

Aitch Care Homes (London) Limited

Newton House

Inspection report

404 London Road
Benham Hill
Berkshire
RG18 3AA

Tel: 01635529817
Website: www.achuk.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 ●

Summary of findings

Overall summary

This inspection took place on 15 and 16 June 2016. We gave the registered manager short notice as we needed to be sure people would be there and to enable them to prepare people for our visit to avoid undue stress to those with needs on the autistic spectrum.

The service was last inspected on 28 July 2014 and was found compliant with the outcomes inspected. Newton House provides personal care and support to seven people with a learning disability, some of whom also have needs associated with autism. The service is operated by Aitch Care Homes (London) Limited under the brand 'The Regard Group'. Twenty-four hour support is provided by a team of staff.

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

People and their relatives felt people were safe and well cared for. Staff had received comprehensive training and were supported through regular team meetings, supervision meetings and annual appraisals. Effective day to day communication took place in handover meetings between shifts. Detailed individual care plans were in place, and people and their representatives were involved in planning their care. People's daily lives reflected their wishes and aspirations. The service responded in a timely way to changes in people's needs. People's health and dietary needs were well met and the service consulted with external healthcare specialists where appropriate.

Staff understood how to protect and promote people's rights and freedom and worked with people to support their wishes. Staff offered patient and respectful guidance and understood how people communicated their needs and anxieties. They worked diligently to protect and promote people's dignity and privacy and in ways which valued people's individuality.

People were encouraged to take care of their own personal care needs as much as possible and to develop their skills in these areas and in others such as meal preparation. Staff worked alongside people to encourage them to take part in daily living activities and offered praise and encouragement. Relationships between people and the staff were very positive and people actively sought out contact with the staff.

The provider offered a range of training courses focused on developing people's skills and abilities and these were promoted and attendance encouraged wherever possible. Where people needed support to manage their behaviours, this was provided in the least restrictive way possible and in accordance with appropriate behaviour support plans.

The environment was pleasant and clean and had been developed in response to people's wishes and needs. People had been asked about the décor of their bedroom and their wishes had been respected.

People had access to a wide range of activities and events in the community. Two people were able to go out to activities without staff support. People's spiritual needs were also provided for.

Health and safety and fire safety were well managed and appropriate servicing and in-house checks took place. Risk assessments relating to the service and to specific people or activities, were in place and regularly reviewed.

Staffing levels were sufficient and were flexible to take account of changing needs or specific events and staff recruitment and induction was robust. People had been involved in the recruitment process where possible. Staff went about their role in a positive and proactive way, suggesting they enjoyed their work.

The service was well-managed and monitored through a range of robust audits and monitoring systems by the registered manager and the provider. The registered manager had recently won a 'gold award' for 'Care Trainer of the Year' for the South-East region at the "Great British Care Awards".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People and relatives said people were safe and well cared for.
Staff were trained and knew how to safeguard people from harm.

Required safety checks and risk assessments had been done.
People had individual fire evacuation plans.

Staffing levels were sufficient and flexible to meet people's needs
and the recruitment process was robust. Service users were
involved in staff recruitment where possible.

Medicines were managed appropriately on people's behalf.

Is the service effective?

Good 

The service was effective.

Staff were well trained and received appropriate ongoing
support and development.

People and relatives praised the effectiveness of staff who
communicated well with people, their families and as a team.

People's rights and freedom were protected appropriately by
staff.

People's health and nutritional needs were met and they
received good support to manage their own behaviours.

Is the service caring?

Good 

The service was caring.

People were treated kindly and support was provided in a caring
way.

People's dignity and privacy were effectively supported by staff.

People's individuality was encouraged and supported and staff
worked alongside them to encourage their involvement in day to

day tasks.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed and person-centred and provided sufficient information to enable staff to meet people's needs.

People and their representatives were involved in planning people's care.

People had access to wide range of activities and the wider community and enjoyed fulfilling lifestyles. Their spiritual needs were provided for.

People and relatives felt the staff listened to them and responded to their suggestions.

