

## Sun Healthcare Limited

# Autism Support and Care

## 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 

### Overall summary

We inspected the service on 16 December 2015. Autism Care and Support is known as Jubilee Court. It is registered to provide accommodation and personal care for up to 13 people living with Autistic Spectrum Disorder (ASD), Asperger's Syndrome, learning disabilities and mental health. On the day of our inspection there were 10 people living at the home.

The home had a registered manager who was on duty on the day of the inspection. 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 who used the service, and their representatives, felt safe and well supported at Jubilee Court. Staff were confident that people's needs could be met safely both within the home and when they left the home. People who used the service felt safe and enabled them to live full and active lives.

# Summary of findings

People felt staff met their needs effectively and were all kind and caring. Staff told us enjoyed their roles and were very knowledgeable about people's needs, preferences and life experiences. Staff respected people's privacy and dignity.

Staff had a good understanding of what constituted abuse and were confident to recognise and report it. Senior staff, including the registered manager, were aware of their roles in relation to reporting allegations to appropriate external agencies and working with them to ensure incidents were investigated.

People's needs were met and staff were recruited through safely. Medicines were stored and administered safely and the premises were well maintained to keep people safe.

Staff received appropriate induction, training and supervision. Staff understood their roles and responsibilities and all training was underpinned by a strong value base of respect and person centred support.

People's rights were protected under the Mental Capacity Act 2005 and decisions were regularly reviewed when individual's needs and circumstances changed to ensure they still reflected their wishes.

People were provided with sufficient food and drink to maintain their good health and wellbeing, and the standard of food provided was very good.

Health professionals worked closely with people who used the service and the staff team to ensure people's health care needs were met. Communication between staff and outside agencies was good.

People enjoyed a range of activities both at the home and in the community. Decisions they made were based on risk assessments and how people were feeling on any given day.

People and their relatives (where appropriate) were involved, in the development of the service. People felt listened to and would be confident to make a complaint or raise a concern if they needed to. People living at the home and the staff team had opportunities to be involved in discussions about the running of the home and felt the management team provided good leadership. There were systems in place to monitor the quality of the service provided.

# 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.

The provider had systems in place to recognise and respond to allegations or incidents of abuse and these were used effectively.

People received their medicines as prescribed and medicines were managed safely.

Staffing levels were sufficient to meet people's needs and offered flexible support.

Recruitment procedures were good ensuring that only people suitable to work with vulnerable people were appointed.

Good



### Is the service effective?

The service was effective.

Staff received appropriate induction, training and supervision.

People's rights were protected under the Mental Capacity Act 2005.

People received sufficient to eat and drink.

External professionals were involved in people's care as appropriate.

Good



### Is the service caring?

The service was caring.

Staff were kind, caring and respectful when supporting people to meet their care and support needs.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to be able to make decisions and choices.

Good



### Is the service responsive?

The service was responsive.

Care records provided clear guidance for staff to respond to people's needs.

People enjoyed a range of activities.

A complaints procedure was in place and staff knew how to respond to complaints

Good



### Is the service well-led?

The service was well-led.

The management team encouraged openness and involvement throughout the service.

Staff had opportunities to review and discuss their practice regularly.

The management team were approachable and sought the views of people who used the service, their relatives and staff.

Good



# Summary of findings

There were procedures in place to monitor and review the quality of the service.

# Autism Support and Care

## 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.

This inspection took place on 16 December 2015 and was unannounced.

Before the inspection we reviewed information the provider had sent us including statutory notifications. A notification is information about important events which the provider is required to send us by law.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we spoke with three people who used the service about the care and support they received. We spoke with three people's representatives ( which included friends and relatives), the registered manager, the deputy manager and four care staff. We also spoke with two social care professional following the visit.

We looked at three care records, three staff recruitment files and other records relevant to the running of the service. This included policies and procedures and information about staff training. We also looked at the provider's quality assurance systems.

