

Collinson Care Ltd

Collinson Care Home

Inspection report

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Ratings

Overall rating for this service

Good **Is the service safe?****Good** **Is the service effective?****Good** **Is the service caring?****Good** **Is the service responsive?****Good** **Is the service well-led?****Good** 

Overall summary

We carried out an unannounced inspection on 26 October 2015. During our previous inspection in November 2014, we had found that the provider did not always provide a service that was safe, compassionate and responsive to peoples' needs. Also, their quality monitoring systems had not been used effectively to drive improvements. However, at this inspection, we found the required improvements had been made and there was evidence that they were striving to further develop the service.

The service provides care and support for up to 29 older people, some of whom may be living with dementia, mental health issues and physical disabilities. On the day of our inspection, 26 people were being supported by 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.

Summary of findings

People were safe and the provider had effective systems in place to safeguard them. Staff had been trained to safeguard people and were able to identify when people required additional support.

There were personalised risk assessments in place that gave guidance to the staff on how risks to people could be minimised. Risks associated with day to day running of the service had been well managed.

People's medicines were managed safely and administered by trained staff in a timely manner.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. Staff had received supervision, support and effective training that enabled them to support people appropriately. The manager and staff understood their roles and responsibilities in relation to providing care in accordance with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported to have sufficient food and drinks. They were also supported to access other health and social care services when required.

People were supported by staff who were caring, kind and friendly. They were passionate about ensuring that people lived happy and fulfilled lives.

People's needs had been assessed, and care plans took account of their individual preferences, and choices. They were supported to pursue their hobbies and interests. Interesting and varied activities were also provided within the home.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people, their representatives, and health and social care professionals. They acted on the comments received to continuously improve the quality of the service.

The registered manager provided stable leadership and managerial oversight. They encouraged staff involvement in the development of the service. They had been instrumental in making the required improvements identified during our previous inspection and had used the provider's quality monitoring processes effectively to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were effective systems in place to safeguard people.

People's medicines were administered safely by well trained staff.

There was enough skilled staff to support people safely.

Good



Is the service effective?

The service was effective.

Staff received effective training to maintain and develop the skills needed to support people appropriately.

Staff understood people's care needs and provided the individual support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and passionate about supporting people to live happy and fulfilled lives.

People were supported in a way that maintained and protected their privacy and dignity. They were also enabled to remain as independent as possible.

Information was given to people in a format they could understand.

Good



Is the service responsive?

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people, their relatives and professionals, so that people's needs were appropriately met.

The provider had an effective complaints system.

Good



Is the service well-led?

The service was well-led.

The registered manager provided stable leadership and effective support to the staff.

People who used the service, their relatives and professionals involved in their care were enabled to routinely share their experiences of the service.

The manager was instrumental in effectively using the provider's quality monitoring processes to drive continuous improvements.

Good



Collinson Care 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 26 October 2015 and it was unannounced. It was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. We also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with five people who used the service, four visiting relatives, three care staff, the registered manager and one of the directors of the service.

We reviewed the care records and risk assessments for six people who used the service. We checked how medicines and complaints were being managed. We looked at the recruitment and supervision records for four care staff, and training for all staff employed by the service. We saw the reports of the local authority inspections of the service in June and August 2015. We also reviewed information on how the quality of the service was monitored and managed and we observed care in the communal areas of the home.

Following the inspection, we sent emails to three professionals who worked closely with the service to get their feedback about the quality of the care provided by the service. We received a response from one of them.

Is the service safe?

Our findings

During the inspection in November 2014, we had found that the provider did not always have enough skilled and experienced staff to support people safely. Also, systems in place to manage the risks associated with the day to day operation of the service were not always used effectively so that prompt action was taken to rectify identified maintenance issues.

