Strong Life Care Limited

Thornhill House

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Thornhill House is a care home that provides accommodation and personal care for up to 39 people, some of whom are living with dementia. At the time of inspection 38 people lived in the service.

People's experience of using this service:
Our observations during this inspection confirmed staff were friendly, kind and compassionate. Staff ensured people were comfortable, safe and provided a homely environment, so people enjoyed living there.

We observed risks were well managed during our inspection and the registered manager could tell us how they minimised the risk of harm to people.

People were supported by staff who were motivated, enjoyed their job and felt well supported through regular supervision, feedback, appraisal and training.

There were enough staff to meet people's needs and staff had been recruited safely to ensure they were appropriate to work with people at the home. We found the service was clean and tidy and people were protected from the risk of infection.

People and their relatives told us they were safe in the home; systems were in place to manage any allegations of abuse.

Staff were extremely kind and caring, treating people with respect and maintaining their dignity.

People received adequate nutrition and hydration which supported a healthy and balanced diet. People's likes and dislikes were accommodated within menu planning.

The registered manager ensured people were referred to healthcare professionals as required.
People were able to make choices and were involved in decisions about their care. Staff asked people for consent before providing care.

People had access to an extensive wide range of activities including access to the local community. Independence was promoted and staff actively ensured people maintained close links with their families.

The manager was visible working with the team, monitoring and supporting staff to ensure people received the care and support they needed.

People, relatives and staff praised the management of the home and spoke highly of the registered manager who they said was approachable and always available.

A complaints procedure was in place. People and relatives knew how to raise any concerns and had confidence in the complaints process.

Regular checks were undertaken to ensure the environment and equipment was safe.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
At the last inspection the service was rated good (report published 29 July 2016).

Why we inspected:
This was a scheduled inspection based on the rating at the last inspection.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Thornhill House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
One adult social care inspector and an Expert by Experience conducted the inspection on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in dementia care and older people who use regulated services. Day two of the inspection was carried out by one adult social care inspector.

Service and service type:
Thornhill House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
Day one of the inspection was unannounced. We announced the second day of our inspection.

What we did:
Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by CQC. A notification is information about important events which the service is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to decide which areas to focus on during our inspection. We requested and

received feedback on the service from the local safeguarding teams and commissioners.

During the inspection, we spoke with four people who lived at the home and six relatives, to ask about their experience of the care provided. In addition, we spoke with four visiting healthcare professionals.

We spoke with eight members of staff, which included the deputy manager, four members of care staff, activities co-ordinator, cook and domestic staff. We spoke with the registered manager, registered provider, human resources director and head of operations during the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We also looked at three staff files in relation to recruitment and supervision, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Following our inspection, the provider and senior management team sent us additional evidence and information which we reviewed and used as part of our inspection judgement.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management
• Personal emergency evacuation plans were in place to ensure people were supported in the event of a fire. However, the information was not presented in a quick easy read summary format. We raised this with the registered manager who stated they would take immediate remedial action and we saw this had been fully rectified on day two of the inspection.
• The premises were maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment.
• Equipment was used to help keep some people safe, such as pressure mats. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.
• People were protected from avoidable risks. Recognised risk assessment tools were used to help determine risks. Risk assessments were undertaken by the registered manager for a range of risks, such as those associated with skin integrity, falls, nutrition and hydration. The outcome of these assessments was recorded in people's care plans and reviewed regularly.
• Sufficient detail was recorded in people's moving and handling plans which provided staff with information to safely help people to move.

Systems and processes to safeguard people from the risk of abuse
• We asked people and their relatives if they felt safe. A person said, "Yes I feel safe, there is always someone about." Another person told us, "Yes I know I'm safe because there is a lock on the door and no one can get in unless they (referring to staff) let them in." A relative told us, "[Name] is very safe."
• The registered manager and staff understood their responsibilities to safeguard people from abuse. They had been trained to recognise different forms of abuse and knew who to report concerns to. A staff member told us, "I've been trained in safeguarding. I'd report concerns to my manager."