# Is the service safe?

## Our findings

Due to the complex needs of the people living at Jubilee Court we were only able to speak in depth with three people who used the service. All three people that we spoke with told us that they felt safe living at the home. One person told us of some issues that they had with other people who used the service but they said that staff managed situations well and as a result they remained safe during challenging times. Staff also told us that they considered people to be safe. They acknowledged people's complex needs and said that they knew how to manage incidents safely to ensure people's wellbeing and security.

We spoke with three representatives (friends and relatives) of people who used the service. They also told us that staff provided a safe environment for people and they confirmed that incidents were managed well. One person told us "[Name] is safe and secure. That I'm confident of."

We spent time observing how people interacted with each other and the staff who supported them. People seemed relaxed and happy. Staff observed people discreetly and were nearby should a person require support. Staff understood their roles and the reasons why they were supporting people in the way they were. Although it looked like staff were 'standing around' they explained to us that their presence was reassuring for people without being restrictive or intrusive. Care records detailed this approach. One person told us, "I feel safe knowing that they [staff] are around."

Staff told us that there were protocols in place to ensure that people were supported safely and consistently. They said that they had received good training to enable them to adopt a consistent approach that reduced people's anxieties and made them feel safe. Records supported this.

Staff told us that they had received training to protect people from abuse. In conversations with us staff demonstrated a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the different types of abuse people may experience and knew the signs to watch for to indicate this was happening. Staff also understood the process for reporting concerns. The registered manager told us how they had made referrals and worked with social care professionals to keep people safe. We had received reports from the provider that reflected this.

Staff showed a good understanding about promoting people's rights and choices while keeping them safe. They told us how people's safety was their priority but that they also supported people to remain independent. Staff worked closely with health and social care professionals to ensure people were safe and the social care professionals we spoke with confirmed this.

Assessments of risks to people's health and safety were carried out and recorded in support plans. We saw assessments of a range of risks, including identified behaviours, leaving the home unsupported and maintaining positive relationships. Assessments were very detailed and documented consistent approaches as well as identifying triggers for staff to look for. Staff told us that these assessments, and their regular review, were invaluable to ensure people remained safe.

Procedures were in place to protect people in the event of an emergency, such as a fire. We saw how regular checks and routine maintenance of the home environment and equipment ensured people could be kept safe. We saw records that demonstrated this and staff told us of procedures to follow to raise issues that required attention. Fire evacuation procedures were clearly displayed throughout the home and were in a pictorial format. One member of staff told us how they practiced what they would do in the event of a real fire and this gave them reassurance that they could exit people from the building safely.

At the time of our inspection we saw that there were sufficient staff available to safely monitor people discreetly and respond to requests for support. Staff had the flexibility to change plans when people changed their mind without it negatively impacting on the plans of others. Staff told us that they were able to increase numbers and work flexibly to meet needs safely. One staff member told us, "We are able to offer additional support to people when they are upset or anxious. We can keep people safe this way."

We looked at the recruitment files of three staff who had recently started working at the home. We saw that required information was available to demonstrate a safe recruitment process. People were supported by staff who had been properly vetted to check they had the right attributes to care for people and ensure their safety. The registered manager was fully aware of their role in relation to following safe recruitment practices. We saw how people who used the service were involved in this process. One

## Is the service safe?

person told us how they felt reassured that the staff appointed would be right for the home because of their involvement. One person told us, "I have a say in who works here." People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them safely. The medication policy detailed how safe monitoring, administering and storing procedures should be

implemented. We saw staff administering medicines in line with this policy. Risk assessments had been carried in order to ensure people received the right dose at the right time. We saw how staff supported one person to safely manage their own medicines. Staff had been trained in the safe handling, administration and disposal of medicines. We found medicines were being stored securely and administration charts were appropriately completed.

