United Response

United Response - 9 Lavender Road

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

We carried out an inspection of United Response - 9 Lavender Road on 15 and 28 November 2016. The first day of the inspection was unannounced. We last inspected United Response - 9 Lavender Road in August 2016 and found the service was not meeting some of the relevant regulations.

United Response - 9 Lavender Road provides accommodation and personal care for up to 6 people with a learning disability. There were 6 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the CQC 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.

Visitors told us they felt their relatives were safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The accommodation provided was suitably adapted for the people who lived there. The building was safe and well maintained. Risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. Minor maintenance issues were dealt with at the time of the inspection. The home was clean.

We observed staff acted in a courteous, professional and safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Medicines, including topical medicines (creams applied to the skin) were safely managed. Records to account for emergency medicines supplied to a day centre required strengthening to ensure they could be reliably accounted for.

As United Response - 9 Lavender Road is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the registered manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. People's mental capacity was considered through relevant areas of care, such as with decisions about finances, the use of equipment and medicines. Where necessary, DoLS had been applied for. Staff routinely discussed proposed interventions before providing care to gauge if the person consented.

Staff had completed safety and care related training relevant to their role and the needs of people using the

service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well supported by their managers and other senior staff. Staff performance was assessed annually and objectives set for the year ahead.

People's nutritional and hydration (eating and drinking) status was assessed and plans of care put in place where support was needed. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Staff displayed an attentive, caring and supportive attitude. We observed staff interacted positively with people. We saw that staff treated people with respect and explained clearly to us how people's privacy, dignity and confidentiality were maintained. Staff were able to communicate effectively with people using a range of strategies and tools, such as cue cards.

Activities were offered within the home on a group and one to one basis. Staff worked collaboratively with local day care services. Staff understood the needs of people and we saw care plans and associated documentation were clear and person centred.

People's relatives and staff spoke well of the registered manager and they felt the service had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers. The registered manager and staff team had worked hard to address areas for improvement identified at previous inspections.

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.

Visitors felt their relatives were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being. People's needs relating to eating and drinking were assessed and met.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. Staff were able to communicate with people effectively. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities and day care services.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. Visitors were aware of how to make a complaint on behalf of their relatives should they need to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post. People's relatives and staff made positive comments about their manager.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from representatives of people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

United Response - 9 Lavender 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 checked whether the provider was 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 15 and 28 November 2016 and the first day was unannounced. The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. 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 spoke with the local authority commissioning team for their views on the service.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We spoke with four people who used the service, although due to their needs we were unable to fully understand their views and experiences of the service. We spoke with two visiting relatives. We spoke with the registered manager, five support workers. We also spoke with an area manager who assisted the registered manager during the inspection.

We looked at a sample of records including three people's care plans and other associated documentation, medicine records, five staff files, which included staff training and supervision records, one staff member's recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

Good

Is the service safe?

Our findings

The visitors we spoke with expressed the view that their relatives were safe at the home. Comments made to us included, "She's safe, yes and quite content" and "[My relative] is definitely safe."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. One staff member said, "The procedure [for safeguarding] is getting in touch with line managers and we've got on-call service managers if they are not available." They expressed confidence that allegations and concerns would be handled appropriately by the registered manager. One worker said, "We're aware of safeguarding and when I've had to report concerns they were properly managed." Staff confirmed they had attended relevant training on identifying and reporting abuse. Procedures were also available to guide staff on handling safeguarding concerns and reporting poor practice (whistle blowing). The registered manager was aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies. We reviewed records and saw that no safeguarding concerns had been reported during the previous 12 months.

People's finances were safeguarded. Access to people's cash balances was limited to senior and other permanent staff. Checks on cash balances were carried out on each handover, with a designated staff member holding responsibility for people's monies. Staff kept clear records of transactions, with corresponding receipts for items of expenditure. A limit on expenditure was imposed and should a large purchase be needed, a 'best interest' process would be invoked involving the person's representative, a care manager (social worker) and staff. External manager's and finance staff periodically audited these and other financial transactions to ensure staff at the home kept accurate records and people's money was safeguarded.

Staff undertook checks to identify and deal with potential hazards, such as those relating to the premises and equipment. The premises and equipment was designed to reduce the risk of harm. For example, bath hot water temperatures were automatically controlled by thermostatic mixer valves. Those we tested were within a safe and comfortable range. Hazards relating to the premises and furnishings which could cause injury were minimised. Bathroom and lounge areas were free from other obvious hazards, such as excess storage and level access was provided throughout the home. External contractors carried out safety checks on utility services including electricity and gas safety. These had been carried out within the last year and contractors had confirmed the safety of the gas and electrical installations. Shared areas of the home were free from unpleasant odours and were clean.

