

# Bedford Borough Council

# Tavistock Court

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 June 2016 and was announced.

Tavistock Court provides personal care to up to 32 people living in their own homes within the Tavistock Court extra sheltered housing scheme. At the time of our inspection they were providing 27 care packages for older people, including people who may be living with dementia.

The service had a registered manager. 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. In addition, the registered manager was supported by two team leaders, who ensured the smooth running of the service in their absence.

People felt safe when receiving care from the service. Staff worked to protect people from avoidable harm or abuse and, if they suspected this had taken place, they were aware of the procedures in place to report it. There were systems in place to assess and manage risks to people's health and safety, whilst still promoting their independence and ability to make their own decisions. Staffing levels at the service were sufficient to meet people's needs and ensure that people did not have to wait for their care to be given. There were robust recruitment systems in place to ensure that all new staff were thoroughly checked to see if they were suitable to work with vulnerable people. Staff members were provided with training to equip them with the skills to administer people's medication safely, and in accordance with best practice guidelines. Where appropriate, people were encouraged to manage their own medication.

New staff received induction training to help familiarise themselves with the service and the people they would be supporting. In addition, all staff received ongoing training and support from the service, including regular supervision and appraisal, to review their performance. People's consent to their care and support was sought by the service and documented in their care plans. If people were unable to provide their consent, there were systems in place to ensure the service was acting in accordance with the principles of the Mental Capacity Act 2005. People were supported to maintain a healthy and balanced diet and staff were able to help them prepare their choice of meals or drinks. Staff also provided people with support to book and attend appointments with healthcare professionals, such as GP's and district nurses.

There were positive relationships between people and members of staff and staff treated people with kindness and compassion. Staff had spent time getting to know people which helped them to provide people with care based on their wishes. People were involved in making decisions about their care and the running of the service. They were provided with information about their care and the service, as well as external organisations they may wish to get in touch with for additional support or advice. Staff ensured they treated people with dignity and respect at all times.

People's care was person-centred. Care plans had been written with people's involvement to ensure they

were reflective of their needs, wishes and preferences and were reviewed on a regular basis to ensure they were accurate and up-to-date. The service had arranged a range of different activities to provide people with stimulation which helped to prevent social isolation and motivated people to maintain their independent living skills. People were aware of how to complain and there was a clear complaints procedure in place.

There was an open culture at the service. People were positive about the care they received and were happy with the staff they saw. Staff were aware of their roles and responsibilities and were motivated to perform them well and meet people's needs. People and staff were positive about the leadership at the service. They felt well supported and were able to approach the registered manager and team leaders whenever they needed to. There were management systems in place to monitor and review the quality of care being provided and to identify areas for development.

## 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 were comfortable with the staff that supported them and felt they kept them safe from harm or abuse. Staff were trained in recognising and reporting abuse and the service had systems in place to manage incidents or concerns.

Risk assessments had been carried out to help promote people's independence and provide staff with guidance about how to support people and reduce the levels of risk they faced.

There were sufficient numbers of staff employed at the service to meet people's needs. Staff had been recruited following a robust procedure, to ensure they were suitable for their roles.

Where required, staff provided people with support to manage their medication. Staff were trained appropriately and systems were in place to document medication administration.

### Is the service effective?

Good ●

The service was effective.

Staff received regular training and supervision which helped them to develop the skills and knowledge they needed to perform their roles and meet people's needs.

People's consent was sought by staff to ensure they were happy with the care they received. There were systems in place to follow the principles of the Mental Capacity Act 2005 if people were unable to make decisions for themselves.

Staff supported people to have a full and balanced diet, helping them to prepare meals and drinks of their own choice and to access communal dining areas.

People were able to see healthcare professionals when they needed to and were supported to book and attend appointments if necessary.

### Is the service caring?

Good ●

The service was caring.

There were positive and meaningful relationships between people and members of staff. Staff spent time getting to know people and creating a better understanding with them.

People were involved in the service and planning their care and support needs. Information was available to them so they knew what to expect from the service.