Is the service well-led?

Good ●

The service was well led.

Relatives also felt the service was well managed and the registered manager was accessible. The service was inclusive and the opinions of people, their families and staff were valued.

Effective and robust systems were in place to monitor the operation of the service and ensure that identified actions were completed. The views of people and staff were sought and acted upon.

Records were being further developed in line with the expectations of the new managing organisation.

Newton House

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 last inspected the service on 28 July 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 15 and 16 June 2016. The provider was given 48 hours' notice so the service could prepare people for the visit as some have needs on the autistic spectrum. This was a comprehensive inspection carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR) which we received in May 2016. 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 looked at the information provided in the PIR and used this to help us plan the inspection. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

During the inspection we spoke with five staff and the registered manager. The service supports seven young adults with learning disabilities, some of whom have needs on the autistic spectrum. Two of the young adults who use the service were able to give us some verbal feedback about their experience. We observed the interactions of others with each other and the staff throughout the inspection in order to understand their experience. We also had lunch with the young adults. We were shown around the building and garden.

We saw how the staff supported people with daily tasks such as meal preparation and to attend a range of activities within and outside the service. We observed the handover between the early and late shift to see how information was passed on to maintain continuity of care. Following the inspection we spoke with two parents to obtain their views about the service. We contacted eight representatives of commissioning local authorities for their views.

We reviewed the care plans and associated records for three of the people supported, including their risk assessments and reviews, and related this to the care observed. We examined a sample of other records to do with the home's operation including staff records, complaints, surveys and various monitoring and audit tools. We looked at the recruitment records for the most recently appointed staff member. No concerns about the service had been reported to us by local authority care managers since the last inspection in July 2014.

Is the service safe?

Our findings

People who were able to tell us indicated they felt safe and well cared for. The interactions we observed between people and staff were all positive and suggested people felt safe around staff and approached them freely. We saw lots of examples of warmth between people and staff. It was evident staff knew people well and understood how they might show any anxiety they might be feeling. Staff intervened promptly to offer support where this was the case. Two relatives told us they felt their family member was safe and properly cared for in the service.

The service operated a separate reporting system to the local authority for incidents which did not meet the threshold for reporting under safeguarding. This helped ensure the local authority remained aware of the level of incidents and how they were being managed. A flow chart and contact numbers were posted on the office wall for this and the safeguarding reporting system so staff had ready access to the information.

Where incidents had been reported to the local authority under safeguarding, the service had completed appropriate investigations as agreed by the local authority. Incidents tended to relate to one-off altercations between people in the service.

People's safety was supported by appropriate premises and individual risk assessments which had been completed and recently reviewed. They included information on the action necessary to address the identified risk.

Appropriate periodic safety checks and servicing had taken place and certification was available. The service was in the process of creating computerised, rather than paper records, so not all records were readily accessible but this would be addressed once the process was complete.

Fire alarms and detection equipment were regularly serviced and fire drills carried out. Individual fire evacuation plans had been written for each person, describing the support they would need during fire evacuation. An up to date premises fire risk assessment was available.

Where premises checks had identified defects, these had been addressed in a timely fashion by the registered provider. An appropriate emergency contingency plan was in place which included contact details for contractors and utilities. Details were also provided of an agreed location for evacuation should that be required in an emergency.

Incidents and accidents were effectively monitored to identify any necessary actions needed to minimise the risk of recurrence. Incidents involving people were analysed by a psychologist from the in-house 'Positive Behaviour Support Service' to identify any patterns of behaviour or where existing behaviour support plans were not working effectively. New behaviour support strategies were then devised in consultation with the staff.

Staffing levels were sufficient to meet people's needs and were applied flexibly in response to changes in

these or specific planned activities. The minimum daytime staffing was two staff but we saw this was exceeded where necessary and people were able to access both planned and impromptu activities in the community appropriately. The registered provider maintained staffing 10% above the service's staff complement to maximise flexibility. There was one full time and one part time vacancy at the time of this inspection. Recruitment was under way. Any rota shortfalls were covered by an employed 'bank' staff member or by the existing team. No agency staff had been used recently. The registered manager preferred to recruit permanent staff with the necessary skills. Some staff turnover had occurred and this was noted as a potential concern by relatives, who also added that there was a core of longer term staff to offset this.