The registered manager and senior staff took steps to identify and manage risks to people using the service, staff and visitors. For example, where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments to ensure a consistent and safe approach was taken. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. Staff regularly reviewed needs assessments, support plans and risk assessments to keep them up to date and to ensure they

accurately reflected people's level of need, and the associated level of risk. We highlighted additional areas where risk assessments would be beneficial and this was addressed by the registered manager shortly after the inspection.

Staff logged accidents and incidents and these were reviewed by the registered manager to identify if any lessons needed to be learned and practice changed. Staff sought advice from or made appropriate referrals to other professionals where necessary. For example, where a person was at risk of removing a feeding tube, clear guidance was in place to highlight the actions staff needed to take and where to seek additional healthcare input. This reduced the risk of unnecessary invasive treatments being required as staff took prompt action to address concerns.

Staff were present in sufficient numbers to ensure safe levels of observation and to respond to any urgent need for help and assistance. The view of the registered manager and care staff was that staffing levels were sufficient to ensure people remained safe. The registered manager informed us in their pre inspection return; 'Staffing levels are now reviewed with the service manager and area manager on an annual basis or sooner if a person's needs change. Service core teams ensure consistency of staffing complemented by a relief staff pool to cover absence, also support from local agencies to ensure sufficient coverage.' The area manager told us about the establishment of a 'rapid response' team, which was in the process of being established. The aim of this team was to provide short notice staffing cover and to reduce the provider's reliance on agency workers. During the inspection we saw staff were busy, but not rushed. They had time to prioritise one to one time with people using the service and provided support at a pace that suited each person.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the provider's human resources team and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Records for the most recently recruited staff member showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

Suitable arrangements were in place to support the safe administration of medicines. Staff were able to explain the ordering, administration and recording procedures. For example a staff member said, "There's a clear protocol for emergency medicines and to phone 999."Staff also confirmed they had received appropriate training and that their competency was checked. One comment made to us was, "It's every six months for the competency checklist. We do the safer handling of medicines course and we've done Boots training this year." A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely in locked facilities. Most medicines were well accounted for, with clear records of administration kept, corresponding to stocks held. Records for emergency medicines passed on to a day service were not signed for by them. This meant stocks of these medicines could not be robustly accounted for. We highlighted this concern to staff and the registered manager. They acknowledged our concern and undertook to ensure day centre staff signed for medicines they received.

Good

Is the service effective?

Our findings

Visitors made positive remarks about the staff team and their ability to do their job effectively. Comments included, "The staff are wonderful", "The staff are lovely" and "I'm quite happy with the staff and what is going on." Staff made positive comments about their team working approach, the support they received and training attended. One staff member informed us, "We do e-learning, face to face and in-house training." They informed us that recent topics had included PEG feeding and bowel management (cancer screening). Another staff member said, "We get a lot of training. For example we got trained for the hoist; they come out and demonstrate. First aid is three yearly and food hygiene." Regarding supervisions they told us, "It's nice to get appreciation from someone and it's important to get thanked for the job."

Staff said they felt the supervision they received was helpful. Records confirmed staff attended regular individual supervisions and group meetings. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles, service users' needs and staffs general welfare.

New staff received an induction to the home and their role when they commenced employment. This included being mentored and shadowing more experienced staff. A staff member told us, "We observe new staff and they observe us." Records showed staff had received safety related training on topics such as first aid, moving and handling, and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered, including PEG (Percutaneous Endoscopic Gastrostomy) feeding and administering emergency medicines. (PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines). Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at Lavender Road.

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 the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the MCA and the associated DoLS with the registered manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. We also saw people's decision making capacity and consideration of 'best interests' was considered in relevant care plans and risk assessments. Staff communicated clearly with people to describe care interventions and

to ensure people were happy with the intervention proposed. Where needed, staff used visual communication tools, such as cue cards. Staff recorded care and treatment interventions in daily notes. Because people were assessed as lacking capacity important decisions were taken in their best interests and relevant DoLS had been applied for. A copy of each authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation. Staff tried to identify what each person's known beliefs and wishes were in relation to any best interest decision taken, with the least restrictive options considered, so they could anticipate people's wishes in relation to their care.

At our last inspection in August 2016 a breach of legal requirements was found. This related to the eating and drinking needs of people living at the home, which had not been adequately assessed, planned for and monitored. At the time of our last inspection we found nutritional assessments were in place, but not used. We also found a person was recorded as having consistently poor fluid intake and the associated guidance and care planning did not inform staff of what they should do if the person's fluid intake was consistently poor.

We reviewed the action plan the provider sent to us in November 2016 following our comprehensive inspection. This gave assurances that action was being taken to ensure staff updated and improved nutritional and fluid balance records.

On this occasion we found people received appropriate support with eating and drinking, including via a PEG. Staff had received training from the District Nurse and were assessed as competent to administer the person's food and medicines via this route.