Staff treated people with dignity and respect and had taken part in a learning exercise across the whole service to identify what this meant to each person and staff member.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received person-centred care from the service. Care plans reflected people's needs and wishes and were updated on a regular basis.

Staff members supported and encouraged people to take part in activities to help prevent social isolation and motivate people to live as independently as possible.

There were systems in place to receive and act on complaints from people.

### **Is the service well-led?**

**Good** ●

The service was well-led/

There was a positive and open culture at the service. Staff were aware of their roles and responsibilities and received the support they needed to fulfil these.

There was clear leadership at the service. People and staff were aware of whom to go to for support or to share their concerns with.

Systems had been put in place to monitor and oversee the quality of care being delivered.

# Tavistock Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 June 2016, and was carried out by two inspectors. We gave the provider 24 hours' notice as we needed to be sure that staff would be available for us to speak with and records would be accessible.

Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form which gives information about what the service does well, as well as areas which had been identified for improvement. We also reviewed all the information we held about the service, including statutory notifications. These are notification of certain incidents, such as safeguarding incidents and serious injuries, which the provider is required by law to send to the Care Quality Commission (CQC). We also spoke with the local authority who commissions the service, to gain their views about the service.

During the inspection we spoke with nine people who received care from the service, as well as three of their relatives who were visiting. We spoke with four members of care staff, two team leaders and the registered manager. We observed a staff briefing which consisted of staff handing over information to senior staff and an activities session involving people and members of staff.

We reviewed care records for six people to see if they were reflective of people's care needs and wishes. We also reviewed other records in relation to the management of the service including staff recruitment files for five staff members, as well as audits, staffing rotas and meeting minutes so that we could confirm our findings and look at the management systems in place.

# Is the service safe?

## Our findings

People felt safe and secure when receiving care from the service. They told us that staff provided them with the care they needed and always made sure their safety and welfare were a top priority. One person said, "They make me feel really safe as I know I can call them at any time." Another person told us, "It's peace of mind being here. I feel very safe knowing I can call on them when I need them."

Staff members told us that people's safety was a top priority and that they worked to safeguard people against harm and abuse. Staff were able to describe different types of abuse, as well as the signs they would look out for and the action they would take if they suspected somebody had been abused. They explained that there were internal systems in place to report any concerns and they could also go to external organisations, such as the local authority or Care Quality Commission (CQC). One staff member told us, "I would report any concerns to a team leader if I was worried about safeguarding, you have to be vigilant, we are here to protect people." Another said, "I would document any safeguarding issue in the records and report it straight to the manager."

The registered manager told us that safeguarding incidents were always reported in accordance with local authority policies and procedures and investigated when appropriate. A team leader showed us the safeguarding file and explained that each incident was logged in the file, along with evidence of the actions that had been taken by the service. We saw that safeguarding incidents were reported appropriately and that a log sheet had been put in place so that the provider could track the progress of each incident. Systems were in place to ensure that people were protected from harm or abuse and to ensure that any concerns were reported and investigated.

The team leader also told us that general accidents and incidents, involving people, staff or visitors, were also recorded. They showed us that incidents were reported and we saw evidence that they were used to help future incidents from occurring.

People were aware that members of staff took action to help them manage their health and safety, whilst still promoting their independence and right to take risks where they were able to. Staff members told us that the service had risk assessments in place for each person, as well as for the environment in general. One staff member said, "Risk assessments are in place, we say if we think there are any changes needed to them." These were used to help identify areas where people needed help manage risks, as well as to provide staff with guidance about how to keep people safe.

We checked people's care plans and found that risk assessments were in place. They demonstrated that risks to people had been carefully considered and control measures had been introduced to help provide staff with guidance about how to manage those risks. They also showed that people's independence was respected and that they were encouraged to do as much for themselves as possible. General risks to the service and the environment were in place and there was a business continuity plan to provide management and staff with guidance to follow in the event of a major incident, such as loss of utilities or an outbreak of sickness or communicable diseases.

