Royal Mencap Society

Valley Road Care Home

Inspection report

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Website: www.mencap.org.uk

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected Valley Road Care Home on 8 June 2016. The inspection was unannounced.

Valley Road Care Home is located in Carlton, Nottingham. The service provides accommodation, personal care and support for up to 11 people with learning disabilities or autism spectrum disorder. At the time of our visit nine people were living at the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were protected from the risk of abuse as staff had a good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to peoples safety were identified and assessments carried out and followed by staff to minimise risk of harm.

People received care and support in a timely way. Appropriate action had been taken by the registered manager to fill staff vacancies and the staff team had worked hard to ensure that people's support needs were met during staff shortages.

People received their medicines as prescribed and the management of medicines was safe.

People received support from staff who received training and support to ensure they could carry out their roles effectively.

People were encouraged to make independent decisions wherever possible. However, people were not always protected by the Mental Capacity Act (2005) in the event they lacked capacity to make some decisions.

People were supported to maintain their nutritional and health needs. Referrals were made to health care professionals for additional support or guidance when needed and staff followed their guidance to ensure people maintained good health.

People were supported in a respectful and dignified manner and we observed that positive caring relationships had been developed between staff and people using the service. Where possible people were supported to make choices about their care and daily activities.

Staff understood peoples support needs and ensured they received personalised responsive care. People had the opportunity to take part in activities as they wished. People's care records were in the process of being updated and the registered manager acknowledged that further improvements to these were required.

People, who lived at the service, and their relatives, knew how to raise an issue and were confident these would be listened to and acted on.

The registered manager told us about improvements they were implementing to ensure people resided in a consistently clean environment. Quality monitoring systems were in place and effective in identifying areas for improvement and ensuring these were acted on.

There was an open and transparent culture at the service and the views of people who used the service were sought in monitoring the quality of service provision.

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 told us they felt safe and were protected from the risk of abuse as staff had a good understanding of their roles and responsibilities if they suspected abuse was happening.

Risks to peoples safety were identified and assessments carried out and followed by staff to minimise risk of harm.

People received care and support in a timely way. Appropriate action had been taken by the registered manager to fill staff vacancies and by the staff team and to ensure people's support needs were met during staff shortages.

People received their medicines as prescribed and the management of medicines was safe.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were encouraged to make independent decisions wherever possible. However, people were not always protected by the Mental Capacity Act (2005) in the event they lacked capacity to make some decisions.

People received support from staff who received training and support to ensure they could carry out their roles effectively.

People were supported to maintain their nutritional and health needs.

Referrals were made to health care professionals for additional support or guidance when needed and staff followed their guidance to ensure people maintained good health.

Is the service caring?

Good

The service was caring.

People were supported to make choices and were treated in a

kind and caring manner by staff.

People were treated with dignity and respect and their privacy was protected.

People were involved in the design and review of their care where able.

Is the service responsive?

Good

The service was responsive.

Staff understood peoples support needs and ensured they received personalised responsive care. People had the opportunity to take part in activities as they wished.

People's care records were in the process of being updated and the registered manager acknowledged that further improvements to these were required.

People, who lived at the service, and their relatives, knew how to raise an issue and were confident these would be listened to and acted on.

Is the service well-led?

Good

The service was well led.

Quality monitoring systems were in place to identify areas for improvement and ensure these were acted on. The registered manager told us about improvements they were implementing to ensure people resided in a consistently clean environment.

There was an open and transparent culture at the service and the views of people who used the service were sought in monitoring the quality of service provision.

There was a clear management structure in place.

Valley Road Care Home

Detailed findings

Background to this inspection

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

We inspected the service on 8 June 2016. This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We received this information as requested. Prior to our inspection we also checked the information that we held about the service such as information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and healthcare professionals and asked them for their views.

During the visit we spoke with three people who used the service, four care workers, the deputy manager and the registered manager. We observed care and support in communal areas. We looked at the care records of four people who used the service, staff training records and the recruitment records of three staff. We also looked at a range of documentation in relation to the running of the service including medication records and audits. Following our visit we spoke with three relatives of people who lived at the service.

