Shakti Care Services Ltd

St Winefrides Residential Home

Inspection report

32 St Winefrides Road
Littlehampton
West Sussex
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Tel: 01903717455

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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

The inspection took place on 16 January 2017 and was unannounced.

St Winefrides Residential Home is a large, detached, older style property situated close to the town centre of Littlehampton. It is registered to provide accommodation and care for up to 24 older people living with dementia. At the time of our inspection there were 19 people living at the home. Eighteen bedrooms were of single occupancy and three were shared. Communal areas included a large sitting room, a lounge used by people wishing for a quieter environment, known as the 'quiet lounge'. The 'quiet lounge' overlooked an accessible garden to the rear of the property. There was also sitting areas in the corridors to allow people to sit and rest when needed. The home also had a dining room.

The service had two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run. Both registered managers were available on the day of our inspection.

Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. People told us they felt safe at the home.

Systems were in place to identify risks and protect people from harm. Risk assessments were in place and reviewed monthly. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.

Accidents and incidents were accurately recorded and were assessed to identify patterns and triggers. Records were detailed and referred to actions taken following accidents and incidents.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine staffing levels. This information was reviewed following falls or changes in a person's health condition, which might increase, or change people's dependency level.

Safe staff recruitment procedures ensured only those staff suitable to work in a care setting were employed.

Staff had received a range of training and many had achieved or were working towards a National Vocational Qualification in Health and Social Care. Staff attended supervision meetings with the registered manager at least six times per year.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and care staff we spoke with had a full and up to date understanding of the MCA and DoLS. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

People had sufficient to eat and drink and were offered a choice throughout the day. They had access to a range of healthcare professionals and services.

The home had been decorated and arranged in a way that supported people living with dementia.

Staff were caring, knew people well, and treated people in a dignified and respectful way. Staff acknowledged people's privacy and had developed positive working relationships with people. Relatives spoke positively about the staff at St Winefrides Residential Home. Staff listened and acted on what people said and there were opportunities for people to contribute to how the service was organised.

Care plans provided staff with detailed and comprehensive information about people, their likes, dislikes, preferences and how they wanted to be cared for. A range of activities was planned that met people's interests and facilitated their hobbies. People had access to the community, supported by staff.

Complaints were listened to and managed in line with the provider's policy. In the past 12 months, there had been no formal complaints.

People and their relatives were involved in developing the service through meetings. People, relatives, healthcare professionals connected to the service and staff were asked for their feedback in annual surveys. Staff felt the registered managers were very supportive and said there was an open door policy. Relatives spoke positively about the care their family members received.
Quality assurance systems were in place to regularly review and improve the quality of the service that was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People had detailed care plans, which included an assessment of risk. These were subject to a regular review and contained sufficient detail to inform staff of risk factors and appropriate responses.

Staff had received safeguarding training and knew how to recognise and report abuse.

There were sufficient numbers of staff to make sure that people were safe and their needs were met.

Medicines were managed in accordance with best-practice guidelines.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Staff were trained in a range of topics, which were relevant to the specific needs of the people living at the home.

People were supported to maintain good health and had regular contact with health care professionals.

People were provided with a balanced diet and had ready access to food and drinks.

The environment was conducive to meeting the needs of people living with dementia.

Is the service caring?

Good

The service was caring.

People were looked after by kind and caring staff. Relatives spoke highly of the staff.

People were supported to express their views and to be involved in all aspects of their care. Relatives attended review meetings.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

A programme of activities was organised in line with people's preferences.

Complaints were managed in line with the provider's policy.

Is the service well-led?

Good

The service was well led.

The culture of the organisation was open, transparent and inclusive, which enabled staff to feel able to raise concerns.

There was a range of methods for staff to be included in the development of the service and to express their views.

The registered manager sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

Robust and frequent quality assurance processes ensured the safety, high quality and effectiveness of the service.

CareQuality Commission

St Winefrides Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 January 2017 and was unannounced. One inspector undertook the inspection.

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 any improvements they plan to make. We reviewed information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events, which the provider is required to send to us by law. We used all this information to decide which areas to focus on during the inspection.

