Merrydale Residential Care Home Limited

Merrydale Residential Home

Inspection report

Merrydale
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Ryde
Isle of Wight
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Tel: 01983563017

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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

We inspected this service on the 16 May 2018 and it was unannounced. At our last inspection in April 2017, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2015. 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 inspection, we found the service had made all of the required improvements.

Merrydale is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Merrydale accommodates 15 people in one adapted building. At the time of our inspection there were 13 people living at the service.

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.

People had individual risk assessments with suitable safety measures in place to keep them safe. There were also comprehensive risk assessments for the environment which had been regularly reviewed.

Medicines were managed safely; we observed medicines administration and observed that staff practice was safe. The medicines administration records were completed in full with no unexplained gaps.

There were sufficient staff available to meet people's needs. Staff understood their role in keeping people safe and had received training on safeguarding people from harm. The registered manager had carried out the required pre-employment checks before staff started work.

Staff were well trained and had opportunity for regular supervision. They told us they felt well supported and could approach the registered manager at any time. New members of staff had an induction period where they could learn about the job role. There was a clear staff structure and everyone was aware of their responsibilities.

People had sufficient food and drinks. Staff offered the required support to enable people to eat where appropriate. People were involved in planning the menus and always had choice of food and drink.

The premises were kept clean and well maintained. The staff followed effective infection prevention and control practices. The service was a small home that felt very homely.

People were supported by a staff team that knew their needs well. We observed kind and compassionate interactions that demonstrated mutual respect. People were supported to have maximum choice and

control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care plans were comprehensive and regularly reviewed. There was a 'co-worker' system in place, which meant people were allocated a member of staff to work more closely with. 'Co-workers' reviewed care plans and wrote their own monthly reports on people's needs.

People had been given the opportunity to record their end of life wishes. The service had supported people at the end of their lives with assistance from healthcare professionals.

Activities were varied and provided daily. People had the option to be involved but could also choose to spend time doing their own activity. Visitors were welcomed without restriction.

There were regular meetings for people, relatives and staff and minutes were kept. Surveys were completed so that feedback about the service could be sought. All feedback we saw was positive. People, relatives and healthcare professionals all stated they thought the service was caring, responsive and well-led.

There was a complaints policy in place and an easy read copy was available in rooms. People and their relatives were confident any concerns would be addressed by the service.

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.

Medicines were managed safely.

Staff were recruited safely with the required pre-employment checks in place. There were sufficient staff to meet people's needs.

Risks had been identified and measures were in place to make sure people were safe. The environment was risk assessed and well maintained.

The service was clean with no odours noted. We observed the staff followed effective infection prevention and control good practice.

Is the service effective?

Good

The service was effective.

People's needs were continually assessed and referrals were made to healthcare professionals where needed.

Food was a good quality, people had choice and the support they needed to eat and drink sufficiently.

Staff were trained and supported by the provider and registered manager. They had opportunity for formal supervision and an annual appraisal.

The environment was homely; there were communal areas, which were easily accessed.

Is the service caring?

Good

The service remained caring.

People were supported by a staff team who knew them well. We observed positive interactions between people and staff which demonstrated kindness.

People were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care needs were being met. Care and support plans were detailed and reviewed monthly. People were involved in planning their own care where appropriate.

Activities were available and varied. People were encouraged to be involved and given support from staff if needed.

There was a complaints policy in place and an easy read summary of the policy for people in their rooms.

End of life care had been provided and people were supported to make decisions about what they wanted at the end of their lives.

Is the service well-led?

Good

The service was well-led.

People were regularly involved in service planning. The registered manager gathered people's views and feedback.

Community links were established.

Team meetings were held regularly; staff felt included and were encouraged to share ideas for improvements.

Quality assurance was comprehensive and made sure all areas in the service was monitored. Improvements had been made and the registered manager planned further continuous improvement.

Merrydale Residential 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May 2018 and was unannounced. It was completed by two inspectors 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. For this service, their experience was older people.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return. This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

We spoke to five people, four members of staff, four relatives, the registered manager, the deputy manager and the owner/director. We looked at three care plans, three recruitment files, medicines administration records, health and safety records and reviewed records relating to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in April 2017, we rated this key question as requires improvement with an identified breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the service had not assessed and managed risks relating to the safety and welfare of people. At this inspection, the service had made the required improvement and this key question is good.

People and their relatives told us they felt safe at the service. Comments from people included, "It's nice, I'm contented here", "It's very good, it's the brightness, the cleanliness and the staff. I can't fault it", "I've been here for 4 years, and I don't think you could get better." One relative told us, "She's safer than at home. We've got peace of mind." Another relative told us, "She needs more help now at times and she gets that here. They always look after her very well."

