







Voyage 1 Limited Glendale

Inspection report

138 Stockton Road
Hartlepool
Cleveland
TS25 5AX
Tel: 01429 271366
Website: www.voyagecare.com

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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	

Overall summary

We inspected Glendale on 27 May 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in.

Glendale is a detached bungalow set in its own large gardens in a residential district close to the centre of Hartlepool. The location is registered to provide residential accommodation for up to four people with learning disabilities who require personal care.

At the time of the inspection the registered manager was on planned long-term leave. In the interim an acting manager had been appointed and they had applied to be registered with the Care Quality Commission. 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.

Summary of findings

People were protected by the services approach to safeguarding and whistle blowing. People who used the service told us they felt safe and could tell staff if they were unhappy. People who used the service told us that staff treated them well and they were happy with the care and service received. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management acted appropriately to any concerns brought to their attention.

Staff told us that they felt supported. There was a regular programme of staff supervision and appraisal in place. Records of supervision were detailed and showed that the acting manager had worked with staff to identify their personal and professional development.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. There was enough staff on duty to provide support and ensure that their needs were met.

Staff had received receiving training and demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). Appropriate documentation was available within people's care records. This included capacity assessments, DoLS authorisations and best interest decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

People who used the service and a relative we spoke with told us that staff were caring and treated people well, respected their privacy and encouraged their

independence. Our observations showed staff and people who used the service comfortable together and interacting in a friendly and caring way. For example, staff explaining things carefully and encouraging people to be independent where possible.

People's needs were assessed and their care needs planned in a person centred way. We saw that risks identified with care and support had been included within the care and support plans.

People's nutritional needs were met, with people being involved in shopping and decisions about meals. People who used the service told us that they got enough to eat and drink and that staff asked what people wanted.

People were supported to maintain their health, including access to specialist health and social care practitioners when needed. People who used the service had regular appointments with the community nursing team and social care professionals. Other professionals were also involved in people's care such as chiropodists, opticians, nurses, GPs and dentists.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. There was a plentiful supply of activities both in and out of the home for people to take part in. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People who used the service had complex needs and were unable to understand the service's complaint procedure because of this people were encouraged to share their views with staff on a daily basis and at meetings.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected by the service's approach to safeguarding, whistle blowing, and arrangements for staff recruitment and staffing.

There were safe systems for managing medicines. People received their medicines as prescribed.

Care plans incorporated risks associated with people's care and support. Control measures were clearly documented to reduce or prevent the highlighted risk from occurring.

Good



Is the service effective?

The service was effective.

People were involved in decision making and staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Capacity assessments were evident in people's care records and best interest decisions were clearly recorded.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision and an appraisal.

People were involved in shopping and making decisions about the food provided.

People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People who used the service told us that staff were caring and treated them well, respecting their privacy and encouraging their independence. Our observations showed this to be the case.

People and a relative told us they were treated in a kind and compassionate way. The staff were friendly, patient and encouraging when providing support to people.

Staff took time to speak with people and to engage positively with them.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People who used the service had access to the local community, and could take part in activities or do the things that interested them.

People who used the service were unable to understand the service's complaint procedure. To make sure that people's voices were heard staff asked people for their view each day and during meetings.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff were supported by management and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

People who used the service, relatives and staff had various opportunities to give feedback or raise issues.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

Good



Glendale

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 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 Glendale on 27 May 2015. This was an announced inspection. We informed the registered provider at short notice (the day before) that we would be visiting to inspect. We did this because the location is a small care home for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service. This included looking at the information we held relating to the service's recent registration process.

The registered provider was not asked to complete 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.

At the time of our inspection visit there were four people who used the service. We spent time with three people. We spent time with people in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some bedrooms. After the inspection we spoke with the relative of one person who used the service.

During the visit, we also spoke with the acting manager, two senior support workers and two support workers.

We also contacted the local authority to seek their views on the service provided. They did not report any concerns on the care or service received.

We did not use the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We felt that it was not appropriate in such a small service where people could talk with us and such observations would be intrusive. Instead we used general observations of people's care and support throughout our visit.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at three staff files, including staff recruitment and training records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service about safety; one person told us what they would do if the fire alarm sounded. They told us staff had taught them what to do to make sure they were safe. We saw in meeting notes of people who used the service that fire safety was discussed with people who used the service and staff on a regular basis. This helped to make sure that people were prepared and knew what to do in the event of a fire.

We also saw that personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that regular evacuation practices had been undertaken. The most recent practice had taken place in May 2015.