Staff undertook nutritional assessments with reference to a nationally recognised tool; the BAPEN MUST (Malnutrition Universal Screening Tool), which had not been the case at our last inspection. Clear plans of care had been developed, and where appropriate risk assessments completed. For example where a person was at risk of choking, suitable steps to minimise these risks were outlined in a care plan. This had been developed following the input and guidance of a Speech and Language Therapist. Improvements had also been made to ensure people's risk of dehydration was monitored. Unlike at our last inspection, target fluid intakes were calculated, recorded, totalled and evaluated. People's weights were regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietician. We saw this support and advice had been arranged where people were at risk of malnutrition or obesity.

Visitors told us their relatives received appropriate help to see health care professionals, such as the General Practitioner (GP) or dentist. One relative said regarding the GP's input "I've no worries there, even with a sniffle or a cold." A staff member told us, "The GP will come here for examinations and do an annual health check. We've good support from the OT (Occupational Therapist) and district nurses. We're never stuck (for help). I think they complement the staff." Another staff member remarked. "They [healthcare professionals] look on us for information and someone who has got to know people." Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of the dietician was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a 'hospital passport' that could easily be communicated with healthcare staff when someone needed to be admitted to hospital at short notice. To complement the input of healthcare professionals, the manager informed us, two staff had attended a train the trainer course on bowel cancer screening training and delivered this to the people supported by the provider as well as to staff. Staff had also completed an oral health award to help promote good mouth care.

Good

Is the service caring?

Our findings

We saw people's privacy and dignity were promoted. People were well groomed and smartly dressed in well-fitting clothes. Staff expressed clarity on the importance of ensuring people's privacy and promoting their dignity when receiving care. One said, "We always knock on doors, cover people up and give choices." Another told us, "Personal care is carried out in people's own rooms, doors are shut and we ensure people are fully clothed in public areas. [Name] has an en-suite."

Staff acted appropriately to maintain people's privacy when providing personal care or when helping people with their medicines. Staff we spoke with were clear about the need to ensure people's confidentiality; ensuring personal matters were not discussed openly and records were stored securely. We saw staff close doors behind them when supporting people. Practical measures had been taken to preserve privacy, such as door locks fitted to toilets and bathrooms.

Staff worked to promote positive, caring relationships. We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. We also observed staff members interacted in a caring and respectful manner with people using the service. For example, support offered at a meal time and in helping a person to go out for the day was carried out with patience and at a pace that suited the person. Staff provided one to one support and sat with, chatted to and interacted politely with the people. We observed appropriate humour and warmth from staff towards people using the service. Staff acted with professionalism, good humour and compassion. The atmosphere in the home was calm, friendly, warm and welcoming.

On a tour of the premises, we noted the home was furnished with personalised items. People had brought their own possessions and had been involved in decorating parts of the home. This personalised their space and contributed to a homely atmosphere.

Staff encouraged people to maintain and develop their personal and communications skills. To help with this they were using communication aids, including picture cards, to help people to express their needs and communicate more effectively. A visiting relative expressed the view that, "The staff know how to communicate with [my relative] better than me." Staff supported community access and the use of local facilities, including shops and leisure facilities. This meant staff promoted community inclusion and a positive community presence for people.

Visitors told us they were involved in decisions about their relatives care and stated if they had any worries they could approach the staff and they would help. Visitors also informed us that they were kept up to date and involved in important decisions about their relatives care. Comments included, "I'm able to visit regularly. Yes, they keep me up to date", "Any appointments they contact me" and "We have review meetings. We do it every year."

The registered manager was aware of local advocacy services available to support decision making for people should this be needed. Staff told us they were updated about people's needs at 'hand over' and

team meetings to ensure decisions regarding care were implemented in practice.

Good

Is the service responsive?

Our findings

Visitors expressed the view that staff were responsive to their relative's needs. They were happy with the activities offered and were aware that they could complain and to whom. Comments we received included, "[Name] has got a good social life", "He's got more choice now", "I'm aware of how to complain", "Any problems I've raised it and it's been resolved" and "If anything's not right I'd go to whoever's in charge. There's never been anything."

At our last inspection in August 2016 a breach of legal requirements was found. This breach related to the assessment, planning and monitoring of people's care needs. At that time, although improvements had been made since the previous inspection, we had concerns that some records did not accurately reflect people's care and support needs. The improvements we found at the last inspection were not consistent in all areas of need or risk. Areas of concern related to assessments and care planning in relation to skin care and ensuring good hydration.

We reviewed the action plan the provider sent to us following the inspection. This included details of how they planned to comply with legal requirements.

During this inspection we found people's risk of developing pressure ulcers was assessed using a recognised assessment tool. From this plans of care were developed. Body maps were used more effectively to document people's skin care. Documentation relating to dehydration risks had also improved and supported the promotion of good hydration.

