

Leonard Cheshire Disability

Shore Lodge - Care Home Learning Disabilities

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

We inspected Shore Lodge on 28 February 2017. Shore Lodge provide care and support for up to 10 people. Accommodation is provided from a building which was purpose built as a care facility for people with learning disabilities. The building is located within a residential area. There were 9 people living at Shore Lodge at the time of the inspection. Most people living at Shore Lodge were unable to communicate verbally.

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.

At our last inspection on 14 April 2016, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to the requirements of the Mental Capacity Act 2005 not being met. At this inspection, improvements had been made and the service was compliant with the regulation.

Mental capacity assessments were being carried out and these were decision specific. Staff and the registered manager demonstrated good knowledge of the Mental Capacity Act 2005. However, we found that assessments were recorded in one document and not separated into each individual decision. We have made a recommendation about this in our report.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per the Mental Capacity Act 2005.

Medicines were stored securely and safely administered by staff who had received appropriate training to do so. However, we found that some liquid medicines did not have a date of opening written on them. We have made a recommendation about this in our report.

The registered provider had systems in place to protect people against abuse and harm. There were effective policies and procedures that gave staff guidance on how to report abuse. The registered manager had robust systems in place to record and investigate any concerns.

Risks to people's safety had been assessed and actions taken to protect people from the risk of harm. The environment was clean and appropriate measures had been taken to reduce the risk of infection.

There were sufficient staff to provide care to people throughout the day and night. When staff were recruited, they were subject to checks to ensure they were safe to work in the care sector.

People were being referred to health professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dentists and chiropodists.

Staff were well trained with the right skills and knowledge to provide people with the care and assistance they needed.

People were being supported to have a nutritious diet that met their needs, and were supported to eat by suitably trained staff.

Relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard.

People were free to choose how they lived their lives. People could choose what activities they took part in and could decorate their bedrooms according to their own tastes.

The provider had ensured that there were effective processes in place to fully investigate any complaints. Records showed that outcomes of the investigations were communicated to relevant people. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys.

The registered manager was approachable and supportive and took an active role in the day to day running of the service. Staff were able to discuss concerns with them at any time and know they would be addressed appropriately. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The provider carried out surveys to identify shortfalls with 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 kept secure and support was only given to people by trained and competent staff. However, we found that some liquid medicines had not been labelled with a date of opening.

People were protected from abuse by trained staff who understood the providers' safeguarding policies and procedures.

The provider had ensured that the service was well maintained carrying out appropriate safety checks and servicing.

The provider had ensured that there were sufficient numbers of staff in place to safely provide care and support to people.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were adhered to. However, the registered manager had not separated each individual decision.

The provider had ensured that appropriate applications were made regarding Deprivation of Liberty Safeguards

People had access to a range of food options that were nutritious and met their needs. People were supported to maintain their diets when required.

Staff received training that gave them the skills and knowledge required to provide care and support to people.

Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about staff and told us they were happy with the service that they were receiving

Staff demonstrated good knowledge of the people they

supported. Staff treated people with dignity and respect at all times.

Relatives told us they were involved with the planning and review of people's care plans. Care plans recorded when people and their relatives were involved with their care.

People were encouraged to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People had a choice of activities that were tailored to their individual needs.

People's friends and family were made to feel welcome by staff when they visited.

The registered manager ensured that complaints were appropriately responded to and included a full investigation and outcomes.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The provider had ensured that all policies were up to date and that these had been appropriately communicated to staff.

The provider had ensured that quality-monitoring systems were in place to identify shortfalls and make improvements to the service.

Shore Lodge - Care Home Learning Disabilities

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.

We inspected Shore Lodge on 28 February 2017. This was an unannounced inspection. One inspector carried out the inspection. This service was previously inspected on 14 April 2016 where we found it to be requires improvement.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. Before the inspection, 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.

During inspection, we spoke to two people, five relatives, five care staff, a deprivation of liberty safeguard assessor and the registered manager. As most people living at Shore Lodge were unable to communicate verbally with us, we observed care delivery throughout our inspection. We looked in detail at care plans and examined records that related to the running of the service. We looked at four care plans and five staff files, staff training records and quality assurance documentation to support our findings.

Is the service safe?

Our findings

Relatives we spoke with told us they felt their relatives were safe at the service. One relative told us, "Yes he is safe. The staff keep him safe." Another relative told us, "I have no concerns over safety." A third relative told us, "I have never questioned safety. They are all safe there."