# Is the service effective?

## Our findings

Staff felt well trained to carry out their roles effectively. One staff member told us, "Training is excellent and it makes you think about your role." Another staff member told us, "It's all about the individual." Staff told us how they received specific training to meet individual needs. This was often carried out by specialist support teams who worked closely with them to develop support plans following the training. Staff told us that this training meant that they could really get to know individuals and understand them. In conversations staff were very knowledgeable about the needs of the people they supported. They understood behaviours and demonstrated a consistent approach to supporting people. One person used signs to communicate. Staff told us that they been trained in using signs effectively. We saw that there were various pictures throughout the home to aid people's communication and support them in getting round the home independently.

The registered manager had a plan of forthcoming training to ensure staff knowledge and skills remained up to date and current. Staff told us that they discussed training opportunities and professional development in staff meetings and in individual meetings on both a formal and informal basis with the registered manager. The registered manager told us that they were working towards being accredited with the National Autism society. This would enable them to offer effective support in line with current best practice.

Staff felt well supported by each other and by the deputy and the registered manager. Staff said that that communication at all levels was a strength of the service. Visiting professionals shared this view and considered it enabled them to offer good care. We saw how staff worked together to make and change plans according to people's changing moods and wishes. Staff told us that plans were flexible to ensure people's changing needs were accommodated.

The provider had an induction programme for new staff that included the Skills for Care Certificate. The certificate has been developed by a recognised workforce development body for adult social care in England. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. We spoke with a newly appointed staff member who

spoke very positively about their induction. Staff were particularly positive about the way that all training centred around the individual. They also said that they did not work unsupervised until they were confident. A member of staff said, "You need to know the people first." Staff told us how they supported new staff to ensure they were confident to work alongside them and carry out the roles required of them.

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.

Consent to care and treatment was sought in line with legislation and guidance. People who spoke with us were aware of the consent issues and felt empowered to make decisions and have them respected by staff.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and they were. Deprivations and restrictions were well documented and people who used the service understood them and shared details of them with us. Staff were also knowledgeable about deprivations and safeguards. They understood their roles and responsibilities in relation to adhering to them and had received training to support them in that role.

People were fully involved in decision making processes. Staff respected people's decisions and encouraged them to remain in control of how they lived their lives.

Everyone we spoke with told us that they enjoyed the food. One person told us, "Food is nice. I get choices. I like to bake and use the kitchen whenever I want." Another person said "Its ok, I can cook my own." People got together as a group to plan menus although some people had arrangements to make their own meals in preparation for independent living.

Staff were aware of people's cultural and dietary needs. We saw that staff bought particular foods to assist one person

## Is the service effective?

to meet their cultural needs. Staff told us that they liaised with that person's family members to source the food and they showed us designated storage arrangements for it when it was at the home. Dietary needs were also recognised. One person was supported to manage their high cholesterol effectively through their diet to ensure they remained in good health.

We saw a sample of menus that reflected people's choices and preferences. Menu cards were available so that people could be involved in meal preparation alongside staff. Two people told us that they enjoyed 'takeaway nights' as everyone got together socially. Staff told us that people ate at times to suit themselves and on the day of our inspection people were making individual arrangements for lunch. Some people preferred to eat in their rooms and this was supported.

People told us that there was always plenty to eat and drink. One person told us, "The food is good. There is always enough." We saw that people made themselves drinks and also made drinks for guests. One person had made some cakes which they also shared with visitors to the home.

People who used the service saw health professionals whenever necessary to ensure their health and wellbeing was monitored and their changing needs were responded to and met. One person told us how they attended medical

appointments on their own and made their own health appointments. They told staff how they got on so that care plans could be updated. Records seen supported this. People's representatives told us they were confident that staff understood people's physical and emotional support needs. The registered manager told us how they were working with a number of social and health agencies and organisations to develop and improve the service they offered and these included service that looked specifically at people's wellbeing.

Staff were knowledgeable about people's health needs and worked closely with health care professionals. A social care professional, who regularly worked alongside health professionals, said that they had always received really positive feedback about joint working between themselves and the home staff. Staff also told us that they received updated health information at the start of each shift to ensure everyone was clear about offering the required support. Care plans had been updated to reflect this. For example, a social care professional told us that staff ensured that one person saw their GP weekly and changes were addressed quickly. They said that this had a positive impact on the person's wellbeing. Staff monitored moods and behaviours to identify when a person's health needs changed. We saw how they recorded changes to demonstrate this.