On the day of our inspection, we met with three people living at the service. We also met with three relatives. Due to the nature of people's needs, we were not able to ask everyone direct questions. We did however, observe people as they engaged with their day-to-day tasks and activities. We looked around the premises at the communal areas of the home, activity areas and three people's bedrooms.

We spoke with both registered managers, the deputy manager, three care assistants, the chef and activity co-ordinator.

We looked at the care plans and associated records for four people. We reviewed other records, including the registered manager's internal checks and audits, staff training records, staff rotas, accidents, incidents and complaints. Records for four staff were reviewed, which included checks on newly appointed staff and staff supervision records.

The service was last inspected on 21 June 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People were protected from avoidable harm by staff who had been trained to recognise the signs of potential abuse. We asked a relative if they felt their family member was safe living at St Winefrides Residential Home and they said, "[Person] has been here for over five years. They [care staff] are excellent. I visit every week, and have never seen anyone be abusive, rude or uncaring. My mother is safe, the carers look after her every need." Another relative told us, "No doubts at all over [person's] safety. [Person] is safe; I visit here every week and never had any concerns." We spoke with three people who also told us they felt well cared for and safe.

We asked staff about their understanding of safeguarding and what action they would take if they suspected abuse was taking place. Without exception, all the staff we spoke with told us they would report any concerns they had to the registered manager. The provider's policy relating to safeguarding procedures was kept in the office and the staff told us they would also check with this policy to ensure that appropriate action was taken.

People's risks were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were stored within people's care plans. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. We looked at risk assessments for four people and these contained advice and guidance for staff on how to manage and mitigate potential risks to people. Accidents and incidents were also logged and risk assessments reviewed and updated if needed. Senior staff reviewed people's risk assessments on a monthly basis to ensure they were in line with their current needs.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. We observed medicines being administered and staff did so safely and in line with the prescription instructions. Medication Administration Records (MAR) were in place and had been correctly completed to demonstrate medicines had been given as prescribed. Medicines were locked away as appropriate. All staff was trained to administer medicines. The registered manager completed an observation of staff to ensure they were competent in the administration of medicines. We checked a sample of the medicines and stock levels and found these matched the records kept.

There were sufficient staff to meet people's needs and keep them safe. The registered manager used a dependency tool to determine the staffing levels needed. This information was reviewed following falls and if a person's health condition was deteriorating, which might increase, or change their dependency level. We checked the current staffing rotas. These showed that there were four care staff and one senior member of care staff in the morning and three care staff and one member of senior care staff in the afternoon. There was two waking night care staff on duty from 8pm to 8am. The deputy manager worked Monday to Friday 8am to 3pm. One registered manager worked Monday to Friday usually from 8am to 5pm. The second registered manager usually worked two days a week between 9am to 5pm. Staff told us, the management team offered support and guidance when needed. The service had a 24 hour on call system in case additional staff were needed. Rotas confirmed there were sufficient staff to meet people's needs safely. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered. The registered manager told us, activity, kitchen and domestic staff were also employed which enabled care staff to focus on providing support to people. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice.

New staff were recruited safely and records confirmed this. Two references were obtained, identity checks carried out and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people.

Risks arising from the premises or equipment were monitored and checks were carried out to promote safety. These checks included the gas heating, electrical wiring, fire safety equipment and alarms, Legionella and electrical appliances to ensure they were operating effectively and safely. The service had a fire risk assessment, which included guidance for staff, in how to support people to evacuate the premises in an emergency.

Good

Is the service effective?

Our findings

Throughout our inspection, we saw that people who used the service were able to express their views and make decisions about their care and support. We observed staff seeking consent to help people with their needs. People's comments included; "The manager is very good, I am kept up to date with any needed changes to my support. I am always asked for my views and consent." Another person told us, "The girls [staff] are always giving me choices, when do I want a wash, do I want my hair done, what do I want to wear. They respect me decisions."

Staff received training in a range of areas, which the registered manager had assigned as mandatory. This included emergency first aid, moving and handling, fire safety, health and safety, infection control, food hygiene, equality and diversity and safeguarding. In addition to the mandatory training, the registered manager had ensured specialised training was given to care staff to be able to meet the individual needs of people being supported. This included, staff completing courses in anxiety awareness, aspirational pneumonia awareness, dementia awareness and dignity and respect. We looked at the staff training certificates contained in staff files, which confirmed that staff had received essential training enable them to support people effectively.