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs and these were reviewed on a regular basis and adjusted if a person's needs had changed. Assessments covered risks such as manual handling, general workplace, bed rails, choking and seizures. Where appropriate, people had moving and handling risk assessments and guidance available for staff to provide appropriate support. Risk assessments also provided guidance to staff about people's specific health conditions such as epilepsy. An epilepsy risk assessment for one person gave staff guidance on what should be expected and what staff should be doing if the person was to have a seizure. There was also a seizure record available for staff to log any events. In the event of an accident or incident, staff were aware of the provider's policy and procedure. One member of staff told us, "If there was an accident I would report it to the manager and fill out the accident forms."

Environmental risk assessments were carried out along with annual servicing to ensure that people staying at the service were safe. Environmental risk assessments included general cleaning, driving the service's vehicle, kitchen risk assessment. There were also lone working policies and procedures in place for staff. The provider had ensured that all servicing of gas and electrical equipment was up to date. Gas safety checks and portable appliance testing were completed annually and electrical installations were checked every five years. Staff completed weekly water temperature checks; there was a legionella assessment completed by an external contractor in January 2017 which found no concerns. An independent competent contractor was carrying out fire risk assessments yearly. Fire alarms were being tested on a weekly basis and fire drills were being carried out, the most recent taking place in January 2017. Each person had their own personal emergency evacuation procedure that gave staff guidance on how to support the person during an evacuation. The provider had ensured that the premises were clean and safe for people to use. The service was clean and tidy and the communal areas and corridors were clear of any obstructions. There were cleaning schedules in place that were completed by staff.

There were sufficient numbers of staff to support people's needs and the staffing rota showed that staff were organised in an appropriate way. Where people required two staff members to support them when out in the community additional members of staff were brought in so that there were no disruptions to others who required support. The four weeks rota prior to our inspection showed us that there were five members of staff on shift during the day and two during the night. There were effective procedures in place to ensure that staff were being covered during times of absence and leave.

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "Safeguarding is about keeping people safe against all forms of abuse, if we have a concern we report it to the manager. I can also report to

senior management if required or the local authority." The registered manager investigated any concerns reported by staff and would inform the local authority if required to do so. A safeguarding folder recorded all previous safeguarding referrals and their outcomes. The provider had an up to date safeguarding policy that was available on site and communicated to staff.

People's medicines were being managed and administered safely. We observed one person being administered their medicine and this was done in a respectful and caring way with staff giving clear guidance to the person on what they were taking. We checked people's medication administration records (MAR) staff were accurately signing for medicines that were administered. Only staff that had completed medicine training and had been checked by management were allowed to administer medicines. We checked a sample of medicines that had been supplied in blister packs against the MAR's. The amounts remaining in the blister packs matched what was recorded as having been administered. Protocols were in place for the administration of medicines that had been prescribed on a 'when required basis' (PRN). Guidance was given to staff on how to identify if a person was in pain. For example, one person could tell staff if they were in pain and another person would communicate through certain gestures to identify pain. PRN guidance told staff what medicine people could use for pain relief and how much they could have in a 24-hour period. Records showed that staff were writing down the times they were giving people PRN. This action reduces the risk of a person being given a double dose of PRN medicine. However, we found that when liquid medicines were being used staff were not identifying when these were being opened. This meant that staff would be unsure of the opening date and would not be able to effectively identify when the medicines should be disposed of. We found one open liquid medicine that stated it should be disposed of 28 days after opening and no opening date. We reported our concerns to the registered manager who told us, "Staff should be writing the date using the labels provided." The registered manager disposed of the medicine and contacted the person's GP.

We recommend that the registered provider put in place processes to ensure that staff follow safe practices as per their policy and procedures.

Is the service effective?

Our findings

People's relatives told us that staff knew people well and provided them with the care they needed. One relative told us, "The staff have good knowledge of the people living there. I cannot find any fault with them." Another relative told us, "The staff are very good at what they do. I am very happy with them."

Staff received a full training schedule that gave them the skills and knowledge required to support people and this was recorded on the training schedule. The registered manager used the training schedule to identify when staff were due a renewal of specific courses so that these could be booked within the provider's policy guidelines. One member of staff told us, "We get a lot of training. The manager makes sure that we are up to date." Training included courses on adult protection, epilepsy, medicine management and moving and handling. There was also additional training available to staff that included managing the risk of choking and behaviour support awareness. There were systems in place to support staff to develop their skills and improve the way they cared for people. Staff told us they had supervisions [one to one meetings with their line manager] every two months and a yearly appraisal. New staff would have to complete an induction period that included online and face to face training sessions. New staff would undergo a number of shadowing shifts to ensure that they were confident and competent to provide people with care at the service. At the time of inspection there was a new member of staff who was being given time to go through people's care plans before providing care as part of the shadowing process.