The registered manager explained they carried out a telephone screening of potential applicants to establish appropriate motivation and interest before shortlisting, to assist in finding "the right staff". People supported by the service were involved where possible in the staff recruitment process. One person in particular had been involved in the interview process for potential staff. The necessary recruitment checks were completed to ensure people were supported by staff with the appropriate skills and character.

A local authority quality audit in April 2016 also found recruitment systems to be suitably robust. The registered manager had sought space to run a recruitment stall at the local college's recruitment fair and one of the people supported had taken part in the fair. Appropriate action had been taken by management to address any performance issues.

A robust system was in place to manage medicines on behalf of people, who were unable to do this for themselves. Records were well-maintained and information was provided for staff on people's medicines and how they preferred to take them. Individual guidance was available for PRN (as required) medicines to inform staff when these might be appropriate and what other things they needed to try first. Records showed that PRN medicines were not over-used. People's consent was sought each time before medicines were given. Medicines were regularly checked and non-required items returned to the pharmacist.

Is the service effective?

Our findings

People were happy staff looked after their needs and supported them to have a positive and fulfilling lifestyle. One person told us "Staff help me go to things I want and help me look after myself." Relatives were happy their family member's needs were met. One said of the staff, especially the keyworker, "They are on the ball, they know [name's] needs." Relatives praised the effectiveness of communication with staff. One relative said, if anything happens, "...they are on the phone straight away" and "...they are good at communicating regularly, and discuss health needs with us". Another relative said, "They are good at communicating to us."

People were involved in planning their care as much as possible and wished to be. Where they were unable or declined to take a significant part, their representatives were involved on a best interests basis. Staff used a range of pictures and smiley/sad faces to try to obtain people's views where they were unable to express them verbally, for example when choosing menu items or activities. Staff were proactive in involving people in day-to-day tasks and activities as well as activities in the community. People were encouraged to join in with household shopping trips

People's skills and knowledge were enhanced where possible through attendance at a range of specialist training courses run by the registered provider at another of their services. Courses included 'Keep well', 'keep fit', 'bereavement and loss', 'fire safety' and 'healthy relationships' and were aimed at people with a learning disability. We saw one person discussing possible attendance at one of the courses, during the inspection.

All staff completed the same training programme and new recruits were completing the national Care Certificate induction. The provider was also considering using the Care Certificate competencies to assess existing staff so they could be confident each staff member had reached at least the required minimum level. Training was regularly monitored with the target being at least 90% up to date across the team. Records showed this was being achieved.

Staff received regular support through supervision meetings at least every two months and through annual performance appraisals with their line manager to look at progress and identify any development needs. Out of hours support was available to staff via an on call system, provided by the registered manager and deputy in rotation and also from the regional on-call manager, if required.

Relatives felt staff were familiar with how people communicated their wishes and feelings and one added ' "...they listen to [name's] communication". Relatives were also happy with how staff kept in touch with them. Some people had individual touch-screen tablet computers to assist them with communication. We saw staff clearly understood people's individual communication methods.

Communication between the staff was effective and continuity of information was enhanced through a detailed verbal handover, with key matters also being put in writing. It was clear from staff discussion that there were ongoing plans for people to go on trips and also for family contact.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were all able to give their own consent in respect of day-to-day decisions about activities, food and clothes, although none would have capacity for more complex decisions. One person also consented to a blood test. The registered manager explained that a review and best interests discussion was likely to be required soon regarding one person's changing health needs.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met.

Standard DoLS authorisations had been sought in respect of five people, with regard to the securing of the front door. Two people had their own electronic key fobs so they could open the door and come and go when they wished, without staff support. For security and fire safety reasons, however, they both notified staff if they were going out. One person confirmed this to us and said they asked staff when they wanted to go out to avoid the risk of others following them out of the door. DoLS were updated through email by the local authorities when required.