We saw records to confirm that the fire alarm was tested on a weekly basis to make sure it was in working order. The last recorded test was 26 May 2015.

The acting manager told us that weekly checks were also undertaken on hoists, bath chairs, beds and wheelchairs to make sure they were in safe working order. We saw records to confirm that this was the case.

The acting manager told us that the water temperature of baths, showers and hand wash basins were taken and recorded on a weekly basis to make sure that they were within safe limits. We saw records that showed water temperatures were within safe limits.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas safety, fire alarm, fire extinguishers and hoists. This showed that the registered provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises and equipment.

We looked at the arrangements that were in place to manage risk so that people were protected and their freedom supported and respected. We looked at the care records relating to two people who used the service. The acting manager and staff explained to us that they assessed risks for each person prior to the writing of a

support plan and afterwards and on a regular basis thereafter. They told us that each care and support need would look at the risks and that the aim of the support plan was to detail measures to reduce the risk. The service did not have any formal risk assessments. The acting manager told us that all measures to keep people safe were detailed within individual support plans. Records we looked at confirmed this to be the case. For example the anxiety care plan for one person highlighted if they drank too much coffee this would raise anxiety and disturb their sleep. We saw how staff followed this plan during our visit. This person had a mug of coffee mid-afternoon and asked for another one. Staff explained to the person how it would be in their interest to have a different drink to coffee. A cold drink of the person's choice was provided as an alternative. The person who used the service was happy with this and the explanation.

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. The acting manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case. During the last 12 months there has been three safeguarding concerns raised in which appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence. Before the inspection we spoke with a representative from the local authority who said, "If there are any safeguarding concerns they always pick up the phone and speak with me."

Staff told us that they had received safeguarding training within the last 12 months. We saw records to confirm that this was the case. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. One staff member said, "X [the acting manager] is extremely approachable if I was worried about anything I know that I could tell her."

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of reoccurrence. The acting manager said that they carried out a monthly check of accident and incident forms to

Is the service safe?

ensure that all accidents and incidents had been reported and that appropriate actions had been taken. We saw records of this log and saw that appropriate action had been taken in respect of accidents and incidents.

The three staff files we looked at showed us that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We did note that staff on application forms had only recorded the years in which their employment started and ended rather than being more detailed and include the months. As the result of this exploration in gaps of employment could be missed. This was pointed out to the acting manager at the time of the inspection who said that in future they would request that all staff be month specific when completing applications for employment.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and skills to meet the needs of the people who used the service. At the time of the inspection there were four people who used the service. We looked at the staffing rota which showed that generally during the day and evening there were two to three staff on duty, one of which was a senior support worker. Overnight there was one waking staff member on duty. The acting manager told us that staffing levels were flexible, and could be altered according to need. During our visit we observed that there were enough staff available to respond to people's needs and enable people to do things they wanted during the

day. For example, staff were available to support people on trips out of the home during our visit. We saw that people went into town shopping. Staff told us that staffing levels were appropriate to the needs of the people using the service. Staff told us that the staff team worked well and that there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We have an excellent staff team who are all willing to cover if needed."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

At the time of our inspection none of the four people who used the service were able to look after or administer their own medicines. Staff had taken over the storage and administration of medicines on people's behalf. We saw that people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

We saw that medicines were stored in a locked cupboard in medicine room and the storage area temperature was monitored daily. We looked at three people's medication administration records (MARs) and saw that medicines had been given in accordance with people's prescriptions. People were prescribed medicines on an 'as required' basis (PRN). We saw that PRN guidelines had been written for these medicines, providing staff with information on when they were needed and how they should be given to maintain the person's safety.

Staff told us that all staff had completed training on administering medicines and that this training had recently been updated. The staff we spoke to were able to describe the medicines used by the people living in the home. This showed that staff had the knowledge and skills they needed to help people manage their medicines safely.

Is the service effective?

Our findings

A person we spoke with during the inspection told us that staff provided good quality care and support. They said, “The staff are kind in lots of ways. They help me.” A relative we spoke with said, “They [people who used the service] get a lot of time invested in them.”

The acting manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 sets out what must be done to make sure the rights of people who may need support to make decisions are protected. The acting manager and staff that we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. The care records we reviewed contained assessments of the person’s capacity when unable to make various complex decisions. We found these assessment were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice. Care records also described the efforts that had been made to establish the least restrictive option for people was followed and the ways in which the staff sought to communicate choices to people. When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person’s family, external health and social work professionals, and senior members of staff. This showed any decisions made on the person’s behalf were done so after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

At the time of the inspection all four people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. They also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training which included: safeguarding adults, fire safety, first aid, equality and diversity, food safety, infection control, manual handling, medication administration, nutrition awareness and health and safety.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. We saw records to confirm that staff had received an annual appraisal. Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff. The acting manager told us that induction packages had been reviewed to link to the new Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. During the inspection we spoke with two staff who were within their probationary period. They told us that the induction training had provided them with the skills and knowledge to support people.