Risks had been identified and assessed. People's individual risks had been assessed and a risk assessment detailed safety measures that were in place. There were comprehensive risk assessments relating to the environment and generic activities. These were detailed and reviewed regularly by the registered manager. People had personal emergency evacuation plans in place, which outlined what their needs were in order to evacuate the service in an emergency. These were detailed and considered the person throughout the evacuation procedure. For example, for one person we saw it was documented that whilst they could evacuate the building independently, they would need a seat once outside.

Accidents and incidents had been recorded and monitored by the registered manager. They told us they analysed incidents monthly to identify patterns, and to review safety measures in place. Falls monitoring was completed monthly and records demonstrated good analysis of each fall. This analysis was shared with the staff team so that any lessons could be learned. Causes were discussed at staff handovers so that staff could add their points of view to the discussions.

People received their medicines safely and as prescribed. People's medicine records were completed accurately. Medicines were stored in designated, secure trolleys and as per manufacturers' guidance. This included medicines that required cold storage. Where people had been prescribed 'as required' (PRN) medicines, protocols were in place to direct staff and staff knew people's needs well. Liquid medicines and topical medicines had dates of opening recorded on the bottles and containers. There were body maps to guide the administering of topical medicines (creams). We observed a member of staff administering the medicines and we saw they followed good practice guidance. They made sure they explained to people what the medicine was for and they signed the records after watching people taking their medicines.

People were protected from risk of infections as staff adhered to infection control procedures. We saw staff followed good hygiene practice. People's care plans contained a 'room deep clean' section, which stated which day people wished to have their bedroom cleaned. The building was well maintained and free of any unpleasant odours. People told us they felt the service was clean, one person said, "They do a lot of cleaning."

Maintenance records demonstrated that the premises and equipment was checked regularly for safety. External contractor's serviced equipment regularly, a maintenance person regularly tested fire alarms and emergency lights. Health and safety audits were completed to make sure checks were completed and the required monitoring was being done.

The kitchen had been inspected by the environmental health department from the Isle of Wight Council in October 2017. They had been awarded a '5' rating. This meant the kitchen had very good hygiene practice. Feedback from the officer was that the kitchen would need updating in the future. The provider had made a decision to update the kitchen following this feedback; we could see this work had been completed.

Recruitment was managed safely. The registered manager made sure pre-employment checks were completed. All staff had two references and a check with the Disclosure and Barring Service (DBS). A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with certain groups of people.

Staff protected people from harm and abuse. All staff received regular training on safeguarding people and told us what they looking out for. Staff described what they would do if they had any concerns and they were confident the registered manager would take appropriate action.

There were sufficient staff available on shift. We observed people had support at the time they needed it. One person told us, "I very rarely ring the bell, but I did last night and they came very quickly." Another person said, "you never wait" when asked if there were staff around to help them. Another person told us, "The night staff are very good, they instantly answer the bells. They are very, very pleasant. They never make me feel awkward for using my bell."

Good

Is the service effective?

Our findings

At our last inspection in April 2017, we rated this key question as requires improvement with two identified breaches of Regulation 11 and 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the service had not worked to the principles of the Mental Capacity Act 2005. At this inspection, the service had made the required improvement and this key question is good.

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 be as least restrictive as possible. Staff we spoke to understood the principles of the Act and we observed that people were encouraged to make decisions about their care and treatment. Where people lacked capacity, we saw the service had worked within the principles of the MCA. For example, one person had become unwell and their ability to make decisions had become impaired. The service had completed a mental capacity assessment to support the person to make a specific decision. When the person had become better and regained their capacity, this assessment had been archived as the person could make their own decisions.

There was evidence in people's care and support plans they had consented to care and any assistance required. People had signed consent forms, which were dated and reviewed. The forms were specific to personal care and support and help with medicines management.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was nobody living at the service who required a DoLS authorisation. We did observe that the service had applied for authorisations as appropriate in the past.
People's needs were assessed prior to moving into the service. We saw in one person's assessment that they were lonely at home and wanted to move to be with others. Needs continued to be assessed so that the right care and support could be provided. Where any additional support was needed, the service referred to external healthcare professionals such as district nurses and speech and language therapists. Records demonstrated that people regularly saw their GP; the service had a good working relationship with the local surgery. One person told us, "The doctor is always there if I wanted to see them."