At this inspection, we found that the required improvements had been made so that care was provided in a safe environment. For example, we saw that an environmental risk assessment had been reviewed on 28 May 2015 in order to identify and rectify any areas within the home that may pose a risk to people who used the service, the staff and visitors. The manager also completed regular audits of the environment and equipment. These included twice monthly 'walkabouts' around the home, when they checked all areas and observed whether staff used equipment appropriately in order to provide care safely.

There was also evidence of regular testing of electrical and gas appliances, as well as systems to prevent the risk of fire. The fire safety maintenance checks had been completed in June 2015 and prompt action had been taken to rectify identified issues. Also, a record was kept of all accidents and incidents, with evidence that measures were put in place to prevent them from happening again. For example, a monthly falls register had been kept, with details of who had fallen and if they had sustained any injuries. There was also a review of the frequency of these for each person, and where necessary some people had been referred to the local NHS 'Falls Prevention Service' to assess what additional support or equipment was needed to reduce their risk of further falls.

People and their relatives told us that they were safe living at the home and that staff supported them safely. One person said, "I have been in some really nasty places before and this is the nicest place. I've been to two or three places and this is the best one I've been in." Another person said, "I feel protected here and well cared for." A third person told us that their family had decided that they needed to be there because they were no longer safe on their own at home. However, some people felt that their belongings were not safe because some of their small items and fruits had gone missing in their bedrooms. One person said that

they had dealt with the problem by putting their belongings away, but had not told the staff. They also said, "It doesn't happen now because I don't have anything out." Another person described how another person who used the service had at times, wandered into his bedroom and took his fruits. The manager told us that apart from being aware of the latter incident where a confused person sometimes entered others' bedrooms and took fruits, they had not been told about other missing items. They told us that some people had keys to lock their bedrooms, but chose to do so. They were going to discuss this at the next meeting with people who used the service so that they could identify ways of preventing this if it was still a problem.

The provider had up to date safeguarding and whistleblowing policies in order to give guidance to staff on how to keep people safe. Whistleblowing is a way in which staff can report concerns within their workplace. The information about safeguarding people was displayed on the notice board near the entrance to the home so that people who used the service, staff and visitors had accessible contact details of the local authority safeguarding team if required. Also, staff had been trained on how to safeguard people and they demonstrated good understanding of the procedures they would follow if they suspected that people were at risk of harm. A member of staff said, "People are safe here because we support them well. We also have coded door opening systems so that those at risk can't go out without support." Another member of staff said, "People get very good care and I have never been concerned about their safety."

People's care was planned and managed in a way that ensured their individual safety and wellbeing. There were personalised risk assessments for each person which identified risks people could be exposed to, the steps to be taken to minimise the risk and the actions to be taken should an incident occur. For the majority of people, the assessments included those for risks associated with supporting them to move, falling, pressure area damage to the skin, not eating or drinking enough. However, we saw that one person had also been identified as posing a risk of aggression to others when agitated and was at risk of serious harm if they were to leave the home unaccompanied by staff. Also, each person had an up to date personal emergency evacuation plan (PEEP), which included information about the care and support they required to evacuate the home safely in an emergency. We

Is the service safe?

found people were kept safe because the risk assessments had been reviewed regularly or when their needs changed to ensure that they continued to receive care that was appropriate for them.

The provider had safe and robust recruitment procedures in place so that staff employed by the service were suitable for the role to which they had been appointed. The staff files we looked at showed that relevant pre-employment checks had been completed, including reviewing the applicant's employment history, obtaining references from previous employers and Disclosure and Barring Service (DBS) reports. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed. The provider said that they had an ongoing recruitment process so that they covered any vacancies as they occurred.