The majority of staff either had completed or were working towards a National Vocational Qualification in Health and Social Care at either Level 2 or 3. All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. This ensured people received effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff received supervisions with the registered manager at least six times per year and notes of supervision meetings confirmed this. Staff told us they found supervision meetings helpful. Records showed that at the meetings they discussed their work, training, resident needs, any problems, staffing and any suggestions for improvements. Records showed the discussions that had taken place, together with a review of actions agreed from previous supervision meetings. Staff also received annual performance reviews. Staff told us that they met together through handovers during the day, staff monthly meetings, resident monthly meetings and through supervisions with their manager. Minutes of these discussions demonstrated staff discussed residents' needs, activities, changing policies and procedures, safeguarding and training needs. Without exception, staff told us, this worked for their service and that the registered manager had an open door policy where they could talk to them anytime they needed to.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Appropriate DoLS applications had been made, and staff acted in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams. We checked people's files in relation to decision making for those who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests.

All staff were able to tell us their understanding of the MCA and DoLS and were able to apply the requirements of the acts in practice, ensuring people's day-to-day care and support was appropriate, and that their needs were met.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. We talked with the chef who explained how they catered for people's dietary needs. For example, for those who required a soft diet or had diabetes. People had been assessed, using a combination of height, weight and body mass index, to identify whether they were at risk of malnourishment. The registered manager had completed these assessments using the Malnutrition Universal Screening Tool (MUST), a tool designed specifically for this purpose. People who required plate guards had them, which are used to help people get their food on their spoon/fork to promote their independence.

We asked relatives about the food on offer. One relative said, "The food is delicious with lots of choices. I have been invited to spend Christmas with my mother every year, and the dinner has been superb." Another relative told us, "The food is good, no concerns". A third relative told us, "There is always plenty of choice. I have seen the carers at mealtimes and they are patient and caring when helping people less able." The menus showed a range of choices at breakfast, lunch, dinner and supper. On the day of our inspection, we observed people enjoying lamb, roast potatoes, mash and a choice of vegetables. Another person preferred chicken and this was provided. Another person wanted a cucumber sandwich and this was catered for. This was followed by a choice of three different desserts. We observed the lunchtime meal in the dining room and quiet lounge. The atmosphere was calm and relaxed. Staff assisted people who required support with eating their meal in a discreet and unhurried way. Fruit and biscuits were always available if people wanted a snack. People's food and fluid intake was routinely monitored, whether or not they were at risk of malnourishment. We observed that drinks were freely available at mealtimes and throughout the day in people's rooms and communal areas.

People were supported to maintain good health and had access to a range of healthcare services and professionals. Care records documented the involvement of healthcare professionals such as the GP, chiropodist, district nurse or optician. If needed, staff would support people to attend their hospital appointments. On the day of the inspection, we observed a GP visit the home to attend to people's needs. Each person had a transfer to hospital file which provided information that would be required if the person needed to be admitted. This helped to make sure that other professionals would have information about people's general health, how they communicated and any specific wishes regarding their healthcare.

The colours and décor of the home supported people living with dementia to orient themselves in their surroundings. For example, there were objects placed around the home for people to pick up and engage with. We observed people walking around with various items that were of interest to them, such as a doll which, some people enjoyed cuddling.

Good

Is the service caring?

Our findings

Positive, caring relationships had been developed between people and staff. Relatives spoke highly of the staff and how they always showed concern for people's welfare and wellbeing. One relative said, "The carers are really nice, very caring." Another relative told us, "The carers have never been anything but marvellous. The staff are very attentive and caring". We spoke with people about the care they received. One person told us, "They [staff] are caring and kind". Another person told us, "They [staff] treat me well, they never get impatient." Another person told us "I don't know what I would do without them. I can get quite confused, I love them".

Personal histories had been completed for people and provided staff with information about people's earlier lives, their food likes and dislikes, travel, music and activities they liked to do. Any special dates were also recorded, so staff could support people to remember happy times or sad times. This enabled staff to see what was important to the person and how best to support them.