Good

Is the service safe?

Our findings

People, who lived at the service, and their relatives, told us that they felt safe. One person told us that staff took action to reduce risks to them, such as trip hazards, and reminded them about how to keep themselves safe when at the service or in the community. One person's relative told us, "I have no concerns. I think its fine. They look after [relation] very well." The staff we spoke with told us that they felt that people were safe and were confident that any issues which could compromise people's safety would be acted upon promptly.

We observed that the service had a calm and supportive atmosphere with people interacting comfortably with care staff and each other. We witnessed staff communicated with people appropriately and that people felt comfortable approaching staff with any questions or concerns. Information was contained within care records about how people communicated if they were unwell or distressed and how staff should respond to provide people with reassurance and support. We saw that staff were knowledgeable about how people communicated.

People were supported by staff who knew how to protect them from harm. Staff had received training in protecting people from the risk of harm and abuse and understood how to recognise signs of abuse. They understood the process for reporting concerns about people's safety to the provider and escalating them to external agencies if needed. One member of staff told us about an incident they had reported involving another member of staff. They described how the management team had taken swift action to safeguard people using the service from harm. The provider had a safeguarding policy which covered current legislation and procedures for reporting safeguarding concerns. We checked our records which confirmed that safeguarding referrals had been made appropriately when required.

Risks to people were identified and assessed and measures were in place to reduce the risk of harm. People's care plans contained completed risk assessments for a number of areas in response to peoples individual needs. For example, people were supported by staff to access their money. Very clear risk assessments were in place to inform staff about the procedure for doing so safely. Care staff had read people's risk assessments, demonstrated an awareness of the information they contained and followed this guidance to keep people safe. We saw that risk assessments were detailed and personalised and had been updated if people's needs had changed.

The staff we spoke with were responsive to identifying and managing risks. For example, one member of staff told us that they had identified that a door in the service was causing bruising to a person when they were using it. They told us that a door guard was now in place to prevent injury from occurring. Training records showed that staff had undertaken a range of training to help reduce the risk of harm to people including risk assessment, health and safety and fire safety. We saw that reporting forms were used when incidents had occurred which may affect people's safety and the action taken following the incident was recorded. For example following a medicines error staff spoke to a pharmacist. We saw that action had been taken by the registered manager to reduce the risk of reoccurrence, such as carrying out an error interview with staff.

Potential risks to people as a result of the environment were identified and responded to. People had plans in place to describe the support they would need in the event of an emergency, such as a fire. The plans were very clear about the support the person would require to leave the building.
Systems and processes were also in place to reduce the risk of legionella. We spoke to a contractor on the day of our visit who told us that they visit the service monthly to conduct water testing; they told us that the service was compliant with their responsibilities in this area.

People received the care and support they needed in a timely way. People we spoke with told us they felt there were enough staff to provide care and support. One person told us, "There is always someone here to help". Another person told us, "If I needed staff urgent or even just for a chat they would come to me straight away." People's relatives also felt that there were enough staff. One person's relative praised the response of the staff team to ensure their relations needs were met, during recent staffing shortages they told us, "It's brilliant in how they (staff) have covered."

The management team explained that staffing levels were based upon the number of hours that were commissioned for each person. We saw that shifts were staffed according to this plan. One to one support hours were clearly detailed on the rota and staff told us that people always received their one to one support. On the day of our visit the service had a high staff vacancy rate and the registered manager told us that this has meant that permanent staff had covered extra shifts and they had sometimes had to use temporary staff. They explained they used regular agency staff and had established relationships with these staff to ensure that the impact on people using the service was minimised. The registered manager also told us that they had recently recruited to all but one of their vacancies. Staff we spoke with told us that they did not currently have enough staff, but were clear that this did not have an impact on the people using the service as the existing staff team worked hard to cover shifts and they also made use of relief and agency staff.

People could be assured that safe recruitment practices were followed. The manager requested references from previous employers to determine if staff were of good character and also requested checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work vulnerable adults. This helps employers make safer recruiting decisions. Staff application forms provided a full employment history.