There was now enough suitably trained and skilled staff to support people safely, and this view was supported by people and the staff we spoke with. When asked if there was enough staff, one person said, "I would think so because you can always talk to one of them." A member of staff said, "I think we have enough staff, although it can be busy sometimes." The duty rotas showed that people were supported by four staff during the day and two at night. The manager was also available to provide support during week days and they had a list of 'bank staff' who could work at short notice to cover for staff absence or leave. A member of staff said that as well as bank staff covering any shortfalls, most staff also occasionally worked additional hours so that people had the support they needed. The

manager conducted regular observations to assess if another member of staff was needed at night. During those, they stayed in the home until 11pm to observe the night routine and whether people were supported to go to bed safely. At times they also started work early to observe whether the two night staff could safely support people who chose to wake up early. The observation conducted in early October 2015 concluded that no changes to current staffing were necessary. The manager also told us that they always reviewed staffing when a new person moved to the home to ensure that they were still able to support everyone safely.

People's medicines were managed safely and administered by staff that had been trained to do so. Some of the people were able to tell us that they had been given their medicines as prescribed by their GP. We saw that medicines were stored securely, in accordance with good practice guidance and there was a system in place to return unused medicines to the pharmacy for safe disposal. The medicines administration records (MAR) had been completed correctly, with no unexplained gaps. Audits of medicines and MAR had been completed regularly by the manager and the most recent one was on 20 October 2015. No concerns had been identified, but we saw that prompt action had been taken to rectify identified issues following previous audits. For example, staff had been reminded to complete MAR accurately during staff meetings. The manager also regularly assessed staff's competency to manage people's medicines safely and no errors had occurred during this period.

Is the service effective?

Our findings

People and their relatives told us that staff had the right skills and experience to provide the support they required. One person's relative said, "They seem to know what they're doing." Another relative said, "As far as I can see, they're pretty good." A third relative said, "We rely on their expertise." They also told us that they have seen less experienced staff learning from those more experienced. One relative told us of their observation of an experienced staff coaching a new member of staff adding, "If somebody's not quite right he'll say, 'you need to do this or you need to do that'. They're learning all the time."

The provider had an effective training programme that included an induction for new staff and regular training for all staff. We noted that new staff had been registered to complete the 'Care Certificate' and some staff had been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualification (NVQ) and Qualifications and Credit Framework (QCF). A member of staff told us that they were waiting for an assessment for a recently completed Level 2 course and they were hoping to start Level 3 in the near future. All members of staff we spoke with told us that the training provided was very good and sufficient to enable them to gain the right knowledge and skills to support people well. One member of staff said, "The training is really good. The manager always makes sure that we do this when due." Another member of staff who holds a senior role within the service told us that there were good career development opportunities and they were pleased that would be starting a Level 5 QCF diploma in leadership and management in health and social care. They also said, "I'm ahead of my personal development plan." As well as the training that was compulsory, staff told us that they were also able to complete additional necessary to meet everyone's individual needs. The manager kept a computerised record of staff training so that they updated their skills and knowledge in a timely manner.

There was evidence of regular supervision in the staff records and these meetings were used as an opportunity to evaluate each member of staff's performance and to identify any areas in which they needed additional support. One member of staff said, "Supervision is regular and the senior staff are very supportive." This year's appraisals had been planned to take place in November and December,

and we saw that in October 2015, the manager had sent a notice to all staff to remind them to complete their pre-appraisal forms. Also as part of the provider's formal staff support processes, the manager had completed 'staff development action plans' for each member of staff so that their developmental needs were fully identified and met.

Some people consented to their care and support because they had the mental capacity to give informed consent. However for some people, their care and support was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). 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. We noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. They respected people's choices and views and supported them in a way that respected their rights. One member of staff said, "We always make sure that people are happy with how we support them. I wouldn't do anything a person is not happy about." We also saw that when required to safeguard people, authorisations under the Deprivation of Liberty Safeguards (DoLS) had been obtained from the local authorities so that any restrictive care was met the legal requirements. For example, an authorisation was in place until September 2016 for a person who could not leave the home unaccompanied by staff. This was because they had been diagnosed as living with dementia and memory loss which put them at high risk, particularly when trying to cross the busy road at the front of the home.

