

J C Care Limited

Woodhouse Hall

Inspection report

14 Woodhouse Lane
East Ardsley
Wakefield
West Yorkshire
WF3 2JS

Tel: 01924870601

Website: www.craegmoor.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 11 and 15 August 2016. Day one was unannounced and day two was announced. At the last inspection in December 2015 we rated the service as inadequate and it was placed into 'Special measures' by CQC. The provider was breaching five regulations. They did not have suitable arrangements to manage medicines, meet people's nutritional needs, prevent the spread of infection and provide person centred care. Systems were not effective to assess, monitor and improve the quality and safety of services. There were not enough suitable, competent, skilled and experienced staff to meet people's needs. Staff were not supported to do their job well. At this inspection we found the provider had taken action sufficient to meet regulations although further development was still required in some areas to ensure these were fully effective. The service is no longer rated as inadequate for any of the five key questions and therefore we have taken it out of special measures.

Woodhouse Hall is registered to provide accommodation and personal care for up to 19 people who have a learning disability. The service is divided into three units. The service had a manager who was registered as the manager soon after the inspection. 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 felt safe. The provider had improved and continued to develop systems to help keep people safe, which included protecting them from abuse. Better plans to support people when they displayed behaviours that challenged were being introduced. There were enough staff to keep people safe. A lot of new staff had started working at the service which sometimes resulted in a high percentage of inexperienced staff working on shift. Recruitment checks were carried out before staff started working at the service although this did not always include a full employment history. The management team were going to do a full audit of staff files to make sure this information had been provided. Appropriate systems were in place to manage medicines.

Staff were trained and supported to do their job well. The provider continued to improve arrangements for supervising staff. People received a more varied and nutritious diet; menus were being further developed. A range of other professionals were involved to help make sure people stayed healthy. People made their own decisions as far as possible and were helped to do so when needed.

People's care records were personalised and provided information so staff understood what was important to them. Staff knew the people they were supporting and how to meet their individual needs. During the inspection we observed staff were caring but there were occasions when some staff showed a lack of interest in the people they were supporting.

The care and support planning system had improved although this was being further developed to make sure people's needs were identified and staff had clear guidance around supporting people. The support

plan files were being audited and areas that required changes were identified. Arrangements for reviewing care with people were inconsistent. Each person had an activity record that showed they had engaged in a variety of activities.

We received very positive feedback about the service manager and were told they were making definite improvements to the service. The management team at Woodhouse Hall were supported by senior managers and everyone was working through agreed actions to make sure all necessary improvements were made. It was evident from reviewing documentation and discussions that following the inspection in December 2015 initial progress had been slow. People who used the service attended 'Your Voice' meetings where they were given opportunity to talk about the service although these were not held on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Staff were better equipped to support people with behaviours that challenged. This work continued to be developed.

People felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

There were enough staff to keep people safe although there had been a lot of new staff which sometimes resulted in a high percentage of inexperienced staff working on shift.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff received training that equipped them with the skills and knowledge to meet people's needs. The provider continued to improve arrangements for supervising staff.

The choice of meals continued to be developed to make sure they met people's nutritional needs and preferences

A range of other professionals were involved to help make sure people stayed healthy.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

Staff knew the people they were supporting and how to meet their individual needs.

People's care records provided information so staff understood what was important to them.

Staff were caring but there were occasions where some staff showed a lack of interest in the people they were supporting.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Systems for assessing and identifying how people's needs should be met had improved and continued to be developed.

People's activity programmes had improved and continued to be further developed.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

The service was not consistently well led.

The provider and service management team were monitoring the service and working through actions to make sure all necessary improvements were made.

Staff were very complimentary about the service manager.

Opportunities for people to attend meetings and comment on the service were not provided on a regular basis.

Requires Improvement 

Woodhouse Hall

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 11 and 15 August 2016. Day one was unannounced and day two was announced. We announced day two because we needed to make sure the registered manager was available. Two adult social care inspectors and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed all the information we held about the service. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. On this occasion we did not ask the provider to complete a PIR.