Staff told us that menus and food choices were discussed with people who used the service on a weekly basis. We saw records to confirm that this was the case. We saw that pictorial menus were available for people to choose from. We saw that people were provided with a varied selection of meals. People who used the service, who were able, helped with the preparing and cooking of meals. We saw this during the inspection when one person who used the service helped staff with the tea time meal. We saw that the person had chosen two eggs and beans on toast. The person helped by getting the plates and cutlery out and by getting the butter out of the fridge. Another person said, “I like to make my own sandwiches with cheese in.” Staff told us how they and people who used the service go shopping for food.

The acting manager and staff told us the importance of ensuring a nutritionally balanced menu. We saw that staff took individual special dietary needs into consideration.

Is the service effective?

For example in the May 2015 meeting notes for staff we saw that discussion had taken place about ensuring a healthy diet for those people diagnosed with a high cholesterol level.

People were offered both hot and cold drinks and those who were able were encouraged and supported to make their own drinks. This helped to ensure that people were hydrated.

We looked at the arrangements that were in place to ensure that people were able to maintain their health, including access to specialist health and social care practitioners when needed. The care records we looked at showed that people who used the service had regular

appointments with the community nursing team and social care professionals. Other professionals who had recently been involved in people's care included chiropodists, opticians, nurses, GPs and dentists.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports contained information that would help to ensure that care and treatment was provided in a way that the person would want it to be.

Is the service caring?

Our findings

People who used the service and the relative we spoke with told us that they were very happy with the care, service and support provided. One person said, “The staff are lovely and kind.” A relative we spoke with said, “They have a good rapport with everyone.”

We found that staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively listened to what people had to say and took time to help people feel valued and important. We saw that staff were able to understand the needs of those people who had limited communication. For example one person who used the service came up to staff and held their hands out. Staff knew this meant that they wanted their nails to be cut. Staff responded by taking this person to their room and cutting their nails.

Staff knew the individual needs of each person. One person who used the service could become very anxious. Staff told us how they were proactive in this approach to avoid anxiety. This included avoiding talking about a number of areas. We saw how staff put this into practice on the day of the inspection and helped to prevent the person become anxious. Staff used friendly facial expressions and smiled at people who used the service. Staff were respectful, pleasant, calming and caring in their approach. Staff interacted well with people and provided them with encouragement.

We looked at the arrangements in place to protect and uphold people’s confidentiality, privacy and dignity. We saw that staff treated people with dignity and respect. Staff were attentive and showed compassion. We saw that staff took time to sit down and communicate with people in a way that each person could understand. One person we spoke with told us that they could spend time on their own and that staff respected their privacy and treated them well. When we arrived at the service this person was out in the garden on their own on the garden swing. They told us how they liked some, “Quiet time.” Staff were able to

describe to us how they worked in a way that protected people’s privacy and dignity. One staff member said, “I never walk into a room I always knock and announce myself. I then give them a few minutes. I always make sure personal care is done in a private area and tell everyone what I am doing step by step.” Another staff member said, “I give lots of encouraging and prompting to do themselves and don’t take over.”

There was a relaxed atmosphere in the service and staff we spoke with told us they liked working at the service and caring for the people who lived there.

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and provided with appropriate information, explanations and advocacy to enable their involvement. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them, such as their personal care choices.

During our visit we observed people being involved in decisions about their day to day lives. For example, decisions about what they wanted to wear, what activities they wanted to do, where they wanted to go on holiday and what they wanted for their tea time meal. The care records of one person we looked at during the inspection described how they liked to stay in bed later on a morning. When we arrived at the service and were shown around the service this person was still asleep in bed as they had requested. We also saw that people were regularly asked for their opinions and involved in wider decisions about the service during regular meetings for people who used the service.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining relationships. A relative we spoke with told they were made to feel very welcome on their visits to the service as were other members of the family. The acting manager said that three people who used the service had expressed an interest to go to church and that staff supported them to do this on a weekly basis.

Is the service responsive?

