

Linkage Community Trust

Bellamy's Cottage

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 30 May 2018.

Bellamy's Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bellamy's Cottage accommodates up to eight adults who have a learning disability and or autistic spectrum disorder related conditions. At the time of the inspection there were eight people living there, all male. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The service is purpose built and situated within the grounds of the Linkage college campus, close to local amenities. It provides eight single bedrooms and four have en-suite facilities. The accommodation includes a bathroom, shower room, toilets, laundry, kitchen, two sitting rooms, kitchen and a dining room.

The service had a registered manager in post. A registered manager is a person who has registered with CQC 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.

At the last inspection on 29 and 30 March 2017, we rated the service as 'Requires Improvement' and we found concerns in relation to care records, consent and good governance. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Effective, Responsive and Well-Led to at least good. At this current inspection we found significant improvements had been made in all areas.

People, their relatives and visiting professionals provided only positive feedback about the service. The registered manager had received regular peer and senior management support and we found the management and organisation of the home had improved. Quality assurance reviews were completed more thoroughly and we saw action had been taken when issues had been identified.

The service was operating within the principles of the Mental Capacity Act 2005 (MCA). People were supported to make their own decisions and choices. The registered manager had a much improved understanding of mental capacity legislation. People had assessments of capacity and best interest decisions made on their behalf if they lacked capacity; documentation regarding best interest decisions had been completed. Appropriate applications had been made to the local authority when people's liberty was deprived due to their lack of capacity and need for continual supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People's care plans had improved, with new assessments of need completed for each person. The provider had implemented a new recording format and information was easily accessible. This meant they could better assess and manage risks to people's health and safety.

The organisation's new recording format had been fully implemented and information was easily accessible. Risks to people's health and safety were better assessed and managed. Care plans were detailed, person centred and updated when people's needs changed.

The management of medicines was safe and people received their medicines as prescribed. The medicine administration procedures were more person-centred.

The provider had policies to guide staff in safeguarding people from the risk of harm and abuse. Staff knew how to raise safeguarding alerts if they had concerns.

The environment was safe and clean. Staff used personal, protective equipment to help prevent the spread of infection. Equipment used in the service was checked and maintained to ensure it was safe.

There were sufficient staff on duty to meet people's needs and safe recruitment systems were in place. Staff had access to induction, training, supervision and support, which enabled them to feel skilled when supporting people who used the service. Additional training had been delivered to the staff to equip them with skills and approaches when supporting people with anxious and distressed behaviour. The staff were motivated and proud to work at the home. Morale was high and teamwork much in evidence.

The service worked effectively with a range of health professionals to help ensure good care outcomes. People liked the meals. People received the support they required to maintain adequate nutrition and participated in menu planning and meal preparation where possible.

People had formed caring relationships with the staff that supported them. Staff recognised the importance of helping people maintain their independence, privacy and dignity. Relatives spoke of the family atmosphere at the home and were very complimentary about the staff and their approach.

There was a range of meaningful occupations and activities for people to participate within the service, at the organisation's skill centre and some people attended community day services. Planned visits to local facilities were also completed and people were supported to go on an annual holiday or days out if they preferred.

The complaints policy was available in an easy to read format within the service. People were supported to discuss any issues at the weekly house meetings. Relatives told us they felt able to raise concerns if required. Relatives spoken with were happy with the service their family member received.

People's views and opinions were valued and sought through a variety of mechanisms. These were used to make improvements to plans of care and how the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people's health, safety and welfare were better assessed and mitigated. Staff knew how to safeguard people from the risk of harm and abuse. They had completed training and knew how to report concerns. The environment was clean and safe.

People received their medicines as prescribed. Staff managed medicines safely and had their competency checked following any errors or concerns with their practice.

Staffing levels during the day had changed recently following a review of people's individual needs. Staff and relatives considered staffing levels were sufficient.

Is the service effective?

Good ●

The service was effective.

Staff supported people to make their own decisions. Improvements had been made to ensure when people lacked capacity for decision-making, the provider used appropriate legislation and recorded best interest decisions made on their behalf.

People's health care and nutritional needs were met. They had access to a range of health professionals in the community. People were encouraged to eat a healthy, balanced diet and told us they liked the meals provided.

Staff training, supervision and support equipped staff with the knowledge and skills to support people safely and effectively.

Is the service caring?

Good ●

The service was caring.

Staff were kind, patient and caring and had developed positive relationships with the people they supported and were seen to respect their privacy and dignity.

People who used the service were encouraged to be as independent as possible, with support from staff.

The service treated private and sensitive information confidentially.

