Country Court Care Homes 2 Limited

The Grove 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?	Requires Improvement

Summary of findings

Overall summary

The Grove is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 52 older people, some of whom may be living with dementia. People who use the service are accommodated in single rooms which have en-suite toilet facilities; some rooms have a small kitchen so people can make themselves drinks and snacks. At the time of this inspection there were 45 people using the service.

This inspection took place over two days on 1 and 2 December 2016 and was unannounced. At the previous inspection in July 2015, we found the registered provider was in breach of regulations relating to staffing and the operation of governance systems and auditing processes, and the availability of accurate and detailed records. The overall rating for the service was, "Requires improvement". Following the inspection in July 2015 we received an action plan from the registered provider detailing how improvements would be made.

At this inspection we found improvements had been made and that registered provider had taken appropriate action to address the above breaches of regulation. We have changed the rating in the safe, effective, caring and responsive domains that were previously rated as Requires Improvement to Good. We have not changed the rating in the well-led domain, because we need to ensure the service is able to develop and sustain the improvements that have been made.

A new manager was in post and they had applied to be the registered manager. A registered manager is a person who has registered with the 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 2008 and associated Regulations about how the service is run. Service's without a registered manager cannot be rated higher than requires improvement in the well led domain.

Improvements had been made in relation to the availability of staff and there was evidence of an on-going process of recruitment for staff to ensure there were suitable numbers of them available to meet people's needs. The registered provider had ensured staff were provided with a programme of on-going training to ensure they were able to effectively carry out their roles, although further work was required to ensure a programme was available of regular supervision for them all to be clear about their roles. The governance systems for the service had been developed to enable the quality of the provision to be effectively monitored, which included a programme of audits and analysis of incidents and accidents, to enable trends or patterns to be identified.

Recruitment checks were appropriately followed to ensure care staff were safe to work with people who used the service. Dependency levels of people were monitored and we were told about plans to deploy additional staff at busy times to ensure people's needs were promoted at all times. Safeguarding training had been provided to enable care staff to recognise and report potential signs of abuse and ensure they were familiar with their responsibilities for raising concerns. Care staff told us said they were supported and

listened to by the manager and were confident they would take appropriate action when required.

Care staff had received training on the Mental Capacity Act 2005 to ensure they knew how to promote people's human rights and ensure their freedom was not restricted. Systems were in place to make sure decisions made on people's behalf were carried out in their best interests.

We observed care staff demonstrated compassion for people's needs and treated them with kindness and consideration. People were supported to make choices about their lives and provided with a range of wholesome meals. People's health and nutritional needs were monitored with involvement from health care professionals when this was required.

People were supported to make informed decisions about their lives and a programme of activities was available to ensure their health and wellbeing was promoted. People's concerns were listened to and they and their relatives knew how to raise a complaint and have them investigated and resolved wherever this was possible.

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.

Staffing levels were monitored to ensure there were sufficient numbers of staff available to meet people's needs.

Safer recruitment procedures had been followed to ensure people who used the service were not placed at risk of unsuitable staff being employed.

Staff had been provided with safeguarding training to ensure they knew how to recognise and report incidents of potential abuse.

People received their medicines from staff who had received relevant training and risk assessments about people were completed to help staff support them safely.
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Is the service effective?

Good

The service was effective.

A range of training was provided to enable staff to effectively carry out their roles and a programme was in place, to enable staff to receive regular supervision and be clear about their roles.

Staff understood the need to gain consent from people and had received training on the Mental Capacity Act and the Deprivation of Liberty Safeguards to ensure people's legal and human rights were upheld.

People's medical conditions were monitored by staff and they were provided with a balanced diet to ensure they were not placed at risk of malnutrition or dehydration.

Is the service caring?

Good

The service was caring.

Information about people's needs was available to help staff support and promote their health and wellbeing.

Staff demonstrated care and consideration for people's individual needs to ensure their personal dignity and wishes for privacy were respected.

People were able to make choices about their lives.

Is the service responsive?

Good

The service was responsive.

A range of opportunities were available to enable people to participate in meaningful social activities to ensure their wellbeing was promoted.

People's care plans contained details about their personal likes and preferences and medical professionals were involved in their care and treatment when this was needed.

People were able to raise their concerns and have these investigated and resolved wherever possible.

Is the service well-led?

Requires Improvement

Some elements of the service were not always well led.

Whilst the manager listened and involved people in decisions, they had not yet been formally registered to manage the service.

Appropriate systems were in place to enable the quality of service provision to be effectively monitored and enable the service to continually improve.

People who used the service were consulted and able to provide feedback about the home.

