Lifeways Community Care Limited

Copwood Respite Unit

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Copwood Respite Unit provides respite accommodation and personal care for up to 6 people with learning disabilities at any one time. The inspection was carried out on 21 May 2015. We gave 48 hours' notice we were attended the service as it is occasionally unoccupied during the day. At the last inspection in April 2014 the home was compliant with all the standards we looked at.

Due to people's complex needs we were unable to speak to people who used the service. We spoke with 14 relatives of people who used the service. They all told us that Copwood delivered a high quality service and nobody had any concerns about the way the service was run. People said staff with kind and friendly and knew their relatives well.

Sufficient quantities of suitably trained staff were deployed by the service, the numbers of staff was dependant on who was staying at the unit on any given night. Staffing levels were such that staff were able to deliver attentive care, with time to spend prolonged periods socialising and reassuring people.

Summary of findings

Robust recruitment procedures were in place to ensure that staff were suitable for their role.People who used the service had a role in the recruitment of staff.

The premises was appropriate for its use and was well maintained. Sufficient living space, bedrooms, a sensory room and secure garden were available for people to use.

Risks to people's health and safety were appropriately managed. Relatives told us they felt assured their relatives were safe when using the service. The service completed risk assessments which provided staff with information on how to deliver safe care. Safeguarding procedures were in place and staff had a good understanding of how to identify and act on abuse in order to keep people safe.

Medicines were appropriately managed by the service. Relatives told us that the service was vigilant when it came to medication, for example if people did not arrive at the service with the correct medication it was immediately identified by staff. Records of the support given by staff were in place which demonstrated people received their medicines as prescribed.

Relatives told us the home provided a range of food which met people's individual likes and preferences. A varied menu was available and plans were in place to ensure people were provided with appropriate support at mealtimes.

The manager and staff had a good understanding of the Deprivation of Liberty Safeguards (DoLS) and several DoLS applications had been submitted to the supervisory body. The manager told us they would prioritise further applications for others who were planning to stay at the service. The service was acting within the requirements of the Mental Capacity Act (MCA).

Relatives told us that staff were appropriately skilled to undertake their role. Staff had received a range of training in subjects such as safeguarding, mental capacity and manual handling. Staff had a good understanding of the topics we asked them about demonstrating that training was effective.

We observed staff treated people with dignity and respect and provided a high level of attentive care. It was clear from the interactions we observed that staff knew people well and their individual likes, dislikes and preferences.

People's needs were assessed prior to staying at the service to enable staff to deliver appropriate care. A range of care plans were in place which demonstrated the service had taken the time to find out in detail about each person who stayed at the centre. This helped to ensure highly personalised care was provided. Staff had time each day to read people's care plans so they knew how to meet the needs of people staying at the unit that night.

Relatives spoke positively about the registered manager and said they were effective in communicating with them and dealing with any minor issues which arose. A range of checks were in place to ensure the service delivered appropriate care, these included medication and financial audits and health and safety checks. People's views were sought through service user and relative meetings and periodic quality surveys.

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?

Good

The service was safe. People's relatives spoke very positively about the service and told us they were confident their relatives were safe. Risks to people's health and safety were appropriately managed. Documentation was in place showing how identified risks were to be managed and staff had a good understanding of the people they were caring for, which helped to keep them safe.

People were appropriately supported with their prescribed medication during their stay at the service. A number of checks were in place to ensure medicines were managed safely.

The service deployed sufficient numbers of suitably qualified staff to care for people. Staffing levels allowed a high level of interaction with people who used the service to help meet their social and emotional needs. Robust recruitment procedures were in place to ensure staff were of suitable character for their role.

Is the service effective?

Good

The service was effective. People's relatives told us that staff had a good level of skill and knowledge and understood the people they were caring for. We saw staff had received a range of training and staff we spoke with were able to demonstrate a good understanding of the people they cared for.

People's relatives spoke positively about the food and we saw the service took time to plan meals based on people's likes, dislikes and cultural requirements. Care plans were in place to ensure people were supported appropriately at mealtimes.

Good links with other services such as day services and external health professionals were in place to enable the service to deliver effective care.

