

Autism Sussex Limited

Burton Cottages

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 inspected Burton Cottages on 26 September 2016. Burton Cottages provide care and support for up to 10 people. Accommodation is provided from a building which was purpose built as a care facility for people with learning disabilities. The building is located within a residential area. There were 10 people living at Burton Cottages at the time of the inspection. Most people living at Burton Cottages were unable to communicate verbally.

This service was previously inspected on 24 September 2014 where we found it to be compliant with all areas inspected.

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

Staff had good knowledge of safeguarding adults and knew what actions to take if they suspected abuse was taking place. The provider had ensured that appropriate employment checks had taken place to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff to keep people safe. The provider gave staff appropriate training to meet the needs of people. Staff received supervisions and appraisals from the registered manager.

Medicines were stored securely and safely administered by staff who had received appropriate training to do so. Stock counts of medicine that was to be taken as needed did not match what had been recorded. However, people's medicine records did reflect when these medicines were taken. We have made a recommendation about this in our report.

The principles of the Mental Capacity Act 2005 (MCA) were applied. People were being assessed appropriately and best interests meetings took place to identify least restrictive methods. Staff had received training on MCA and had good knowledge. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for daily living needs that were personalised for the people staff supported. People were given options on what they would like to eat and those that required support to eat were supported.

People were being referred to health professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dentists and chiropodists.

Relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in and would decorate their bedrooms according to their own tastes.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys. The provider had ensured that there were quality-monitoring systems in place to identify shortfalls and the registered manager acted on these appropriately.

Relatives and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by staff. The registered manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The registered manager was informing the CQC of all notifiable events detailed in the regulations.

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.

The provider had ensured that there were sufficient numbers of staff to provide care and keep people safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

Risk assessments were carried out to inform staff of identified risks and how they should act. Risk assessments were personalised to individual need.

Medicines were being stored securely and administered by staff who had received appropriate training. However, staff were not always updating stock levels when medicines were recorded as being taken.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were applied in practice. The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards.

People were supported to attend routine appointments. People were being referred to healthcare professionals in a timely manner when needed.

Staff received appropriate training to give them the skills and knowledge required to support people living at the service.

Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about staff and told us they were happy with the service that they were receiving

Staff demonstrated good knowledge of the people they supported. Staff treated people with dignity and respect at all times.

Relatives told us they were involved with the planning and reviews of their care plans. Care plans recorded when people and their relatives were involved with their care.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People's friends and family were made to feel welcome by staff when they visited.

The registered manager ensured that complaints were appropriately responded to and included full investigation and outcomes.

Activities were personalised to people's needs. People were free to choose what activities they participated in. Staff would respect people's decisions.

Is the service well-led?

Good ●

The service was well-led

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that all policies were up to date and that these had been appropriately communicated to staff.

The provider had ensured that quality-monitoring systems were in place to identify shortfalls and make improvements to the service.

Burton Cottages

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Burton Cottages on 26 September 2016. This was an unannounced inspection. Two inspectors carried out the inspection. This service was previously inspected on 24 September 2014 where we found it to be compliant with all areas inspected.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. 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.

During inspection, we spoke to six relatives, five care staff and the registered manager. As most people living at Burton Cottages were unable to communicate verbally with us, we observed care delivery throughout our inspection. We looked in detail at care plans and examined records that related to the running of the service. We looked at six care plans and three staff files, staff training records and quality assurance documentation to support our findings.

Is the service safe?

Our findings

People's relatives told us they felt that the people living at Burton Cottages were safe. Relatives told us, "I know my relative is safe and I do not have to worry," and "They know how to keep the premises secure."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "If I had any concerns regarding abuse I would inform the manager." Another member of staff told us, "Abuse is something that violates the personal rights of a person living at the service; it could be physical, emotional, mental, sexual or financial. I look for marks like cuts or bruises when helping someone to wash and dress, if I saw something I would get another member of staff to witness it and report it to the manager." All staff we spoke with could identify that they could also contact the local authority if there was a safeguarding concern. The registered manager told us, "Staff would report concerns to me, they would complete an incident report and inform the safeguarding team. I would inform relatives." Safeguarding concerns were being appropriately recorded and included referrals to the local safeguarding authority and the outcomes and any action required.