People told us they enjoyed the food and had sufficient amounts of food and drink. One person told us, "There's loads of food and I eat every bit." Another person told us, "It's absolutely out of this world. She is very good, the chef. She is doing a roast meal today and she will do cakes as well. I admire her." Another person said, "I don't drink tea. They [staff] come round with water, they always remember. I don't think I've ever had to ask." One person told us, "I don't eat meat and the food I get is so good. The thought that goes into it. The vegetables they have every day are so excellent, always right. That matters a lot when you don't eat meat."

Staff supported people to meet their individual dietary needs and preferences. The chef had an up to date list of people and their individual preferences and needs. They had good knowledge of people and were able to tell us what people's needs were. We observed two meal times and they were relaxed and unhurried. People had choice of food and drink and were offered other alternatives if they did not want the options on the menu. People's independence was promoted by use of adapted cutlery or plate guards if needed. This made sure they could continue to eat by themselves.

Staff were knowledgeable about the people they were supporting and competent in their roles. Each new member of staff had to complete an induction, which was a blend of training and shadowing a more experienced member of staff. A new member of staff told us they enjoyed their induction and found it useful, they said, "I had four days induction, I did a range of shifts, mornings, afternoons and I did a night shift too." Training was provided in a range of topics. The service used online learning, workbooks, face to face training and mentoring. The owner/director was a moving and handling and fire safety trainer so they made sure all staff were trained regularly in those areas.

Supervision was available quarterly. Supervision is a formal process, which enabled staff to discuss their concerns, training needs and development with their line manager. The registered manager or the deputy manager did all supervisions with the staff team and kept detailed records of all discussions. We saw that the registered manager also recorded positive feedback and thanked staff for their hard work. Comments from the registered manager included 'always a pleasure to work with you', 'You are a breath of fresh air', 'Thanks for all your continued support you are an asset to Merrydale'.

People and relatives told us they thought the staff were well trained. One relative told us, "The staff are merged in quickly, they are quickly trained and up to speed." Comments from people included, "They [staff] are very sweet", "Yes, definitely well trained", "They [staff] are very considerate and very concerned for you and your individual needs."

The premises were an adapted building in private grounds. There was outside accessible garden space. Some downstairs rooms had a door onto their own patio area. Upstairs rooms were accessed by stairs. The provider and registered manager told us the building would not support people who were less mobile and relied on the use of equipment such as hoists. There was ample communal space and quieter space was available. There was a conservatory, which we observed used by one person who wanted peace and quiet to read.

Good

Is the service caring?

Our findings

Without exception, people and their relatives told us the staff were caring. Comments included, "they [staff] are kind", "they are very good", "they come anytime you need them". One relative told us, "We're made welcome. Any problems we are able to speak to any of the staff. They are all very kind." One person told us, "Staff are caring, every one of them. I've never criticised any of them."

People received care and support in a friendly, homely atmosphere. One relative told us, "We say it's a home with a heart. We have quality time with [relative] because we don't have any practical concerns, like we did when she was at home." One person told us, "It's lovely, it's homely and so friendly." Another relative told us, "There's nothing to moan about, they look after her very well."

The staff team were stable and all knew the people they were supporting. Observations of practice and communication demonstrated that staff were kind, caring and showed respect for people. People were addressed by their preferred name and spoken to in a respectful way. One person told us they had not been able to go to the dining room for a period due to medicines they were taking. When they were able, they started going again, they told us, "I thought I'd go into the dining room. The staff were so thrilled when I walked into the dining room. They all cheered."

Person centred values were promoted throughout the service. The service had a small shop area, which people could access when they wished. The shop sold items such as tissues and toiletries. The registered manager told us this was so people could maintain their independence and buy their own toiletries if they preferred. The staff team promoted privacy and dignity. Staff gave us examples of how they promoted people's dignity. They told us they always respected people's wishes, they made sure doors were closed when providing personal care, they pulled curtains if needed. One person told us, "They [staff] always say, 'I'll just shut your door' often I'm not bothered."

The deputy manager showed us 'emergency boxes', which were available in each room. The boxes had a small amount of gloves, aprons, wipes, yellow soiled waste bags and red soiled linen bags. The deputy manager explained these were more than tools for good infection prevention and control; they were also to maintain people's dignity. They explained that at times people might need support with personal care quickly and discreetly. The boxes meant that staff had everything they needed in the person's room to do this discreetly without having to leave the room to get all the items. This made sure people got support at times that might be difficult efficiently and without fuss.

We observed people were offered choice of food and drink throughout the day. Whilst staff offered people's drinks, they used this time to engage socially. We were able to observe positive interactions, which indicated good relationships had been formed between people and staff. When relatives visited it was evident they also had good relationships with staff. We observed they were also offered drinks.