Is the service caring?

Good

The service was caring. All the relatives we spoke with said staff were kind and compassionate and treated their relatives with dignity and respect.

Care planning showed the service had taken the time to seek detailed information on people's individual likes, dislikes and preferences to plan and deliver appropriate care. Our observations of care practice and feedback from relatives led us to conclude the service knew people well and how to cater for their individual needs.

Is the service responsive?

Good

The service was responsive. The service took the time to thoroughly assess people's needs prior to spending a night at the service, this included teatime visits where people were able to familiarise themselves with the service. A range of care plans were in place demonstrating people's needs and been fully assessed and we saw staff delivered appropriate care in line with the plans.

People told us they were highly satisfied with the service and said any minor complaints were effectively dealt with.

Summary of findings

Is the service well-led?

Good

The service was well led. Relatives spoke positively about the manager and said they listened, communicated well and dealt with any minor problems effectively. Mechanisms were in place to seek people's feedback and involve them in the running of the service such as service user and relatives meetings and quality surveys.

A range of audit and checks were undertaken by the service to ensure it was delivering appropriate care

Copwood Respite Unit

Detailed findings

Background to this inspection

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

This inspection took place on 21 May 2015 with phone calls made to relatives between 25 and 29 May 2015. We gave a small amount of notice we were attending the service as it is often unoccupied during the day. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a number of different methods to help us understand the experiences of people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with fourteen relatives of people who used the service, the registered manager and five support workers. We reviewed three people's care records and documentation relating to the management of the service such as audits, training records and meeting minutes.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed all the information we held about the provider.

Good

Is the service safe?

Our findings

People's relatives spoke very highly of the service and the standard of safety it adhered to. For example one relative described it as "perfect" and another person said "service is excellent there are no issues". Nobody raised any concerns and people were highly confident their relatives were safe when using the service.

Effective systems were in place to identify and act on concerns. Safeguarding was promoted with the staff team in a variety of ways. This included a focus during interview, induction and periodic briefing updates provided through staff meetings. A dedicated whistleblowing hotline was available for staff to report any concerns confidentially. Staff we spoke with demonstrated a good understanding of safeguarding matters, for example how to identify and act on abuse to help keep people safe. Staff told us they did not have any concerns and thought people were well treated by the service.

Safeguarding procedures were in place and we saw evidence these were followed. For example we looked at one safeguarding incident and saw immediate action had been taken to protect people, it had been correctly reported to the Commission and Local Authority and had been investigated by a senior manager external to the service to maintain impartiality. This assured us that allegations of abuse were taken seriously and appropriately investigated.

Incident records did not reveal any concerning trends or themes and there was a low number of safety related incidents which indicated that effective systems were in place to help keep people safe. Where safety incidents had occurred these were reported by staff and investigated by the manager. We saw clear actions were put in place, for example updates to risk assessments or the involvement of external health professionals regarding behaviours that challenge to help keep people safe.

Financial records were kept for each service user. This included a log of any money brought into the service, expenditure and any money taken out. This was signed by staff to ensure that there was accountability and reduce the risk of financial abuse.

We concluded sufficient numbers of suitably trained staff were deployed by the service at all times. Relatives we spoke with told us that the home was always appropriately staffed. The manager told us that staffing levels were responsive dependant on the number and needs of the people staying at the unit. The home catered for a maximum of six people at any one time and ran with a minimum of three support workers each evening which included a senior member of staff. On occasions four staff were on shift, demonstrating staffing levels were regularly reviewed and were responsive to the needs of people staying at the service. One relative confirmed this stating that the service always put extra staff on when their relative stayed due to their specific needs. Overnight there were always at least two members of staff on site. We looked at the rota's which confirmed these staffing levels were consistently maintained. We saw the manager was also involved in the delivery of care and provided hands on assistance for example at busier times such as mealtimes. We observed care and concluded there were enough staff to ensure that people were stimulated and entertained and provided with a high level of personalised interaction.