People's comments about the quality of the food were varied. Although most people said that they enjoyed the food, some said that they did not always like the options on the menus. One person said, "The food seems alright." Another person described the food as "passable". A third person said that although they normally enjoy the food, they sometimes would love to eat something simple like a bacon sandwich. However, the menus showed that people were offered a choice of food and alternative options were offered if people did not like what was on the menu. Some of the people who used the service were deemed to be at

Is the service effective?

risk of not eating or drinking enough, and their weight had been checked regularly to ensure that they maintained their health and wellbeing. Where people needed their food and fluid intake to be monitored daily, we noted that this had been done well. We also saw that staff had followed 'Food First' guidance to support people to eat well. This is a NHS service run by nutritionists and dietitians to improve the identification and treatment of malnutrition in people using care services. The provider had been recognised for their approach to improving people's nutrition and had been awarded an improvement award in 2014. We also spoke with one person who had lost weight and was being given fortified drinks to supplement their diet. They said, "I quite like that they ask you what you want."

People were supported to access additional health and social care services, such as GPs, dentists, dieticians, opticians, occupational therapists and chiropractors so that they received the care necessary for them to maintain their health and wellbeing. Records indicated that the provider responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals. There was evidence that the provider worked collaboratively with these professionals in order to provide effective care for people who used the service.

Is the service caring?

Our findings

During the inspection in November 2014, we had found that staff did not promote positive relationships with people who used the service because they did not always talk to them whilst sitting in the lounge. During this inspection, improvements had been made because we observed that staff spoke freely with people sitting in the communal areas of the home and it was evident that they had good relationships with people and their relatives. There was also a happy, relaxed and friendly atmosphere within the home, and staff engaged in joking and light hearted banter with people.

People and their relatives were positive about the care they received. They told us that staff were friendly and caring. A person's relative said, "The staff are more than caring, they're superb. They are all good and I can't fault them." Another relative said, "The staff are outstanding." Comments from people who used the service included, "They care for you, so you care for them"; "Very easy to talk to. They even notice if you're down. They ask if you're ok and if there is anything I want to talk about. I think if they notice that, they'll notice anything"; "If you haven't done your hair properly, they'll comb it for you".

People had been enabled to make choices about how they wanted to be supported. They said that staff took account of their individual choices and preferences in order to provide the care they wanted. People also said that they felt listened to, their views were acted on and as much as possible, staff supported them to maintain their independence. We observed that people who did not need support could move around the home as they pleased. One person said, "I can go where I like." Another person said that they were able to go out if they chose to adding, "I just go round the block." We noted that two people who met at the home had developed a relationship. They said that staff made sure there was somewhere they could sit together and they were happy about this. We observed that they spent most of the day in each other's company and one of them said, "They keep us together." Also, people maintained relationships with their family members and friends because they were able to visit whenever they wanted. A relative we spoke with confirmed this when they said, "We always feel welcome when we visit."

Staff also demonstrated good understanding of the needs of the people they supported. We noted that one member

of staff was particularly good at engaging with people, including a person who had become confused and agitated. We observed that when the person was walking away at lunchtime before they had their meal, the member of staff encouraged them to go back in a calm and positive way by saying, "[Person] can you come and help me to do the table please." We observed that this member of staff had developed a really lovely relationship with a person who was always looking for them so that they could walk around the home together. When we later spoke with the member of staff, they were passionate about how they supported people to live happy and fulfilled lives. They told us how they and the other staff had supported people who were prone to agitation or used aggression to communicate their needs by involving them in small tasks around the home. They gave us examples of tasks they used to occupy people's time positively or distract them when they became restless and agitated. These included laying tables, sweeping floors and dusting the furniture.