People told us that they received their medicines when they required them. One person told us, "I never have to wait for my medication." The records we accessed supported people's views that they received medicines as required and safely. People were given their medicines by staff who had been trained and assessed as competent to do so. Regular stock checks were carried out to ensure medicines had been give when they should. Staff were aware of the procedure for reporting a medicines error and we saw that they had followed guidance when required. People's support needs in relation to their medicines were clearly explained in documentation and there was guidance in place informing staff what they should do if people chose not to take their medicines.

People's medication administration record (MAR) sheets had a photo of the person and details of how they liked to take their medicines. Guidance was available for staff for medicines that were prescribed "as required" and people's MAR sheets were completed without any gaps. We fed back to the registered manager and deputy manager that details of one person's medicines sensitivity was not recorded on their MAR sheet. The deputy manager confirmed that they were aware of this and told us of the action they had already taken to try and resolve the omission. We saw that medicines were stored safely and securely.

Requires Improvement

Is the service effective?

Our findings

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.

We saw that the provider had a policy relating to the Mental Capacity Act (2005) and that staff had recently been provided with training in this area. Staff we spoke with had a basic understanding of the Mental Capacity Act 2005 and were able to describe how they applied this in their role.

However, we found that the MCA was not always adhered to when people lacked capacity. Records showed that people had signed their care plans if they had the capacity to do so, however some care plans were unsigned and people's capacity to consent to their care plans had not been assessed.

There were no decision specific MCA assessments in three of the four support plans that we reviewed; however there was information to suggest that each of these three people did not have capacity to make decisions in at least one area of their life. For example, we saw information in one person's support file which suggested the person did not have capacity to make complex decisions about their finances. We asked a member of staff if this person was able to make decisions in this area, they told us, "They [the person] can make decisions about small amounts of money but, no, they would not be able to understand about their benefits or banking." There was no MCA assessment in place for this person. This meant that staff were making decisions in people's best interests without formally assessing and documenting the person's capacity.

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. We checked whether the service was working within the principles of the MCA. The management team had an understanding of the Deprivation of Liberty Safeguards (DoLS). We saw that DoLS applications had been made to the local authority for a number of people at Valley Road and the manager was waiting to hear about the outcomes of these.

People told us they were able to make decisions about their daily routine and we observed people being offered choices, such as how they wished to spend their evening and what they would like to eat. One person's relative told us, "[Person] has plenty of opportunity to make own decisions, it is actively encouraged." Staff we spoke with were able to describe their role in supporting people to make decisions and respect their choices. One member of staff told us about how they had worked with a person using the service to enable them to make more choices. They explained that when the person moved into the service they had a very set evening routine, the staff team worked with the person to help them understand that they did not have to stick to this routine if they did not want to and gradually this person took control of their routine. The person now spent their evenings as they chose and decided when they wanted to go to bed.

People were supported by staff who had the skills and knowledge to support them safely. One person who used the service told us that staff knew them; "Very well, and they (staff) are all well trained." People's relatives also told us that permanent staff knew people's needs well.

Staff told us that they were given training to support their development and enable them to provide appropriate care and support to people. We saw training records which showed that staff undertook a planned training programme including safeguarding, risk assessment and moving and handling and that systems were in place to ensure training was kept up to date. Staff were also given training in the specific support needs of people using the service such as epilepsy and could request additional training if they needed it. Staff told us that information about people's changing needs and daily activities was clearly communicated during staff handovers.

The registered manager told us in the Provider Information Return (PIR) that all new staff undergo an induction period which involves formal training, feedback from other staff and observation of their work. They told us that new staff did not work alone until this period has been successfully completed. One member of staff confirmed this to be the case, and told us, "I received a proper induction; it covered things such as fire safety, money and medication."