At the time of the inspection there were 16 people living at Woodhouse Hall. During the visit we looked around the service, observed care, spoke with seven people who used the service, six members of staff, the regional manager and the service manager who became the registered manager soon after the inspection. In the report we have referred to the manager as the service manager because they were not registered at the time of the inspection. We spent time looking at documents and records that related to people's care and the management of the service. We looked at three people's care records.

Is the service safe?

Our findings

At the last inspection we found the provider did not have suitable arrangements to manage medicines and prevent the spread of infection. There were not enough suitable, competent, skilled and experienced staff to meet people's needs. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

People told us they felt safe. Comments included, "I know about these things (keeping safe) and I would talk to staff if I felt I needed to and they would deal with it in an appropriate way", "Yes, they have explained it to me and also about violent relationships; I go to these meetings now to help me to stay out of violent relationships", "Staff have told me about how to keep safe. If I was being bullied, I would tell staff", "I go out but staff ring to check on me to see if I am alright".

The provider had procedures and guidelines to help ensure people were safe. All of the staff we spoke with clearly understood safeguarding and whistleblowing procedures and told us they would report any concerns to their manager. They were confident the management team would deal with any issues appropriately and promptly. Whistleblowing' is when a worker reports suspected wrongdoing at work. We saw information displayed about keeping safe and 'speak out' in different areas of the service explaining 'what is abuse'. This helps ensure people know how to stay safe and report any concerns. Records showed all staff had received safeguarding training.

Staff we spoke with said more effective systems had been introduced for assessing and managing behaviours that challenged and they felt more confident dealing with situations. The service manager reviewed every incident form and assessed what had happened and how they could improve the support they provided if a similar incident occurred again. Staff told us they had recently attended 'learning sessions' with the service manager to discuss management of people's behaviours. Every member of staff we spoke with said the sessions had been beneficial. One member of staff said, "We held a meeting about a recent incident and introduced more structure so staff know more what they have to do." Another member of staff said, "We are getting more specific training. We look at incidents and discuss what wasn't handled as well as it could have been so are using them to learn. We have debriefs and go through the incident."

The service manager had been supported by a 'positive behaviour support practitioner' to help identify how they should support people with behaviours that challenge. They had looked at patterns and trends, and then developed more robust assessments and support plans. Although there had been some good progress in this area there was still further improvement required to ensure all staff fully understood how to support people during incidents. The service manager said support plans would be developed further, and the work with the positive behaviour support practitioner and the staff team would continue which would provide more consistency and further improvement.

We saw people also had risk assessments for other areas of support such as health and well-being and community based activities. Where risk was identified measures were in place to help keep people safe.

We looked around the service and saw this was clean and well maintained. Staff told us regular checks were carried out to make sure people lived in a safe environment and we saw records and certificates that confirmed this. There were more robust schedules in place to help prevent the spread of infection and personal protective equipment was available through the service. We looked at maintenance records and saw where issues with the premises had been identified these were dealt with promptly. During the inspection an incident occurred where part of the ceiling collapsed in one of the communal areas. A problem with leaking pipes had been reported before the collapse and maintenance staff had attended, however, the service manager said there had been a second leak so they were unaware of the extent of the water damage. We concluded the provider had taken appropriate action.

Although we saw the service was clean we noted that one person's accommodation was not clean. There was an offensive odour and the environment was generally grubby. The service manager looked into these concerns and sent through a report after the inspection. This showed staff and a health professional had been working with the person to help manage continence and change, and were doing this gradually and sensitively due to anxiety and a reluctance to accept change. The service manager told us they had ordered some new neutralising equipment and would review the bathroom flooring and replace if required.

At the last inspection we found some people were not receiving the allocated staffing time that had been agreed. At this inspection we saw the staffing arrangements had improved and there was a record which showed people received the agreed staffing support for which they were funded.