During the morning activity, we observed staff using the time to engage in reminiscence. Staff were local and had good local knowledge of the island. They were able to prompt conversation about changes to local

traders and changes to local buildings. People enjoyed reminiscing about where they used to live and work.

People were supported to maintain relationships that were important to them. Relatives were welcomed and had given positive feedback about the staff team. We reviewed their comments and saw they had said 'Absolutely lovely staff, so patient with mum and genuinely caring', 'Staff are always smiling and welcoming'.

The service had a cat. The cat had belonged to a person who had passed away recently. The staff at the service all wanted to keep the cat as it was considered "part of the Merrydale family". We observed the staff had included the cat on the board informing people who was on duty on any day. It had its own photo and named card. We observed the cat was in a person's room, they told us, "Every home should have a pet, today is my day to have him." We could see they enjoyed having the cat in their room.

People were involved in in making decisions about their care and support. People could have baths or showers at any time of the day. One person told us, "I had a lovely bath this morning." Staff told us people always had a choice and some preferred mornings. People's step by step needs and preferences with regard to their bathing or shower routine was detailed in the care plan. This meant staff knew exactly what people's preferences were throughout the whole activity. 'Co-workers' had sat with people and discussed this step by step guide so that they could record their preferred routine.

People had a choice of gender of their carer. Everyone living at the service had stated they would prefer a female carer to support them with personal care. This choice was respected.

Good

Is the service responsive?

Our findings

At our last inspection in April 2017, we rated this key question as requires improvement with an identified breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as the service had not made sure people had a detailed care plan. At this inspection, the service had made the required improvement and this key question is good.

People had detailed care plans that were reviewed monthly by the deputy manager or registered manager. Care plans were written on all identified needs making sure staff had the required detail to provide person centred support. Where people had specific health conditions, additional guidance was available. For example, for people who were diabetic the service had one page flow charts on what to do if blood sugars dropped below certain levels or were too high. People had parameters in place identifying what was a concern for them and what action the staff should take. This ranged from encouraging the person to eat to calling for medical assistance. This gave clear guidance to the staff on what to do if a person who was diabetic became unwell.

Staff used body maps to record information that was outside of the norm such as bruising, rashes and wounds. These were dated and signed with follow up information recorded in daily notes. Where healthcare professionals were required to check any bruising or rashes they had been called and had visited. Details of their visit were recorded in the care plan.

People and their relatives told us they thought the service was responsive. One relative said, "She [relative] has ups and downs. They respond or deal with what happens. The manager talked to the doctor, they react quickly to the situation." Another relative told us, "As she's deteriorated things have had to change, they do more for her. She used to be more self-sufficient, she used to be able to dress herself. Now the girls do it for her." One relative told us, "We saw her today and we didn't recognise her. We walked right past her. A few weeks ago she looked like she was on the way out, but she has bounced back. She looks so much better, she has put on weight. The first few weeks she was here, she put on two stone."

There was a 'Co-worker' system in place. This was a system where a member of staff was allocated to work closely with an identified person. This match was made based on personalities so that people would get on with their co-worker. They reviewed the care plans and wrote their own notes in the person's file to update on people's needs. 'Co-workers' were allocated time on the staff rota to review care plans. The registered manager told us this protected the time and made sure it happened.

There were no restrictions on visiting and people were supported to maintain relationships that were important to them. We observed family visiting during our inspection; they were positive about the service and clearly knew staff well.

There was a complaints policy in place; the service had received no formal complaints since our last inspection. The service had received a number of compliments, which the registered manager had shared with the staff. A nurse had complimented the team they had written, 'This is a very happy, professional team,

and residents are cared for to a high standard'. A visiting healthcare professional had also commented that the team were 'very professional, and very approachable'. There had been compliments from relatives about the care. Comments included 'Look after mum so well, very friendly' and 'If there was a problem it would be dealt with'.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service had assessed people's individual needs and adapted information accordingly. For example, there was an easy read version of the complaints policy available in people's rooms.

The service was not providing end of life care at the time of our inspection. We did see that they had provided end of life care with the support of appropriate healthcare professionals. People had been given the opportunity to record their wishes for the end of their lives, which covered a range of information such as choice of burial or cremation. People had also had conversations with their GP about putting in place do not attempt resuscitation forms. We saw the reasons for this discussion had been recorded by the GP. For one person we saw it was 'their decision and wishes'.

There was a plan for activities available for the week. We observed that there was a variety of activities planned such as keep fit, art and crafts and quizzes. During our inspection, people were able to join in a game of dominoes and an interactive quiz. There was a local quiz league between a group of services, which Merrydale was part of. They competed over the year to win a trophy. Staff supported people to go on trips out into the local community. Relatives had given feedback on activity provision. We saw one relative had written, 'There are very good activities, I often join in with them'.