Staffing and recruitment
• The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required were deployed. Staff we spoke with did not have any concerns around staffing arrangements. A member of staff told us, "Yes, I think there's enough staff."
• We asked people who lived at the home and their relatives whether there were enough staff. A person told us, "When I need help, there is always plenty of staff about." Another person said, "Sometimes they are a bit short of staff and take a while to come, but not very often." A relative told us, "[Name] can't walk and there are always two carers available to move them, no problem." Another relative said, "[Name] needs lots of help and they get it."
• Staff were recruited safely, and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.

Using medicines safely

• Medicines were safely managed and were administered by senior staff who had received specific training. The member of staff we observed administering medicines knew people well and how people preferred to take their medicines. People were given the time they needed to take their medicines and spoken to in a kind and caring manner.

• Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.

• Checks on the management of medicines was carried out monthly by the registered manager and we saw identified errors were thoroughly investigated and remedial action taken were appropriate.

Preventing and controlling infection

• Staff had received training in infection control and followed good infection control practices to help prevent the spread of healthcare related infections.

• People told us and staff confirmed they wore personal protective equipment (PPE), for example, gloves and aprons when providing personal care. All staff we asked told us they had access to adequate supplies. We saw PPE supplies were available in various areas throughout the home.

• The home was clean, tidy and odour free.

Learning lessons when things go wrong

• The registered manager was keen to develop and learn from events. We saw accidents and incidents were appropriately recorded, reviewed and monitored for any themes or patterns to take preventative action.

• The registered manager shared lessons learnt from identified issues, concerns, incidents and accidents with staff as and when they occurred and at monthly staff meetings.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcome and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation for this to ensure it was lawful.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.
• The care plans we looked at contained appropriate and person specific mental capacity assessments which would ensure the rights of people who lack the mental capacity to make decisions were respected.
• Staff had received appropriate MCA and DoLS training and could explain what it meant.
• Care plans were developed with people and where appropriate, their authorised representative. We saw consent had been sought for people to receive care and treatment.
• In a care plan we looked at we saw the person's representative held a Lasting Power of Attorney (LPA), however, there was no evidence to support this. An LPA allows people's relatives or representatives to make certain decisions for them when they lose capacity to decide for themselves. We raised this with the registered manager who took immediate remedial action and we saw this had been rectified on day two of inspection.

Ensuring consent to care and treatment in line with law and guidance
• People's care and support needs were reviewed monthly by the registered manager or when people's needs changed. Staff told us any changes to people's needs was highlighted and discussed at the twice daily staff handover meeting.
• The registered manager used evidence based guidance, utilised the CQC website and email alerts to gather information. They engaged with an online registered manager's group to share good practice to assist them

to continuously improve their service.
• Staff applied learning effectively in line with best practice, which supported a good quality of life and led to good outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet
• People had choice and access to sufficient food and fluids throughout the day. Food was well presented and looked appetising. A person said, "We get plenty of drinks, cake and biscuits between meals. We can ask for water and juice whenever we want." Another person told us, "We have lovely milky drinks at bedtime, any sort."
• We observed the lunchtime meal in the dining room and saw this was not rushed. Tables were set with tablecloths, crockery, napkins and condiments. A person told us, "I get well fed, if I don't like what's on they will get me something else." Another person said, "We have lovely food and always nice and hot."
• Where people required their food to be prepared differently because of medical need or problems swallowing this was catered for.

Adapting service, design, decoration to meet people's needs
• The design and layout of the building was appropriate for the needs of the people who lived at the home and the communal areas had a welcoming homely feel. We received some negative feedback regarding the internal appearance of the home. One relative told us, "The place is clean if a bit shabby, the bedrooms need redecorating." Another relative said, "It's not the best of furnishings but the best thing is the caring and it is right here."
• On inspection we saw the ground floor corridors were being refreshed and repainted with seasonal themes. The registered manager told us there were plans in place to refresh the appearance of the first-floor corridors and had sought expert advice on the environment to support people who lived with dementia. We looked at the residents meeting minutes and saw people had been consulted over potential themes and asked for their ideas with the most popular suggestions being chosen.
• Adaptations had been made to the home to be 'dementia-friendly'. Words, colours and picture signage was in place to assist people to navigate around the home.
• An outdoor space was accessible for people to use if they so wished.