We observed on both days of the inspection there was sufficient staff on duty. A clear staff allocation system was in place so staff knew where they were working and who they were supporting. Staff were visible at all times and had a radio system if they needed to contact colleagues or management for additional support.

Staff told us the staffing arrangements had improved. Everyone felt the staffing levels were sufficient to keep people safe. Since the last inspection there had been a high turnover of staff so many staff who worked at the service were relatively new. Staff received a comprehensive induction when they started but the high volume of new staff sometimes resulted in a high percentage of inexperienced staff working on shift. The service manager said they were aware of this issue and continued to work with staff to develop experience skills and competency. Staff we spoke with said the service manager who started in April 2016 had made real improvement which had also improved their working experience. This helps staff retention.

People who used the service mostly said there were enough staff although some did comment on the number of inexperienced staff. One person said "I think we are short staffed at the moment because staff are leaving. Some of the staff are new and don't know how to deal with certain situations so they have to get more experienced staff to help." Another person said, "I am on medications and sometimes I have to remind them if they are busy and this is due to staff shortages. It gets passed around because some are busy and some are not trained. If I need medication during the night they have to go next door to get someone who can administer it."

Staff we spoke with told us they had gone through a robust recruitment process and could not start working for the service until all the checks were completed. Everyone said they attended an interview; some said a person who used the service was also part of the interview process.

We looked at the recruitment records for three staff; these showed that a range of checks were carried out. Candidates had completed a test to assess their suitability, an online application form and a medical questionnaire. Checks included the right to work, disclosure and barring service (DBS) and references from previous employers. The DBS is a national agency that holds information about criminal records. We saw in

one application there was not a full employment history, which should be obtained as part of the recruitment process. We discussed this with the regional manager who agreed to follow this up. After the inspection they told us the incomplete employment history was an oversight and had arranged for the member of staff to provide a full employment background and statement for any gaps. They had also requested an audit of the other personnel files in the service.

We looked at the systems in place for managing medicines in the service and found there were appropriate arrangements for the safe handling of medicines. We saw medicines were stored appropriately and regular checks were carried out to make sure storage met the recommended temperatures.

People's care records contained guidance around medicines and medicine administration which helps ensure they received their medicines as prescribed and in the preferred way. We looked at medicine administration records (MAR) and saw these were correctly signed with no gaps.

Senior staff were mainly responsible for administering medicines although care workers on occasion administered medicines. All staff who were responsible for administering medicines had completed training and competency assessments between December 2015 and July 2016. Dates for completing updates were clearly recorded. We saw staff had discussed what procedure they would follow if a person refused medicines. Clear systems were in place to report any medication errors. A new medication policy was introduced at the end of July 2016; a staff signature sheet confirming they had read and understood the policy was attached although this had not yet been signed by all staff.

Is the service effective?

Our findings

At the last inspection we found the provider did not have suitable arrangements to support staff and meet people's nutritional and hydration needs. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

Staff we spoke with told us they felt well supported and systems for training and supervising staff had improved. They said they received good support from the service manager and colleagues. They said they had received appropriate training that helped them understand how to do their job well, and had recently attended sessions that were specifically around people's individual and specialist needs. They said this had helped them work with people more effectively. One member of staff said, "They are bringing in training and we're reminded we need to do on-line training. It's a pleasure to work here now. We're working more as a team. It's really good." A member of staff who had recently started told us they had received a very good induction which included training, shadowing, and allocated time with the general manager and to read through documents. They said, "It covered absolutely everything."

Staff said they received good day to day support and regular supervision where they discussed development opportunities and received feedback about their performance. Supervision is a formal process to support staff. One member of staff said, "Supervision now is really good. They go through things that we can apply to our job. We get reassurance and know where to get help."

We looked at training and supervision records. The training records showed staff had completed a range of training courses including fire safety, food safety, safeguarding vulnerable adults, managing challenging behaviour, moving and handling, confidentiality and data protection, introduction to health and safety, person centred support and infection control. New starters completed the 'Care Certificate' which is an identified set of standards that health and social care workers adhere to in their daily working life.