Our findings

Staff and people told us that they were involved in a plentiful supply of activities and outings. One person who used the service told us they had been shopping with staff that day. They showed us the jewellery they had bought when they were out and said, "And I paid for it myself." A relative we spoke with said, "They go out on trips and are always busy. The same person told us how their relative had enjoyed a special birthday party hosted by the home. They said, "They had a party for X [person who used the service]. It was her 60th birthday. All the family and everybody from other homes were there it was really good."

Staff and people told us they liked to go shopping, to the Marina and out for meals. Staff and people told us there was also a plentiful supply of indoor activities. During the inspection we saw people do jigsaws and read. We saw how staff sat with one person and helped them make some jewellery. During the inspection some people who used the service went out shopping with staff. When they returned one person proudly showed off the shorts and t-shirt they had bought whilst they were out. Staff also told us how they had stopped off at a café for lunch on the way home.

People told us that they went on an annual holiday and other trips. Last year people had been to Blackpool and York. Staff and people who used the service were in the process of planning holidays for 2015. One person had chosen to go to Scarborough. Staff told us how one person had planned a shopping trip to Liverpool in June.

During our visit we reviewed the care records of two people who used the service. We saw that person centred plans had been developed with people who used the service. Person centred plans provide a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may

affect them. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. People and relatives told us they had been involved in making decisions about care and support and developing the person centred plans.

We saw that people had a one page profile which captured all of the important information about the person under three headings: what people appreciate about me, what's important to me and how best to support me. Staff that we spoke with during the inspection demonstrated they knew people well. They were able to tell us about the important information written on people's one page profiles.

People who used the service and a relative told us if they were unhappy they would complain to staff. People and relatives told us that staff were approachable and listened to them.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who to contact. The service had an easy read complaints procedure, but we were told that many people who used the service would not be able to understand this document. The acting manager said that they spoke to people on a daily basis and at meetings to make sure they were happy. A relative we spoke with said, "If there are any problems they give me a call and let me know. I have no concerns."

Discussion with the acting manager during the inspection confirmed that any concerns or complaints were taken seriously. We looked at the service's record of complaints, there had been one complaint made in the last 12 months. We saw that this complaint had been responded to quickly and appropriate action had been taken.

Is the service well-led?

Our findings

We looked at the arrangements in place for the management and leadership of the service. The acting manager was also responsible for the management of another small service nearby. They told us how they spent two and a half days at each service during the week.

People and a relative told us they thought the acting manager was approachable and that the service was well led. One person said, "I like her [the acting manager]. A relative we spoke with said, "The home is very well run with very good staff." A staff member we spoke with said, "I think X [the acting manager] has a different way of working. She's there and she makes it clear that she is there." Another staff member we spoke with said, "I think there is a lot of support. It's not just the manager who is supportive it is the senior and other staff."

Staff and people who used the service told us that they felt supported. Staff we spoke with said that they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "Anything we say we are listened to."

Before the inspection we spoke with a representative from the local authority who told us that they thought the service was well led they said, "The manager, staff and Voyage are very proactive."

Observations of interactions between the acting manager and staff showed they were open, inclusive and positive. Staff told us that they were a visible presence in the home and that the acting manager provided them with support and encouragement in their daily work. One staff member said, "I've worked in several homes and this one is the best because of the positivity it reflects on the guys [people who used the service] we support." We saw that the acting manager regularly engaged and chatted with both staff and people who used the service.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and

governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The acting manager was able to show us numerous audits and checks which were carried out on a weekly and monthly basis to ensure that the service was run in the best interest of people. These included weekly health and safety audits which contained checks of the environment, kitchen and medicines. There were also monthly checks on records and staff training. We also saw that quarterly audits were carried out based on CQC standards to make sure the service was safe, effective, caring, responsive and well led. Where areas for improvement were identified action plans had been developed.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that staff meetings took place regularly and they were encouraged to share their views. We saw records of a meeting that had taken place in April 2015. Inspectors apply the 'Mums Test' during our inspection visits to services. We ask the question is this a service that we are happy for someone we love to use. Staff at Glendale had been asked to apply the 'Mums Test' to make a decision during their meeting in April 2015. Staff had asked the registered manager at the time if aprons for people who use the service were ripped did they renew them. Staff were told to apply the 'Mums Test' to make a decision. As a result aprons were renewed.

We saw records to confirm that meetings for people who used the service took place. We looked at the notes of the last meeting which took place in May 2015. Records confirmed that people were encouraged to share their views and opinions. We saw that discussion had taken place about food, holidays, activities, fire safety and people were asked if they felt safe.

Any accidents and incidents were monitored by staff to ensure any trends were identified. This meant that action could be taken to reduce any identified risks.