People's medicines were being managed and administered safely. Each person had a lockable medicine cabinet in their room that only staff had access to. Staff were observed supporting people take their medicine in a kind and caring way that respected people's individual needs. A person went to their room to take their medicine. Two members of staff supporting people to take their medicine knocked on the person's door and asked if it was ok to enter the room, they explained clearly to the person that they were there to give the person their medicine. The person became agitated and wanted one of the staff to leave the room, which they did. The remaining member of staff came out to verify that the medicine had been taken. There were safe systems in place when people took medicines out of the service to take part in external activities or to visit friends and family. Staff logged out all outgoing medicine, guidance was available on when, and how these medicines should be taken. Records showed that staff were logging back in any medicine that was not taken. Staff had guidance for homely remedies and medicine that was prescribed to be taken when required (PRN). For example, one person's records showed that they would exhibit pain by stating they are in pain. The guidance advised staff to offer pain relief and if symptoms persisted for 48 hours to contact their GP. There was also further guidance on the medicine available. Records showed that both homely remedies and PRN were reviewed with the person at a GP annual medicine review. Staff did not always update stock records of people's PRN. One person's paracetamol records showed that there were 12 in stock but only 4 could be counted. This was also the case for another person who had medicine sachets: the records did not reflect the amount that were being kept by the service. The risk to people living at the service was limited as medicine records showed that these were taken but the stock count did not reflect this.

We recommend that the registered manager seek guidance from a reputable source to ensure that records are kept up to date in relation to people's medicine.

The provider had ensured that there were arrangements in place to keep people safe in an emergency. There were contingency plans in place that were reviewed on a yearly basis. The contingency plans gave

staff guidance on how to react to a specific emergency. For example, if there were adverse weather conditions, no heating or electricity. The guidance included what action staff should take given any emergency, phone numbers of who would need to be contacted and where people can be relocated to. There was a grab bag available to staff that included evacuation guidance for people and individual medicine lists and identified any allergies. People had personalised evacuation plans in the event of a fire in the form of a risk assessment. One person's fire risk assessment told us that the person was able to evacuate in the event of a fire and another told us that the person would not respond to the fire alarm and staff had to support them. Records showed that individual fire risk assessments were being reviewed annually.

People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. A member of staff told us, "Risk assessments are reviewed annually or as required in response to changes in need." People's records showed that people were being risk assessed for travel, holidays, fire evacuation, running a bath and for any identified behavioural concerns. Risk assessments gave staff guidance on the individual risks, how staff should manage these and how to limit the risk by identifying potential triggers that can elevate risk. For example, one person's specific behavioural risk assessment told staff that triggers could include waiting too long, change and frustration of not being understood. The risk assessment told staff to use simple clear instructions and to give the person space if necessary.

There were sufficient staff to support people and meet their needs. One relative told us, "They have enough staff; my relative gets the support needed from those that work there." During the morning, there were three members of staff and the registered manager, during the afternoon there were four members of staff and the registered manager and overnight there was one waking member of staff. The registered manager told us, "We have more staff in the afternoon and evening as this is a more busy time with the preparation of meals." The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of three members of staff. The information provided included completed application forms, two references and photo identification to ensure that the members of staff were allowed to work in the United Kingdom. The records showed that checks had been made with the Disclosure and Barring Service to make sure staff were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People's relatives told us staff knew people well and provided them with the care they needed. One relative told us, "I think the staff are very good, it is a suitable environment and they know my relative well." Another relative told us, "They have got some very good staff who know what they are doing. They are very committed and I have a very high opinion of them."

Staff told us they were well supported and had received the training they needed to be effective in their role. For new staff an induction programme was in place to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff were able to shadow a current staff member until they were deemed competent and confident to provide care. New staff had to be assessed as being competent by management and an induction checklist was in place to ensure that all areas were covered and signed off by the new member of staff and registered manager. One member of staff told us, "I shadowed for three weeks, I was not confident and asked if I could have more shadowing. I found the shadowing helpful to learn about people's behaviours, their daily routines and how to support them." There was a full and intensive programme of training which included essential training for staff. Training included, moving and handling, infection control, epilepsy, challenging behaviours, mental capacity and deprivation of liberty safeguards. Staff also told us there was additional training available that included sign language. There were systems in place to support staff to develop their skills and improve the way they cared for people. Staff told us they had supervisions every two months and a yearly appraisal. One member of staff told us, "It is an opportunity to discuss how things are going; we can discuss what is going well and where we need more support. It is also focussed on our professional development."

People's rights were protected as the provider acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. 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. It was evidenced in people's care plans that when someone lacked capacity appropriate forms had been completed in regards to MCA. Staff demonstrated good knowledge of MCA. One member of staff told us, "It is about people making decisions for themselves. Each decision is different and you have to determine their capacity for each situation. Another member of staff told us, "We have to assume residents have the capacity to make decisions about their wellbeing." People can only be deprived of their liberty when it is in their best interests and legally authorised under MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People's records showed that appropriate referrals were made by the registered manager that clearly identified the risks if a DoLS was not to be granted. Staff could identify the people living at the service who had been granted a DoLS.