A more structured supervision format had been introduced since the last inspection and senior staff had a core group of staff to supervise. The provider had guidance which stated staff should receive supervision every six to eight weeks. We saw the management team were working towards consistently achieving this timeframe but at the time of the inspection they had not yet achieved this. We saw the provider had identified supervision as an area to develop through their monitoring system and a plan was in place to achieve this. The service manager said they were confident that all staff would be receiving supervision as per the described policy within the next two months.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care

homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. For example, where people lacked capacity decisions were made in their best interest and where people had capacity they had a right to make unwise decisions. One member of staff said, "The law is there to protect people. We assume people have got capacity and when they don't have to make sure it's in their best interest. We definitely work within the law." Staff had a clear understanding when people were subject to an authorised DoLS and the appropriate support that should be given.

People had support plans and assessments around decision making, choice and capacity. These identified where people needed assistance and how staff could best support the person. For example, one person's support plan stated that staff should use Makaton to help ensure the person understands choices. Makaton uses signs and symbols to help people communicate. Staff had received Makaton training and we observed staff using Makaton sign. Some MCA assessments had not been updated for over 12 months. The provider had picked this up during their audit and action was being taken to address this.

At the last inspection systems we found systems were not in place to make sure people's nutritional and hydration needs were met. The arrangements in one unit were of particular concern. At this inspection we saw the provider had made changes and was continuing to develop and further improve the menus. Staff told us the emphasis was on providing healthier, freshly cooked meals. We spoke with two members of staff who were leading on the menu changes. Both were enthusiastic and discussed the new arrangements. One member of staff told us, "We have a new supplier, a new fridge/freezer. We are using fresh vegetables, better size portions and offer a choice at suppertime." We saw the provider had started a vegetable garden.

People told us they enjoyed the food. Comments included, "The food is nice, I get to choose what I like to eat and I get enough food and drinks", "I like the meals here, I like the pasta", "I help to choose and cook the meals. We decide what to put on the menus and we do a big food shop every Monday. I can have a drink or snack whenever I want", "I can't eat chicken and they have it in my notes so staff get something else in for me".

In one unit people met once a week and decided the menu for the following week. In another unit they had a four week rolling menu. We saw this was varied and vegetables or salad were served with each main meal. There was only one option on the menu but staff confirmed alternative meals were cooked if people didn't want the menu option. These menus were being further developed.

During the inspection we saw people were involved in meal choice and preparation. In one unit we saw pictorial aids and a speaking menu were used to help people choose their meal. One person was supported to make jacket potato and filling, and at lunch told us they were enjoying this. We saw they also enjoyed a baking session. In another unit people prepared their breakfast and lunch, and took turns to prepare the evening meal for everyone. People told us the arrangements worked well.

We looked at three people's support plans. These showed that other professionals had also been involved in the person's care, for example, occupational therapist, behaviour specialist, GP and dentist. Records confirmed that appointments were planned to make sure people's health and welfare continued to be monitored. Staff we spoke with told us good systems were in place to make sure people's general health and specialist needs were met.

Is the service caring?

Our findings

People were complimentary about the staff who supported them. Comments included, "Staff are kind, they are alright", "Staff are caring and nice to me", "Staff care for us, they take us out sometimes", "Staff look after me. I like [name of staff] but she only works two nights. Some staff are alright but I don't like the rest of them."

People told us they could make choices and decide what they wanted to do. One person said, "I choose everything about my daily living." Another person said, "Every Saturday, we sit down and write down what I would like to do during the week, today I am going to York."

Staff knew the people they were supporting and how to meet their individual needs. People's care records were personalised and provided information so staff understood what was important to them. Everyone had a 'one page profile' which had key information.