Safe recruitment procedures were in place to ensure staff were suitable for the role. This included ensuring a Disclosure and Barring Service (DBS) check and two written references were obtained before staff started work. Recruitment focused on staff understanding of safeguarding and dignity and respect to ensure staff had the right attitude for the role. Potential new staff also met with people who used the service as part of the interview process. This was an additional check on their suitability for the role; to ensure people liked them and they could interact well with them.

Relatives we spoke with told us medicines were well managed and they had no concerns. Two relatives remarked how vigilant the service was at checking people had arrived with the correct medication and if they did not, they were immediately contacted.

A medication policy was in place. Staff administering medication had completed medication training and undergone a competency check to ensure they had the correct skills and knowledge to safely administer medication.

Medication profiles were in place which detailed the medications people took and the level of support they required. We saw these were detailed and generally well completed. We did however note one person was prescribed a medication that was to be administered before food and although the manager assured us this

Good

Is the service safe?

instruction was adhered to, this was not noted within the medication profile. We raised this with the manager who agreed to ensure this was added to the profile to ensure all staff were reminded of this requirement when reading the plan of care.

Due to the nature of the respite service, medicines were booked in when people arrived and booked out when they left. Stock counts were conducted on arrival and departure to check for any discrepancies. Records of administration were kept to ensure that all medicines were accounted for. Where discrepancies had occurred these had been investigated for example one incident record showed that an extra tablet was found remaining in one person's medication after their stay at the service. An investigation was undertaken and medical advice sought to assess the health effects of missing a tablet. We saw a low number of medication errors had occurred, indicating the provider had effective medicine management protocols in place. On the rare occasion when medicines had to be disposed of appropriate arrangements were in place to ensure this was fully documented.

Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. Clear protocols were in place as to when people should be provided with these medicines.

Appropriate and secure storage arrangements were in place for drugs. Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. We found appropriate storage arrangements were in place. However although the service had full records of controlled drugs, they did not have an official controlled drugs register. The manager agreed to put one in place immediately.

Risk assessments were in place which covered key areas of risk to people, for example risks posed by behaviour or any specific medication conditions. Where risks were identified detailed plans of care were in place to assist staff in delivering safe care.

Emergency procedures were in place for example to help guide staff if service users became ill or required hospital admission. For example people who were at risk of seizures had protocols in place to guide staff on when to seek medical attention. Personal evacuation plans and missing person protocols were also present to help keep people safe. These were signed by staff providing evidence they had read and understood this procedures. Staff we spoke with demonstrated a good understanding of these protocols.

The premises was pleasant and well maintained with no offensive odours. There were appropriate facilities which included suitable living space for six people, bedrooms, bathrooms and a sensory room. There was a secure garden area where people could spend time and we saw people were encouraged to utilise this during the inspection. Checks on equipment and fixed installations such as water, gas, fire, electric and lifting equipment were undertaken to help keep people safe.

Good

Is the service effective?

Our findings

People's relatives spoke positively about the care provided by the home and said it was effective in meeting their relative's needs . For example one told us "she comes home glowing." Another relative told us "Copwood caters for his every whim."

People's relatives told us the care staff were effective and had the correct skills and knowledge to meet people's individual needs. Staff we spoke with demonstrated a good knowledge of the subjects we asked them about which included safeguarding, Mental Capacity Act and people's individual needs. This helped assure us staff had appropriate skills to undertake their role. A full package of mandatory training had been provided to all existing staff when the current care provider took over the service in 2012 and covered a range of subjects based on the Common Induction Standards. In addition, annual updates in moving and handling and 18 month updates in conflict resolution were provided. Most training required updating every 3 years and staff were now due refresher updates in all subjects with current training due to expire in the next month. We saw the manager had highlighted this with senior management and was awaiting confirmation of training dates from head office. Staff reported that training was generally good and although there had been some poor quality training in the past they thought this had now been addressed. Staff told us the provider was good at providing specialist training that interested them or aided their development for example autism and epilepsy. Knowledge was kept updated through regular team meeting briefings which including a focus on subjects such as dignity and respect and safeguarding.

