

Stockton-on-Tees Borough Council

Stockton-on-Tees Borough Council - 1 Lanark Close

Inspection report

1 Lanark Close,
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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 1 Lanark Close on 2 and 20 January 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

1 Lanark Close is a service providing a rehabilitation service for three people in a self-contained flat as well as 13 places for respite care, which approximately 100

people use per year. All of the people who use the service have a learning disability and required varied levels of support, which at times includes support with personal care. The flat had recently been refurbished so the rehabilitation service was not operating at the time of the inspection. This was expected to recommence early in 2015.

Summary of findings

The home had a registered manager in place and they have been in post for just under a year. 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.

The registered manager had ensured the service was fully refurbished. A sensory and games room as well as a gym had been created. The registered manager had taken action to ensure the bathrooms and all areas of the service had been redecorated and upgraded. However, the service had a commercial kitchen designed purely for heating up food and this facility did not allow people to enhance their cooking skills. The service had started a skills programme and cooking was one of the skills people needed to be assessed upon so the lack of an appropriate kitchen hindered this programme. The Health and Social Care Act 2008 regulations require that people are supported to be as independent as possible.

Staff had received Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) training. The provider instructed the registered manager to apply for DoLS authorisations for all of the people who used the service and the requests would need to be made every time the each person visited. This had the potential to lead to over 5000 DoLS authorisations being sought each year. The people we met were all able to consent to using the service for overnight stays. At other times people lived in their family home and it was unclear as to the legal framework their guardians used to provide care and welfare at home. We found that the provider had not considered the role of the guardian and the ability of the person to consent before requiring staff to completing DoLS authorisations. We found that the registered manager was very aware of their responsibilities under the MCA and had discussed this issue with the provider. We found that action was being taken to ensure DoLS authorisation were sought appropriately.

The people who used the respite service often visited for one overnight stay or a couple of days. We found that people had been using this resource for many years.

Thus, staff both delivered personal care and provided support to assist, to develop impulse control, and to manage people's behaviour and reactions to their emotional experiences.

We met people who were visiting the service for the first time and others who spent a night at the service every month. We saw that people required different levels of support to communicate their views and we saw that staff readily understood individual various communication methods.

Four of the people we met were very able to tell us their experiences of the service. All four people were extremely complementary about the staff and found that there was always plenty to do. They felt coming for a break at the service was a real holiday. We also spoke at length with four relatives and again they were very positive about the service. They all felt that since the registered manager had come into post significant improvements had been made. People told us that the medication handover process could be simpler and the registered manager confirmed this was an area they were already working on as it had been very bureaucratic and burdensome for the carers.

We observed that staff had developed very positive relationships with the people who used the service. We saw that where people experienced high levels of anxiety staff were able to discreetly reduce the impact on the individual and those people around them. Interactions between people and staff that were jovial and supportive. Staff were kind and respectful; we saw that they were aware of how to respect people's privacy and dignity.

People told us that they made their own choices and decisions, which were respected by staff but they found staff provided really helpful advice. People were involved in a wide range of everyday activities. We heard that staff ensured action was taken if they felt unwell whilst using the service.

People told us they were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight and nutritional needs.

We saw that people living at 1 Lanark Close were supported to maintain good health and learn about how

Summary of findings

to be healthy whilst using the respite service. People generally visited for very short periods of time but staff knew what to do in an emergency if someone became unwell. The person's main carer was always first point of call if someone felt generally unwell and we saw that plans were in place for contacting them.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. Staff used these assessments to create plans to support plans for people to follow whilst they used the service. The people we spoke with discussed how they had worked with staff to create them.