During the inspection we observed effective and positive interactions between staff and people they were supporting. Staff were friendly and caring. On one occasion, we observed one person started to get distressed. Staff knew how to respond and reassured the person until they calmed. When another person spoke with staff they were repetitive; throughout the inspection we observed staff used the same response which ensured the person had consistency.

We also saw interaction by staff that was not effective. For example, sometimes staff did not explain things to people well. One person asked for a drink and a snack. The support worker went to the kitchen but when the person followed they were told they were not allowed in because there was a "one only rule" and another person who used the service was already in the kitchen. We saw another person sat for long periods with very little stimulation. Sometimes staff went towards the person and clapped which was their way of communicating but staff did not interact in any other way. We observed one interaction by the service manager, which was very different to other interactions. The service manager approached the person, sat at the same level, and clapped and spoke to them. The person responded to this interaction.

Staff we spoke with said the service was more caring. They told us improvements had been made and continued to be made to make sure people were being well cared for. One member of staff said, "People have a good experience. I would be happy for my relative to come here now but I wouldn't six months ago."

Is the service responsive?

Our findings

At the last inspection we found the provider did not have arrangements in place to make sure people received care to meet their needs and reflect their preferences. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

We reviewed three people's support plans and saw that all had more person centred information to help guide staff when they are delivering care. There was detailed information about how to communicate with people and support them with daily activities such as personal care. For example, one person's support plan stated, '[Name of person] likes to squeeze shampoo into his hand' and is able to tip medication from the pot to his mouth without prompting'. It was evident improvement was being made to the care and support planning system although this was still work in progress. The support plan files were being audited and areas that required changes were identified. Some actions still needed following up. For example, there was a note to update one person's strengths and needs list which was written in 2011 and this had not been actioned.

Although we saw improvement it was difficult locating some information. The support plan files contained lots of old information as well as current information. The service manager said they would remove information that was no longer relevant. A staff signature sheet was in people's files to confirm they had read and understood the support plan. We saw these were not consistently signed by staff who were involved in delivering the care. For example, one person's was only signed by three out of 20 staff.

A new daily recording system had been introduced which required staff to make several entries throughout the day. We looked at three people's daily records and saw there were inconsistencies in how these had been completed. Most of the time there was good information about how people's personal care needs had been met and how they had spent their time, For example activities they had engaged in during the day. However, there were gaps so sometimes it was not possible to establish what the person had done. There was a section to complete around meals and drinks and these were regularly left blank, which meant at times people's health and welfare could not be properly monitored. The service manager and regional manager said they would monitor the records closely to ensure these were completed consistently.

Different arrangements were in place in the units in relation to involving people in reviewing their care. In one unit people told us they spent time with their keyworker and discussed their care. One person said, "We do a care plan with our key worker every month and we discuss things in it and decide together." Another person said, "We all have a key worker which the staff choose but if we didn't get on with them, we can tell staff and get a new one." Another person said, "I am fully involved in my care planning. I go through everything with my key worker and feel very able to contribute and feel I am listened to." We saw from records people had been asked 'what have you achieved this month?' and 'what do you want to achieve next month?'

In another unit a different system was used to involve people in their care. Staff told us they used

photographs to review what the person had done the previous month, and had developed a book to use with the person. However, when we asked to look at four people's books we saw they were not being completed. One person did not have one, one person's had not been completed since April 2016 and two people's had not been completed since March 2016. The service manager and regional manager said the books were a valuable resource and they would ensure these were completed consistently in future.

Each person had an activity record that showed the type of activity and times they had engaged. The records evidenced the activities reflected those set out to meet people's preferences and needs. Staff had recorded detail around how the person had interacted and where possible their views. Where people were unable to discuss their experience staff recorded visual signs such as verbal expressions.

People had individual weekly planners that staff followed; these were displayed in the office. A magnetic board planner was displayed in one unit and showed a picture of the person and their planned activities for the day. We were told it should also show which support worker was allocated to work with people but we saw this had not been completed.