New staff received a full induction which included all mandatory training such as moving and handling, safeguarding and person centred care. A local induction was also provided to ensure new staff were aware of the local ways of working within the specific service this included equipment, security and fire. We spoke with a new member of staff about the induction process who said it was very useful and gave them the skills and knowledge they required to effectively undertake the role.

Staff received regular supervision, appraisal and professional development. This helped to improve staff practice and support them with any additional development goals. These processes included observations of staff performance and the evaluation of staff relationships with people who used the service to help ensure staff delivered a consistent, friendly and person centred service.

The registered manager and the staff we spoke with demonstrated a good understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped assure us that the service was working within the correct legal frameworks. Information on DoLS and MCA was displayed around the premises for staff to consult and staff had received briefing updates in the subjects. The service had submitted DoLS applications which had yet to be authorised by the supervisory body. Discussions with the manager revealed that further applications were ongoing and they assured us they would prioritise the completion of all remaining DoLS for those relevant people who were due to stay at the service in the future. We saw the philosophy of care was based on providing the least restrictive option, care planning focused on maintaining and promoting independence and people were encouraged to go outside where possible.

Where people lacked capacity to make decisions for themselves, we saw best interest meetings had been arranged, for example to enable a decision to be made relating to whether bed rails had been used. This provided evidence the service was acted within the legal framework of the Mental Capacity Act.

We observed staff spoke clearly to people and asked people's consent before assisting with tasks such as mealtime support and activities. Respecting people's choices was promoted through care planning with a strong emphasis on utilising non-verbal communication techniques with those who could not verbalise. Staff we spoke with had a good understanding of how to promote choice for example giving examples of how they used Makaton (a form of sign language) or reading facial expressions to help seek consent regarding routine tasks.

People's relatives spoke positively about the food. Relatives said that any cultural requirements were catered for effectively such as the provision of Halal meat and that the service was good at supporting them to try new foods. A varied menu was available which was prepared by support workers. As part of the respite stay, people were provided with an evening meal and breakfast the following morning and often a packed lunch if they were going on to attend a day centre. The menu was influenced by resident meetings

Good

Is the service effective?

and also knowing the individual likes and dislikes of those who were staying on the particular night. Relatives confirmed this was the case saying their relatives likes and dislikes were recorded into care plans, we saw detailed information was present within care plans about people's likes and dislikes and how to support them appropriately at mealtimes. Pictorial menus were available to assist people in choosing their preferred meals. We observed staff providing the evening meal and saw people were given sufficient food which appeared appetising. People were supported appropriately as per their plans of care. Staff were responsive to any changes in appetite, for example we saw one person did not want much of their tea so staff immediately called the persons' families to inform them and discuss their wellbeing.

A hospital passport system was in place to ensure a smooth transition should people be admitted to hospital from the service. This contained clear information on people's health and social care needs to be passed to the hospital should an admission occur. We saw the service had good links with day services that people attended and shared information. Good working relationships with external health professionals were in place, for example speech and language therapists and mental health professionals. There was evidence their advice was used to populate care plans to help staff deliver effective care.

Systems were in place to ensure staff were able to manage behaviours that challenge. Staff had received dedicated training in this area and care plans were detailed and well written including people's triggers and how to reduce anxieties. Relatives told us this aspect was managed well, for example one person stated that their relative was supported in a positive manner and staff used friendly persuasion to support them to cooperate. Another relative remarked how staff effectively used diversion tactics to calm them down.

Good

Is the service caring?

Our findings

People's relatives all said the service was very caring. They said care was personalised to meet their relative's individual needs. People said staff always treated their relatives well, with dignity and respect. For example one relative said "staff are really nice and caring, they are respectful." People said that they respected their relatives' privacy for example that personal care was delivered discreetly to prevent embarrassment. Relatives told us that staff were good at providing comfort and reduce any anxieties people had.

During the inspection, we observed care within the home. People appeared relaxed and comfortable in the company of staff. Staff talked patiently and provided regular reassurance to people particularly if they became anxious. Staff checked people were comfortable for example regularly adjusting chairs and people's clothing. Due to the availability of staff, they were able to provide extended and often individualised care and support to people and had time to offer significant social and emotional support. People we spoke with said their relatives came out of the service looking clean and well cared for indicating that the service consistently delivered appropriate personal care.