At our previous inspection on 4 March 2016, the provider was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the principles of the Mental Capacity Act 2005 were not fully understood or met. At this inspection, we found that the provider was compliant with the regulation.

The provider took into account the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. The 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 registered manager completed a mental capacity assessment for each person at the service for personal care and for any other decision specific activities that may require an assessment. The registered manager would carry out mental capacity assessments when required to do so. The training schedule showed that all staff had received MCA training. We questioned staff on the principles of MCA and they demonstrated good knowledge. One member of staff told us, "You must always assume someone has capacity." MCA assessments included the decision that had to be made. Best interest decisions were documented and identified who was involved with the decision making process. It also identified the least restrictive option. For one person it was to use a pressure mat. However, MCA assessments were put together in one form. Whilst each decision was identified, putting the decisions together meant that it was not clear and staff would have to read the complete document to find the information required for each specific decision being made.

We recommend the registered provider puts in place systems to clearly identify the decision making process for each mental capacity assessment.

The registered manager made appropriate applications for Deprivation of Liberty Safeguards (DoLS) for people living at the service. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards.

People had access to a nutritious diet when staying at the service that took into consideration their likes, dislikes and needs. Staff we spoke with demonstrated a good knowledge of the diets of people living at the service. All staff we spoke with could identify which people were on special diets. Care plans showed us that some people were on soft diets and these people were catered for on the four week menu plan. Referrals had been made to speech and language therapists and dieticians when required. Speech and language guidance was included in care plans, such as offering people a visual choice of food and changing the portion sizes. We observed a dinner service during our inspection. The food on offer looked appetising and there were enough staff available to support people who needed it. One person's care plan told staff that they should support them by asking them to slow down when eating to reduce the risk of choking. We saw that staff would regularly remind the person to eat slowly when the person started to eat quickly. It was clear from observations that people were enjoying the meal that had been prepared by staff on site.

Staff were managing people's skin integrity effectively. People's care plans had a Waterlow score. A Waterlow score gives an estimated risk for a person to develop a pressure sore and these were reviewed monthly. People who required pressure risk assessments had one in their care plan and these gave staff guidance on how to support people. People had appropriate equipment in place to reduce the risk of pressure sores such as pressure relieving mattresses.

Staff were supporting people with their routine health visits. Professional health visits were being recorded effectively and clearly identified who attended, the reason for the visit and the outcome. These visits included GP's, nurses, dentists, opticians and chiropodist. The registered manager had systems in place to ensure effective recording of next appointments with health care professionals so that appropriate support could be put in place to support people. Some people at the service attended a hydrotherapy session to assist with their mobility. Records showed that people regularly attended these appointments.

The service had been designed to meet the needs of people with physical disabilities. The doorways and corridors were widened and the building was on one level. This allowed easy access for those using mobility equipment. There were large bedrooms, bathrooms and shower rooms with easy access. Ceiling track hoists were in rooms, where required, and equipment was set to a level that was suitable for the person using it. There was a kitchen in the service that people could use to make meals and drinks and the work surfaces were adjustable to meet the needs of the person using it. One member of staff told us, "If we are doing a cooking activity or if a person wants to make something for themselves we can use this kitchen as those who use wheelchairs can easily use it." There was appropriate signage throughout the service to assist people to identify areas people would need to use such as the bathrooms. The corridors had items of furniture and pictures of people on their holidays and outings to give these areas a more homely feel.

Is the service caring?

Our findings

People and their relatives spoke positively about the caring nature of the staff. One person told us, "I like the people working here." One relative told us, "The staff are very good and very caring." Another relative told us, "The carers are very good indeed. They know him very well." A third relative told us, "The staff are very good. I cannot find any fault with them."

Staff were seen to be kind and caring towards the people they supported. A person had recently moved into the service and all staff on duty on both days of our inspection took time to spend with that person. We observed staff spending time talking to the person, going through photos, and playing games in their room. The registered manager told us, "It is important we all spend time with X as there is a history and we need to make sure she is happy and confident around the people working and living here." We observed staff spending time with people on a one to one basis assisting with activities that people chose to take part in, such as colouring or watching their favourite film. One member of staff told us, "We get a positive response from X when watching certain films so if there is not much going on we offer to put one on for him." This was documented in the person's care plan. Each person had a communication passport in place and this gave staff guidance on how people communicated. One care plan told us that a person could understand simple instructions and may use certain facial expressions to communicate in different ways. Another care plan told us that another person might indicate they are unhappy by biting their fist. Staff we spoke with were aware of these different communication methods. Throughout the inspection, we observed staff engaging with people appropriately and in accordance with the guidance within their care plans.