The Grove 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 registered provider was 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 was unannounced and took place over two days. The inspection was carried out to follow up the actions taken by the registered provider following our last inspection in July 2015 and determine whether any improvements had been made. At the time of our inspection visit there were 45 people living at the service.

Before the inspection, we asked the local authority safeguarding and quality performance teams for their views about the service. We also looked at the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how staff interacted with people and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with five people who used the service, three visiting relatives, four members of care staff, a senior carer, a member of ancillary staff and the manager.

We looked at four care files belonging to people who used the service, five staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the building.

Good

Is the service safe?

Our findings

People who used the service said they were happy living in the home. One person told us, "I am comfortable here." Pointing at care staff they told us, "They're really lovely and kind." Relatives told us they regularly visited and that overall they felt staff did a good job. Talking about the approach adopted with their mother, one relative told us, "Staff helped to build up her confidence and got her to take a few steps." They went on to tell us, "Staff are very persistent in making sure she takes her medication when it's required. I am very happy and have no concerns."

At our last inspection we found people were placed at potential risk of harm because there were not always sufficient numbers of staff available to meet their needs. This was a breach of Regulation 18 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the registered provider had taken appropriate action to meet the shortfalls identified above. We found that whilst a number of staff had decided to leave since our last inspection, a recruitment drive had been initiated and replacement staff appointed to cover these posts. The new manager showed us a dependency tool they were using to ensure there were sufficient numbers of staff available at all times. At this inspection we found there were two members of senior care staff who were supported by six care staff, to meet the needs of the 45 people who were using the service. We observed that care staff were prompt in answering people's care bells and comments from them indicated they felt that overall they were able to meet people's needs. The manager told us they had reviewed staffing arrangements in the service and that plans were in place to implement new staffing arrangements in the New Year, to ensure there were additional staff deployed at busy times of the day such as meal times. The manager told us they would be discussing the proposed changes with staff and people who used the service, to ensure they were able to share their views and the staffing situation would be monitored and reviewed on an on-going basis.

Care staff told us they enjoyed their work and we observed they interacted with people who used the service in a friendly and approachable way to ensure their needs could be met in a safe and sensitive manner. There was evidence that new employees were carefully checked before they were allowed to start work in the home, to ensure they did not pose a risk to people who used the service. We found robust recruitment procedures had been followed, including obtaining clearance from the Disclosure and Barring Service (DBS) to ensure new recruits were not included on an official list that barred them from working with vulnerable adults. The DBS complete backgrounds checks and enable organisations to make safer recruitment decisions. This helped ensure people were not supported by staff that had been deemed unsuitable to work with vulnerable adults. There was evidence that staff references were followed up before offers of employment were made, together with checks of personal identity and past employment experience, to enable gaps in work history to be explored.

There was evidence the service maintained a positive approach to the management of risks, whilst enabling

people to be kept safe from harm. We saw assessments about known risks to people were included in their personal care files, together with guidance for staff on the management of these. We found risk assessments were available for the building and use equipment and saw these were evaluated and reviewed on an on-going basis, to ensure accidents were minimised and that people were supported safely. There was evidence that systems were in place to enable incidents to be monitored and analysed and action taken to prevent them reoccurring.

We spoke with a member of maintenance staff who was employed by the service. They showed us a series of checks and regular tests of equipment and the building they carried out to ensure people who used the service were kept safe from harm. There was evidence items of equipment were serviced when required and that contracts were in place with the suppliers, together with evidence of up to date certificates for utilities such as gas and electricity. A business continuity plan was available for use in emergency situations, such as flooding, outbreaks of fire or infectious diseases. We saw people's care records contained personal evacuation plans for use in emergency situations, together with evidence that fire training had been provided to staff. The manager told us about a recent incident concerning an outbreak of an electrical fire, which we saw the Care Quality Commission had been appropriately notified about. We found this issue had been dealt with promptly and that the fire service was satisfied with the actions taken to prevent future reoccurrences, with daily checks carried out of people's rooms. The registered provider told us in their PIR, "We have a risk and quality assurance team who undertake audits to provide a review of the service and the outcomes are shared with the manager and corrective plans devised to address any shortfalls to ensure the required improvements are driven forward." This ensured appropriate action was taken to promote the safety of people who used the service.

We observed that people appeared well cared for and that there were no unpleasant smells in the home. Relatives told us the service was always kept clean and we observed domestic staff working hard to ensure it remained fresh and tidy. Domestic staff told us they followed a regular schedule of work and confirmed appropriate supplies of protective equipment, were available to such as gloves, aprons and paper towels. Hand sanitisers were available throughout the building to minimise potential outbreaks of cross infection.

