency of fire drills due to the length of time it took to carry out an evacuation and as a result the time taken had been significantly reduced. This ensured that people knew what to do if the alarms sounded and that they responded appropriately.

Staff recruitment checks were undertaken before staff began work at the home. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. This meant the provider had checked that staff were of suitable character to work at the home. All prospective staff that were successful in the first round of screening were invited to work a half day shift at the home, people were asked for their views, and staff were asked to comment on the prospective staff members ability to interact with people. This ensured that people and staff had involvement in the recruitment process.

There were enough staff working in the home to meet people's needs safely. Staff told us that they were able to meet people's individual needs safely. A new rota had been put in place and was introduced on the first day of our inspection. The rota was designed to ensure a more person centred approach to meeting people's needs and wishes. Staff spoke positively of this change. A staff member told us, "It's great it's now much easier to plan days out and to organise activities." There were clear on call arrangements for evening and weekends and staff knew who to call in an emergency. At the time of inspection there were some vacant staff hours. However, a new staff member had been appointed and was due to start subject to satisfactory recruitment checks. In the interim the vacant hours were covered by staff working additional hours and by relief staff. One person required 15 hours one to one support throughout the day and the others also had a set number of one to one hours each week. There were enough staff on duty to ensure this level of support was maintained.

## Is the service effective?

### Our findings

People were supported by a well trained staff group who had the knowledge and skills to meet their individual needs. A visiting professional confirmed this. They commented, "The service provider appears to have a thorough understanding of Autism Spectrum Disorders and use the knowledge to inform their practice."

People received enough food and drink to meet their individual choices and wishes. Menus had been reviewed since our last inspection and there was a four week seasonal menu that was based on people's preferences. The menus were varied and offered people a well-balanced and nutritious diet. A staff member told us that if one person did not like their meal they threw it in the bin. This had happened on a regular basis but since revising the menus this had been less of a problem. After a recent meal this person had been quoted as saying, "Compliments to the chef." Staff used photographs of meals to assist the person in making choices. They were involved in choosing and where appropriate, making their own drinks. Staff told us that they placed much more emphasis on encouraging people to actively participate in meal preparation and this varied with each person depending on their individual abilities.

The registered manager and two staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to describe its principles and some of the areas that may constitute a deprivation of liberty. Training had been booked for the remainder of the staff team the month following our inspection. 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. There was information within care plans about how each person communicated their needs and wishes and staff were able to clearly describe how each person made their needs known.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 and there was appropriate documentation was in place. Everyone had been assessed as needing support to leave the home. Where appropriate, standard authorisations were in place and staff understood why people had restrictions as this was clearly stated in care plans.

There were effective systems to ensure that staff had the training they needed to fulfil the duties of their role. Training included courses on safeguarding, infection control and food hygiene, MCA and DoLS. In addition, they received training specific to understanding autism and how to support people and meet their individual needs. All staff completed Team TEACH 2 training which is training that teaches staff how to use preventative strategies to stop behaviours that challenge, escalating. Advice and guidance that was specific to each individual had been included in each person's support plan. Over the past year staff had attended

training on bereavement and autism and on person centred care. Staff spoke very positively about the training received. It was evident the person centred training had a bit impact as rotas had changed to enable staff to focus more specifically on each person as an individual.

There was a commitment to ongoing training and development. The home had looked at training in mental health to support them in meeting one person's health needs. However, firstly they met with a psychiatrist to establish what specific training would be best. As a result staff had been signed up to, and were soon to start a level two distance learning course completed over a 10-16 week period. Although over the past year, staff felt that they had already learned a lot about this person's individual needs how to support them effectively, they were looking forward to this training and hoped it would give them greater insight to achieve the best outcomes for this person.

There was a structured induction programme when staff started work at the home. This included time to get to know people, to read their support plans and to shadow other staff. An in-house induction checklist was completed to ensure that staff knew the home's procedures. On completion, staff who had not previously worked in care went on to complete the care certificate. The care certificate is a set of 15 standards that health and social care workers follow. The care certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff continued to receive regular supervision which was booked in advance; they told us they were able to have extra supervision if they required further support. The registered manager told us that they also classed staff meetings as a form of group supervision as time was set aside to discuss matters of importance to the staff team. A staff member told us, "Everyone is supportive; there is an open door policy." Another said, "If you are annoyed with something it's important to talk, if it's not sorted straight away there would be an atmosphere and the home is too small for that, it wouldn't work. We work well together."

Everybody had a health action plan. These identified the health professionals involved in their care for example the GP, occupational therapist or dentist. They contained important information about the person should there be a need to go to hospital. One person had a fear of attending hospital appointments, in particular where there was a use of any medical equipment. Staff recognised that this could be a problem as the person got older so had looked at ways to try to overcome this. A programme was in place to try to desensitise the person from their fear by initially having equipment lying about and then, gradually moving to touching it and taking the fear out of it. It was still too early to see if the programme would be effective, some aspects had worked and others had not, but it had already been reviewed based on initial findings and they were looking to develop this further.