Good

Is the service well-led?

Our findings

At our last inspection in April 2017, we rated this key question as requires improvement with an identified breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because the service had not established systems and processes to ensure compliance with regulations. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as the service had failed to notify us of incidents and allegations of abuse. At this inspection, we found the service had made the required improvement and was rated as good.

The service had 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. The registered manager was also the nominated individual for the service and had been registered at the service for many years.

People and relatives thought the service was well managed. Comments included, "It's well managed. If something changes, they tell us", "She runs it well", "[Manager] always asks you what you think and [owner/director] always asks." One person said, "I would, definitely recommend this home to a friend." Another person told us, "She [manager] is very nice and approachable."

There were policies and procedures in place specific to the service. Since our last inspection, the registered manager had reviewed these. The policies had been aligned to the Regulations. This meant that the service was now sending us notifications where appropriate and adhering to their duty of candour policy. We observed the previous inspection rating was displayed at the service. Partnership working with outside agencies was demonstrated. For example, the service shared their falls monitoring with the local authority every month. They had been asked to complete a form and send it with specific information recorded.

The values of the service were available to all in the statement of purpose. Staff we spoke with were aware of the ethos of the service and all enjoyed working at Merrydale. They told us they felt supported by their colleagues and management. Comments from staff included "It is like a little family here, we are a close team who all work together", "Brilliant here, morale is high. I was made very welcome, everyone is so helpful". There was a clear staffing structure and staff were aware of their role and responsibilities. There were regular team meetings and minutes kept.

We observed the registered manager interacting with people and staff and it was evident they were known to both very well. They knew all the people and visiting relatives and were able to offer support to people when needed. The registered manager helped to serve lunch and told us they did this most days. The owner/director was at the service five days per week and was well known by people, relatives and staff. They told us they wanted people "to feel at home, this [Merrydale] is their home". They told us whatever people needed they provided. Staff appreciated their presence, one member of staff told us, "In my last job we never saw director and here they are involved, they chat to people."

People were able to voice their views and concerns at a 'residents meeting'. These were held regularly and minutes kept. At recent meetings, we saw that agenda items included menus, co-workers and staff. One person had shared that they preferred to be called by their name and not 'love'. This had been documented and shared with the staff team. One person told us, "I have been to a meeting, it is an opportunity to complain if you want to." Another person said, "They ask if you're satisfied with things. They ask if there's anything you dislike." One relative told us, "They have residents meetings monthly to talk about the food or whatever you want."

The service had recently sought feedback through questionnaires. People, relatives and healthcare professionals had completed these. All of the comments we saw were positive complimenting the service and the staff on the support they provided. A GP had completed a survey and commented 'Very caring, competent and well informed team'. A relative had commented 'The manager is always aware of current issues, clearly keeps a close eye on staff'.

There was robust quality monitoring in a variety of areas. The registered manager did monthly audits on areas of practice such as care plans, MAR, supervisions and kitchen hygiene. They had recorded their results and developed action plans to make improvements. For example, in the monthly care plan audit in December 2017 the actions identified were for some records to be archived. We reviewed the care plans and observed the necessary archiving had been completed.

Continuous improvement was important to the registered manager and the staff team. The deputy manager told us they were in the process of working with staff to develop a website for the service. The team recognised that the service, people and their relatives would benefit from an online presence. The registered manager showed us pictorial menus that they had been producing. The breakfast menu was completed and once laminated would be given to people in their rooms. The remaining menus were almost ready. The registered manager told us they recognised that people sometimes benefited from a pictorial option to help them make choices.

Staff were supported to develop internally. Staff were given time and support to gain a work based qualification to support their learning and development. The deputy manager was currently working towards their Level 5 management diploma. They told us it was a challenge for them to do this award but they were really enjoying it. They said the registered manager was supporting them where needed. Staff told us they were able to share their ideas and the registered manager and provider would always listen. One member of staff said, "We made suggestions about activities coming in and that was taken on board."

The service was established in the local community and had good community links. The registered manager told us they offered up to two places to local people for day care. This meant that people could maintain friendships with people and spend a day with them, have a meal together. The registered manager told us this worked well for people as they had the opportunity to hear about life in the local area and keep up to date with local news.

Links had been made with a local college and school. One young person had become a volunteer and visited weekly. They encouraged other young people to visit the service. A company who offered job opportunities for people with learning disabilities maintained the gardens. If people could not access the local community for services, they were available to them on site. There was a visiting chiropodist, clergy visited regularly to offer services and a visiting hairdresser was available.