People and their relatives were involved in the planning of their care. Records showed that care plans were being updated when required and there were meetings four times a year with the person, family members, social services and any advocates. One relative told us, "We are involved with the care plans. We are invited four times a year to meet with the manager to go through the whole care plan." Another relative told us, "We get invited to meetings a few times a year. They also call if there are any immediate changes or concerns." Relatives were signing care plans when they were involved.

Staff demonstrated that they had good knowledge of the people they supported and fully respected their privacy and dignity. Care plans gave staff guidance on how to provide personal care that was specific to the person's needs. For example, one care plan told staff that the person required prompting with certain personal care tasks but required assistance with applying shampoo and conditioner. One member of staff told us, "X likes to have a clean room so we spend time making sure that this is done and that he does as much as possible." Another member of staff told us, "Privacy and maintaining a person's dignity is important. We always make sure doors are closed and it is important to communicate throughout with the person. I always make sure I am talking as I am providing personal care with the person. There is one person who lets us know through facial expressions if they are not happy." People's relatives told us that the staff were knowledgeable of the people living there. One relative told us, "When we visit it is clear the carers know him well." Another relative told us, "The staff know him well and what he needs, when he needs it." Each person had morning and evening routines documented in their care plans. These routines guided staff on the way people like to get ready for the day and how they like to get ready to go to bed. One care plan

identified that a person likes to relax with music if they have been on activities at the end of the day. Another care plan told us that a person likes to go to sleep with a small light on. Another told us that a person likes to have their duvet to cover their shoulders. During our inspection, we observed that one person had been left to relax with their favourite music on.

People living at the service were encouraged to be as independent as possible. Staff told us that it was important that they encourage people to be independent by providing the correct support. One care plan told us that one person likes to have their own key to the back door to use when having a cigarette and that this person was to be given the key in the morning and return it before bed. There was a log available in the care plan to show that this was happening. One member of staff told us, "He likes to have his own key as it gives him control over what he wants to do. It is one way to make him more independent." Another member of staff told us, "One person likes to make their own cup of tea. We assist the person by making sure that it is done safely and assist when asked as sometimes he can get a bit shaky." Staff also supported people to attend activities outside of the home with the person taking the lead. Records showed that one person was supported to make their own way using public transport to a regular activity they like to attend.

People's private information was respected and kept secure. People's personal information was kept in a locked cabinet that only staff had access to. Staff were not seen to discuss people's individual needs in public areas. Handover of information took place in a private area of the home that could not be overheard by people, relatives or visitors.

Is the service responsive?

Our findings

People and staff spoke positively about the importance of choice at the service. One relative told us, "The staff always give a choice over what they want to do." All staff we spoke with told us of the importance of choice for people that use the service. Daily records showed that people were given choice of all aspects of their stay at the service. One member of staff told us, "We are always giving people choices from what to wear, what they want to do and what they want to eat." Another member of staff told us, "When it comes to choosing food we have to sometimes use different methods to find out what a person wants. One person we show them the options they can have and they will gesture towards what they want to have. This approach led us to making sure we offer a full English breakfast on the menu, Sunday roasts and a take away evening once a week." Records showed that these were being offered on the weekly menus. People's likes and dislikes on food were also being recorded in care plans.

People had access to a range of activities that were specific to their personal preferences. The registered manager told us, "Since the last inspection we have been working with occupational therapists to provide meaningful activities to people. This is due to be reviewed by occupational therapy in March." Meaningful activities review was carried out by the service in conjunction with occupational therapy. Different activities had been tried with people that were personal to their needs. For example, one person who was registered blind had sensory activities such as tasting, smelling, and visiting places such as a sensory garden and local Sikh temple. Learning from these activities was noted and any that are seen to have a positive impact are encouraged and continued. For example, one person enjoyed playing with Lego, the person now has buckets of bricks available to play with, and staff were seen positively engaging and joining in with this activity. There were also activities that were designed for people to be as independent as possible. Examples included baking, watering plants, meals out, trips to the theatre and a pint in the pub that was very important to some people living at the service. People also had the opportunity to attend a day centre and to choose a holiday. One member of staff told us, "Each person chooses a holiday to go on each year. We obtain brochures to allow people to choose where they can go." Records showed that people were going on holiday yearly and people were choosing the destination with staff support." Activity sheets were being completed by staff that identified what people were doing on a daily basis. The sheets showed that people were taking part in activities that they enjoyed and were described in the care plans, such as attending church and going into town and attending the day centre.