Care staff told us about safeguarding training they had undertaken to ensure they were familiar with their roles and responsibilities to recognise and report issues of potential abuse. We found that policies and procedures were available to guide staff when reporting safeguarding concerns that were aligned with the local authority's guidance on safeguarding adults whose independence and wellbeing was at risk due to abuse or neglect. In discussion, care staff demonstrated an understanding of the different forms of abuse and were confident management would take appropriate action to follow up issues that were raised. The local authority told us the service worked well with them to investigate safeguarding concerns and that action was taken when required to ensure future incidents were minimised.

People who used the service said they received their medicines as and when they were prescribed. We found staff responsible for administering medicines to people had completed training on this element of their role. We observed staff talking patiently with people whilst carrying out a medication round and saw that people were provided with explanations about what their medicines were for and not hurried when taking these. People's medicines were securely stored and records maintained of medicines that had been received, reconciled and administered to people, together with good practice information in relation to their medical needs. Medicines requiring secure storage were held in a controlled drugs cupboard. Those needing to be kept cool were stored in a fridge, for which the temperature was monitored to ensure they were maintained at recommended levels. In-house and external audits were undertaken to ensure people's medicine records were accurate and the service was able to recognise and minimise potential errors. Following a recent audit carried out by a regional area manager for the registered provider, we found that medicines requiring secure

storage were checked at the end of each shift to ensure potential issues were quickly identified and rectified.

Good

Is the service effective?

Our findings

People who used the service told us their quality of life was promoted and that overall staff were good at doing their jobs. People said they enjoyed their meals and that the standard of the food served was good.

At our last inspection, we found that people who used the service were not always protected, because staff had not always been provided with appropriate support and training to help them perform their roles. This was a breach of regulation 18 of the Health and Social Care Act 2008, (Regulated activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the registered provider had taken appropriate action to meet the shortfalls identified above. We found that induction training had commenced for newly recruited staff to ensure they were provided with the necessary skills and abilities to effectively carry out their work, which were was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) A programme of additional training, considered mandatory by the registered provider had also been provided to enable care staff to maintain their skills. We found this included courses on basic life support, moving and handling, health and safety, infection control, nutrition, safeguarding people from harm, together with training on the specialist needs of people who used the service. We noted that whilst the service had achieved overall satisfactory levels for the majority of these courses, there were some such as first aid, dementia awareness and management of challenging behaviours for which further uptake on these was still needed. We spoke to the manager about this and were told about plans to address this issue in the near future. We found the service had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services. The manager however told us they would look into this and speak with the registered provider to ensure this was followed up.

Care staff were enthusiastic about their work and told us their training helped them to carry out their roles. Care staff told us they received good support from the manager to help them develop their skills and meet people's needs. Care staff we spoke with confirmed they had completed an intensive week of in house training and induction, together with a further week of shadowing more experience staff before they were able to work on their own. Care staff told us they received professional supervision recently to enable their performance to be monitored by senior staff and ensure they were clear about was expected of them. One told us, "The seniors are approachable and give us direction; we get the opportunity to say things and are able to ask questions." The manager told us a programme of regular supervision and appraisals had not yet been fully rolled out to all of the staff, although we saw evidence of plans for this to be carried out in the New Year.

Training on the Mental Capacity Act 2005 (MCA) had been provided to ensure care staff were aware of their professional responsibilities in this regard. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the manager understood their responsibilities in relation to DoLS and had submitted applications to the local authority to ensure people were only deprived of their liberty lawfully and in line with current legislation.

We observed people who used the service appeared very comfortable with care staff that interacted with them in a positive way. People told us care staff involved them in making decisions about their lives. We observed care staff obtained people's consent before carrying out interventions with them. This ensured people were in agreement with how their care was delivered. People's care files contained assessments of their ability to make informed decisions about their support. There was evidence best interest meetings were held when people had limited mental capacity. We found people were supported to make anticipatory decisions about the end of their lives and saw some had consented to Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). Information about this was clearly documented in the front of their files.

People told us they enjoyed their food and we observed they were provided with a variety of nourishing meals and the choices for these were on display. We saw previous concerns had been raised about the temperature of the food that was served, but saw action had been taken to remedy this, with the installation of a new hot plate facility. People's personal care files contained evidence of nutritional assessments and regular monitoring of their weight, together with involvement from dieticians or community professionals, such as speech and language therapists where this was required.

We observed individual support was provided to most of the people who needed assistance with eating their meals and drinks in a sensitive manner. However we saw two people who were sat on a separate table from staff who were struggling at times to eat their food and observed adapted cutlery and plate guards was not available to promote their independence. We spoke with the manager about this who told us they were considering introduction of staggered meal times to help remedy this situation. They commented they had also noted times when people's dignity could be further improved and we saw a memo about this displayed in the staff office.