Systems and processes were in place to ensure staff treated people well with dignity and respect. Policies were in place which staff were required to read, and recruitment focused on the importance of ensuring staff had the right attitude to work with people with learning disabilities. Training and regular team briefings focused on this important element to ensure the service provided was caring.

People's care records contained highly personalised information which included their individual mannerisms and detailed assessments of how to effectively communicate with them. This demonstrated to us that the service had taken considerable time to personalise care and support to people's specific requirements. Care plans promoted choice and involvement of people. People's likes, dislikes daily routines, relationships and any cultural requirements were integrated into their plans of care.

Discussions with staff revealed a motivated team who were committed to providing a caring service to people living with learning disabilities. A keyworker system was in place which provided people and their relatives with a named contact who they could liaise with. The answers given by staff demonstrated staff had an in-depth knowledge of the people they were caring for, their likes, dislikes and preferences. We saw through observations staff knew the correct techniques to apply for example in effectively communicating with people in a way which made them comfortable. What was observed matched what was written in care plans demonstrating the service was delivering individualised support in line with people's assessed needs. This was confirmed by relatives who stated that the service knew them well. For example one relative told us how staff "knew her little ways"

Information was provided to people in an accessible format to promote understanding and involvement. For example pictorial menus were available, annual satisfaction surveys and the complaints policy were all set out in an easy ready format to help engage with the client group who used the service. Although care plans were clearly set out, we concluded more could have been done to present the information to people in way that promoted their involvement. The manager told us the organisation was looking at introducing new care plan documentation in the near future.

Relatives told us they felt listened to by the service and that communication was good. For example one person told us how approachable the staff were and how they were always helpful when they ring to check how their relative is. Another person told us they received a detailed log of their relatives stay including what they have eaten and done.

Good

Is the service responsive?

Our findings

Relatives said the home was responsive for example in communicating any changes in needs to them. One person told us; "If there are any problems, Copwood contacts us and they are very responsive to requests, they will always try to accommodate stays to fit in with the family." Relatives reported that staff understood their relatives' individual needs and preferences for example always remembering that they required their food liquidised.

A thorough process was in place to ensure the service met people's needs as soon as they started using the service. Anyone wishing to use the respite service was first invited to visit the service to help ensure both the service was right for them and to ensure it could meet their needs. A series of short stays were usually arranged such as teatime visits to help people settle in. This helped any risks or care needs to be highlighted before they stayed overnight. Relatives confirmed this was the case, for example one relative remarking how staff observed a tea visit to assess their relatives needs stating; "They are very thorough, they want to know about the person they are caring for."

Each day, staff arrived before people who used the service which gave them an opportunity to read care files and ensure they were aware of people's individual needs who were staying at the service that night. A handover was also completed by senior staff which included information on people who were staying in order to plan and provide appropriate care that evening. We asked staff about the care needs of those staying at the premises on the evening of our inspection, they displayed a good knowledge indicating that this process was effective.

People's care needs were fully assessed to enable staff deliver appropriate care. This included detailed plans of care which covered health needs, communication, behaviour, continence, mental and emotional support. Care plans contained highly personalised information such as specific behavioural traits people displayed and how to manage them. We looked in detail at one persons' plan and observed care. Their communication and behavioural traits closely matched what was written in the care plan and staff delivered care as per the plan. This indicated that assessments were accurate and staff were familiar with their content and able to deliver care appropriately.

Daily notes were maintained for people during the course of their stay. This provided evidence that staff assisted with the required cares in areas such as personal care, eating and drinking.

Activities were provided by staff in the evening. This was a flexible arrangement but included activities on a games console, drawing and beauty therapies. A sensory room was available and during the inspection we saw this was utilised by one resident whose care plan identified that they enjoyed the experience. We saw periodic outings and celebratory events had been held. Staffing levels allowed staff time to spend prolonged time with people and develop good relationships to help meet their social needs. Some relatives told us that because of 'transport problems' and a lack of a minibus which the service used to have, people didn't always go out as much as they would like, but they said the service tried its best to cater for people's needs and provide a range of stimulating activities.