People were happy with the staffing levels at the service and told us that they received their visits on-time and in accordance with their schedule. People's relatives also told us that they felt staffing levels were good enough to ensure that their family member's needs were being met. Staff members told us that they felt there were sufficient numbers of staff on shift to perform their roles and meet people's needs. They told us that each staff member had allocated 'runs', which helped to ensure that each person received the correct care. One staff member told us, "There are enough staff, we have our own runs but if we need help or we get finished early, then we work as one big team." Another staff member said, "There are enough staff, the runs change daily which is nice as we get to meet all the people and understand what they need."

The registered manager told us that staffing levels at the service were stable; however there were some vacancies in the workforce. Where possible, these vacancies were covered by members of staff from the service, but if necessary the service used agency staffing. They explained that when agency staff were used, they always went to the same agency and tried to use the same members of agency staff, to help provide people with continuity of care. We checked rotas and saw that staffing levels were consistent and that members of staff regularly covered additional shifts to help provide people with continuity of care.

Staff members told us that prior to starting working at the service the provider carried out a number of checks to ensure they were suitable to perform their roles. We checked staff recruitment files, which showed that the provider had carried out a number of checks as part of the staff recruitment process. We saw that staff completed application form, providing information about their employment history as well as reference details. The provider had sought at least two references for each staff member and carried out a Disclosure and Barring Service (DBS) criminal records check. The provider had carried out robust recruitment procedures to ensure staff were of suitable character to work with people.

People told us that members of staff provided them with support, if required to take their medication. They also told us that they were encouraged to be as independent as possible in this area. One person told us, "They help me with my tablets, I take five in the morning and three in the evening but they help me." Another person said, "They give me my tablets as near to the time I need them." Staff members confirmed that they provided people with support to take their medication, as well as completing Medication Administration Record (MAR) charts, to document when medication was given. One staff member told us, "We check the MAR charts and times that people need their medication and administer it in the proper way."

A team leader told us that staff could only give people their medication if they had been trained to do so, and that part of the training included a check of their competency to ensure they had understood what they had been taught. They also showed us that every week each MAR chart was collected and audited, to ensure that they had been completed properly and to identify any gaps or problems, so that remedial action could be taken. We saw that MAR charts had been completed fully and that the regular audits had helped to ensure that documentation was completed accurately. The service had systems in place to ensure people received their medication correctly and in accordance with the prescriber's instructions.



## Is the service effective?

### Our findings

People told us that staff knew what they were doing and were able to provide them with the care and support that they needed. They said that staff had the training that they needed and always did things in the correct way. People's relatives also felt that staff were well trained and had the skills that they needed.

Staff members were positive about the training and development opportunities they received from the provider. They explained that when they started at the service they had an induction. This helped them to get used to the service and the people living there, as well as attending training courses to provide them with the skills they needed to meet people's needs. They also told us that during this period they spent time shadowing more experienced staff, to help them familiarise themselves with their role and the people they would be caring for. The registered manager told us that the induction programme had recently been updated to include the Care Certificate. This meant that new staff would get a full induction which equipped them with a wide range of skills. Staff files showed that new staff received induction training, which helped them to develop the skills they needed.

There were also regular on-going training courses for staff to attend. They told us that they received regular update and refresher sessions, as well as additional courses to help them gain extra knowledge and skills to enable them to meet people's diverse and changing needs. Staff also told us that they were supported to take part in additional qualifications, including Qualification Credit Framework (QCF) awards in health and social care. One staff member said, "We definitely have enough training, courses come up as additional ones and we can go on them." Another told us, "We have a bit of both, e-learning and face to face. We do SOVA [Safeguarding of Vulnerable Adults], infection control, manual handling; all the core training we need. There are others available and are supported to do NVQ's if we want to." Staff training records showed that staff received regular and on-going training to help them develop their skills. We also saw evidence of competency assessments, which were used to ensure that staff were able to understand and apply what they had learned.

Regular support and supervision was available for staff, to help them perform their roles and identify areas for development. Staff members told us that they received regular one-to-one and group supervisions, as well as spot checks and observations to help monitor their performance and allow them to raise any concerns they may have. One staff member said, "Supervisions are useful as you can talk about things in them." Another member of staff told us, "We have observations done, on medication and manual handling." The registered manager told us, and records confirmed, that staff members received regular supervision in a variety of formats to help ensure staff performance was monitored and to give staff the opportunity to discuss any concerns they had, as well as identifying areas for development.