People had access to a good, balanced and nutritional diet. People had appropriate risk assessments in place for their diet that identified any specific need, e.g. if a person has a certain dietary requirement such as

being dairy free or assistance with cutting meals. People's personal records also identified their preferences. For example, one person's records showed that they did not like certain products due to intolerance. Where people required further support appropriate referrals and guidance was sought by staff, such as to a speech and language therapist (SALT). We observed the mealtime experience that people had who lived at the service and this was a positive experience. People sat where they chose to have their meals. If people wanted to leave the table, they were free to do so and return to finish a meal if they wanted. Staff would only clear away plates and left overs when told to by the people that were using it. Staff were seen to be using SALT guidance for individual's during meal times. For example, some people required one to one support and staff would sit with these people and assist them appropriately with their meals. Staff were also seen using SALT guidance to cut a person's meal to a certain size due to difficulty in swallowing.

People were supported to have access to healthcare services and maintain good health. Referrals had been made to other health professionals when required. This included GPs, district nurses, dentists and chiropodists. Records showed that if people needed to see their GP this would be organised as required. Staff were proactive in ensuring that the appropriate professionals were contacted to maintain people's health. One relative told us, "My relative sees the dentist, the optician, they will take him to see the GP if he is unwell." People's records showed that they were being supported with general health checks and each person had a yearly review with their GP.

Is the service caring?

Our findings

People's relatives spoke very positively about the caring nature of the staff. One relative told us, "They are very, very caring, I cannot praise them enough." Another relative told us, "The staff are always very helpful. They look after my relative extremely well. Routines are very important to my relative and they make sure she has her specific routines."

Staff were seen to be kind and caring towards the people they supported. One member of staff was seen to assist someone vacuum their floor. The member of staff took time and encouraged the person to do as much as they wanted to do. It was clear that the member of staff had built a good rapport with the person as they took turns to use the vacuum and both indicated when areas had been missed. One member of staff told us, "I have learnt it is important to speak slowly and use small words to help people understand what is being said." Staff were seen to use appropriate methods of communication as identified in people's care plans. During inspection, we saw that a person became distressed. The person's care plan gave guidance to staff on what this person is likely to do and how to act. Staff acted in accordance with the guidance given. One member of staff told us, "When this person becomes distressed we ensure that he is comfortable and give him time to calm down. When he is ready he will carry on with his day." Staff celebrated special events such as birthdays. One member of staff told us, "We arrange special events for people's birthdays. For example, I took one person to London aquarium as they love to go on trains and have an interest in marine life." Another member of staff told us, "We have a significant birthday coming up and we are going to arrange a party at the service for all the person's friends and family."

People and their relatives were involved in the planning of their care. One relative told us, "We are always asked about and involved in decisions about the care." Records showed that people living at the service and their relatives were invited to reviews of care plans. Annual reviews identified who attended the reviews. Reviews included a complete summary of care for that year such as any achievements, health professional's input and any accident or safeguarding concerns. The provider had a keyworker system in place to ensure that people's records were being updated and that people and their relatives were involved in the planning and reviews of their care. One member of staff told us, "As a keyworker I ensure that people's records are completed. I support people to buy birthday and Christmas presents for friends and family. I would support people to make phone calls and respond to any letters they may receive. I also arrange the annual review and health checks."

Staff demonstrated that they had good knowledge of the people they supported and fully respected their privacy and dignity. One member told us, "During induction I was given time to read people's individual support plans to learn about their behaviours, which helped me to be aware if they were behaving differently to how they usually would." It was recorded in one person's care plan that they communicate through gestures and will lead staff to what they want. One person's care plan told us that they had a great fondness of music. One member of staff told us, "I noticed that a person was humming certain tunes to identify that he was content and happy during activities and personal care. Therefore, I put together a CD of the songs he liked and spoke with his parents if they knew of any other songs he likes. He loves music so on his birthday I played happy birthday to him on the piano." Another member of staff told us, "One person can

use basic sign language to answer yes or no to questions. We have to make sure we speak clearly." Each person had morning and evening routines documented in their care plans. These routines guided staff on the way people like to get ready for the day and how they like to get ready to go for bed. Staff were never seen entering a person's room without knocking and asking if it was okay to enter. All staff we spoke to told us the importance of people being allowed private space and being treated with dignity and respect. One relative told us, "The staff are very discreet."