Is the service responsive?

Good ●

The service was responsive

Improvements had been made to ensure the care records were detailed, accurate and up to date. They contained a good level of person-centred information.

People participated in a range of activities inside the service and in the community to promote their wellbeing

The service had a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

Previous regulatory breaches had been met. There had been improvements in the quality monitoring of the service delivered to people.

The registered manager had accessed support to complete the improvement work and ensure effective management of the service. Staff told us they felt supported by management and worked well as a team.

The culture of the organisation was open and inclusive. People who used the service and staff were provided with opportunities to express their views about how the service was managed.

Bellamy's Cottage

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 registered 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.

The inspection took place on 30 May 2018. The inspection team consisted of an adult social care inspector and a new inspector under induction.

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 also checked our systems for any notifications that had been sent in as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service. We requested and received information from health and social care professionals who were involved with the service.

During the inspection we observed how staff interacted with people who used the service. We spoke with four people who used the service, the nominated individual, the regional manager, the registered manager, a registered manager from another care service within the organisation and a team leader. Following the inspection we spoke with the relatives of two people who used the service.

We viewed two people's care records in depth as well as sections of two other people's care records. We looked at how the provider managed people's medicines and we checked records to ensure the provider was compliant with the Mental Capacity Act 2005.

We looked at a selection of documentation relating to the management and running of the service. These included staff training records, the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management and maintenance of equipment records. We completed a tour of the environment.

Is the service safe?

Our findings

People told us they felt safe and were happy living at the home. We saw people engaged and responded positively with the staff and were comfortable in the company of the other people who used the service. One person said, "I like the staff." Another person told us, "I'm happy here."

We found improvements had been made with the records to monitor specific areas where people were more at risk. Staff completed risk assessments on areas such as people's moving and handling needs, falls, nutrition, fragile skin, choking and inhaling food, accessing the community and anxious or distressed behaviours. These records were accurate, complete and reviewed monthly to ensure they contained up to date information about any changes in risk. The risk assessments helped to better inform staff on how to support people and minimise the potential for incidents and accidents. Staff were aware of the actions to take to minimise risk whilst still enabling people to make their own choices and decisions. We saw a positive approach to risk taking to ensure people were still able to undertake their desired activities and achieve their goals.

The registered manager and care workers had a good understanding of restraint and restrictive practices. The use of any restrictive practices was clearly assessed and only used once other options had been explored and discounted. It was clear from speaking with staff and reviewing records that the service focused on ensuring the least restrictive options were used and staff were trained in the use of positive behaviour support. Staff had also received up to date training on the management of behaviour which challenged the service and the use of safe holds. People were involved in the development and review of their behaviour management plans where possible.

Incidents and accidents were recorded and investigated to help establish any causes and triggers. We saw measures were put in place following incidents to reduce the likelihood of a re-occurrence, this included updating risk assessments and if specialist input was required, involving healthcare professionals. One person had a new walking frame, which had limiters fitted to the wheels to help reduce the person's walking speed and support their safety. The registered manager confirmed there had been a reduction in incidents.

Staff knew how to safeguard people from the risk of harm and abuse. In discussions, they were knowledgeable about the different types of abuse and the signs and symptoms that would alert them to concerns; they knew how to report incidents of abuse or poor practice. There were systems in place to manage people's personal allowances to minimise the risk of financial abuse. We observed staff interactions with people and these were completed in a kind and patient way. Relatives told us they felt safe leaving their family member in the care of the staff team. Comments included, "He is very happy there and likes all the staff. The home's position is ideally suited if he wandered off" and "I'm satisfied he is very safe with all the care and attention from the staff. There is nothing there to harm him."

Records showed timely safeguarding referrals and alerts were made where necessary and the registered manager understood the local authority reporting procedures and now notified CQC appropriately.

The premises were managed safely. Key safety checks took place to help keep the building in a safe condition which included to the gas, electric, water and fire systems. A fire risk assessment had been carried out and personal evacuation plans were in place for each person stating the support they needed to evacuate in the event of a fire. People were involved in monthly fire drill evacuations to help ensure they understood what to do in an emergency situation.

Is the service effective?

Our findings

At the last inspection in March 2017, we had concerns that staff did not have a clear understanding of the implications of the Mental Capacity Act 2005 (MCA) and the need to record assessments of capacity and best interest decision-making. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made the required improvements and was now meeting this regulation.