People told us that members of staff asked for their consent before providing them with care and support. They told us that staff always knew what had to be done, but they always checked first, to make sure people were happy with them to proceed. One person told us, "They always ask me if I want to do something and what I need help with." Another person said, "They never do things unless I say they can. I have choices about everything." Staff members told us that it was an important part of their role to ensure people's

consent was sought and that care was only given in accordance with their wishes. We saw in people's care plans that their consent had been sought and that their care and support needs had been discussed with them.

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 when this is in their best interests and legally authorised under the MCA.

Staff were able to demonstrate that they understood the principles of the MCA, including how to make best interests' decisions on people's behalf. The registered manager and team leaders showed us that there were systems in place to assess people's mental capacity, if their ability to make decisions for themselves were questioned. We saw that assessments had taken place where necessary, and that the outcome of these was used to help develop people's care plans. There were systems in place to ensure people's consent to care was sought and to implement the MCA where necessary.

People were supported to have a healthy and nutritious diet, whilst maintaining their freedom of choice of what they ate and drink. People explained that the housing association organised a daily 'lunch club' where people could go to have a meal which had been prepared for them. They told us that staff from the service would support them to get to and from 'lunch club' if necessary, to ensure they were able to have this meal. People also told us that staff were happy to help them prepare meals in their apartments, which gave them additional choice and flexibility. One person told us, "They help me with meals." Staff members confirmed that they were happy to support people to prepare meals or support them to access the restaurant for 'lunch club'. People's records also showed that their eating and drinking preferences were recorded to help guide staff.

The service also had systems in place to support people to see their healthcare professionals. People told us that staff were happy to book appointments for them and that they saw the professionals that they needed to promptly both at the service and in community based locations, such as GP practices. One person told us, "They remind me about my appointments and come with me if I need them to." Staff told us that they were happy to support people with their appointments and the registered manager confirmed that staff were able to support people during appointments if they requested it. Care records showed that there was regular contact with healthcare professionals, including GP's, district nurses, speech and language therapists and occupational therapists.

## Is the service caring?

### Our findings

There was a positive and caring relationship between people and members of staff. People told us that they saw regular staff members and were able to build up a strong relationship and understanding with them. One person told us, "I'm very happy I am here, they are always nice to me." Another person said, "I'm, happy here, every day and every night, the carers are the best in the world."

People told us that staff were cheerful and happy when they provided them with care and were able to spend time chatting and joking with them in a social sense, which helped to foster trust and meaningful relationships between them. One person said, "I'm happy, so happy. The carers all have a smile on their faces and we talk about things. The staff chat to me." Another person told us, "To me it's very good; every one of them is nice. They take care of me and come when I need them."

People's family members told us that they also felt that people received good care from the service and that staff had developed positive relationships with them. One family member said, "I come in every week to see [Name of Person], the staff are all lovely and helpful to him, really friendly. They will do anything." Another said, "He gets everything he needs and the staff look after him well."

Staff members were positive about their roles and told us that they enjoyed spending time with the people they cared for. They explained that they felt it was an important part of their role to ensure that people's care needs were met, but it was equally important to meet people's social needs and to help them feel included and involved in the service. Staff members told us that they were proud of the care that they provided people with and felt that people's needs were well-met. One person told us, "I think people get good quality care." During our inspection we saw some interactions between people and members of staff. These were relaxed and positive and both people and staff appeared to be happy to be in each other's company. The registered manager told us that they had worked with the staff team to help encourage them to spend more time with people when they had 'down-time'. They explained that this had a positive impact on both people and staff as they were able to spend time getting to know people, which had a positive impact on their care and support.