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. People's needs were periodically reassessed to ensure care was tailored to meet their changing needs.

Care plans were sufficiently detailed to guide staffs' care practice. Staff developed care plans with a focus on maintaining people's wellbeing and independence. The outcome of this approach was reflected in the active lifestyles that people maintained and increased involvement in tasks such as cooking. Care plans covered a range of areas including physical health, psychological health, leisure activities, and relationships that were important to people. Care plans were evaluated regularly to ensure there were meaningful. There were evidence based updates on the progress made in achieving identified goals, such as helping people to stay hydrated, maintain healthy skin and to remain well. If new areas of support were identified, or changes had occurred, then they were modified to address these changes. Staff also detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with sufficient details to record people's daily routine and note significant events. Such records also helped staff to monitor people's health and well-being. Additional monitoring records helped evidence the care and

support provided, for example with epilepsy, fluid intake and leisure activities. Areas of concern were recorded and these were escalated appropriately, for example to the General Practitioner (GP), or to community healthcare professionals, such as the dietitian and district nurse.

Staff had a detailed knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

The people living at Lavender Road accessed activities in the service, via a day service and in the community with the support of staff. In addition to regularly planned activities an area manager informed us about seasonal or one off events, such as the staff organising a carol service with the neighbours, Christmas dinner for families, a zip wire experience for a person which they did at the Calvert Trust centre in Northumberland and a person using the service who participated in the Great North Run in his wheelchair, assisted by a support worker.

Visitors, acting on behalf of people using the service, expressed a good understanding of to whom and how to complain. They said they would speak to a member of staff and the registered manager if they had any concerns. There were two complaints recorded within the service during 2016. Records showed the complaints were acknowledged, investigated, and where appropriate the outcome communicated to the person concerned.

A record of compliments was also kept where people expressed thanks and gratitude for the care given and approach of staff. Comments from compliments included; "The care I have witnessed has been of the highest quality of care I have seen in a long time" and "Lavender House staff are always welcoming and pleasant and the clients are happy and well presented. Always happy to attend this home."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Visitor's told us they were happy with the home and with the leadership there. One person's relative told us, "It's a home from home, I'm really happy." They continued, "[Manager's name] is lovely." Another relative said to us "The manager, I find her very nice, you can talk."

Staff were complimentary about the leadership of the service. They were clear about expected standards of conduct and the ethos of the service. Their comments to us included, "We work well as a team and get good direction", "We've got the same ethos and focus on supporting the people. They're all for the guys" and "We get a steer and we focus on privacy and dignity."

The registered manager assisted us with the inspection and was open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so. The registered manager knew the people using the service and the staff well and had a visible presence within the service. Paper records we requested were produced for us promptly and we were able to access care records we required. The registered manager was able to highlight their priorities for the future of the service and the challenges they faced, including the high use of agency staff. Along with the care provider they had plans to address these, including through the introduction of a 'rapid response' team.

To ensure a continued awareness of current good practice the registered manager attended on-going training and had networked with other managers within the provider group and more widely. The registered manager sought the advice and input of relevant professionals, including in relation to people's general medical needs.

We saw the registered manager and senior staff carried out a range of checks and audits at the home. A representative from the provider organisation also visited to carry out quality checks on care and staffing issues. Staff confirmed senior managers attended the service periodically, observing the standard of care for the people living at Lavender Road. A staff member told us, "They're very good. Our regional manager comes in and there is always an on-call manager." During the inspection an area manager attended the home to support the registered manager and to highlight the achievements made at the service. Key areas they highlighted to us included a 'bottom up' approach where care staff undertook coaching and leadership; looking at practice issues to focus on improving practice and getting the best support for people. They were quarterly meetings of the coaching group, for example to look at burning issues and to suggest solutions. They also looked to focus on working with families, positive risk taking and develop person centred planning. The visiting area manager also outlined other areas where they tried to improve engagement with relatives and were looking at developing an on-line resource for families.

Staff said they were well informed about matters affecting the home. The registered manager told us there were staff meetings and records confirmed this was the case. There was good attendance at the meetings and a broad range of topics discussed. Team meetings included discussions of care related policy, safety

and personnel issues. Feedback from those acting on behalf of people using the service and staff was also sought by questionnaires. Survey results highlighted expressions of satisfaction with the service. Comments included, "The staff at Lavender Road are excellent and they give [name] really good support. [Name] has a good relationship with his key workers and any other staff that is on shift. [Name's] really happy at Lavender Road" and "The home has been decorated and updated and is looking more homely and modern." Suggestions for ensuring a high standard of care were made including, "[Name] requires a consistent approach by staff who she knows and is familiar with. Staff try to remain consistent without too many changes."