People were supported by staff who received support and formal supervisions from the management team. Supervisions took place four times a year and all staff had an annual performance appraisal. Staff told us they took part in regular supervision meetings with their line manager and this was confirmed by records we accessed. We saw evidence that issues related to staff performance such as medication errors, absence and timekeeping were addressed appropriately in supervision. One member of staff told us, 'If I make a mistake with medication I have to fill in an incident report and then I have to have a meeting with my manager to discuss it."

People were supported to eat and drink enough. People told us they had enough food and that the food was good quality, one person said, "Yeah, the food is nice." People told us that they could help themselves to drinks and snacks and throughout our visit we observed people making drinks for themselves and getting involved in meal preparation. Staff kept daily records of what and how much people had eaten. Weight charts were in place for people who required their weight being monitored and there were records that medical advice had been sought as needed. A member of staff we spoke with explained how they had been approached by a person who used the service who said they wanted to lose weight and the staff team worked with the person to involve them in preparing healthy meals in order to achieve their goal.

There was information in care records relating to people's individual eating and drinking support needs. One person using the service had a medical condition which required a specific diet, this was clearly documented and staff were aware of this and followed guidance. Another person who was at risk of choking had a risk assessment related to this and staff were able to describe how they supported the person to minimise this risk.

People were supported to maintain their health. One person told us, "Staff look after me very well if I'm not feeling well." Records confirmed that staff sought medical advice as required, for example, when someone indicated they were in pain and when another person had sustained a fall. One person told us that they attended some healthcare appointments independently but that staff provided support if requested. We saw clear information about people's health needs contained within care records including details of regular health appointments attended by the person.

Staff we spoke with described their role in supporting people to attend health appointments. One member

of staff told us, "I take people to appointments all the time, I supported [person] to the dentist last week." Staff sought advice from health professionals when people's health and support needs changed. For example staff had involved a psychologist for one person where there had been some changes in their behaviour. We saw that advice received from professionals was included in people's support plans and acted upon.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and we observed staff speaking to people in a respectful and caring manner. One person told us, "I do generally get on with all the staff here; they are caring and nice staff and look after my health." Another person told us, "[Staff member] is lovely to me." One person's relative told us. "Staff are wonderful. They treat [relative] well."

Staff told us that people were treated with kindness and respect. One staff member told us, "I have not noticed anything I am concerned about." Another member of staff told us that the manager ensured that people were treated with dignity and respect and monitored the approach and language used by staff. The staff member said that they appreciated this as they would rather know if they had inadvertently not treated someone with dignity and respect.

We observed warm and friendly interactions between people and staff. One person was being supported to attend an appointment. The person could become anxious when leaving the building and staff worked flexibly to ensure the person was supported in a way to minimise their distress. Another person was talking about an upcoming appointment at the dentist stated they were not looking forward to it and we observed a member of staff providing reassurance to the person. Staff knew people well, including any triggers for people becoming upset and what they should do to help them, such as putting on the person's favourite music or facilitating a phone call to the person's family.

Peoples care plans contained a one page profile which included information about what people liked and admired about the person, what was most important to them and the top things staff needed to know about the support they needed. This provided a snapshot of each person using the service which could be used by new or temporary staff to get to know people. Staff confirmed that they had time to read people's care plans to understand how to support them.

The people we spoke with were aware that they had care plans and one person told us that they spent time with a member of staff reviewing their care plan every month to see if there had been any changes. The person told us that the staff member wrote a list of actions arising from the meetings. Records confirmed that individual monthly meetings between people using the service and a member of staff were held and used to discuss day to day issues in the home and also the person's goals. We saw information within care plans about how people could be supported to understand information and make choices which included information in a format accessible to people using the service. One person told us how staff supported them to ensure that they understood the contents of any letters that they received.

At the time of our inspection no one who lived at the service used an advocate. We did not see any information displayed relating to advocacy services on the day of our inspection but the manager told us that staff were aware of advocacy services and that they would signpost to these if needed. Advocates are trained professionals who support, enable and empower people to speak up. The registered manager told us about a person who had previously been supported to use an advocate when making a decision to move to more independent living. They described how they worked together with the advocate to ensure a

smooth transition.