Where people required staff support to manage their behaviours the service used a nationally recognised set of support techniques based on de-escalation and re-direction to support individuals to become calm or remain focused on positive activity. The registered manager was qualified as an instructor to ensure staff skills in these techniques were kept up to date. The service did not use physical interventions to manage behaviour, preferring instead to support and enable people to manage their own behaviour. Staff used non-restrictive, guiding interventions very occasionally, but usually intervened early when someone was becoming agitated or upset, in order to reassure them. Each person had an individual behaviour support plan. The in-house psychologist planned to develop more detailed support plans, which would involve consultation with relevant representatives to ensure 'best interests' principles were met.

Menus were accompanied with pictures of food items to aid choice-making and people were offered alternatives where they did not like the meal offered. Staff sometimes showed people examples of food options for them to make a choice of the items in front of them. Staff were increasingly involving people in meal preparation. We saw that one person made the spring rolls for lunch for everyone, with staff encouragement and support and people were involved in preparing items for the barbecue the following lunchtime.

Staff tried to introduce new and healthy option items to people to broaden their experience and noted where these were popular. A recent staff initiative to find new recipes with people, for them to try out, was proving popular. Advice and support had been sought from an external speech and language therapy (SALT) team and dietitians when necessary. The SALT team also provided Makaton signing training to staff.

Relatives said the service was good at addressing people's health needs and consulted them appropriately. People's health action plans and records noted attendance for routine healthcare appointments and each person had a hospital passport detailing their support needs, in the event of hospitalisation.

The premises were clean, light and homely and provided space for people to spend time with or apart from the group. In addition to the dining room and main lounge, there was a quiet lounge where individuals could go when they wished. A sensory room was also available in the garden.

The garden was provided with tables and chairs and eating outside was seen to be popular. A trampoline and small inflatable pool were also available. People made good use of the garden, which was enclosed, enabling them to access it without the need for staff's immediate presence, though they could be observed from the kitchen or lounge. During the inspection, the barbecue was used for a lunch before a major football match, and people had been engaged in the activity of putting up flags and bunting ahead of the game. People's bedrooms were personalised to their preferences. One person had pictures of their favourite singer and an artist had been brought in to add murals relating to their interests.

Is the service caring?

Our findings

People and their relatives felt staff treated people with kindness and care. One relative said, "They are respectful, they treat [name] as an adult." Another relative told us people were, "...always well looked after". Relatives said the staff encouraged people to make decisions for themselves whenever possible and added; "...we are always very pleased with the care provided". A relative also said staff were good at respecting and supporting people's chosen means of communication

We saw that staff were very aware of people's frame of mind and understood how they showed if they were anxious or upset. Staff responded proactively and communicated clearly and effectively with people to help them relax and redirect them to a positive activity they enjoyed. Staff kept any necessary instructions brief and repeated them if required. They also understood where an individual became 'stuck' and found it hard to move on from one event to something else. Staff responded in a patient and non-confrontational way to help the person to move on, offering gentle encouragement.

Staff spoke respectfully to people and actively involved them in daily tasks alongside them, so they were more likely to participate, for example, in the course of preparing meals. Support and guidance was offered as required. Where people wanted space away from the group this was enabled and people were encouraged to respect each other's space. Staff communicated effectively when handing over the support of people between them so the transition was as seamless as possible. We saw a large number of examples of warmth and humour between staff and the people they were supporting. People actively sought out contact with all of the staff and the registered manager.

People's individuality was respected and encouraged. People's areas of interest were encouraged and fostered through access to appropriate entertainment media or outings. For example, two people had recently been supported to visit a military museum and enthusiastically showed us the photos when encouraged to do so. Where people had identified spiritual needs, these too were provided for. A relative confirmed that one person had been supported to attend a specialist church service for people with a learning disability. People were encouraged to express their individuality through their clothes and other items. For example, a relative said their family member had proudly shown them the new jewellery acquisitions she was wearing, when she came home for a visit. They felt this showed staff helped people to express their personality however they could.