People were supported to maintain their relationships and all relatives we spoke with told us they could visit at any time and were made to feel welcome. One relative told us, "I can visit at any time I choose." Another relative told us, "We are always made welcome by the staff when we visit." The importance of people's relationships was being recorded in their care plans. Care plans identified people most important to the person living at the service and these people were involved in the reviews of people's care.

The registered manager completed pre-admission assessments that were designed to give staff the information required to provide effective care from admission. The pre-admission assessments that had been completed by the registered manager obtained information on social and life history, eating and drinking, expression of pain, continence, personal care, falls history, personal safety risk, sleeping, medical

history, breathing, and equipment required. The pre-admission assessments also included what makes a good and bad day for the person. For example, one pre-admission assessment told us that the person likes to have their own space where they can 'chillax' to their favourite music and hot chocolate.

The provider had a clear complaints policy and procedure that informed people how to complain and who else they could contact to discuss any concerns. The complaints procedure was displayed in written form in the reception area. Complaints were recorded and responded to appropriately and there had been no recent complaints. Relatives told us that they knew how to make a complaint if they needed to and most people using the service understood the process. The complaint process was also on display in an accessible format for those living at the service. This included pictures and was written in a way that was clear and easy to understand.

Is the service well-led?

Our findings

Relatives and staff spoke positively about the registered manager. One relative told us, "The manager is good, always available to talk to us when needed." Another relative told us, "The manager had a good handle on things and he will always call us if there is anything we need to know." Staff we spoke with also spoke positively about the registered manager and their jobs. One member of staff told us, "I love my job." Another member of staff told us, "This is a really nice place to work." A third member of staff told us, "The manager is supportive and approachable."

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the Care Quality Commission (CQC). A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss the notifications made and any improvements from them. The registered manager had ensured that copies of our previous report were clearly on display as people entered the home. Next to the previous report, a response encouraged people to speak to the registered manager about any aspects of our previous visit. Relatives we spoke with were aware of CQC's previous report. The registered manager told us, "We have been working constantly to improve working as a team since our last inspection." The provider had ensured that policies and procedures were being updated and the registered manager communicated these policies to staff through staff meetings. Staff demonstrated a good understanding of the policies and procedures that included safeguarding, whistleblowing, moving and handling and medicines policy.

There were processes in place to check the quality of the service and identify any shortfalls. The provider completed an audit on a yearly basis to identify any areas that could be improved. There were audits in place for Deprivation of Liberty Safeguards to ensure that the manager was chasing all applications until a response was provided. There were also audits carried out by other service managers. The previous audit was carried out June 2016 and identified that the registered manager was working towards improvements from a previous CQC inspection. A pharmacist visits the service on a yearly basis to carry out an audit of medicines. The last full audit was carried out January 2017 and found no concerns. The registered manager carried out a full care plan audit to which relatives and any other interested parties were invited. Records showed that care plans were being updated on a regular basis and when required by staff. The registered manager also completed a monthly walk around audit to ensure that standards were maintained throughout the service. The walk around audit included general upkeep and maintenance of the home. The registered manager also completes a monthly health and safety audit and an infection control audit that included spot checks of staff practice to ensure they were working within the provider's policy.

The registered manager used surveys as methods for gathering the views of people that use the service, their relatives and staff. A recent service user survey showed that people were happy with the service they had received. This service also gave people the opportunity to communicate any ideas they would like for upcoming menus and if they were satisfied with the current options. There was a yearly survey sent to relatives for feedback on their opinions of the service. The 2016 survey received 6 responses and 100% of those reported a better quality service for their loved one since the previous survey.

The registered manager used meetings to give people, relatives and staff an opportunity to discuss the service and identify any areas that could be improved. A service user meeting was completed every two months. At the previous meetings, there were discussions through appropriate communication methods for the upcoming pantomime and to inform people living at the service that new people were to be moving to the home. Relative meetings happened on a regular basis. At the previous meeting on 23 February 2017, it was agreed that meetings should happen every three months in the mornings as this best suited those that attended. These meetings were used for the registered manager to demonstrate how the service is continuing to improve and give relatives a forum to discuss anything they wish. For example, the registered manager told relatives that since there have been improvements to the garden this is now a suitable space to have a summer fete. This was discussed by the group and actions included for the registered manager to obtain garden furniture and a gazebo. The registered manager discussed that quotes were received for a mini bus and this request was with the finance team. Upcoming yearly holidays were discussed at the meeting. One relative identified that it would be a good idea for their loved one to go on day trips instead due to an ongoing illness. This was agreed and options would be given.