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. The application of MCA was consistent. We saw assessments of people's capacity had been completed and best interest meetings had been held when important decisions were required; this included the use of equipment such as lap straps for three people and the need for emergency surgery for one person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met. We found the provider was acting within the MCA and had made appropriate applications for DoLS to the local authority. There were three people who had DoLS authorised and the remaining five were awaiting assessment. The registered manager was aware of any conditions in place and ensured they took action to meet these. All staff had received training in MCA and DoLS, and in discussions, they had a good understanding of their responsibilities.

Staff had a good understanding of the need to obtain consent prior to care tasks being carried out. In discussions, they described how they gained consent by asking people their permission, providing explanations before carrying out tasks and supporting people to do as much as possible for themselves.

Relatives said staff were competent and had the right skills to care for their family members. Comments included, "The staff are marvellous. Any questions that we have, they answer them. The team are experienced and very able. We have full confidence in their work" and "The staff do seem well trained to me and look after [Name of person] very nicely." On the day of the inspection, staff demonstrated skills to meet each person's individual needs.

People were supported by a very stable staff team who received a range of training and support relevant to their role. New staff were supported to undertake a structured induction programme, which included training which was specific to the people who used the service. The training programme included courses on: equality and diversity, learning disability, autism, epilepsy, pressure damage prevention, managing behaviour which challenged the service, safeguarding, first aid, health and safety, infection prevention and

control, MCA, fire safety, dignity, end of life, nutrition and safe food management. Staff received regular training updates in a timely manner to ensure training was kept up-to-date. They had recently completed training about the new legislation for managing personal data. Records showed the majority of staff had completed a national qualification in care and senior staff were supported to complete management qualifications.

Staff received regular supervision, appraisal and observations of their care and support practice. Supervisions and appraisals provide staff with regular meetings with their manager to discuss developmental needs and review their performance. Staff told us they felt well supported by the management team.

People spoke positively about the food in the home. One person said, "I like the meals, spaghetti bolognese is my favourite." A relative said, "I'm often there at lunch time and everyone gets a choice of sandwiches or warm snack. Everyone is well fed."

People who used the service ate a balanced and varied diet of their choosing. They were encouraged and supported to maintain good nutrition and hydration and assisted in food preparation where they were able. People's weight was monitored and there were referrals to dieticians and speech and language therapists for advice and treatment when required. Each person had a plan of care and their profile highlighted likes and dislikes. We observed the lunch and teatime meal services and we saw people enjoyed their meals. The atmosphere in the dining room was calm and friendly. A member of staff sat with people and offered words of support and encouragement to all of them.

Relatives told us their family members had regular healthcare appointments and reviews. They said they were informed of any changes in their family member's health. One relative said, "The staff notice very quickly if there is a health issue or something more serious and always respond very quickly."

People were supported to maintain good health and had access to healthcare services such as screening programmes, dental services, psychologists, psychiatrists, speech and language therapists and dieticians. In discussions with staff, they were clear about how they recognised when someone's mental or physical health was deteriorating and the action they needed to take to obtain support and treatment for them. A healthcare professional confirmed the service worked well with their team, staff kept them informed about any changes and they found the staff to be helpful and knowledgeable about the clients and their needs.

We saw each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals. In addition, each person had a 'Hospital passport.' These records contained details of people's communication needs, together with medical and personal information to help hospital staff understand the person's needs.

The layout of the environment was suitable for people's needs. Corridors were wide and there were grab rails, a stair lift and a specialised bath to assist access. The majority of people who used the service were active and had few mobility issues. People's bedrooms were personalised and decorated according to their wishes and needs.

Is the service caring?

Our findings

People told us they were treated with kindness and the staff were caring towards them. Comments included, "All of them [staff] are very caring all of the time", "I am happy here", "My keyworker is [Name of staff member] and I like her."

Relatives were happy with the care their family members received. One told us, "All the staff are very caring and kind. They are always very patient and talk nicely to [Name of person]." Another relative said, "He loves being around the staff" and "They always make sure he is dressed nicely and looks smart." Other comments included, "The staff are lovely and always take time to ask after me as well, which is very nice" and "He is always happy to go back and I think that shows how happy he is living there."

We saw people's privacy and dignity was well respected. People were well-presented and comfortably dressed in clean clothes, which preserved their dignity. We saw staff knocked on doors before entering and had regard for people's privacy, for example they spoke with people discretely about their personal care needs and supported people to close doors when they were using the toilet.

There were equality, diversity and human rights policies and procedures in place. Staff had training in these areas and they understood how to provide a care and support that was free from discrimination or prejudice. We found people's care records contained information about their preferences and wishes to help care staff support their personal aspirations. Care staff demonstrated a positive regard for what was important and mattered to people and we observed people were supported to live a life that was reflective of their individual wishes and values.

