

Craighaven Limited

Craighaven Care Home

Inspection report

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Warwickshire
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Tel: 01926429209

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection site visit took place on 13 and 18 June 2018 and was unannounced. Craighaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is a four storey building and is registered to provide care for up to 35 people who do not require nursing care. Residential care and support is only provided in areas located on the ground and first floors. At the time of our inspection visit there were 29 people living at the home.

There was 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.

We last inspected this service in June 2017, when we rated the service as 'Requires Improvement' overall. Following the last inspection, we asked the provider to complete an action plan to show how they would improve the rating of all the key questions to at least good and how they would address the breach of regulations 12 and 17 HSCA 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff responsible for the management and administration of medicines were suitably trained and competent. The provider had not ensured medicines were administered in line with nationally recognised guidance. The provider was not conducting regular audits of the service to assess, monitor and improve the quality and safety of the service and had not ensured their audit and governance systems remained effective.

At this inspection, we found some improvements had been made and there were no longer breaches of regulation. However, the improvements did not reach the required standards and further changes were still needed to assure us effective systems were in place to protect people's safety. We have rated the service as 'Requires Improvement' in the key questions of safe and well-led and 'Good' in all other key questions. Therefore the service is rated as 'Requires Improvement' overall. This is the second consecutive time the service has been rated 'Requires Improvement'.

Improvements had been made since our last inspection. The provider had improved staff training and there were enough staff to meet people's needs safely. However, not all important events had been referred to senior staff in accordance with the provider's policies and the risks to one person's safety had not been fully assessed. Medicines continued to not always be administered in accordance with best practice.

Staff had the skill, experience and support to enable them to meet people's needs effectively. The registered manager checked staff's suitability to deliver care and support during the recruitment process.

Staff worked within the principles of the Mental Capacity Act 2005 (MCA) and supported people to have choice and control of their lives.

Staff monitored people's health and referred them to other healthcare professionals to maintain and improve their health.

People told us staff were caring. People were encouraged to maintain important relationships. Staff knew people and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

People decided how they were cared for and supported and staff respected their decisions. People knew how to complain and were able to share their views and opinions about the service they received.

People were satisfied with the service and were positive about the leadership of the service. The provider's quality monitoring system included checking people received the care and support they needed, however it was not always effective.

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 continued not to be consistently safe. Medicines were not always administered in accordance with best practice and some risks to people's safety had not been assessed. Staff understood their responsibilities to protect people from the risk of harm. The provider checked staff's suitability to deliver care and support during the recruitment process and there were enough staff to meet people's needs safely.

Requires Improvement ●

Is the service effective?

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Good ●

Is the service caring?

The service was caring. People felt well cared for. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. Staff respected people's right to privacy and supported people to maintain their independence.

Good ●

Is the service responsive?

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People knew how to complain and were able to share their views and opinions about the service they received.

Good ●

Is the service well-led?

The service continued not to be well-led. The provider had made improvements to their quality monitoring system which included checking people received the care and support they needed, however it was not always effective. People were satisfied with the service and were positive about the leadership of the service.

Requires Improvement ●

Craighaven Care Home

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 was 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.

The inspection visit took place on 13 and 18 June 2018. It was a comprehensive inspection and the first day was unannounced. The inspection was undertaken by one inspector, an inspection manager and an expert by experience. An expert by experience is someone who has experience of using this type of service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the PIR in our inspection planning.

Prior to our visit we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority. The commissioners had no serious concerns.

During our visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our visit we spoke with 11 people about what it was like to live at the home and four visitors, including relatives. We also spoke with the registered manager [who is also the nominated individual], the director, the deputy manager, a senior care worker, two care workers, the cook, the maintenance person and the laundry assistant about the service. We observed how care and support was delivered in communal areas and we observed how people were supported at mealtimes.

We reviewed three people's care plans and daily records to see how their care and treatment was planned

and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We reviewed the provider's quality monitoring system.

Is the service safe?