People told us that they felt involved and included in the service. They explained that they had been involved in planning their care and that their views and opinions had been listened to, which meant they received the care and support they needed and wanted. In addition, they told us that they were provided with information about their care, as well as the service. This meant they knew what to expect from the service, as well as how to raise suggestions or concerns. One person told us, "They respect me and what I have to say, I can make decisions and they take them." The registered manager told us that each person had a copy of their care plan as well as a guide to the service which provided them with information they may find useful. There was also information on display around the service on noticeboards, which informed people of upcoming events or results of inspections and surveys.

Staff members made sure that people were treated with dignity and respect at all times. People told us that staff worked hard to ensure their dignity was upheld and to treat them with respect. One person told us,

"They respect me, always knock on the door and wait to come in." Another person said, "They are all really kind and caring; treat me with dignity and respect." People's relatives also felt that staff at the service made sure they treated their family members with respect and dignity.

Staff told us that the subject of dignity and respect had been an area of focus for the service recently. They explained that they had received training in this area and had worked together to produce a 'digni-tree' for the service, which demonstrated what dignity meant to each member of staff. This included, 'Being comfortable and dressed appropriately', 'Listening to people's wishes, treating them as individuals', and 'To value their choices, their own decisions.' In addition, people receiving care from the service had been asked to return a form to explain what dignity meant to them, particularly in regard to their care and support needs. People's comments included, 'Someone listening to you and not interrupting', 'Remember I am me' and 'Manners are everything.'" Staff members told us that this had been a useful exercise to go through and really made them think about what treating people with dignity and respect meant. They felt their performance had improved and their interaction with people and their family members had also improved as a result.

## Is the service responsive?

### Our findings

People received person-centred care from the service, which was based upon their individual needs, wishes and preferences. People told us that an initial care plan had been drawn up when they first moved into the service, which included their basic needs and how staff could meet them. They told us that as time went on, these care plans were developed to ensure they were accurate and reflective of new insight into people's care and support needs.

People went on to tell us that staff made sure their wishes were respected and helped them to maintain their independence as much as possible. One person told us, "They give me independence to do what I want but help if I need help." Another person said, "They help me to dress but help me to be independent; they support me to do what I can for myself." Staff members confirmed that they actively promoted people's independence and worked to try to help people maintain and develop their independent living skills. One staff member said, "We helped [Name of Person] to regain their mobility and engage in the local community." Another told us, "I have seen big changes in people here, from being unable to care for themselves to being independent, from being unable to mobilise to being able to walk. We give people person centred care; it's one big community."

The team leaders and the registered manager told us that initial assessments were carried out by the service when a new admission took place. This was to ensure people's needs could be met whilst they lived at the service. They also told us that each new person received a minimum of four care visits a day initially, regardless of their care and support needs. This was to help them settle into the service and get to know members of staff. As time went by, people's care plans were reviewed and updated to reflect the most up-to-date information about people and their wishes, including the number of visits they required from staff members.

Care plans showed us that initial assessments took place, to provide staff with the very basic information they needed to meet people's needs and wishes. They also showed that the information within the plans was reviewed on a regular basis and updated to ensure they were reflective of people's needs and wishes. They also provided staff with information about people's specific preferences, such as the times they wanted their care visits to take place and whether or not they preferred male or female staff.

People told us that the service helped them to access and take part in activities and social events. They explained that this gave them a feeling of social stimulation and helped them to maintain positive relationships with others. They also explained that this kept them motivated, which helped to give them the drive to continue living as independently as possible. One person told us, "I know there are activities and events that go on so you can join in if you want to."

Staff members told us that there had been an increase in the range of activities that they organised and ran to help keep people stimulated. Staff confirmed that they felt this had been beneficial to people and had helped them to maintain a positive outlook and be motivated to continue to live as independently as possible. One staff member told us, "Changes have been made since the last inspection; we now have a

colouring group and a lunch club. There is more of a focus on activities. Staff join in and chat; we have games, art and craft, armchair exercises." We saw that staff had gone out of their way to bring in equipment which helped activities to take place. During our visit we saw people sitting together to take part in a flower arranging activity and watching the Queen's 90th birthday celebrations together. People were engaging with staff and each other and clearly enjoying spending time together and taking part in the activity.