Staff communicated effectively with people, for example we saw they knelt down closely to people when talking with them to ensure they understood, this included using Makaton. (Makaton is a language programme using signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order). One person used a picture exchange communication system (PECS) and programmes on their iPad [tablet computer] to help with their communication. We observed care staff interacted with people as they moved between different areas of the service in a sensitive and compassionate manner and engaged with them in a caring way.

During the inspection, we identified people had accessed the use of advocacy services to help them obtain independent sources of advice when required. We saw people's personal details were maintained securely and staff understood the importance of confidentiality and that discussing people's needs in front of others or outside of the workplace was unacceptable. Confidential information in people's files was stored in lockable cabinets in the manager's office, which remained locked when unoccupied. Only the managers and senior staff had the keys. Information about changes in people's needs was done through communication books and staff handovers. This helped to ensure information was shared on a need to know basis.

Staff told us the communication systems were effective at the service and they read people's care records at the start of every shift to make sure nothing had changed. A member of staff told us how one person had

recently undergone surgery and they wanted to make sure they understood how it had gone and if the person required any specific support. The person's care records had been updated and showed how they were not compliant with aspects of their post-operative care. Therefore, alternative activities had been arranged, to enable them to remain active and involved in social interactions with others during this time.

Staff told us they encouraged people to be as independent as possible with their personal care and daily activities of living. People were observed being encouraged to prepare their own lunches. Each person was given the time they needed to make their meal and when they had all done this they sat together to eat. A member of staff said, "I know the guys very well, [Name of person] needs help with his food, so when he is preparing his lunch I will put my hand over his and help cut it up." We observed staff provided this assistance during the inspection.

Is the service responsive?

Our findings

At the last inspection in March 2017, we had concerns that not all the care records were detailed, accurate and up to date. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made the required improvements and was now meeting this regulation.

We looked at four people's care records. The new care records format had been fully implemented and we found the quality of the records had improved and were consistent. Each person's needs had been fully reassessed and detailed care plans developed for each area of need. Shortfalls identified at the last inspection around the care planning for weight loss, mobility and behaviour that challenged the service had been fully addressed. There were also risk assessments to identify specific areas of concern. These had been completed accurately and were linked to the care plans.

People's care records also detailed their next of kin, 'all about me' life history book, medical conditions, individual preferences and social profiles. This information enabled staff to deliver support agreed by each person and their relatives and ensured their wishes and feelings were met appropriately. Staff completed daily records, which evidenced how the person had been that day and how their needs were met. A member of staff told us, "Information is recorded in the changeover book and if there was a serious change, a team meeting would be held."

People's care plans were regularly reviewed and updated; people and their relatives were involved in this process. A relative told us, "I attend the yearly review meetings. We go through the records and discuss all aspects of his care. The staff are very thorough and answer any queries or questions I may have." Another relative said, "The staff know his personality and how he now likes to spend most of his time with all the others in the lounge. He goes to the skills centre a couple of times a week and enjoys the activities there."

We found staff were knowledgeable about people's needs and responsive when these changed. Staff were able to describe how they recognised when people's physical and mental health was deteriorating and when to contact the GP or community learning disability team. They were aware of initiatives to prevent skin breakdown, weight loss, urinary tract infections and escalation of people's anxious or distressed behaviour. Supplementary records were in place when closer monitoring was required for specific people, for example with food intake and changes in behaviour.

People had information about their end of life wishes recorded in their care files.

People told us there were plenty of things to do at the service and staff gave them a choice of activities. Comments included, "I go to [Name of day-service] and I am going to my snooker presentation night with my friends" People were consulted and provided with choices about their individual support and preferences for care. Staff demonstrated a good understanding of working with people's personal strengths to help maximise their confidence, skills and self-esteem. A member of staff said, "They [people who use the service] go out during the week and at weekends they are asked where they want to go and we might go to

the pub."

The service had a skills co-ordinator to implement structure to the activities offered and ensure regular activities were available for people. On the day of our inspection, we saw one person was supported to go out with a member of staff to look at caravans and have a coffee, which staff told us they did on a regular basis as they loved everything about caravans. Another person was in a local snooker team and played league matches in local pubs most weeks. They were very proud of all the trophies they had won playing snooker.

Other activities on the day of inspection included listening to music, watching TV and a game of skittles. A relative told us, "[Name of person] loves to look through television magazines and play skittles." The registered manager told us they had recently been on holiday, which had created real excitement for the people living at the service. One person showed us the new wallet he had bought whilst on holiday. Relatives told us, "When he moved in he liked to stay at home, but with staff's encouragement and support he likes to go on the outings now" and "The staff take a small group on holiday each year and he really enjoys going away now."