Our findings

We last inspected this service in June 2017 and rated Safe as 'Requires Improvement'. At that inspection we found the provider had not always ensured medicines were administered in line with nationally recognised guidance and had not ensured staff responsible for the management and administration of medicines were suitably trained and competent. At this inspection, we found some improvements had been made. However, these did not reach the required standards and further improvements were still needed. Therefore, the rating of Safe has not changed since our previous inspection and continues to be 'Requires Improvement'.

People told us they felt safe at the home and explained who they would go to if they felt worried about something. Two people said, "All my belongings are secure here" and "If need be, I press the buzzer and someone comes along." We saw people were relaxed with staff and approached them with confidence, which showed they trusted them. A relative told us, "Staff are very good – [Name] is safer than they have ever been." The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. Records showed most concerns had been recorded and reported by care staff to senior staff who took action straight away to keep people safe. However, we found an event had been recorded in one person's daily records and it had not been referred to the registered manager in accordance with the provider's policy, in order to assess the risks involved. We discussed this with the registered manager who was not aware of the event. On the second day of our visit they told us they had investigated the matter and found the event had not been recorded accurately in the person's records. They had provided care staff with support to ensure events were recorded accurately in the future and referred to a senior staff member straight away for investigation. Two care workers told us, "Now we are all clear about what information needs recording and referring to senior staff" and "I would report any concerns to my senior and I am confident they would take action." We discussed with the registered manager how information concerning important events was recorded and they explained what improvements they would make to make records clearer in future.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility and nutrition were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. People's risk assessments were updated when their needs and abilities changed. We found health professionals had identified one person as being at risk of choking and they required thickened drinks to reduce this risk. There was guidance from the health professional in the person's care plan about how to support them to drink safely, however the risks to the person had not been assessed. We checked staff's understanding of how the person should be supported to drink safely and one care worker was not aware they required thickened fluids. We discussed this with the registered manager who assured us they would update the person's care plan straight away and provide staff with more detailed information, to ensure the

person's needs were met safely.

The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns. They showed us they included information about people's falls in the staff newsletter each month. Care workers told us they found this helpful and tailored the support they provided to try and reduce risks to people. One care worker gave us an example and said, "I look to see what shifts falls have happened on. I always make sure the walk way is clear for people to prevent falls."

We found there were enough staff to provide support to people when they needed it. One person told us if they needed support, "There is always someone about." We used SOFI to observe four people in the communal dining area during the afternoon and they looked relaxed and happy. The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service during that period.

The provider had processes to manage environmental risks, this included regular risk assessments and testing and servicing of the premises and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. We asked people what they would do if there was a fire and the information they gave us was the same as the fire evacuation procedure. Staff told us they had fire alarm practices.

Since our previous inspection, there had been some improvement in the way medicines were managed. People told us they had their medicines when they needed them. Training had been brought up to date and only trained staff administered medicines. We found medicines were stored and disposed of safely. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. Senior care staff checked people's medicines regularly to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff took action to make sure any risks to people's well-being were reduced.

Some people were prescribed medicines on a when required/as needed basis. We found one person did not have a protocol in place to guide staff on when to administer their 'as needed' medicine. When we spoke with care staff who supported the person regularly, they were able to explain how they knew when to administer the person's medicine. We discussed this with the registered manager, who gave us their assurance a protocol would be put in place for the person to ensure the medicine was administered in a consistent way by staff. We found the registered manager was in the process of doing this on the second day of our visit.

Everyone we spoke with told us care staff did all they could to prevent and control infection. Bath-rooms and toilets were clean and there was soap, hand sanitiser, towels and toilet paper available. Staff wore personal protective equipment to reduce the risk of cross contamination and disposed of this equipment safely. Staff had received training in infection control and demonstrated a good understanding of how to follow good hygiene practices to reduce the risks of infections spreading. For example, the laundry assistant explained how they minimised cross infection by using a coloured coded system to ensure any soiled linen was washed separately. One care worker told us, "We maintain cleanliness in our surroundings and make sure people are clean as well."

Is the service effective?

Our findings

Improvements had been made to staff training and the way consent was obtained from people since our last inspection. Therefore, the rating has changed since our previous inspection, from 'Requires Improvement' to 'Good'.