Staff supported people in a way that maintained their privacy and protected their dignity. People and their relatives told us that staff always knocked on their bedroom doors before entering. One person said, "They always give the door a knock, they never just come in." We observed that staff were discreet when supporting a person while they were in the lounge so that they did not cause them unnecessary embarrassment. A screen had been put around the person when they were using lifting equipment to support the person to move to their bedroom. Feedback from a professional who visited people regularly was positive about how people were treated by staff. They said, "They are all treated as individuals, with respect and dignity. Everyone looks comfortable and happy as can be expected within their surroundings." Staff also told us how they maintained confidentiality by not discussing people's care outside of work or with agencies that were not directly involved in the their care. We also saw that all confidential and personal information about each person was held securely within the home.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a 'service user guide' that included a range of information about the service. Records indicated that some people were able to understand this information, but other people's relatives or social workers

Is the service caring?

acted as their advocates to ensure that they received the care they needed. Also, people had access to information about independent advocacy services they could contact if required.

Is the service responsive?

Our findings

During the inspection in November 2014, we had found that the provider did not always provide a quiet environment for people to relax in because some of the people's complex needs meant that the lounge was sometimes loud and too noisy for others to feel comfortable in. Also, people were not sufficiently supported to pursue their hobbies and interests, and very few activities were provided within the home.

During this inspection, we found that improvements in the needs of some of the people who lived at the home meant that the lounge area was much quieter, making it a pleasant place for people to socialise and relax in. Also, more people were now using the smaller sitting area if they wanted time away from the lounge, where most people sat during the day. Unlike during our previous inspection when this area had remained mainly empty, this time we observed that it had been used by various people throughout the day.

Also, there was now more evidence that people had been supported to pursue their hobbies and interests or to engage in enjoyable activities within the home. There was an attractive display of people's photographs taken when they took part in various activities and outings. We noted that some of the people found the electronic photo frame stimulating and interesting to look at as the pictures changed throughout the day. A person was able to tell us what they were doing at the time, when they recognised themselves on a photograph. A chart displayed planned activities on a fortnightly cycle and these included quizzes, exercises, bingo, and arts and crafts. Other themed activities were planned throughout the year and we saw that a fancy dress and cake sale were going to take place to raise funds for 'Children in need' on the afternoon of 13 November 2015. Some people were having their nails manicured on the day of the inspection and others played board and card games with staff. Some of the people told us that they sometimes take part in the activities arranged by the staff. One person said that they played bingo sometimes, but they mainly liked to play card games.

People's relatives told us that they at times, took their relatives out for recreational activities like shopping and eating out. People were also supported to meet their religious or spiritual needs because a Christian church service was held at the home once a month. Some people

also went to church services in the community and a relative of one person said, "[Relative] went to church yesterday." They further said that this was possible because their relative had been collected by the representatives of the church. Staff told us about some of the outings they had taken people to including local museums and shops. They said that they offered person focused activities and would not force people to engage in group activities if they did not want to. A member of staff gave us an example of a person who enjoyed gardening activities. They said, "In the summer, they helped to clean the garden furniture. I am exploring what other gardening activities I could do with them." Also, a member of staff who was due to take some leave later in the year said that they had made sure that they will be back in time for the Christmas party because they wanted to help make it really enjoyable for people who used the service. In addition, we noted that plans were in progress about entertainments that would be provided during the festive season.

People had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they received the care and support they required. One member of staff said, "We provide person centred care and we have no set routines. Individuality is really important and people respond to this really well because they have control of how their care is provided." They further told us how they were exploring ways of better supporting people who present with behaviours that may challenge others adding, "I find people are more cooperative if your approach is sensitive and patient." The care plans we looked at showed that people's preferences, wishes and choices had been taken into account in planning their care, and that people and their relatives had been involved in this process. However, not everyone we spoke with could recall if they had been involved in planning their care. Those who said they had been involved could not remember taking part in reviews. A person's relative said, "We had discussed [relative]'s care when they came to the home, but I don't know when it's supposed to be updated." Each person had an allocated keyworker who developed and reviewed their care plans monthly or when their needs changed and there was evidence that this was done regularly. Staff showed a level of dedication to this role and a member of staff said, "I try to do my best to support people well and at times, I stay late to make sure everything is one."

Is the service responsive?