People living at the service were encouraged to be as independent as possible. Staff told us that it was important that they encourage people to be as independent as possible by providing the correct support. For example, one care plan told us that a person enjoys a bath in the morning and staff should encourage independence by assisting through clear guidance. One member of staff told us, "We are very aware that first and foremost this is the people's home, we are here to help them be as independent as possible." One relative told us, "Staff asks my relative in way she understands what she want to do and what she wants to wear."

People's private information was respected and kept secure at all times. People's personal information was kept in a locked cabinet that only staff had access. Staff were seen to never discuss people's individual needs in public areas. Handover of information took place in a private area of the home that could not be overheard by people, relatives or visitors. One relative told us, "Staff keep information confidential from other residents."

Is the service responsive?

Our findings

Relatives of people using the service spoke positively about the support given to people moving to the service. One relative told us, "My relative was supported every step of the way with the transitional period. The transition was a long process to make sure my relative was comfortable with what was happening and that it went very smoothly." Another relative told us, "My relative was sensibly looked after when moving to the service." The registered manager limited any potential anxiety by meeting with people to carry out a full pre-admission assessment. Pre-admission assessments had a transition risk assessment that identified any potential risk such as heightened anxiety. Pre-admission assessments also included personal information, medical history, involved professionals, family, current living situation, nutritional/dietary requirements, sleep pattern and an autism specific assessment. This information gave staff essential information to provide appropriate support both physically and emotionally to people moving to the service.

People's care plans were reviewed and developed on a regular basis by their keyworkers. People were set goals and records showed that staff were documenting individual development and when goals were achieved. Development goals within care plans included, to eat at the table, to pour their own drinks, to wash own hair, to do their own laundry, participate in a house meeting and complete meal preparation. Staff were seen to be encouraging people to attain their goals throughout the inspection. We saw staff assist people to pour their own drinks and to help with meal preparation. It was documented in one person's care plan that with gentle encouragement they have started to take a more active role in house meetings. When goals were completed, new goals were identified by staff and discussed with people and their relatives at reviews. People's goals that have recently been identified as being completed included, purchasing own toiletries, set the dining table and mop the kitchen floor. One member of staff told us, "The goals may seem small but they mean a lot to the people and their families and promotes further independence."

People's likes and dislikes were documented in their care plans so staff could consider this when reviewing care. One person's relative told us, "They are aware of what he likes, for example, going out for coffee. They ensure this happens a few times a week. If he suddenly loses interest in an activity they try to encourage him or they will find a new activity he wants to do." Each person's care plan had a 'this is me' section. This included a personal history about where a person grew up, what school they attended, their family, hobbies and interests. One person's care plan stated, 'I love a good puzzle and can spend hours doing a very difficult puzzle.' On the day of inspection, this person was seen completing a puzzle. Records showed that one person does not like pictures of people on display. Because of this, the registered manager removed all pictures of staff on the notice board and replaced them with staff names. Each care plan had a factors affected by autism section. This included people's dislikes that staff needed to be aware of when reviewing care. In one person's, care plan it told us that the person likes their own space, does not function happily in large groups and can only cope with one decision at a time.

People could choose what activities they participated in and these were personalised to their needs. People's records showed that they were attending their chosen activities on a regular basis. One person's relative told us, "They do sensory activities, swimming, trampolining, painting, music therapy; he was able to do horse riding. In addition, when he wants to he can just relax in his room." Another relative told us, "They

support my relative to go out every day." Many people at the service attended a day centre that carried out activities they enjoyed participating in. One person had chosen not to go and the registered manager told us, "We have arranged for the day service to come to him." We observed that this person received one to one support during the day with a member of staff from the day service.

People were encouraged to make choices that gave them control on how they would like to live their lives. People's bedrooms were decorated to their own likes and tastes. One person chose to have limited furnishing in their room and this was understood and respected by staff. People were dressed appropriately and had chosen their own clothes. One relative told us, "The staff put some clothing out for him so he can choose what to wear. He can wear what he wants he is always dressed nicely." People could choose what they wanted to eat. The registered manager told us, "There is a four week rolling menu Monday to Friday based on people's food preferences. It changes between a summer and winter menu. Over the weekends people are shown photos to choose what they would like to eat." The pictures that were shown to people were seen during inspection. A member of staff told us, "Once a month we do a themed food night, we did themes around people's cultural backgrounds and then moved on to other cultural foods, we try to offer variety." Records showed that recent themed nights included Mexican and Italian themed dishes. Another member of staff told us, "People get to choose to have a meal out once a week and this can be anywhere they would like to go."