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. The majority of people were unable to be fully involved as many lacked understanding in day-to-day decisions about their care and treatment. For these people, the registered manager asked relatives whether they wished to be involved in decisions about their family member's care and how often they would like review meetings to take place. All relatives we spoke with said they were involved in reviewing care plans. This helped to ensure people's views and wishes were known. One relative told us, "I am always involved in my mother's care planning, I am asked for my input on almost each visit, which is weekly. My views are taken on board and I know they would be the views mirrored of my mother's".

We observed that people were treated with dignity and respect and that people had the privacy they needed. We observed when staff were delivering personal care, doors were shut and curtains drawn. When one person needed urgent personal care in the lounge, staff responded immediately, gave the person reassurance and used a screen to maintain the person's dignity. A member of care staff told us, "I do what I would want someone to do if I was in their position. We sometimes need to think what it is like to be in their position. If we don't do this, we are not doing our job well". Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity and staff described how they put this into practice. From our observations, it was clear that staff knew people's likes and dislikes extremely well. For example, some people preferred to have their lunch in their rooms and did not choose to be involved in the activities on offer. In a person's care plan it stated after lunch they like to watch the news, we observed the person supported to do this. For another person their care plan stated that they disliked roast potatoes, at lunchtime we observed that they were offered mash. In another care plan, it stated a person disliked all vegetables, at lunchtime we saw this person was given an alternative option.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided advice and guidance to staff about people's care and how they wished to be supported. They included information on people's personal care, health care, mobility, social care, communication, religious and cultural preferences, dietary needs and medication. Staff completed daily records for people, which showed what care they had received, whether they had attended any appointments or received visitors, their mood and any activities they had participated in. Care plans were reviewed monthly to ensure they met people's needs and were in line with their preferences.

People's needs were assessed before they moved into the service. Where a person's care was funded by the local authority, an assessment was obtained from the funding authority so that a joint decision could be made about how their individual needs could be met. The assessments completed prior to an individual moving into the service formed the basis of each person's care plan.

People's interests had been identified and a range of activities was planned to engage people in line with their preferences. For example, many people enjoyed listening to music and the activity board stated there was a 'sing-along' activity arranged weekly. A relative referred to the activities on offer and said, "There are a lot of people here, who left wouldn't participate in activities. But the staff here are fantastic at encouraging people to join in. And quite often they do." A programme of activities was planned for January. In the mornings, people had access to newspapers, could watch the television or listen to music. In addition, some games were on offer, arts and crafts or a walk to the local shops. In the afternoon, people could engage in indoor games, board games and puzzles, music or an external entertainer came to the home. Internal activities could be subject to change, for example, if people did not appear to be enthusiastic about the planned activity, this could be changed to an activity that did engage people. We spoke with three people regarding activities and comments included, "I'm never bored, if anything I get tired from doing too much, but it keeps me active." "I love singing, I always join in, I used to sing professionally and I get to carry that on here" and, "My family visit me every week, there is a lot on offer to do. I don't always join in and the staff respect this."

On the day of the inspection, we saw a group of people doing exercises together in their chairs. Twelve people and a relative participated. While other people, who chose not to participate, read magazines, a newspaper or watched the activity. Later the activity co-ordinator read poetry to 13 people, it was interactive and people told us they had learnt the same poetry at school. People were relaxed and told us they enjoyed the experience. After lunch a singing activity was offered, using a DVD, the words came up on the television for people to join in. This was quite a loud activity for others, who chose to sit in the 'quiet lounge'. Care staff checked frequently on these people, making sure they were warm, offering them a blanket and choice of drink with biscuits. A hairdresser visited and during the inspection, we observed four people having their hair done. This was welcomed and one person told us, "I love my hair done, makes me feel special and refreshed".

Views of the people using this service were sought through an annual questionnaire, which a member of staff, or relative supported them to complete. Resident meetings took place monthly to discuss their views on the care they received, activities they would like to do in the future and to discuss any changes occurring in the service, for example, décor, staffing or new people moving in.

People's concerns and complaints were encouraged, explored and responded to in good time. Formal complaints were dealt with by the registered manager, who would contact the complainant and take any necessary action. Complaints were listened to, investigated and managed in line with the provider's policy. The registered manager told us, there had been no formal complaints within the last year. One relative told us, "If I had a complaint I know who to speak to", another relative told us, they did not have a complaint but at Christmas, they had been concerned about the room temperature in the 'quiet lounge', the relative stated the registered manager responded immediately and this was now better.