A relative said they were happy staff supported people to maintain their dignity and privacy. They gave the example of staff discussing the issue of them taking photos of their family member, which might also include other people being supported by the service.

Dignity and privacy had been discussed in team meetings and the registered manager told us any individual issues were picked up when they arose, as a learning point, or in staff supervision. Annual training was provided to staff on dignity, respect and valuing people. We saw staff worked diligently to support one person's dignity to get him to return to his bedroom and finish dressing before going downstairs. Care plan files identified where people could attend to their personal care without staff input, to further support their

dignity. For example, one person's plan stated they could shower unaided once prompted to have one.

Is the service responsive?

Our findings

People said staff involved them in decisions about their lives and relatives too, were happy that they and their family member were involved as much as was possible or appropriate. One relative told us, "They have sought my opinion about medicines changes", another said, "They listen to our comments." Relatives gave examples of where their comments or suggestions had been acted on. One said, "They have adopted counting down sleeps, from my suggestion" and described how this helped their family member to cope with upcoming events, with reduced anxiety.

Thorough planning had taken place for people moving into the service to help minimise the associated stress. People's moves took place over a planned period with a series of familiarisation visits according to a written but appropriately flexible individual transition plan.

People were involved in reviews of their care plan as much as they were able and their representative's views were also sought where necessary. The service carried out regular informal review of care plans whether or not the funding local authority held their own reviews. One relative commented how positive it was that an age-appropriate keyworker who understood their wishes, had been assigned to their family member.

The service responded in a timely way to changes in people's needs. They had identified one person whose needs were changing and had an early discussion with family and healthcare specialists ahead of a review of their needs. Best interests discussions regarding how best to meet them were held. Staff sought out products to help people to cope with some aspects of personal care. For example, a special toothpaste with a less intense flavour had been found which helped ensure that those who resisted cleaning their teeth using regular toothpaste, would use it.

People's care plans provided detailed information about their likes and dislikes, their needs and the level of support they required in all areas. Information was provided on each person's chosen methods of communication. The care plans were supported by appropriate individualised risk assessments which identified how staff could minimise the associated risks, whilst enabling the activity to happen. Each person had a separate health care file which addressed their full range of health care needs and recorded the associated appointments. Individual behaviour support plans were also available and each person had an individual schedule of planned activities throughout the week, supplemented by ad hoc events. We saw one or two instances where parts of the care plan had not been completed. The registered manager confirmed these sections were not relevant for the individual but agreed some note should have been made that this was the case.

Relatives commented about people's wide range of activities and access to events in the community. One noted they had suggested a trip to a particular theme park and staff had planned an outing there. Another relative said the service was, "...always trying to find new things to do and places to go". Relatives were pleased people visited the family home with photos showing them enjoying various activities and outings and that people had the opportunity to go on holidays too. One person, who was unable to cope with overnight stays away, was provided with a range of day trips instead.

People had access to a range of events and facilities in the community including museums, nature reserves, parks, an activity centre and other places of interest. During the inspection people went out swimming, shopping and to get cards and presents for father's day. People and staff decorated the garden ready for an important football match and prepared food for a celebratory barbecue. One person made their own way to and from a course at Newbury College, following initial staff input and assessment of their ability to manage the bus journey unsupported. A photo wall had been established, to which pictures of people enjoying their activities and outings were added. Aromatherapy and music therapy sessions took place in the service on alternate weeks and proved very popular. A driving lesson at a specialist class for people with a learning disability, had been organised for one person, in response to their wish to drive a car.

People were offered choices throughout their day, around rising time, clothing, food and activities and their individuality and interests were encouraged and supported. They were also supported to as much as they could for themselves and to try new things as well as to be involved in daily routine tasks. Some people required prompting around aspects of their personal care and we saw this was done patiently and respectfully. Relatives also confirmed people were offered lots of day-to-day choices.