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

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control, food hygiene as well as condition specific training such as working with people who experienced learning disabilities and various communication methods. We found that the staff had the skills and knowledge to provide support to the people who used the service. People and the staff we spoke with told us that there were enough staff on duty to meet people's needs. We saw that the number of people who used the service

varied from day-to-day. This was reflected in the rotas but at least three staff covered the service during the day, with this going up to six at times and there were waking night staff when people were using the service.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the provider had a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that staff would respond and take action to support them. People we spoke with did not raise any complaints or concerns about the service.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. We found that all relevant infection control procedures were followed by the staff at the home. We saw that audits of infection control practices were completed.

The provider had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service. This had led to the systems being extremely effective and the service being well-led.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff were able to recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

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

Staff understood the requirements of the Mental Capacity Act 2005 and were applying the legislation. The registered manager ensured staff were provided with this support.

People were provided with a choice of nutritious food, which they choose at weekly meetings.

Good



Is the service caring?

This service was caring.

People told us that staff were extremely supportive. That staff had worked in partnership with the main carers and ensured the respite service was tailored to each person's needs.

We saw that the staff were empathic and effectively supported people during their stay to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. People actively made decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed to be provided. These plans were tailored to meet each individual requirements and were reviewed on a regular basis.

People, who were able, were involved in a wide range of everyday activities and enjoyed the break from their home. We saw people were encouraged and supported to develop their skills.

Staff had a comprehensive understanding of people's communication style and readily interpreted non-verbal cues.

Good



Summary of findings

The people we spoke with were aware of how to make a complaint or raise a concern. They told us they had no concerns but were confident if they did these would be thoroughly looked into and reviewed in a timely way.

Is the service well-led?

The service was well led.

The service was well-led and the registered manager was extremely effective at ensuring staff delivered a good service. We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

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

Good



Stockton-on-Tees Borough Council - 1 Lanark Close

Detailed findings

Background to this inspection

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

An adult social care inspector completed this unannounced inspection of 1 Lanark Close on 2 and 20 January 2015. Before the inspection we reviewed all the information we held about the home.

During the inspection we met and spoke with seven people who used the service and four relatives. We also spoke with the registered manager, deputy manager, two senior support workers, four support workers and the housekeeper.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at five people's care records, four recruitment records and the staff training records, as well as records relating to the management of the service. We looked around all of the service including bedrooms, bathrooms and the communal areas.

Is the service safe?

Our findings

We asked people who used the service what they thought about their respite stay and staff. People told us that they were extremely pleased to be able to come to 1 Lanark Close for a short break and felt it was like a holiday. Relatives told us that they found the service provide a safe environment and explained that they felt very confident that people would be well supported. People felt staff kept them safe, understood how to support them and were very caring.

People said, "I like it here." And, "It is my first visit and the staff have made sure I'm okay." And, "I come here once a month and it is great."

The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. Staff told us the registered manager would respond appropriately to any concerns. Staff told us that they had received safeguarding training at induction and on an annual basis. We saw that all the staff had completed safeguarding training this year and dates were identified for when the refresher training needed to be completed next. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had safeguarding and whistleblowing policies and these had been reviewed in July 2014.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. We found that a qualified first aider was on duty throughout the 24 hour period.

We saw that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire

extinguishers and portable appliance testing (PAT). This showed that the provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed five people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as eating, managing emotions and behaviour and activities. This ensured staff had all the guidance they needed to help people to remain safe whilst using the service. The registered manager outlined the work they and staff had completed to improve the care records and make them more meaningful for people. We heard that staff had recently introduced a skills assessment, which allowed staff to find out what people could and could not do, such as going out independently. This had allowed staff to feel more confident to positively risk-take and support people to become more independent. Staff we spoke with told us how they ensured the plans had been developed so that they identified risks in a consistent manner. They discussed why measures were in place. For instance, we heard how staff assessed people's mood to identify what may cause them to become distressed. To do this they discussed triggers with relatives and carers and the actions they took then put measure in place to reduce any distress and keep people safe.

The four staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference. A Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults, were carried out before staff started work at the home.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was case. We saw that the number of people who used the service varied and this was reflected in the rotas. We saw that at least three staff covered the service during the day; with this going up to six at times and there were two staff on duty during the night.