The provider had a complaints system in place and information was displayed on a notice board to tell people what to do if they wished to raise a complaint or if they had concerns about any aspect of their care. There had been three recorded complaints since the last inspection in November 2014 and these had been investigated in accordance with the provider's policy. People said that they would always talk to the manager if they were not happy

about anything. One person said, "I would always talk to [Manager] if I thought something was wrong." The manager also recorded any concerns raised by people or their relatives and we saw that the eight recorded concerns had been promptly dealt with. Also, there was evidence of the action taken and comments on how the improvements would be sustained to ensure that the issue did not happen again.

Is the service well-led?

Our findings

During the inspection in November 2014, we had found that the provider did not always effectively use their quality monitoring and environmental risk management systems to drive improvements, as identified issues had not always been rectified promptly. The manager was new at the time and had not had sufficient time to make the required improvements.

During this inspection, we saw that the manager had been instrumental in making the required improvements, including to all areas we had rated as 'requires improvement' during our last inspection. People and their relatives were complimentary about the manager's leadership skills, experience, his responsiveness to people's needs and the improvements he had made since last year. A relative of one person said, "He's alright and you can talk to him. He's on the ball and he knows his job. Whatever you request, he'll do it for you." Staff also said that they had seen a marked improvement to the quality of the service since the manager had been in post. A member of staff said, "Things have improved a lot since the manager has been here. I'm proud that we provide really good care to people. People come for respite care and they return time and again, we must be doing a good job for them to choose to return." They added, "This year has gone really well with a positive inspection by the local authority too." Another member went on to describe the service as 'the best ever they had worked for' because staff were given development opportunities and empowered to contribute to the development of the service. We observed that the member of staff spoke passionately about how they would like to contribute towards further developing the service so that people were provided with good and compassionate care.

People, their relatives and staff told us that the manager was approachable, supportive and promoted an 'open culture', where they, their relatives and staff could speak to him at any time. A member of staff said, "The manager is very supportive and has the skills to work with staff to improve the service." Staff also told us that they worked well as a team and that their competence and experience were valued. We saw that regular staff meetings were held for them to discuss issues relevant to their roles. Staff said

that the discussions during these meetings were essential to ensure that they had up to date information that enabled them to provide care that met people's needs safely and effectively.

There was evidence that the provider encouraged people, their relatives, and health and social care professionals to provide feedback about the service by sending them surveys, so that they had the necessary information to make continuous improvements. The results of the survey completed in July and August this year showed that people were mainly happy with the quality of the service provided. Some of the positive comments were about how clean the home was, although during our inspection, two relatives had raised concerns about the level of cleanliness of their relatives' bedroom floors. Our discussions with the manager revealed that these concerns had already been addressed and they had been considering alternative flooring for those people. Regular meetings were also held with people who used the service and their relatives. However, these were not always well attended by people's relatives. In order to promote regular communication, we saw that the manager sent memos to people's relatives and friends. The most recent one was sent on 22 September 2015 to request their support in escorting people for hospital appointments as staff were not always able to do this.

The manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, health and safety of the environment, medicines management processes and food hygiene. They also reviewed the information recorded in the 'Accident Book' and we noted that there was evidence of learning from these as appropriate referrals had been made to other services when they had identified trends for one person. We found, robust records had been kept in relation to people who used the service, the staff employed by the service and to evidence how the quality of the service was assessed and monitored.

Since July 2015, the manager completed a weekly report that they sent to the provider and this covered a wide range of issues. They told us that they used this information to inform their annual service report and the 'service development plan'. We noted that the service development plan reviewed in October 2015 included a range of ideas to further develop the quality of the service.

Is the service well-led?

For example, the manager was keen to provide varied activities to people who used the service and had discussed with them, their relatives and the staff about planning fundraising ventures so that they could purchase

more activities and fund outings. They had sent a reminder in a memo because the initial responses had been limited. They also said that they would further discuss this at the next planned meeting.