Relatives told us they felt involved in care, were aware of care plans and most stated they had attended annual reviews. We noted some care plans were overdue a review with the person and/or relative. We raised this with the manager who said they would take steps to address.

We saw people's individual needs and preferences were taken into account. The service was sensitive to cultural requirements in the planning of meals and the organisation of events such as religious celebrations and a multicultural garden party.

People we spoke with said they knew how to complain but everyone spoke positively about the service. They all said that they had no cause to complain but the service was good at sorting out any minor problems they had for example one relative told us; "The service is very good, the staff are lovely , very helpful, any problems are sorted out promptly." A clear complaints policy was in place. This included arrangements for logging verbal and formal complaints. This was clearly displayed throughout the premises and was presented in an easy read format to aid understanding amongst people who used the service. No formal written complaints had been received in the last year indicating a high level of satisfaction with the service. Where minor verbal complaints had been made we saw clear outcomes were recorded to ensure further improvement of the service.

Good

Is the service well-led?

Our findings

A registered manager was in place. We found the provider had submitted all required statutory notifications to the Commission such as allegations of abuse. When we had asked for further information regarding these notifications, it had been promptly provided by the service.

Relatives we spoke with were unanimously positive about the service and said it delivered high quality care. They particularly had praise for the manager for example one person said; "The Manager is the best thing that happened to Copwood" and another person said; "The manager is very helpful and any problems are sorted."

Staff told us the manager was effective in dealing with any problems and effective action was always taken to manage any risks to people. Mechanisms were in place to allow staff to communicate effectively with management. A manager was on call each evening so staff could discuss or escalate any concerns. Structured monthly team meetings took place. These were an opportunity for staff to raise any concerns and for working practices to be reviewed. We looked at the minutes from a recent meeting, these discussed any changes to the care of service users for example referrals to other health professionals, updates on safeguarding matters, activities, best interest decisions and incidents.

We observed a pleasant atmosphere in the home with all staff groups involved in routine care tasks and taking time to have conversations with people. It was clear the registered manager was involved in care as they understood the individual needs of the people they were caring for.

A number of relatives said the service had improved over recent times for example communication was now better, care plans and the staff team were now better. The manager had a commitment to further improve the service for example they were looking to further improve evidence of communication with families, ensure that further mandatory training was provided and setting up and sharing best practice with other services run by the provider. This demonstrated a commitment to continuous improvement of the service.

The service had systems in place to assess and monitor the quality of the service. Each month the manager completed a monthly workbook which informed senior management of key information on the service. This included changes in the staff team, complaints, safeguarding, user feedback, notifications, incidents of aggression and medication errors and any priorities identified by the manager. We saw this was effective in identifying issues. For example we saw that it highlighted that some staff's mandatory training would be due an update in the next month. The manager assured us senior management would resolve this in the coming weeks.

An annual full service audit was undertaken. This provided evidence that a systematic assessment of the service was undertaken, although the audit could have been more specific to respite services. The audit looked at a range of areas which included the premises, safeguarding and staffing. There was evidence that actions had been completed such as improvements to the premises and care plans updated. Further audits were undertaken of finances, medication, health and safety and bed rails. This helped to ensure any risks were promptly identified and appropriate action taken to ensure safe care.

An analysis of incidents was completed as part of a monthly submission on incidents to senior management. This helped the service to identify any trends. When incidents occurred, clear plans of improvements were put in place to ensure the service learnt from the incidents and continuously improved. All incidents and complaints were sent to senior manager to help monitor whether effective actions were taken.

Mechanisms were in place to collect and assess people's feedback on the service. An annual survey was completed by service users and was collated centrally by the provider. We reviewed the responses from the most recent survey which were overall positive and provided assurance people were happy with the service. For example one relative had written; "Copwood provides an excellent service, [my relative] is happy to be there." We saw people were involved in the running of the service through periodic service user meetings. These discussed people's preferences for example around leisure, fun and meals. A periodic parent/carer meeting also took place. Relatives we spoke with told us they felt involved and had been invited to these meetings.