The service had an appropriate complaints procedure, which was available in an easy-read format to assist staff to support people, along with happy/sad face images to use with them. Two of the people supported would be able to make a complaint themselves with limited support, others would require the support of staff or others to interpret their concerns and raise them as a complaint if appropriate. No complaints had been received since the previous inspection in 2014.

The service had responded positively to suggestions from people, relatives and staff. For example a second TV had been provided in the front lounge so one person could watch their music videos without impacting on the other's choice of viewing or activity. Also in response to a parent's suggestion, more regular weekly feedback contact had been agreed with them.

Is the service well-led?

Our findings

Relatives were complimentary about the service and felt it was well led by the registered manager. One described the manager as, "...wonderful" and another as, "...very responsive". They felt the leadership was reflected in the professional approach of the staff. One external care professional indicated they had found the management available and responsive and the care provided, positive and generally successful within the remit of the service. None of the other external professionals from whom we sought feedback, contacted us with any concerns about the service.

The registered manager had recently won a 'gold award' for 'Care Trainer of the Year' for the South-East region at the "Great British Care Awards".

The registered manager worked shifts from time to time to cover shortfalls, as well as spending time observing the day-to-day care, to enable her to observe people's care and identify any issues of staff practice to be addressed.

The provider had recently been bought out by a partnership called "The Regard Group" although they still traded under the previous names with the new overall brand. The Regards Group holds a gold award from the national accreditation scheme, 'Investors in People'. The registered manager described a progressive range of new initiatives being introduced to further develop care practice, training and recording systems. Documents were being re-branded as they were reviewed or reissued. A new, more effective daily recording format had been introduced, which staff felt was providing more useful information to enable monitoring of people's changing needs. There were plans to move towards computer based systems to replace the current paper-based records. The need to ensure that all relevant records are included appropriately in the computerised system, going forward, was identified. For example, information on the renewal of Deprivation of Liberty Safeguards approvals was not readily available, although the registered manager was able to locate emails in a variety of places to confirm these processes.

The registered manager communicated the service's positive inclusive ethos through regular team meetings as well as through supervisions and appraisals. Team meetings had taken place regularly between monthly and three-monthly and brief minutes were recorded. We saw from the active involvement of staff throughout the inspection, that they were motivated and enthusiastic. They worked proactively and engaged positively and enthusiastically with people to ensure they had a challenging and fulfilling lifestyle. The service had a liveliness and energy which helped people to themselves remain positive and engaged in lots of activities.

Relevant events had incidents had been notified to the Care Quality Commission as required. A notification is information about important events which the service is required to tell us about by law.

The quality of care people received was monitored and improved by a variety of methods. The manager completed a monthly monitoring form which identified any necessary remedial action and detailed the action taken. The reports went to the line manager for monitoring and sign-off. Six monthly audits were

carried out by the provider which included action points and documented the action taken to address them. The provider also carried out periodic health and safety audits and monitored reports of accidents and incidents and noted any resulting actions. The local authority carried out a quality monitoring visit in April 2016 which resulted in a positive report. The report noted the registered manager continued to seek additional training and other resources to benefit the service.

The registered manager met monthly with local colleagues in the organisation and every four months with other managers in the region in order to discuss and share best practice and maintain consistency of care to people within the organisation.

A survey of the views of the people supported was carried out in August 2015. People were consulted about the survey formats and changes were made arising from their opinions. The survey was made available in three formats to enable as many people as possible to contribute. The three themes which emerged were all acted upon. A new TV was purchased for the front lounge, more regular family contact was established and menu choices were widened. The results were displayed on the residents' notice board in the hallway.

Residents meetings took place to provide a forum to discuss plans for holidays, activities and menus and to check if people were happy. The minutes of the latest meeting were displayed on the resident's notice board in the hallway.

A survey of the views of staff had been carried out in early 2016 across the whole of the provider organisation and analysed at local level. The identified themes were going to be fed into the provider's national improvement plan. The local themes included managing stress at work, personal development and involvement in the company.