People's personal care files contained a range of assessments and care plans based on their individual health and social care needs, together with evidence of on-going involvement from health professionals, such as GPs and district nurses to ensure their wellbeing was promoted. We found evaluations of people's care and support were carried out and updated on a regular basis following changes in their health status. Visiting relatives confirmed staff communicated with them about changes in their relative's conditions, however one told us this aspect of the service could be improved.

We observed dementia friendly signage was in use around the building to help people orientate themselves around and help them to feel in control of their lives.

Good

Is the service caring?

Our findings

People who used the service told us staff treated them with kindness and consideration for their needs and we observed their wishes for privacy were respected. One relative commented, "Staff are friendly and helpful, they bring milky coffee, because that's how she likes it." Another told us how staff involved and promoted their relative's independence. They told us, "They give her little jobs to do; she enjoys folding napkins and polishing teapots."

We found care staff demonstrated compassion for people's individual needs and saw them engaged sensitively with them to ensure their personal dignity was respected. We saw care staff speaking positively to people and bending down or kneeling at eye level, to ensure they were understood. We observed care staff provided reassurance and encouragement to help promote people's independence, whilst delivering personal care in the privacy of their rooms. A relative told us about times they felt more staff were needed to ensure people's wellbeing was better promoted. The manager advised they were aware of this issue and that this element of the service was due to be developed in the New Year with the introduction of new staffing arrangements for the home

There was evidence in people's personal care files of details about a range of their needs to help staff provide support in accordance with their wishes and preferences. We saw this included information about their life histories, personal likes and dislikes together with a 'This is me' profile to help ensure their wishes and aspirations were appropriately upheld.

People told us their wishes were respected and were able to spend time in their own rooms when they wished. We saw care staff carried out their roles in professional manner and maintained confidentiality and people's wishes for privacy when this was required. We found care staff did not discuss issues in public or disclose information to people who did not need to know. We saw that information that needed to be communicated about people was passed on in private and details about them were securely maintained.

People who used the service confirmed care staff involved them in making choices and decisions about their support, to ensure their wishes and preferences were observed. We saw care staff cheerfully offering drinks and heard them calling out to people by their names, "I'll be coming over to see you in a minute, what would you like?" This helped ensure people's needs were respected and their dignity was promoted.

People told us they were included in decisions about their support. We saw their bedrooms were personalised, with photos or items of furniture and equipment they had brought with them to help them feel at home. Relatives told they were encouraged to visit and take part in the life of the home. A group of relatives were visiting to bring Christmas presents for staff. They told us that although their member of family had died some time before, they still liked to visit and maintain contact with the service. People and their relatives confirmed regular meetings were held to enable feedback to be provided and help them be involved in the service. We observed information about the home was available, together with details about use advocacy services to ensure people had access to sources of independent advice and support if

required.

Good

Is the service responsive?

Our findings

People told us they were confident any concerns or complaints would be addressed and overall were happy with the way staff delivered their support. People who used the service confirmed they were consulted about their support to ensure it was personalised to meet their individual needs. A relative told us about a recent hospital appointment they had attended with their member of family and commented, "Staff printed off the care notes for me to take and the medical staff gave praise for the standard of the recording in them."

People who used the service told us that overall they were happy with the service and involved in decisions about the way their support was delivered. Visiting relatives confirmed they were invited to participate in decisions about people's support. The manager told us about arrangements that were planned for care staff to develop their key worker responsibilities for meeting particular people's needs, to ensure their individual wishes and feelings were positively promoted.

There was evidence care staff had a good understanding of people's individual personal strengths and needs and observed they had established positive relationships with people who used the service to enable their personal wellbeing to be enhanced. We found there was no activity coordinator currently employed but saw recruitment checks were presently being followed up for replacement for this post. There was evidence the service had developed strong relationships with relatives and a number of them regularly acted as volunteers, to enable people's opportunities to participate in meaningful social activities to be maximised. We saw a variety of regular events were provided, ranging from popular bingo sessions, craft sessions, visits from external entertainers and an 'Elf Day' where staff had agreed to come to work dressed in costumes as part of the forthcoming Christmas celebrations. On the second day of our inspection we observed a group of people happily involved in making Christmas decorations with their members of their families and friends.

There was evidence of people's participation and involvement in decisions about their support to ensure their wishes and feelings were met. We saw people's personal care files contained details about their individual preferences and interests to enable staff to deliver support in a personalised way to help people have as much choice and control over their lives as was possible.