People were treated with dignity and respect. People told us that the staff respected their privacy and relatives told us that information was only shared with them when it was appropriate. The registered manager told us that dignity and respect had been the focus of their work since joining the service 12 months ago. They said that the management team had been working with staff through the use of training and meetings to challenge traditional ways of thinking and to enable people to be treated more as individuals.

Staff spoke clearly and confidently about how they maintained people's privacy and dignity. For example, many of the people using the service chose to lock their rooms when they were not present. A member of staff told us that they would wait for the person to return and ask their permission before entering their room for any purpose. The registered manager told us about their plans to store people's medicines in locked cabinets into their rooms and one reason for this was to ensure people had privacy when taking their medicines. We also saw information in care plans which promoted people's privacy and dignity. One member of staff told us how they had supported someone to help them understand public and private behaviours using social stories that had been developed with the support of external health professionals. This helped to preserve the person's privacy and dignity and also ensured that this person's behaviours did not infringe on the rights of others in the home.

Good

Is the service responsive?

Our findings

People told us they received personalised care that was responsive to their needs. One person told us that they were supported to maintain their relationship and to pursue their interests. A relative told us, "They (staff) support [person] to be as independent as they can be. [Person] talks more since they have been there."

Staff we spoke with had a good understanding of people's needs and told us they found that care records contained useful information. Staff were aware of where relevant information was located within care records. For example, one person was at risk of choking and although this wasn't referenced in their support plan, staff knew that information about how to manage this risk was located in a risk assessment. The service had recently redesigned people's support plans to ensure that they were person centred. We saw that support plans did contain person centred information such as the person's preferred name, what was important to them and preferred food and clothing choices. However, the care records we accessed contained little information about people's personal history and one member of staff felt that this information could be improved as some people using the service were unable to share this with staff. Staff described how they reviewed peoples support plans and how they used team meetings to discuss and share updates to people's plans. One member of staff told us, "They [support plans] are so much better than they used to be."

We found the structure of people's care records meant that it might be difficult for newer members of staff to locate information quickly. For example, one person had a medical condition and we found that information about their condition was located in three separate places within their care records. The registered manager described the newly redesigned care records as a, 'work in progress.' They confirmed that further refinements were needed to ensure that information contained within support plans and risk assessments was clear, easy to locate and that they were reviewed at regular intervals.

Managers and staff told us about changes which had been made to the staffing rota to enable everyone living at Valley Road Care Home to have some staff hours dedicated to them every week to use as they wished. This was in addition to people who received one to one hours paid for by commissioners. Managers told us how they felt that people had really benefitted from this dedicated time. One member of staff we spoke with told us about one person using the service who had really grown in confidence as a result of having this additional time from staff. Another staff member told us, "It's much more person centred and this has had a positive impact on people's behaviour."

Staff and managers we spoke with explained how they worked with people to enable them to have more control over food, drink and mealtimes. They described how they used alternative methods of communication such as photos and images to make information accessible to people. For example, people were supported to have a choice about what they ate for Christmas dinner. This meant that for the first time people were able to choose something other than traditional Christmas dinner and we were told that one person chose gammon and eggs. Care plans contained clear guidance about how to promote people's independence, for example by involving people in meal preparation and cleaning. On the day of our visit we

observed one person going out to do their weekly food shop. People had their own cupboards in the kitchen where they stored their personal food items. The manager also described how they were planning to look at the service budget to allocate an amount to each individual to do their own weekly food shop.

The registered manager told us that the service was trying to move away from traditional activities towards more person centred, flexible and community based activity and we saw evidence of this in people's weekly planners. We saw that one person was planning to go to a music festival with the support of staff. A member of staff told us that the person had been supported to use the internet and had, "Chosen what time to go, what day. They have chosen everything." Other people attended day centres, went to evening classes, attended sporting events and one person had a number of voluntary jobs based on things that they were interested in.