# Is the service caring?

## Our findings

People told us that staff were kind and caring. One person told us, “Staff are polite and kind. They are very good like that. That’s something that they are all good at.” Another person said, “I can always ask staff for help and I know they will be there for me.” People’s representatives told us, “Staff are polite and friendly. They are kind and supportive.” A social care professional also told us, “Staff are polite and courteous. They are encouraging and kind.” We heard one person tell staff that they were cold and the staff member offered them support to address this in a kind and sensitive manner.

People told us that staff listened to them. One person said, “Staff are good at listening. They know how to help me relax.” Staff told us, “People always ask us for help. We know their preferences and the little things that are important to them. We even know how much bubble bath people like. Little things make a difference.”

People were fully involved in making decisions about their lives. We saw how people were consulted about what they did, where they went, how they spent their money and who they spent time with. People’s representatives told us that they were welcomed at the home and encouraged to visit whenever they wanted. One representative told us of quality time they spent at the home getting to know their relative and enjoying their company. Staff knew who were important to people. They supported people who used the service to stay in touch and spend time with important people.

Some people told us that when they had shared their views about the service they had felt listened to. We saw how people’s comments and suggestions had been listened to and acted upon. For example, meetings were held regularly and actions and suggestions for change were identified and implemented. People’s representative told us that if they had any suggestions they could speak with staff or the registered manager. They all felt confident to do this. Minutes of meetings showed how people had been consulted and involved in decisions about the running of the home. Activities and menus were discussed as well as planned changes within the home environment. For example, we saw how menus were changed after feedback about likes and preferences.

People’s social and emotional needs were considered and met. Staff told us how they listened to people and acted in accordance with their wishes. They told us that they offered flexible support and were able to alter plans to accommodate people’s changing needs and wishes. People’s cultural needs were identified and promoted. The manager told us, “Cultural needs are very much part of people’s assessments.”

Staff told us that they promoted people’s independence and offered guidance when appropriate. People told us that staff always responded when they asked for support and that their independence was promoted. Some people told us that they preferred certain staff to support them and that they were able to request that these staff became their key workers. This enabled them to choose their support and thus have people support them that they could relate to and open up to.

People told us that they were treated with dignity and respect. We saw staff to be supportive and respectful at all times. In conversations they told us how they respected people’s privacy and dignity. One staff member told us, “The values are embedded in our induction and training. Our behaviours and attitudes reflect that we respect people as individuals. We support people as we would wish to be supported ourselves.” A person who used the service told us, “They respect my privacy. I have a male keyworker and a female. They are all good to me.” We spoke with staff about offering support to one person in the hallway rather than in their room. They recognised the ideal approach however told us that this would cause the individual anxiety and so they tried to manage the situation discreetly and quickly. Care plans documented this and staff clearly recognised the dilemma between offering stress free support and maintaining privacy and dignity.

We saw that when staff entered people’s bedrooms they knocked and waited to be invited in. People’s representatives told us that they had also seen this. Records showed that people were encouraged to express their individuality and live the lives that they had chosen by following individualised programmes of support.

One representative told us that staff respected their relative’s privacy and dignity as they knew how important it was to them. They told us, “They are aware and mindful of this. They knock the door and then open it a little bit. They only go in when invited. This helps [my relative] relax. If they want to be alone they say so and staff respect his.”

# Is the service responsive?

## Our findings

The people who spoke with us said that staff supported them effectively and in ways that they felt relaxed and comfortable with. People's representatives were very positive about the effectiveness of staff support. One representative told us, "They know how to support [name] and they do it well." A social care professional told how staff were supporting a person to move into more independent accommodation. They told us "They are helping [name] to move on. The support is appropriate and effective."