Staff told us the level of activity had improved since the last inspection and was being developed even further. They discussed recent changes to evening activities and said these group sessions were proving to be successful. During the inspection most people went out for part of the day, and we saw from the activity records this was usual. We also observed people engaging in in-house activities. Two people engaged in a new day session called 'Woodhouse Hall College'. Staff supported people with counting and tracing letters. One person said, "I really enjoy this." A member of staff said, "This is being really well received." The service manager told us even though the activity programme had improved they were still developing this further.

People told us they were comfortable taking to staff and management if they had any concerns or complaints. Comments included, "We have a meeting where we sit down together and talk about how we want to live together. If we bring things up, staff always acts upon it", "I have made complaints to staff about other residents and staff have always sorted things out for me", "I like the speak up meetings because we can tell staff what we are thinking or want. I think staff listen to us and what we think", "I am fine about telling staff if I am unhappy or if I am upset". The service manager told us since the last inspection in December 2015 they had not received any complaints or compliments.

Is the service well-led?

Our findings

The service manager started working at Woodhouse Hall in April 2016. During the inspection we received very positive feedback about the service manager and were told they were making definite improvements to the service. A general manager and senior support workers also provided day to day management support at Woodhouse Hall. Staff told us the management team were available to provide support and advice. One member of staff who had worked at the service just over six months told us, "Things have really gone up. When I started it was chaos and there was no structure. (Name of service manager) came and she listened. We could see things changing and she could see how we could improve. I wouldn't have stayed it was that bad but I love it now." Another member of staff said, "It's a very different service but in a good way. We are heading in the right direction and it feels now as though we are doing something good. Management are a lot different- knowledgeable, approachable. Roles and responsibilities are clearly explained." The service manager was registered soon after the inspection.

Woodhouse Hall management team accessed senior managers when they wanted advice and guidance. Senior managers, the service manager and general manager held weekly calls where they reviewed the service action plan. The service manager told us this worked well and they continued to make progress. We looked at a number of documents, including detailed action plans, senior manager and quality audit reports; these demonstrated the service was being monitored and improvements were being made in all key areas. They also identified where they still needed to make further improvement. It was evident from reviewing documentation and discussions that following the inspection in December 2015 initial progress had been slow. We were told this was because there had been a number of staffing problems and it had taken longer than anticipated to get the right management team in place.

Checks were carried out by the service manager, general manager and senior support workers. We reviewed a range of these and saw they were done regularly and effectively. For example, a monthly safety check audit was done in July 2016 and this covered areas such as fire safety equipment, health and safety risk assessments, vehicle documentation and portable appliances.

Following the last inspection the provider carried out surveys with the staff team. In the staff office we saw displayed results of the surveys. Where staff identified areas of concern the provider said what they had done to put things right. There were several references to improving the management arrangements. Further staff surveys were carried out in June 2016. These showed the staff response was positive. Everyone said they understood what was expected of them; everyone said the manager was approachable and eight out of nine wrote the manager was 'very' approachable.

People who used the service attended 'Your Voice' meetings where they were given opportunity to talk about the service. In each unit these should have been held monthly but were held less often. In one unit there was only one set of meeting minutes from 2016 and this was held in June. People had discussed things they had done in the last month and if they had a good month. People were asked if they would like anything and we saw several ideas, such as 'gym equipment', 'a fan' and 'the windows to open further'. There was no information to show how these were followed up and if feedback was given to the people who

made these suggestions. In another unit, 'Your Voice' meetings were held in March, April and May 2016. In May 2016, only two people attended so staff suggested incorporating the 'Your Voice' meeting as part of the keyworker meetings or smaller groups. Neither of these had happened and there had been no 'Your Voice' meetings since May 2016.

The local authority contract team told us they had carried out several on-site visits which were followed up by action plans to improve the care and support provided in the service. They said the provider had been engaging in this improvement process and they had seen some good changes within the service, and feedback from staff and health professionals involved had also improved during this time.