Staff support: induction, training, skills and experience
• Staff were competent, knowledgeable and had the skill to carry out their roles effectively. A relative told us, "Staff know what they are doing and are very considerate." Another relative said, "They (referring to staff) are very good here; the staff are well trained and do lots for the residents."
• New staff completed an induction, which incorporated the Care Certificate, followed by a period of shadowing more experienced staff. The Care Certificate is a standardised programme of knowledge that aims to provide care staff with the skills they need to provide effective and compassionate care. The registered manager had systems in place to check staff competency and confidence before staff worked unsupervised.
• Regular supervision was carried out by the registered manager to support staff to develop in their roles however, we saw this was not in line with organisational policy. We saw an audit carried out in January 2019 had identified the same issue as found during our inspection and remedial action had been implemented by the senior management team.
• Staff received annual appraisals.

Supporting people to live healthier lives, access healthcare services and support
• Records showed people had access to external health professionals and we saw this had included GP's, district nurses, chiropodists, dentists, speech and language therapists. One person told us, "They are quick to get the doctor if we need one." Another person said, "We can go to the dentist if we want to, someone

would take us." A visiting healthcare professional told us, "I receive regular referrals and requests for visits. I have no concerns at all."

Staff working with other agencies to provide consistent, effective, timely care
• Information was shared with other agencies if people needed to access other services such as hospitals. For example, the registered manager participated in the 'Red Bag' scheme initiative which gives reassurance to people that they have everything they need with them when they are admitted to hospital. The bags also provide hospital staff with up-to-date information about a person's health, including a system generated mini person's care plan.

Outstanding ☆

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity
• Our observations showed us people displayed positive signs of well-being. People were joyous and keen to tell us how happy they were and this led to positive outcomes for people. There was a bubbly atmosphere with the day's events. We saw people were engaged and had a sense of purpose to their lives. A person told us, "I love the staff they are good fun."
• Staff spoke with fondness and genuine concern for the wellbeing and happiness of people they supported. Staff recognised the benefit of encouraging a person who was unable to communicate verbally to use their vocal cords through singing. They knew the person's favourite songs and purposely played these to engage and bring the person joy by singing along with them.
• People were encouraged to raise money and participate in the work of various charities which they had chosen to support. For example, the home has for the past three years supported a local hospital shoe box Christmas appeal by collecting and filling 200 shoe boxes; some of which were given out personally and over 200 donations of items for the homeless have been collected by the home.
• Staff were extremely thoughtful to ensure people received person centred care and we saw detailed information recorded in care plans. Specialist spiritual support was provided for people by staff who had undertaken additional training. A relative described how their relative was supported to maintain their deep faith by enabling them to attend a place of worship and say prayers every night. They told us, "[Name] always used to say how lovely staff were. They [referring to staff] went out of their way to take them to church to light a candle." Staff knew how significantly important faith was to the person and had researched the person's religious needs to provide a selection of prayers for them to say together with staff. The service organised an in-house remembrance service was held for residents who fought or had lost relatives and friends in the war. One person reunited with a friend from many years ago who attended the service after seeing a local advertisement inviting people to join in and attend the remembrance service at the home.
• People enthused about how consistently staff were kind and caring. We saw staff were attentive to people who lived at the home and responsive to people's needs. A person told us, "The staff are very good and kind." A relative told us, "Nothing is too much trouble" and "This place is a happy place." A member of staff told us, "Working here is like having one big happy family." A visiting health care professional told us, "I visit a lot of care homes and they really seem to care here."
• Staff emotionally supported people with patience and compassion. We observed a member of staff taking their time to comfort a person who was visibly upset by holding their hand and speaking to them in a gentle tone using reassuring words. It was clear staff knew the person well. Another person told us how the registered manager had gone out of their way to enable them to visit their relative in a hospice and this had been a great comfort to them.