Staff knew the people they supported very well. They talked to us about people's life histories and about their plans and hopes for the future. Staff told us about how people had grown and developed personally while living at Jubilee Court. They told us how they all had plans to move to more independent living when they were ready.

Staff were confident that they could meet people's needs. They told us that they had enough staff to be able to make plans and change them as necessary to accommodate people's wishes. Staff had the knowledge and skills to meet people's needs consistently and appropriately. They told us that communication was the key to offering responsive support that was focussed around people's individual needs.

Staff supported people to learn and develop independent living skills that they would be able to use in the future. They were supported to manage feeling and emotions as well as learning practical skills like budgeting, cleaning and cooking.

People's daily routines had been developed around their individual needs and wishes. We saw how routines were important to people and staff worked to ensure that people were able to maintain their preferred routines where required. Records were kept to show when people had declined offers of help and support. A person's representative told us, "Staff are very responsive to [name] needs and wishes. They know them. It helps."

Staff told us that they were able to offer responsive support when people became anxious and upset. They told us how they followed agreed guidelines and protocols which were appropriate.

We saw records of incidents where situations had been well managed and follow up support (including speaking with staff to discuss the incident) had helped the person to understand what had happened and why.

The registered manager told us how they considered people's individual needs at the time of their initial assessment. They then made a judgement as to whether the home could meet their needs. We saw how reviews of people's care and support took place regularly to ensure that the staff team continued to be able to meet people's needs. We also saw how they worked with outside agencies to look for more permanent accommodation as part of an individual's move on plan. People told us how they hoped for more independent living in the future. They also saw the value in the support they were receiving and the skills they were learning to enable this to happen.

People identified goals and aspirations. Progress towards achieving these was documented. Staff responded positively to circumstances where it looked like people were not achieving their goals. They offered motivation and suggestions as to how they could achieve them differently.

People had plans of care that covered all aspects of daily living and these were very detailed. We looked at three care plans in detail. There was evidence that plans were reviewed when needs changed. We saw how staff met people's changing needs. Staff told us that people regularly made decisions and then changed their minds. They told us that they had the resources and flexibility to support this. We saw examples of this during our visit. For example one person was planning to go out but then changed their mind. Another person decided they wanted something different for dinner and this request was supported.

On the day of our inspection some people were accessing community based activities of their choice. One person was attending a family function and some people were spending time in their rooms. Staff told us how they tried to motivate people but some people had very structured routines that they did not want to change. Staff were available to offer support if and when people wanted it. They gave people space to 'do their own thing' but were on hand to offer immediate support if required.

Some people preferred to eat meals in their rooms and this was supported. We saw care plans documented this

## Is the service responsive?

preference and the reasons why. We looked at minutes of meetings that discussed activities and gave people opportunities to identify things they would like to do as a group. Individual preferences were also documented.

The service was responsive to people's individual needs and wishes. Everyone who we spoke with told us how staff provided the care and support that they needed. Care was personalised and people were consulted and involved as far as they were able in developing care and support plans. People's representatives told us that they were also involved when appropriate.

Care plans were very detailed. Information was person centred meaning that the individual's needs and wishes were at the centre of all assessments, plans and reviews. Individual needs and preferences were recorded and this information was shared with staff to ensure everyone involved in delivering a person's care had the information required. Care plans were regularly reviewed to ensure that they remained current and we saw that when people's needs changed plans were updated to reflect this.

People were assessed prior to, and at the time of their admission to ensure that the service would be able to meet their needs.

Although we did not see many activities taking place at the time of our inspection people did have opportunities to take part in social events and in house activities of their choice. People told us about hobbies that they liked. One person was perusing their hobby of horse-riding at the time of our inspection. Another person was completing a jig saw. The activities time table was not in an easy to read format. Staff told us that it changed regularly to meet the needs of people on each day. The registered manager told us that

some people did not like to have structured events preferring to make spontaneous decisions. Whilst staff were flexible to support people's choice of activities, two people told us that sometimes at the weekends this could be difficult if as staffing levels did not always support unplanned decisions. Some people preferred to spend time in their rooms. Staff told us how they encouraged people to spend time with others, even if it was just for a movie night. They respected people's decisions not to join in however. One person's representative told us that their relative could easily be over stimulated and staff got the balance right to ensure this did not happen. The registered manager told us that activities were currently being reviewed and developed in line with the local speech and language team to look at quality and meaningful activities.