The service had a complaints procedure in place, which people who used the service, staff and relatives were familiar with. The procedure was provided in an easy to read format. Staff told us they would support people to give their feedback if they were unhappy or needed to make a complaint. They went on to say the manager had an open door approach which enabled people using the service, staff and relatives to speak openly and raise any issues. Complaints were investigated and responded to appropriately.

Is the service well-led?

Our findings

At the last inspection in March 2017, we found some concerns in this key question. These included a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, regarding good governance. There was also a breach of Regulation 18 of the Care Quality Commission (CQC) (Registration) Regulations 2009 when we did not receive information as required about incidents or outcome decisions from deprivation of liberty safeguard (DoLS) assessments. At this inspection, we found improvements had been made in these areas and the provider was compliant with regulations.

Since the last inspection, the registered manager had received regular support from a mentor and additional supervision meetings with the regional manager. This had guided the necessary improvement work to the recording and management systems, with positive results. The registered manager was also more aware of their registration responsibilities with sending notifications and since the last inspection, we have received these in a timely way.

In discussion, the registered manager demonstrated her passion for the home and commitment to the people living there, relatives and staff. She was very knowledgeable about the service and during our inspection she prioritised people's needs and offered support to staff. We saw people who used the service sought her out and were frequently in her office, where they were welcomed and included in what was happening.

Staff told us they felt supported by the registered manager to perform their roles. One member of staff told us, "Supervision is very supportive. I could not have asked for a better manager. I can go to her with anything and she always listens. [Name of manager] always has an open door policy and notices if I am not my normal self as she can read me like a book." Staff reported good morale and there was a clear dedication to ensure people were happy and content. Staff told us they enjoyed working at the service and had developed good relationships with the people who lived there. Staff meetings were held regularly and a new health and wellbeing group had been set up within the organisation. A team leader attended the meetings to represent the staff team and bring back ideas to inform staff awareness, practice and develop the enrichment programme. The registered manager told us they were introducing a new monthly staff award programme to recognise and reward staff achievement or 'going the extra mile.'

The registered manager described the culture of the organisation as one of support and openness, working together to ensure the best outcomes for people who used the service. They confirmed managers of other services and senior managers visited the service and were able to pass on learning points. The registered manager also attended 'manager's meetings' where they discussed issues such as policy changes, best practice guidance and shared what went well in other services. The provider employed specialists in areas such as learning and development, behavioural management and speech and language therapy to ensure specialist skills were available to the registered manager should they need this support.

The director had provided the CQC with a comprehensive action plan following the last inspection, this showed how the improvement work would be prioritised and completed. At this inspection, we found the

quality monitoring systems had been better completed. The quality reviews, which covered all aspects of service provision, had been carried out every four months by a manager from another service in the organisation, as per schedule. We found there were action plans to address the shortfalls identified and compliance dates were achieved. The action plans were checked as complete at each quality review.

The registered manager regularly completed a range of internal checks of care plans, personal finance accounts and medicines management. Since the last inspection, new check records had been introduced for the care records, weights and the environment. The audit tool for the checks on care records was limited to a date and signature and we discussed the benefits of developing the document to enable more detailed recording of all audit findings and improvements made.

Records showed accidents and incidents were recorded and appropriate, immediate actions taken. The records were sent to the organisation's senior management team for analysis and review, to identify any patterns and outcomes to inform learning at service and organisational level. Since the last inspection, the registered manager had introduced a new falls protocol. One person had this in place and the protocol provided staff with clear guidance about the action to take. The registered manager confirmed the new protocol and new mobility equipment had supported a reduction in falls and incidents.

Relatives told us they felt the service was well-managed. They said, "The manager is very good and runs a tight ship. I can always talk with [Name of registered manager or deputy] if I have any concerns and they sort things out" and "I am very pleased with the home and I've always considered I was very lucky to get [Name of person] in there. The care is excellent and everyone is very helpful."

An annual survey had been carried out in 2017. It gathered the views from people, their families and staff. Alternative communication formats were available to help people to take part in the survey and staff supported people to take part where they were able to. We looked at the feedback people had provided and this was positive. Only one relative had completed the survey and the registered manager confirmed in future; they intended to approach relatives in person, to request this feedback.

House meetings were held every week. Records showed most people who used the service chose to attend and the regular topics discussed included, meals, activities and concerns. On an individual basis, people had annual review meetings, where their goals and aspirations were discussed. The provider had set up a client led parliament group, although no-one from the service was currently involved.