Supporting people to express their views and be involved in making decisions about their care
• We observed people were at the heart of their own community in Thornhill House and felt valued as individuals. We found the management team and staff valued the uniqueness of people and cared for people within this perspective. One person told us, "I was so happy with it when I came the first time so I chose my seat in the quiet lounge and stayed" and "I have never regretted my choice, we are a happy group and I have made lots of friends." A relative told us, "Residents are truly benefitting by being here, they're not just sat in a chair."
• People and their representatives were frequently asked for views and opinions on the care they received. We saw these were recorded in the care plans, meeting minutes and regularly individual one to one conversations with people who lived at the home. A relative told us, "This place far outshines anything I've seen before. We are genuinely included and asked our views."
• People's care was tailored to meet their individual needs and preferences. Staff could tell us about and records confirmed people's preferences were at the heart of their personalised care and their preferences were respected. We saw people's care plans were created in consultation with the person and where appropriate family members or advocates. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.
• People were encouraged to maintain their democratic rights to question the government about issues by being supported and offered the opportunity to vote in public elections. We saw information on how to vote and the postal voting system in the reception area for people to review.

Respecting and promoting people's privacy, dignity and independence
• Staff enabled and supported people to maintain their personal family links. For example, one relative told us how absolutely delighted they were to receive a signed birthday card from their relative. The gesture had been significantly important to them to maintain the closeness of their family unit.
• Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff consistently spoke to people at eye level to engage fully with the person and give their undivided attention. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work.
• The management team and staff organise and welcome family members back to the service for a wake and celebration after a person's funeral. People who could not personally attend the funeral, were also invited to be involved in the remembrance of the person's life.

• People were supported to remain as independent as possible and staff knew where they needed to encourage people or remind them. We observed staff were mindful in their actions and how they spoke with people. A member of staff told us, "We enable independence as much as we can. If someone is able to wash their own face and hands we encourage people to do this."
• We saw visitors were made to feel extremely welcome and greeted in a warm friendly manner. It was clear staff knew them very well. We observed staff offer kindness, care and compassion to a visiting relative who was clearly distressed. A relative told us, "My [relative] is the one who needs the care but they (referring to staff) show care for us too."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social values and beliefs.
• Care plans were detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Care plans were reviewed monthly or when a person's needs changed, by the registered manager along with the person receiving support and involving family members where appropriate.
• The provider employed two-part time activities co-ordinators and there was a scheduled programme of weekly activities. There was life enhancing interesting events and activities for people to become involved with. Ideas and events were initiated by people based upon their interests and suggestions. In the last year, external entertainers, theatre trips, shopping trips to the local market, watching sport related events along with traditional celebrations and in-house activities had been organised and enjoyed by people who used the service. A person told us, "There is always something going off" and "We are baking today, we usually do something for the resident's pudding." Another person said, "There is a group of us who prefer to chat and that's not a problem. We can chat without the noise of the TV in the quiet lounge." After the inspection, the management told us the service also ensured daily newspapers were purchased and left in key places around the home to enable people to keep up to date and as a conversation topic.
• People were able to maintain contact with those important to them utilising electronic communication technology to speak and see their loved ones.
• All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS). The aim of the AIS is to make sure people who have a disability, impairment or sensory loss receive information they can access and understand, and any communication support they need. We found the principles of the standard were followed in some areas of the home, for example, we saw photographs were used on the food menu board to make food choices accessible to people. The registered manager told us they would review AIS guidance and ensure any additional measures required were put in place. We will check this has been progressed at the next inspection. After our inspection, the management team told us they were able to request care plans in different formats from their electronic care plan recording system, for example audible, braille, larger print and foreign language format to make these accessible to people who lived at the home.

Improving care quality in response to complaints or concerns
• The provider had a complaints policy with systems and procedures in place. There were minimal complaints received. We saw evidence that complaints received were taken seriously to improve the service where possible and appropriate actions taken. with records were in place.
• People and relatives knew how to make a complaint should they need to. A person told us, "If I had any complaints I'd tell one of the staff or [Name] (referring to the registered manager), he's very hands on."