## Is the service caring?

### Our findings

People were not able to share their views with us about the care they received. However, we observed staff talking and communicating with them. Staff were kind and caring in their approach and spoke with people in a way people could understand. We observed that people responded warmly to staff. Staff were aware that when one person used a particular word what the person really meant but didn't say was, 'Where am I going next.' The support plan clearly described this and we observed that staff knew how to respond to them. A visiting professional commented that one person, "Is supported by a team who know him very well and that this is an effective factor in reducing (the person's) anxiety and stress."

People had a meal out together one night a week and they took it in turn to choose the restaurants. One person had particular cultural food preferences and there were regular opportunities to ensure these were met. However, recently staff had looked at the cultural aspect in more detail and through research had pinpointed particular restaurants that catered for their specific wishes. Records demonstrated that these wishes were met and that the person was happy with the outcome.

A staff member told us that the person centred training they had received in the past year, had been particularly valuable to them. They said, "It made me think about what I do." In the past if a person asked for a sandwich they asked them what type of sandwich and made it for them. Now they encouraged the person to make it for themselves and gave support only when needed. They told us, "I realise now that it makes them feel good and it makes a big difference." Staff also supported people to gain independence in other daily living skills such as meal preparation, laying the table, loading the dishwasher, taking the rubbish out and mopping the floor. Staff said that people took it in turns to do tasks and support was provided in line with each person's individual needs.

Staff took enormous pleasure in telling us about people's successes and it was evident they were proud of their part in encouraging people to be active participants in activities. A staff member said, "The day he got on a bike, he blew me away. I couldn't believe it. It was fantastic." Another staff member said, "I'm so proud of him. Its small steps for us, but massive steps for him. It's not easy."

One person had painted a small picture. Staff had arranged for this to be blown up and displayed on the stairwell. The effect had been very striking and it matched with the décor and created a homely atmosphere.

Staff continued to ensure that people's privacy and dignity was respected. They knocked on people's doors and waited for a response before they entered the room. Staff told us they maintained people's dignity by promoting their independence and involving them in decisions. People chose where they spent their time. One person who used to spend a lot of time on their own in a music room now chose to spend most of their time in the kitchen. Staff generally saw this as a very positive move in that it was less isolating and they were able to spend time talking to them. Another person liked to spend time in the lounge and another had a comfy chair in the conservatory and they enjoyed spending time there when they got back from their day centre.

## Is the service responsive?

### Our findings

People's daily activities had been reviewed and rotas revised to ensure a more person centred approach was adopted to meet their needs.

People attended day centres three days a week. They also had a specific day that was allocated for them to be supported on a one to one basis for trips out to places of their choice. They also had a house day where they were supported to do cleaning tasks both in their bedroom and communal areas and they attended to their laundry. Before the changes, shopping was done on a daily basis but this had been changed to twice a week so that more time could be spent doing what people wanted to do. One person had started using binoculars and this had increased their desire to go out more to take walks and to look at wildlife. Staff told us that this person liked to speak at length about these walks and now regularly asked to go out more and chose the destination. Another person had started swimming and had started to lead a much more active lifestyle.

One person had one to one staff support to facilitate their daily routines in a way that met their needs. They were supported to participate in swimming, cycling and gym sessions. In order to get to this point, staff supported the person for a number of months to observe at a distance and gradually, through use of objects of reference, they encouraged greater participation. This person's care plan provided detailed advice and guidance about the particular support they needed to ensure these activities could take place. The plan was clear about the steps that needed to be followed and relied on skilled staff who knew the person well, who could anticipate possible triggers that could affect their participation, and to deal with the triggers swiftly to enable the person to reach their goal. For example, moving from one destination often proved problematic. Staff needed to ensure that doors in corridors were closed. To encourage the use of stairs, staff needed to count the steps and reassure the person about how many were left to do. A staff member told us, "You can't rush things, he requires patience and understanding. You just have to go with the flow and accept who he is." The trust built between the person and staff combined with the support and guidance from their relatives was crucial to the exemplary progress made and this had a massive impact on improving this person's quality of life.

Staff also spoke positively about another person's achievements. "He is more active now; he has lost weight and has enthusiasm for doing more. We challenge him to expand his horizons." A visiting professional confirmed this when they commented about a, "Gradual change in the approach towards supporting (person). It has been evident that (person) is being supported to be more active in the community and to engage in a wider variety of activities.

We asked a staff member how they knew that people enjoyed their activities. They told us one person did not always show their emotions. However, on a recent bowling trip, the person missed a shot. They said, "It showed on his face that he was annoyed with himself that he missed it. It was great to see that. If he didn't want to take part in the bowling he wouldn't."

People were supported to have an annual holiday. A staff member told us, "We tried lots of different

activities just to see what the guys liked. We went to a theme park and we went to a zoo. We all had a fantastic time." One person always went on holiday with their relatives but plans were being made for them to also go on holiday this year with the staff team.