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. Staff were positive about training. One member of care staff told us the training they received, "Inspires me to be better." The registered manager explained how they had improved staff training and we saw on-going training for staff was up to date. The registered manager said, "We think training should be a practical experience"... "We use different training companies for different subjects and their different ways of working help us to improve things." For example, some senior staff had undertaken training in how to use evacuation chairs safely in the event of an emergency. They planned to develop other staff's skills by sharing their training.

At our previous inspection we found the induction training staff received did not reflect the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. We found improvements had been made and the provider had begun working with an external trainer to incorporate the Care Certificate and provide staff with an induction, training and support that gave them the skills and confidence to meet people's needs and promote their welfare. Staff's competency was assessed throughout the induction period, in regular meetings with their line manager. These improvements meant the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt supported by the registered manager and other senior staff. They felt able to develop within their roles and study for nationally recognised care qualifications. Staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

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 an assessment shows a person lacks mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. 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 are called the Deprivation of Liberty Safeguards (DoLS).

At our previous inspection we found consent had not always been obtained and best interests' decisions made in line with legislation. The registered manager explained what steps they had taken to improve. They explained they were still in the process of clarifying if people had legal representatives, in order to ensure people's rights were protected. However, we found staff understood their responsibilities under the MCA. People told us they were supported to have choice and control of their lives and staff supported them in the

least restrictive way possible. The registered manager told us 10 people had a current approved DoLS order and 16 other applications were being assessed by the local supervisory board.

There were assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. People's care plans gave guidance to staff about what support people required to make decisions. The registered manager told us most people who lived at the home had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example, decisions about their accommodation. The registered manager explained how they would involve people's representatives in making best interest decisions on people's behalf. A care worker told us, "Some people don't have family and we make best interest decisions for them when they lack capacity. For example, we hold meetings with health professionals."

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. One person told us, "I will not let them do anything I don't like. They check if it's OK." A visitor told us, "Staff ask for permission and get consent all the time. ...They talk to [Name] and ask what they prefer." A member of care staff told us, "We always talk to people and be gentle with them and gain acceptance from them." During our inspection visit, we saw care staff knocked on people's doors to check if it was okay to come in and support them.

Staff supported people to eat and drink in a way that met their individual needs. Two people told us, "The food is good and we have a choice" and "I like the food, I enjoy it." Staff encouraged people to eat together in the communal dining rooms. However, some people chose to eat in their bedroom. Where people required assistance, staff were patient and supported people to eat at their own pace. Some people used adapted plates and cups to help them eat and drink independently.

Kitchen staff were able to tell us how they met people's dietary needs. For example, some people were on a soft food diet. Information about people's food preferences and allergies were accessible in the food preparation area. This meant staff could refer to this information when they prepared food and drink for people, in order to meet their needs effectively.

Staff monitored people's appetites and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition. For example, the registered manager told us about one person who had received advice from the dietician and were supported to ensure they continued to enjoy their food and eat safely.

Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. Two people told us, "They have continued to support me to my specialist checks I have at the hospital" and "I see my doctor whenever I need to." Staff were knowledgeable about people's individual medical conditions and were observant for changes in people's behaviours. One member of staff explained what action they would take if they noticed a change in someone's weight, they said, "If people were losing weight I would refer to their care plan and risk assessment which states when to refer them to the GP." Another member of staff told us they had a close working relationship with district nurses who supported people in the home. They said, "We can phone the district nurse anytime if we have a concern."

The layout of the building was a four storey building containing 34 en-suite bedrooms, one of which was a double bedroom, located on the ground and first floor. Support was only provided to people on the ground and first floors areas. There were communal shower rooms and toilets, a kitchen, a laundry, communal lounges and communal dining rooms. There was no bath facility. Staff told us people were supported to have a wash if they preferred not to shower. Hallways and doorways were wide enough to allow people to

use specialist equipment, such wheelchairs. The upper floors were accessible by stair lift or stairs. There was a communal garden courtyard in the centre of the home, where people could socialise and spend time if they wished. People told us they enjoyed spending time in the garden when the weather was fine.