Another person said, "The manager is always about and talking to us, he will listen." A relative told us, "They (referring to the registered manager) take any concerns seriously. He spoke to me about me opening the outside door to let people in, he was very kind. I was in the wrong so I apologised."
• Another relative told us they were unhappy with some aspects of the service but did not feel comfortable in speaking out. We raised this with the registered manager who took immediate action. The relative later told us they felt much better and the manager was helping sort out their concerns.

End of life care and support
• Some people were supported to make decisions about their preferences for end of life care although we found care plans contained limited person-centred information relating to end of life wishes. We discussed these findings with the senior management team who were extremely receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life. On day two of inspection we saw a person centred 'what's important to me' document being used to support staff to hold sensitive and supportive conversations with people and record their wishes.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person centred care; support learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility
• The management team had established a 'recruit with a resident' scheme which empowered residents to have a voice in the service by giving an opportunity to be involved with the staff recruitment and induction process.
• Assessments and care plan documentation prompted assessors to consider people's preferences and characteristics protected under the Equality act such as gender, religion, sexual orientation and disability.
• The registered manager understood their responsibility relating to the duty of candour and evidence showed they acted accordingly and line with requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager had effective oversight of what was happening at the home and made themselves easily available to people using the service, relatives and staff. Potential issues and concerns were identified by daily walk-arounds and actions taken before these could escalate further. They told us they felt extremely supported by the provider and their senior management team.
• Staff at all levels understood their roles and responsibilities and spoke very highly of the registered manager. They said they regularly saw senior managers at the home.
• Staff we spoke with did not understood the provider's values and vision for the service. We raised this with the registered manager who assured us they would take actions to address.
• The quality assurance system included monthly audits, for example, care plans, falls analysis, medicine management and infection control carried out by the management team. Daily dignity audits were undertaken by senior care staff to analyse trends and escalate ongoing concerns to the registered manager. We found these audits were effective in that, where areas for improvement were identified we saw action was taken.
• Staff had completed health and social care qualifications which covered important areas of care practice such as privacy, dignity, equality and diversity, confidentiality and promoting independence. This helps equip staff with the knowledge about good care principles.
• Under the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015, registered providers have a legal duty to display the ratings of CQC inspections prominently in both the office and on their websites. We saw the ratings from last inspection were clearly displayed at the home as well as on their website.

Engaging and involving people using the service, the public and staff fully considering their equality

characteristics
• People and their relatives spoke positively regarding the service and its management. They all knew the registered manager and held him in high regard. Comments from people who used the service included, "I know the manager he's called [Name] and you can ask him anything", "He's good fun" and "We can ask anything, any time and we always get an answer." One relative said, "The manager is nice and will always listen." Another relative told us, "[Name], the manager is good."
• The registered provider regularly sought the views of people, their relatives and visiting healthcare professionals and feedback was used to continuously improve the service. One person told us, "They take any concerns seriously."
• Staff were formally asked for their feedback and consulted with regarding proposed changes to the service. The registered manager told us the annual staff survey had recently been distributed to staff and they were waiting for the results to be finalised.
• Staff meetings were held, and staff were also consulted during handovers between shifts.
• Staff told us the registered manager was approachable and they felt listened to.

Continuous learning and improving care
• The senior management team were passionate and committed to providing high quality, person-centred care and were keen to embrace new systems and processes if they were of benefit to people living at the home.
• The registered manager and senior management team were extremely responsive to our inspection and were keen to further develop and improve the home. This was evident as they took immediate actions to address any concerns we identified during the inspection.

Working in partnership with others
• The registered manager continued to work in close partnership with other agencies, including the local authority and health staff. They were also supported by the provider to develop into their role and there were systems in place to ensure the registered manager was given up to date information in relation to ensuring their home was working to best practice.
• The registered manager had forged good links for the benefit of the service within the local community. For example, Macmillan day coffee mornings, open days, visits from local school children and links with a local supermarket community café where people who used the service also attended for specific events.