Good

Is the service well-led?

Our findings

People, staff and relatives we spoke with told us St Winefrides Residential Home had really good leadership. One relative said, "The management team are brilliant, really, really good. I know that they are aiming to be outstanding and I think that's really encouraging." Another relative stated, "The management team listen, they act quickly and really care about the service they are offering, nothing is too much bother."

St Winefrides Residential Home had the benefit of strong focused leadership. A registered manager worked five days a week, a second registered manager who worked two days a week, a deputy manager and senior care staff who supported the registered manager. The registered manager said that she had an excellent relationship with the management team, and staff at the home. Staff and the management commented that they were all comfortable about being able to challenge each other's practice as needed. A member of staff said, "The manager is great, I love her, she is the reason this home is so good. I have learned so much from her."

During the inspection, the registered manager continuously demonstrated her in-depth knowledge of each person living there and of her staff team. Any question we asked was met with detailed information. For example, during the inspection, the registered manager stopped on many occasions to speak with the people and provided reassurance when it was necessary. People were encouraged by the management team to be involved in the inspection process as much as they wanted.

There was an open, positive culture within the home. This was led from the top down. Staff told us the manager was visible, one staff member added, "The management team are very good. They are always here to help." Staff told us the management team were all dedicated and were always willing to help if things needed doing. We were told, "The managers are very supportive and visible. They are always offering to help and give us really good training".

The registered manager told us that what they had achieved to date is down to the whole staff team, demonstrating a respect for others input into the service. There was a culture of continual reflection by the staff and management team. They were passionate, creative and dedicated in their approach to improvement, and a visible presence in the service, accessible at all times by operating an 'open door' policy. We observed this during the day; the registered manager shared an office with all levels of staff, which resulted in a culture of shared learning and information sharing to support the running of the service. For example, staff came in regularly and asked questions, passing on important information about people and their well-being.

The registered manager carried out a programme of weekly and monthly audits and safety checks. A quarterly audit was carried out of all areas of the service and service provision. The provider had a quality assurance system, based on seeking the views of people, their relatives and other health and social care professionals. There was a systematic cycle of planning, action and review, reflecting aims and outcomes for people who used the service. The registered manager provided evidence of completed weekly and monthly audits, which included care plan audits, infection control, fire systems and maintenance logs. The results of this monitoring were continuously delivered through changes and improvements in the way they worked with each individual. This could be directly correlated with the improvements in wellbeing, health and reduction of anxious behaviours for each person living at the service. This was evidenced through records of the care provided and planned and we could see how this had a positive impact for each person.

The registered manager spoke positively of how they were fully supported by the provider, who responded immediately to any situation when requested. They met quarterly to discuss quality assurance and other relevant updates. The provider fully supported continued improvement plans; for example, funds were allocated to redecorate the kitchen, for people's bedroom furniture to be replaced or modernised where needed. New flooring had also been laid in six people's bedrooms.

People and staff were seen as an integral part of developing and shaping the service, there was a strong emphasis on continually striving to improve. Surveys were sent to people, their families, healthcare professionals and staff to gain their views of the service. Once the surveys were returned the service analysed the results in the form of pie charts and graphs for people to view. They also detailed what actions the service took as a result of their feedback. Surveys viewed were extremely positive about the service that was being provided. Comments from the surveys included, 'All staff are extremely pleasant and helpful', '[Person's] care needs are met very well', 'All food looks and smells very appetising' and 'We are very pleased with staff and the service'.

Staff meetings were held every month, which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes and discussions included people who used the service, health and safety, recruitment and staffing. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about others or the organisation.

People attended monthly 'resident meetings' where they could give their opinions and feedback. Relatives were also invited to these meetings. These meetings were chaired by the registered manager and solely focused on the areas that people and their relatives wanted to discuss. This allowed people the opportunity to discuss any changes to the service they felt necessary, while promoting their independence. These meetings were also attended by the management of the service to help identify actions and minute discussions. The majority of people attended these monthly meetings; this helped to demonstrate that people and their opinions were valued. The meeting minutes viewed evidenced people were being kept up to date with any changes in the service, and encouraged to suggest forthcoming activities.