Is the service caring?

Our findings

Improvements had been made to the way staff supported people since our last inspection. Therefore, the rating has changed since our previous inspection, from 'Requires Improvement' to 'Good'.

People felt staff cared about them and valued them as individuals. Two people told us, "They ask me and reassure me, they are very friendly" and "I like to live here, there are friendly." A relative told us, "The staff are very caring, it shows in their mannerisms." All the staff we spoke with enjoyed their work.

We observed caring interactions between staff and people who used the service. For example, one person displayed signs of anxiety and we saw a staff member gently reassured them until their mood changed and they became less anxious.

The registered manager told us person centred care meant, "Looking at the person and designing the care around them. Everyone is an individual and staff are encouraged to listen to people's needs." Staff shared the registered manager's caring ethos. Two members of staff told us, "Everyone is different, so we care for people in different ways. Care is special to them and how they want it" and "It's about the residents and their needs. Things change on a daily basis so we adjust their care. For example, if they are not well, we are observant."

Staff were compassionate and supported people according to their individual needs. Staff took time to listen to people and supported them to express themselves according to their abilities to communicate. Staff knew people well and we saw they shared jokes with people and enjoyed each other's company. For example, staff made eye contact when they spoke with people, to check people understood their words. People were confident to seek support when they wanted it, which showed they trusted staff. One care worker explained how they communicated with one person who had limited verbal communication. They told us, "We know when [Name] is not happy because they normally smile and laugh a lot....If we give [Name] something they do not like, we can tell straight away because we know them well. Their preferences are documented in their care plan."

People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. One care worker told us, "We talk to the residents to try and find out as much as possible about them." Care plans had a life history section, which included information about people's religion, family and significant events.

Staff encouraged people to develop and maintain relationships with people who were important to them. Staff understood how important it was to people to enjoy time with their family and how this had a positive impact on their life. We saw visitors were welcomed and made to feel at home.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. One care worker explained how

they supported people who found it difficult to hear to successfully join in activities. They told us they positioned themselves closer to these people, so they could hear better and this helped them to feel included.

Most staff understood the importance of treating people with dignity and respect. Two people told us, "Staff are very respectful, they always knock on the door before entering" and "They know that sometimes I prefer to be in my room." A care worker explained how they respected and maintained people's dignity and privacy. They told us, "Some people have keys to their bedroom and they have time on their own. It's their home and they can do what they like." However, we heard some care workers refer to people inappropriately using language such as, "Blendies" when referring to people who ate soft diets. We raised this with the registered manager who agreed this did not demonstrate dignified care and assured us they would take action to prevent this occurring again.

Is the service responsive?

Our findings

Improvements had been made to the quality of people's care plans since our last inspection. Therefore, the rating has changed since our previous inspection, from 'Requires Improvement' to 'Good'.

People told us they were happy with the care and support staff provided. One person told us, "The staff will listen if you have anything to say." People took part in different activities, including playing cards, puzzles and taking part in quizzes. There were frequent 'visiting entertainer' sessions, such as a pet therapist and reminiscence events such as dances. The registered manager explained how they ensured people with mobility issues were included in activities. They gave an example where animals from the visiting pet therapist were taken to one person's bedroom for them to enjoy. People told us they enjoyed visiting the local pub. Staff explained some people attended a club at the local pub set up specially to support people with dementia. The registered manager told us the service had a minibus which was used to take small groups of people into the local community to places of interest such as the local park. They told us local churches of different religions, held services regularly at the home for people to attend if they wished.

People told us they were able to make their own choices. One care worker gave an example of how people were offered choice at meal times. They explained they offered people a choice of food at meal times, because otherwise they found some people forgot what they had chosen. Care plans were personalised and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was guidance for staff about how to support people with their identified needs.

People told us they were involved in planning their care. Relatives told us they were kept regularly informed of any changes and participated in reviews of their family members care. People were initially assessed by the deputy manager before they moved into the home. A meeting was held with people and their relatives and they were asked for their views on how they would like to be supported. Staff continued to personalise people's care plans after they moved into the home, as they got to know them better. People were given key workers who reviewed their care plans regularly. A key worker is a member of staff who is allocated to support a person on an individual basis. One care worker who acted as a key worker told us, "I know people and I know when they need something. I enjoy keeping an eye on them and I liaise with their families."