Is the service safe?

Relatives we spoke with said, “I find that there are always lots of staff at hand and they are extremely approachable. I am very confident that they will contact me if there is an issue and do work in partnership with me.” And, “I find they really know how to work with my relative.”

We found that arrangements were in place for accepting the medicines people brought with them for their short break stay. Staff had a system for checking these in on receipt into the home. Relatives had found the system to be very complicated and burdensome. The registered manager had reviewed the process and altered the procedures for accepting medicines. Thus staff now kept a list of medicines people received and medicine administration records (MAR) for each person. When people arrived staff booked in the quantity of medicines received. If a medicine changed the relative brought a copy of the prescription so this could be used to update the records. The relatives were responsible for ensuring there were

adequate stocks of medicines for the person’s stay. We found that people received their medicines correctly. All of the staff who were responsible for the administration of medicines had been trained.

We found that information was available in both the medicine folder and people’s care records, which informed staff about each person’s protocols for their ‘as required’ medicine. We saw that this written guidance assisted staff to make sure the medicines were given appropriately and in a consistent way.

Arrangements were in place for the safe and secure storage of people’s medicines. Medicine storage was neat and tidy which made it easy to find people’s medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges. We saw that there was a system of regular audit checks of MAR and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

The people and relatives we spoke with told us they thought the staff were excellent and had ability to provide a service, which met their needs. We heard that the level of support provided was excellent and relatives were confident that each person was effectively supported. They told us that the staff worked very closely with them so strategies they had developed with the person and care team were mirrored when the individual came for respite. Relatives told us that the staff had supported them to introduce new ideas and assist the person develop more skills.

People said, "I love it here." And "It is such a wonderful resource. I can always approach staff and feel they really understand how to work with my relative." And, "It has been great as they help me to find ways to reduce my relative's anxiety plus they always fully discuss any plans."

Carers we spoke with said "My relative has been coming here for the last ten years and they love it. I have been very impressed with the recent changes and find the staff to be excellent." And "My relative absolutely loves it here and we find that the staff are brilliant. I have nothing but praise for the service." And, "The service is outstanding. The staff are wonderful."

We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts. Staff we spoke with told us they received training that was relevant to their role. They told us that they completed mandatory training and condition specific training such as working with people who had Autism Spectrum disorders, learning disabilities and various communication techniques. Staff told us their training was up to date and the records confirmed this to be the case.

Staff were required to undertake annual refresher training on topics considered mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid, medicines administration, and use of physical interventions. From our discussions we found that staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service.

We found that the majority of the staff had worked at 1 Lanark Close for over three years but saw that staff had completed an induction when they were recruited. This had included reviewing the service's policies and procedures and shadowing more experienced staff.

Staff we spoke with during the inspection told us the registered manager was extremely supportive and since the registered manager came into post they had routinely received supervision sessions, which they found were informative and helpful. The registered manager told us that they and the senior staff were carrying out supervision with all staff on a bi-monthly basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Records to confirm that supervision had taken place. We found that all of the staff had received an annual appraisal.

The registered manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The registered manager was in the process of reviewing the use of Deprivation of Liberty Safeguard (DoLS) authorisations in the respite setting. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. The provider had indicated that DoLS authorisations would be required for all of the people who came for short breaks. Within this setting that would be unmanageable and did not take into account the legal provision guardians would have in place or people's capacity to consent to stay. The registered manager held further discussions with the provider and was ensuring that DoLS authorisations were only applied for when appropriate.

Staff that we spoke with understood the principles of the MCA and 'best interest' decisions and ensured these were used if needed. The registered manager was in the process of collating information around which relatives had been appointed as a deputy for the person's care and welfare and if any relatives had an enacted lasting power of attorney for care and welfare as well as finance. Only people with this type of authority can make decisions for people when they lack the capacity to make decisions for themselves

Is the service effective?