Staff were extremely knowledgeable of the support people needed and this and important information about people's lives had been recorded in their individual support plans. Plans contained detailed information and guidance about people's routines, activities, goals and training plans. There was guidance to ensure staff knew how to support people if they displayed behaviours that may challenge others. In addition, there was specific advice on how each person's autism might affect their day to day lives. The registered manager told us that the goals and training plans were not currently being used and were under review. The support plans contained a wide range of information that was no longer applicable and needed to be removed. However, as the staff team was small and staff knew people extremely well this did not have any impact on the support people received.

The registered manager told us that the format for reviews had been revised to focus on what people could do rather than to focus on what they were not able to do and therefore to work more on expanding these areas. They had found this to be a more positive and productive way of working.

People were regularly asked if they were happy or if there was anything they would like to do differently. There was a complaints book and a post box that complaints could be posted should anyone require this facility. The complaints policy was available and there was also an easy read version. Staff told us they knew when people were unhappy. During our inspection we observed that when one person was unhappy they were about to throw an object. However, staff immediately noticed and promptly assessed the cause of their unhappiness. An object was out of place in the kitchen. When this was returned to its original place the person settled. Staff told us that another person was able to communicate verbally if they were unhappy and the third person needed staff who knew them well to identify if they were unhappy but that this could generally be assessed through their facial expressions.

There were systems to ensure that people's views continued to be captured on a weekly basis. There was a different format for each person that was designed to meet their individual needs. This meant that each person was able to complete the form independently. For example, one person used a tick system alongside pictures of happy or unhappy faces. If they ticked that they were unhappy staff discussed this with them to try to assess why they were unhappy. Another person's format asked simple questions and a third person's were more complex. Generally the questions were the same each week but it was noted that on occasions they had asked new questions and the registered manager said that this was something they would try to do more of to expand this area to seek people's views on a wider range of matters. One person had said they liked a particular day because their relatives visited. This had been fed back to the relatives who then decided to increase the frequency of their visits in response. The person was happy that this happened.

## Is the service well-led?

### Our findings

At the time of our last inspection we assessed that there were areas of record keeping that needed to be improved. This was because records of fire drills did not provide details of which staff had attended and they had not been evaluated. A number of policies and procedures had not been updated for some time. We found record keeping in these areas had improved.

Policies and procedures had been reviewed since the last inspection and all were stored electronically. A new Duty of Candour policy had been introduced. Staff knew how to find the policies and there was a read and sign sheet to show that they had read them. Records of fire drills now included details of which staff had been in attendance, how long the drills took. People and staff knew what to do in the event of a fire.

The provider had systems in place to monitor the management and quality of the home. Since September 2016, a representative from the external management team had visited the home periodically to assess how they operated against each of the five domains (safe, effective, caring, responsive and well led). Where shortfalls had been identified there were timescales set for them to be completed. The registered manager had recorded the actions they had taken to address them. It was noted that on each visit individual support plans were discussed and new timescales reset. The registered manager confirmed that work had been carried out to update areas and to slim line the folders removing out of date and unnecessary information for archiving. This was an ongoing piece of work and whilst all the information needed to support people was available, it would have been difficult to pick out the key information needed to support people. A number of goal and training plans in each folder were no longer being used. The current system worked because staff and relief staff knew people well, had worked at the home a long time and knew people's needs. However, the registered manager was aware that this needed to be addressed so that any potential new staff would have easy access to essential information.

The registered manager had systems to regularly audit the home. For example, audits were carried out in relation to the management of medicines, infection control and health and safety. Where shortfalls were identified they had been addressed. There were systems to ensure that the registered manager notified the provider of all changes or when events occurred such as, incidents and accidents. This ensured that the provider was kept up to date on the running of the home.

The home continued to seek the views of relatives and people through annual satisfaction surveys. Surveys had been carried out in the last few months but the results had yet to be collated. The registered manager said that if matters were raised, they had spoken with the authors but confirmed that the responses would be collated and the overall outcome would be fed back to people and their relatives. Some suggestions made had already been addressed for example the décor in the lounge had been improved with repainting, net curtains and new throws for the sofas.

There was an open and inclusive way of working at St Saviours that created a very positive culture for staff. A visiting professional told us, "The service appears well lead and the Registered Manager appears to empower his team to assume responsibilities within the home." Staff confirmed this. They were each

allocated the role of 'champion' in a specific area. For example, one staff member told us that they were a, 'champion' for safety. They told us that this meant they took responsibility for ensuring that all records related to fire safety were kept up to date. They did health and safety assessments in the home and would ensure that they had access to any training they could do that would be relevant to this area.

Staff meetings were held monthly. Staff were encouraged to share their successes and to reflect on situations that could have been handled better. Staff had given examples of how they valued teamwork, particularly when new changes were being implemented. The registered manager sought feedback about training provided and the staff team explored how this could be used to improve outcomes for people. Staff were kept up to date with changes within the organisation. A staff member told us, "We all have a chance to say what we think about things and if we are unsure there is always someone to talk to and get support from."

The registered manager completed a PIR (provider information return) in advance of the inspection. This included areas where the home was planning to make improvements. For example, in expanding the role of champions in each area. This was ongoing but it was evident in staff meetings that this was being done. Plans had also centred on increasing the numbers and variety of activities that people participated in and it was evident that significant progress had been made in this area.