People could be assured that complaints and feedback would be acted upon by the service. One person we spoke with told us, "I could talk to staff if I was worried." People's relatives told us that they were confident that any concerns raised would be responded to appropriately. One person's relative told us, "We liaise with (staff) regarding certain issues, if we raise anything they attend to it straight away." We saw that complaints received by the service were thoroughly investigated. The provider had a clear complaints policy and we saw that this was regularly discussed with people using the service in house meetings and individual monthly meetings. Staff were able to describe what to do if they felt someone wanted to make a complaint, one member of staff told us, "I would take it seriously, I would write it down and speak with my manager".

The provider conducted an annual customer satisfaction questionnaire and we saw completed surveys in people's support plans. The registered manager told us that she addressed issues from the surveys on an individual basis as well as sharing the results of the survey with the area manager.

Good

Is the service well-led?

Our findings

The registered manager was aware that improvements were required to the system that ensured people resided in a consistently clean environment. On the day of our visit we saw that there were some areas of the service which required cleaning. A member of staff told us that staff shared cleaning duties between them and supported people who used the service to assist them if they wished to. The staff member informed us that there was no cleaning schedule or rota and they clean as needed. This meant that staff may not have a clear understanding of their duties in this area and may result in the service not always being clean. The registered manager told us that they had identified this was an area for improvement and had developed a cleaning rota and checklist which they would be implementing to ensure the cleanliness of the service was always maintained.

There was a quality assurance system in place within the service. The provider used an online tool to audit and assess the quality of the service. This included checks on staff training, supervision and appraisals, and all records associated with the people's care and support. The registered manager was able to use this system to identify any outstanding actions or issues within the service and this system was also accessible to the provider. Accidents and incidents were inputted into this system and were analysed by the area manager who then flagged up any patterns or concerns to the manager for action. We also saw evidence of errors in medication and finances had been picked up by the manager and addressed in staff supervision.

People told us that the registered manager and deputy manager were approachable and helpful. One person told us, "They help me out and sort things out." People's relatives told us that they were confident in the running of the organisation and felt they were communicated with appropriately. One person's relative told us, "We have met with the new management. They have always responded properly and quickly." People's relatives also praised the staff team for how they had responded to changes at the service. One person's relative told us, "They (staff) have handled changes brilliantly. They are very supportive. A good bunch of people. Bent over backwards to make sure residents are ok."

Staff we spoke with talked positively about the management team and felt able to speak to the registered manager or deputy manager if they had any concerns. One staff member said, "Staff meetings are more professional and really open, staff are able to speak up. We are able to talk to the [registered] manager or deputy manager at any time." Records evidenced that regular staff meetings were taking place.

There had been significant changes in the management and staff team over the past 12 months at Valley Road Care Home and the management team were open in saying that the running of the service had not been easy at times. The registered manager explained how the staff team had worked hard to establish a person centred culture at the service over the past 12 month period and told us, "I'm really proud of the staff team." The manager told us the biggest challenge for the service was currently staffing, however they had recently recruited to all but one of their vacancies which they felt would improve the service.

The management team shared a vision for the service which was focused on supporting people to have a good life that they are in control of whilst ensuring people were safe. The staff members we spoke with

shared this vision. One person said, "People have more choice now that they used to, they can change their mind it's no problem".

There was a registered manager in post and she was supported by a deputy manager. The manager understood their role and responsibilities and records showed they had submitted notifications to the Care Quality Commission when incidents had occurred in line with statutory requirements.

We received feedback from a number of health and social care professionals prior to our inspection that communication with the service had at times been difficult. We discussed this with the registered manager on the day of our inspection. They explained that, due to staffing issues and also in an attempt to respect that Valley Road is people's home not an office, they had asked all contact with the service to be made via their mobile phones rather than the main landline. The manager informed us that they felt that they had worked hard to develop relationships with professionals but would consider this feedback and explore whether any changes could be made to improve in this area.

People were able to give feedback about the service in a number of ways including participation in residents meetings, annual surveys and individual monthly meetings. We saw records of monthly house meetings where people who lived at Valley Road Care Home were supported to discuss issues such as how to complain, bullying, personal safety and household tasks. People were also supported to think about things they would like to do or try and we saw that when suggestions had been made there was evidence that these had been acted upon.