The service had a cook/chill industrial cooker and the housekeeper kept a wide range of ready meals. The registered manager had reviewed the meals being supplied and altered them so that more variety was available. However, we found that this type of catering facility was not assisting staff to promote people's autonomy or assist individuals to learn cooking skills. Also it was leading to staff being reluctant to encourage people to make drinks and prepare their meals. The registered manager had recognised this difficulty and was making a request to have the kitchen replaced with a domestic style kitchen. The registered manager knew that the promotion of a person's autonomy and ability to use and develop skills is a component of regulation 17 (Respect of Dignity), of the Health and Social Care Act 2008. They had raised this matter with the provider and anticipated that a domestic kitchen would be installed this year.

Staff and the people we spoke with told us that each person decided on the day what they would like to have to

eat but could change this if they wanted. We observed that each person had different meals and each looked very appetising and was plentiful. We saw that people went shopping with the staff to the local supermarket.

From our review of the care records we saw that staff worked with relatives to ensure action was taken to monitor people's nutritional needs.

Being a short stay facility 1 Lanark Close does not have responsibility for ensuring the ongoing healthcare needs of people are met. However we found that staff worked with relatives to monitor people's health. Plans were in place to deal with instances when people became unwell during their stay and relatives told us that staff would not hesitate to contact them if there was a concern. Relatives were extremely appreciative of the way staff closely liaised with them.

Is the service caring?

Our findings

People said, "I like the staff." And, "It is good here. I get to do lots of things and they have an industrial washing machine, which is good because you don't often see them."

At the time of the inspection we met and spoke with a person who was visiting for the first time. They told us that prior to coming to stay overnight, they had been given the option to come for tea and that was what they had chosen to do. They found this had really helped them to make an informed decision about whether they wanted to have respite at this service. Staff told us that they regularly reviewed people's needs to ensure the home could meet them. The care records we reviewed confirmed that this was the case.

During the inspection we spent time with people sitting in the communal lounge area and dining room. We saw that staff treated people with dignity and respect. Staff were attentive, showed compassion, were patient and interacted well with people. We saw that when people became anxious staff intervened in very supportive ways and both distracted individuals; discussed other subjects and assisted people to retreat to quieter areas of the home. The techniques the staff used effectively re-assured people and we found staff sensitively deployed these measures.

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was

evident from discussion that all staff knew people very well and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

Throughout our visit we observed staff and people who used the service were engaged in general conversation and were thoroughly enjoying themselves. From our discussions with people and observations we found that there was a very relaxed atmosphere and staff were caring. We saw that staff gave explanations in a way that people easily understood. This demonstrated that people were treated with dignity and respect.

The registered manager and deputy manager discussed how they had been working with staff to equip with the skills needed to assess how people managed day-to-day activities. They recognised that this is a particularly difficult task to complete in a respite service as people can be seen infrequently. We found that staff had taken this new direction on board and were actively finding out what skills people had and what they wanted to learn.

Staff we spoke with during the inspection demonstrated a good understanding of the meaning of dignity and how this encompassed all of the care for a person. We found the staff team was committed to delivering a service that had compassion and respect for people.

Is the service responsive?

Our findings

The people we spoke with said they were extremely happy to come for short breaks. We saw that people had lots of fun and enjoyed a range of activities. We participated in an X factor competition as the person nominated to be Simon Cowell and people appeared to really enjoy the game. Also we saw that people could go to the shops and the local disco if they wished. People told us staff treated them with respect and listened to what they wanted to do.

People said “I can do the Karaoke, watch films, go out and play the games if I want.” And, “I always come on a Tuesday as I like going to the disco.”