People and their relatives said they would raise any concerns with staff. One person told us, "I have never complained, I can speak to the manager if there is a problem." Staff understood the complaints process and knew how to support people if they had a concern. The complaints policy was accessible to people in a communal area. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been no complaints recorded in the last 12 months. They explained how any issue would be dealt with in accordance with the provider's policy, to ensure concerns would be dealt with in an objective way. We saw 15 compliments were recorded. For example, there was evidence of a compliment from a relative about the standard of care received. The registered manager explained compliments were shared with staff.

People were supported at the end of their lives. The registered manager explained there was end of life training available for care staff if they wished. They explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. A care worker told us, "Following the death of one person I got a lot of support, everyone was friendly and professional." The registered manager told us advance care planning was available for people, however no one had been supported to record their wishes.

Is the service well-led?

Our findings

We last inspected this service in June 2017 and rated well-led as 'Requires Improvement'. At that inspection we found the provider was not conducting regular audits of the service to assess, monitor and improve the quality and safety of the service and had not ensured their audit and governance systems remained effective. At this inspection, we found some improvements had been made. However, these did not reach the required standards and further improvements were still needed to assure us effective systems were in place to protect people's safety. Therefore, the rating of well-led has not changed since our previous inspection and continues to be 'Requires Improvement'.

Since our previous inspection, some improvements had been made to systems used to monitor and improve the quality and safety of the service, however further improvements were still required. The registered manager explained they had oversight of care plan and medicine audits and events which may call into question people's safety. The director told us they carried out ad hoc quality checks of care plan audits and supported the registered manager to have oversight of medicine audits. We saw there were monthly checks of the quality of people's care plans made by people's key workers and cross checked by other care staff to ensure recommended actions had been carried out. Records showed people's care plans were updated following audits. However, the checks were not always effective because they had not identified issues we had found during our visit. For example, a missing risk assessment for one person relating to nutrition and a missing a protocol for 'as needed' medicine for another person. The registered manager gave us their assurances these checks and people's care plans would be reviewed in order to reduce risks to people's safety going forward.

People were happy with the quality of the service. One person told us, "I think the carers know what they are doing because they are trained and have good leadership." People told us they found senior staff approachable. One person said, "I can't fault them, they are very approachable. I know the manager and they know me."

The registered manager and the deputy manager explained how they had prioritised improvements within the service. The deputy manager told us, "Since our last inspection we have worked really hard to address issues and this is on-going." Care staff were positive about the changes. Two care workers told us, "We work together with the manager...We're always in touch if there's any problems" and "I love it here, there's structure and routine. You know where you are and how to do things and there is back up from other staff too."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by the registered manager and senior staff. One care worker told us, "I'm happy here. The staff are friendly and I feel supported." Staff told us communication was good within the home and they were encouraged to suggest improvements and share information. One care worker told us, "We have a big handover and go through the diary and the rota. We have a staff newsletter where we find out about any changes."

The registered manager was aware of their responsibilities to have oversight of the service. They had

provided us with statutory notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager told us they kept up to date with best practice by working closely with the local authority and health professionals. They told us they received updates from various organisations such as Warwickshire Association of Care Homes, Care Quality Matters. They also attended training events and shared their learning with staff at meetings and via a regular newsletter.

Relatives had the opportunity to share their experiences of the service by completing surveys. We saw the most recent survey was completed in June 2018 and found the results were mainly positive. One relative had written, 'I have absolute trust in the staff to care and be kind to [Name].' The responses had been collated by the registered manager and shared with relatives. Some people stated they were not aware who their family members' key worker was. The registered manager had addressed this issue by inviting relatives to the home to meet staff. The registered manager explained there were no meetings for people at present to express their views of the service, because when asked, people had not wished to attend. The registered manager was in the process of organising a social event for everyone who used the service. They told us they would give people a further opportunity to attend more regular meetings if they wished.