We saw the complaints procedure and a record of complaints made and their resolutions. The registered manager told us how they had worked with one person to resolve their complaint to their satisfaction. One person told us, "I have raised some concerns and made some complaints and they have always been dealt with quickly and I have always had feedback."

Two people told us that if they had a complaint they would rather it be managed informally. People's representatives told us that they would follow the complaints procedure if they had to but one representative told us, "It has never come to that as we have a good working relationship with the manager." Another representative told us that they would also prefer to address any issues informally and were confident that anything could be resolved this way. Staff told us that they were aware of the complaints procedure and it was shared with people who used the service.

# Is the service well-led?

## Our findings

The service promoted a positive culture that was person centred, inclusive and open.

All of the people we spoke with thought the service was well run. One person told us that they got on really well with the registered manager and felt that they could speak with them at any time about anything. They said that the registered manager would take time out to listen to them. One person said, “She is a really good manager.” A staff member told us, “The manager is flexible, open and listens to people’s concerns.” Another staff member told us, “The manager makes sure that the values of respect, dignity and individuality underpin everything we do. As a result we provide good quality care.” People’s representatives, including social care professionals shared this view. The registered manager told us that they felt well supported in their role and explained their priorities for action. They had the skills to provide effective leadership within the home. Minutes of team meetings showed the registered manager had shared information, explained changes and reviewed practices. These records supported what staff told us and demonstrated that the home was well led by the registered manager.

Staff told us that they would be confident to raise any issues, concerns or suggestions. Staff knew about the whistle blowing policy and said they would use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns without fear of reprisal. Staff told us how they shared information between staff teams and with outside agencies to ensure continuity of care. Staff told us that meetings regularly took place to enable staff to meet as a whole team and discuss the service provided. We looked at the meeting records and saw discussions took place about the standards of care expected and plans of how they could meet people’s needs and wishes.

The registered manager and staff we spoke with told us that they just completed training to become communication champions. They said that as part of this process they had just been audited by the speech and language team. They were putting together a plan to improve communication within the service. The provider was backing this initiative in order to improve further communication within the home and improve the quality of the service.

There were systems in place to monitor the quality of the service provided. The registered manager told us that the provider regularly reviewed the service and the management of the home. They completed audits and produced action plans to demonstrate targets were met. Staff were aware of the services policies and procedures and the registered manager told us that they were adhered to.

The registered manager made sure that the environment was appropriate and well maintained. Records showed that repairs and maintenance tasks were regularly carried out and were overseen by the registered manager. Checks were made to the environment and to the equipment to ensure it remained safe and suitable. Records showed that remedial actions were taken when repairs or maintenance were identified. We saw some outstanding repairs but were reassured that replacement items were on order.

Accidents and incidents were monitored for trends and care plans were updated in light of these. This meant that staff could have access to up to date information to enable them to provide a good service. The registered manager had used this data to identify people who were at increased risk of injury.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary. A notification is information about important events which the provider is required to send us by law.

The home had regular visits from senior managers within the organisation who liaised with staff and people who lived at Jubilee Court to monitor the quality of the service provided. We saw records of these monthly visits. Each month they had a different focus. The latest focus was ‘Is the service well led.’

We saw how the registered manager involved the people who used the service in the running of it. We saw that meetings were held involving people who used the service. Pictorial notes were produced following meetings. We saw that pictorial agendas were set and ‘rules’ of the meetings were in place. The latest meeting agenda included Christmas preparations and a questionnaire about food. These meetings reflected people’s involvement in the running of the service.