People and their relatives were encouraged to give feedback on the service they received. There were surveys completed by people and their relatives. The relatives we spoke to told us that they completed the surveys when asked. Records showed that responses were being received. People participated in house meetings that were designed to communicate any events that were due to take place and general living of the home. This was also an opportunity for people to put forward any ideas for themed evenings and menu choices. The provider had a clear up to date complaints policy that was communicated in a way that was easy to understand and made available to all people living at the service and their visitors. Relatives we spoke to told us they would know how to complain if the need arose. There had been two complaints recorded in the last six months. Records showed that these were appropriately logged and the registered manager carried out a full investigation and where the complaints were received electronically, the manager logged a call to the person to clarify the points. People received a formal response to the complaints within two weeks following any investigation and people were directed to the complaints procedure if they were unhappy with outcome.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the registered manager and the service. One relative told us, "The manager is very approachable; I always feel I can ring them at any time." Another relative told us, "The manager is very good and always responds to my emails." One member of staff told us, "The manager is very supportive, always happy and cheerful." Another member of staff told us, "It is a nice place to work; it is rewarding to help people and even better when you are part of a good team." The registered manager had an open door policy that meant that anyone could approach if they had a concern or a matter to discuss. One member of staff told us, "The manager has an open door policy and she always makes herself available. I feel very supported by the management team." A relative told us, "I feel able to take any concerns or problems to the manager."

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss the notifications made and any improvements from them. The provider had ensured that policies and procedures were being updated and the registered manager communicated these policies to staff through staff meetings. Staff demonstrated a good understanding of the policies and procedures that included safeguarding, whistleblowing, moving and handling and medicine policy.

There were processes in place to check the quality of the service and identify any shortfalls. The provider had carried out a quality assurance audit in June 2016. This audit highlighted that staff had difficulty explaining what deprivation of liberty safeguards (DoLS) were. The action included a team meeting on the subject to give staff an opportunity to discuss the meaning. During our inspection, staff demonstrated good knowledge of DoLS. The registered manager had regularly completed a three-month health and safety audit. This included a complete check of the service and if any action were required. For example, the audit that took place in August identified that certain repairs were required in individual rooms. The maintenance log confirmed if these repairs had been completed or if there were further works required. All repairs had been appropriately logged. The audit also identified the need for replacement flooring in certain areas. Evidence was shown that appropriate quotes had been sourced. The registered manager also carried out weekly checks of the service that included fire safety checks, electricity sockets, and vehicle checks and to carry out water temperature checks. Records showed that weekly checks were being completed. The registered manager also carried out kitchen cleaning audits that also ensured that food service, fridge and freezer temperatures were being recorded. However, this audit did not identify that kitchen cupboards that were used to store kitchen utensils and equipment had not been cleaned on the inside. We reported this to the manager who told us this was the duty of the night staff and checked to see if it was being signed as being completed. Records show that staff were signing to say that this task had been completed. The registered manager recognised this was not the case and would get the cupboards cleaned. All other areas of the kitchens were clean and presentable.

The registered manager used surveys as methods for gathering views of people that use the service, their

relatives and staff. A recent service user survey showed that people were happy with the service they had received. Observations from this survey identified that people would like more options for when they go on holiday and one person identified that they were not happy with their room. Records showed that people were given more options to choose where they wanted go on holiday and that staff were using pictures and pamphlets to encourage people to make more choices. The registered manager told us after the survey that they carried out an investigation of the person who did not like their room and discovered they were not happy with the pictures that were on the wall and these were replaced with new ones that were chosen by the person. A recent relative questionnaire received seven responses. It identified that all those that responded said that the people living at the service had a high quality of life. It did, however, suggest that more exercise was needed. Records showed that people were taking part in more physical activity that included regular walks and swimming. One relative told us, "They now take my relative swimming; I did not think they could make it work, but they did, and he goes swimming once a week and he enjoys it. They also take him bowling." Another relative told us, "They support her to go out every day. They are supporting her to go walking more often and to increase her physical activity."

Team meetings were used to give staff an opportunity to discuss the service and identify any areas for improvements. In a meeting in July 2016, it was identified that staff would like a trolley to assist them and people to serve food and drinks to people. The trolley was purchased and seen on inspection. One member of staff identified a new approach that was taught in training regarding a person's diet and was actioned to discuss with person, family and GP and report back in the next meeting. The following meeting was in August 2016, the member of staff reported with their findings and was encouraged to continue with the research as it could improve the life of that person. The registered manager also used meetings to communicate any compliments that had been received and to make people aware of any policy updates.