People told us that they were aware of how to make a complaint if they were not happy about any aspect of their care or support and felt that any issues they raised would be listened to and taken seriously. They went on to tell us that they didn't feel the need to complain as they were happy with the way they were looked after. One person told us, "I can tell them things straight and they will listen. I know I could complain if I wanted to but I try and talk things through first if I need to." Another person said, "I have no complaints about anything."

Staff members told us that they welcomed complaints from the people as they used them as an opportunity to learn and develop the service. The team leaders and registered manager told us that there had been no complaints made in the past 12 months about the service that people received. They showed us the complaints file, which showed that past complaints had been handled appropriately, but that no complaints had been made in the past year. In addition, we saw that the service had received a number of positive comments and thank-you letters from people who were currently receiving care, people who had received care in the past and people's family members.

## Is the service well-led?

### Our findings

There was a positive and open culture at the service. People were happy with the care that they received and the way the service was run. They told us that they felt comfortable with how their care needs were being met and that they were managing to live independently, thanks to the support they received from the service. People were happy to talk with us and share their experience and clearly felt at home at the service.

Staff members told us that they felt there had been positive developments since our last inspection. They gave examples of different initiatives and developments which had been introduced at the service, such as the dignity project and increased activities, which they felt had a positive impact on the service and the people receiving care from it. One staff member said, "There have been improvements since the last inspection." Another told us, "People are happy here now." They also told us that they felt well supported. They received regular training to perform their roles and were able to talk to the team leaders or registered managers to help get advice or to raise any concerns they may have. In addition, staff were aware of the provider's whistleblowing policy and were prepared to highlight and report any practice which they thought subjected people to harm or abuse.

There were clear systems in place for the leadership and management of the service. The registered manager explained that they were also the registered manager of several other services within the provider group, therefore the two team leaders had day-to-day leadership at the service. They explained that they usually worked on opposite shifts to maximise the time that there was as team leader on site, whilst still providing them with an overlap period to work together when needed. In addition, there was an on-call system with the provider, so staff could always seek management support when necessary, including out-of-hours.

People were aware of who the registered manager was and their role at the service. They explained that they were able to talk to them if they needed to and felt that they were a positive influence at the service. People also told us that both the team leaders were effective in their roles and felt they had good relationships with them. They felt they worked hard to ensure the service ran smoothly and effectively. One person told us, "The big boss [Name of Staff Member] makes sure everything runs well." Another person said, "Yes I think it is run very well here."

Staff members told us that they felt the service was well-run and that they were well supported by the management of the service. They had positive relationships with the registered manager and team leaders and felt comfortable going to both if they needed support or advice. Staff members felt that the leadership of the service had helped to forge a strong team in which all staff member felt valued and part of the running of the service. One staff member told us, "I don't think we could have a better team, we all gel. We have two really good team leaders who resolve things quickly." Another staff member said, "We pull together to make sure things happen."

The registered manager was also very positive about the staff team and the two team leaders at the service. They explained that they visited the service several times each week; however they were confident in the

ability of both team leaders to manager the service in their absence. Both team leaders were empowered to make decisions and implement changes at the service, to help resolve any issues quickly and efficiently. The team leaders also told us that, whilst they felt they were empowered and able to lead the service, the registered manager was always available to provide them with support and advice.

There were systems in place to monitor the quality of care at the service, as well as to identify areas for development. The team leaders explained to us that they carried out a number of checks and audits as part of their role to check that staff had completed their roles as was required. For example, they showed us weekly medication audits which helped them to ensure that people received their medication correctly. There were also care plan audits and tools in place to monitor the progress of staff training and supervision, which helped them to highlight when courses or meetings needed to be scheduled.

The service also sought the views and opinions of people receiving care from the service. The registered manager told us that regular satisfaction surveys were sent out to people, to gain their feedback about the care that they received. We saw that the results of the most recent survey had been collated and analysed to help the service identify what areas were going well, and where some work was needed to ensure people were happy with their care. The provider had made sure there were systems in place to monitor and review the performance of the service, and identify areas for future development.