We found people had been assessed prior to their admission to ensure the service was able to meet their needs. Up to date information that was individual to each person was available together with guidance for staff on how to monitor people safely. Supplementary records were maintained where required that covered a range of issues, such as food and fluid input, weight monitoring, pressure area care and general observations. Assessments about known risks to people were included that covered issues such as falls, skin integrity and risk of infection. There was evidence people's care files were regularly updated, together with input from a range of community health professionals to ensure their involvement when people's needs changed.

People who used the service and their relatives told us staff listened to them and that overall they were

happy with the service provided. A complaints policy and procedure was available to ensure people's concerns were followed up which we saw was displayed in the service. There was evidence the manager took action to address people's complaints in an appropriate manner. They told us they welcomed feedback from people as an opportunity for learning and improving the service. A visiting relative told us about an occasion when they had been unhappy with the way care staff had responded to an incident involving their member of family. They described the care staff response as having been "Reactive rather than proactive" about this. We found the manager had followed their 'duty of candour' and provided a full explanation and apology about this. The manager however told this issue had not yet been fully resolved and was intending to arrange a meeting to enable this issue to be further explored.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us the new manager was approachable and included them in decisions. A relative told us, "[Name of manager] is always welcoming and pops out to see me. The other day she spoke to me nicely and put her arms around me." Commenting about the improvements made by the manager a member of staff told us, "Things have definitely got better; they're getting us to work of the same page."

At our last inspection we found that people who use the service were potentially placed at risk because regular audits to assess and monitor the quality and safety of the service were not being effectively implemented and maintained. This was a breach of Regulation 17 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found that the registered provider had taken steps to address the shortfalls identified above and developed the operation of governance systems for the service to ensure it was compliant with this regulation. A new manager had been appointed three months prior to our inspection, following the departure of the previous registered manager. We found the manager had a background in developing and improving services and saw they carried out a range of audits of the service to enable them to monitor the level of service provision. There was evidence these audits included reviews of staff training and development, evaluation of people's care plans, incidents and accidents analysis and medicines management, together with measures to address shortfalls that had been noted. The manager was supported by a deputy manager, together with an administrator, together with regular visits from a regional area manager to enable the registered provider to assure the quality of the service delivered. We saw a quality audit and action plan completed by the area manager in November 2016, that covered issues such as checks of people's care plans, occupancy and staffing levels, reviews of complaints, hospital admissions, outbreaks of infection and people's medicines.

This location has a condition of registration that it must have a registered manager in place. The manager had been in post for three months and had submitted an application to be registered with the Care Quality Commission (CQC). They told us they were awaiting an interview for their skills and competencies for this position to be formally assessed. This domain cannot currently be rated higher than Requires Improvement, as the rules for rating this as good require there to be registered manager in post who is responsible for management of the service.

We found the manager had a range of knowledge and experience of health and social care services. They demonstrated a clear understanding of what was required to ensure people's health, safety and welfare was promoted and enable the service to be well led. We found the manager was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service.

We observed the manager had a 'hands on' approach and was readily available throughout our inspection, providing support and guidance to staff and people who used the service. We found the manager carried out daily walk rounds of the service to ensure they were kept up to date about people's needs. There was evidence the manager kept their skills up to date and attended regular meetings to ensure new legislation and best practice could be discussed with staff and enable safe working practices to be improved. The manager told us about weekly surgery meetings they held to enable people and their relatives to provide feedback about any concerns.

We noted plans there were in place to develop and strengthen the staff culture in the service, together with a programme of regular meetings and professional supervision sessions to enable staff performance to be monitored and help them develop their careers. We saw evidence of on-going recruitment of staff together with plans to adjust their deployment to ensure there were sufficient numbers of them available at all times to meet the needs of people who used the service. We were told about plans to develop the involvement of care staff with people, to enable their health and wellbeing to be more effectively promoted. The manager told us they envisaged this would entail care staff having responsibilities to act as 'key workers' and engaging more proactively with both people who used the service and their families.

Care staff told the manager was approachable and maintained an open door policy for people who used the service, their visitors and themselves and understood the need for involving them. Care staff told us they received feedback in a motivating and constructive way to help them carry out their roles. They told us they felt able to approach management with suggestions, issues or concerns about practice issues and had confidence these would be listened to and taken on board. There was evidence of meetings with people who used the service and their relatives to enable them to share their views about the service. We found surveys were issued to enable the views of people, their relatives, stakeholders and staff to be obtained to enable the service to learn and develop. A regular newsletter was available that was compiled by a person who used the service and contained details of local facts and news.