People with a variety of needs used 1 Lanark Close each week and at any one time different groups of people would be staying at the service. The registered manager told us about the booking system and how, although people self-selected the days they used the service, they were very aware of each person’s likes and dislikes so planned the days accordingly. They told us that all of the people got on with each other so they did not need to organise different days to visit for particular individual but this was always a consideration. The registered manager found that often people saw each other in different places such as at college or day services and enjoyed meeting up at 1 Lanark Close.

People also told us that when they stayed at 1 Lanark Close they were involved in a wide range of activities both inside and outside the home. People who had been using the service for some time told us they picked nights to come based on what events were on locally, For instance on a Tuesday night a disco was on locally and people knew the staff would take them if they asked. People said, “The staff ask us what we want to do and always make sure we get to do the things we talked about.” And, “I’m going to the disco and then the supermarket tonight.” Staff told us that they plan the time around what people ask to do and we saw that this happened.

We reviewed the care records of three people and found that each person had an assessment, which highlighted their needs. The assessment led to a range of support plans being developed, which we found from our discussions with staff and individuals met each person’s needs. People told us they had been involved in making decisions about their care and support and developing their support plans. We found that as people’s needs changed their assessments were updated as were the support plans and risk assessments. We saw that risk assessments had also been completed for a number of areas including health, behaviour that challenges and going out. The registered manager showed us the new documentation that was being introduced and a completed example. We found this would strengthen the care records.

During the inspection we spoke with staff who were extremely knowledgeable about the care and support that people received. We found that the staff made sure the service supported the person and carers to continue with existing plans and to ensure the individual needs and goals of each person were met.

We confirmed that the people who used the service knew how to raise concerns. We saw that the complaints procedure was written in both plain English and easy read versions. We looked at the complaint procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. We saw that where complaints had been made in the last 12 months the registered manager had thoroughly investigated them and ensured lessons were learnt. We found that even if a complaint was not upheld the registered manager considered if improvements could be made. The registered manager discussed with us the process they used for investigating complaints and who in the senior management team they needed to alert. They had a solid understanding of the procedure.

Is the service well-led?

Our findings

People who used the service and the relatives we spoke with during the inspection spoke very highly of the registered manager, the staff and the service. They told us that they thought that since the registered manager had come into post the service had significantly improved and was exceptional well run. They found that staff recognised any changes in a person's needs and took action straight away to look at what could be done differently. That staff always worked closely with the main carers to mirror the strategies they used and, if asked, staff would support the main carer to think of other strategies that may be more successful. We found that the registered manager had enhanced the service and created an environment which readily supported people with very different needs.

People said, "The place is not recognisable. Lanark is a lovely place now and the manager has done wonders." And "The staff have such a positive effect on my daughter and I have seen such a difference in her since she started coming here. She smiles more and seems so happy." Staff told us, "The registered manager has taken the time to really look at what we did well and supported us to consider what could be improved." And, "I am proud to work here and believe we are really providing a valuable service."

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team reflected on what went well and what did not and used this to make positive changes. Staff told us that the registered manager was very supportive and accessible. They found they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager. Staff told us they found that the registered manager valued their suggestions. We found the registered manager to be an extremely visible leader who demonstrably created a warm, supportive and non-judgemental environment.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. We found that the registered manager continuously strived to improve support they offered. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided at 1 Lanark Close. For example they had created a sensory room, games room and gym. The registered manager had a detailed knowledge of people's needs and explained how they continually aimed to provide people with good quality care.

We found that the registered manager clearly understood the principles of good quality assurance and used these principles to critically review the service. We found that the provider had very comprehensive systems in place for monitoring the service, which the registered manager fully implemented. They completed weekly and monthly audits of all aspects of the service and took these audits seriously thus routinely identified areas they could improve. They then produced very detailed action plans, which were fully implemented. The provider monitored the service and supported the registered manager to implement change.

Staff told us the morale was excellent and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views. The staff found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We also heard from the people who used the service that their views about the home were regularly sought and they felt these were listened to and acted upon. For instance the games room had been created in response to feedback from the people who used the service.