Carisbrooke Nursing Home

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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 the 14 August 2017 and was unannounced. At our previous inspection 6 July 2016 we found the provider was in breach of some regulations of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. These related to dignity and respect, safe care and treatment and good governance. At this inspection we found the provider had made significant improvements and was no longer in breach of any of these regulations.

Carisbrooke Nursing home provides accommodation and nursing care for up to 20 people and on the day of our inspection there were 16 people using the service. The service had a registered manager in post. 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 who used the service were safe as the provider managed the risks to their safety and provided staff with training and support to recognise and act on any potential abuse. People were supported with adequate numbers of staff and felt their needs were met. Their medicines were managed safely by appropriately trained nurses.

Staff had received appropriate training for their roles, and had also been supported with regular supervision from the management team. People's rights to make decisions about their care was respected and those people who lacked capacity to make their own decisions, had been appropriately supported under the principles of the Mental Capacity Act 2005 to ensure any decisions made on their behalf were made in their best interest.

People were supported to maintain a healthy diet and fluid intake and staff showed good awareness of peoples differing dietary needs. People's health needs were managed by staff who ensured they followed the advice of the health professionals who supported them.

People received kind and compassionate care from staff who had a good knowledge of their needs and people or their relatives were supported to be involved in the planning of their care. Staff caring for people enjoyed working at the service and were respectful towards the people in their care. They showed good awareness of supporting people to maintain their privacy and dignity.

People received individualised care and majority of the care records we viewed were up to date and pertinent to their needs. They were supported to undertake social activities that reflected their interests on a regular basis.

People felt able to raise concerns to the staff who cared for them and felt they would be taken seriously. The management team were visible and we saw there were regular quality audit systems in place that ensured

the management team maintained the quality of the service.

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 safe was safe

People were protected from potential abuse as staff had received training to assist them to recognise abuse. Staff showed an understanding of their role in protecting people from abuse.

The risks to people's safety were assessed and measures were in place to reduce these risks.

People were supported by adequate numbers of staff for their needs and they received their medicines safely.

Is the service effective?

Good

The Service was effective.

People were supported by staff who received appropriate training for their roles and were supported with regular supervision.

People's rights to make decisions about their care were protected. Where people lacked capacity to make their own decisions staff followed the principles of the Mental Capacity Act to ensure any decisions made for them were undertaken in their best interests.

People nutritional and health needs were well managed.

Is the service caring?

Good

The service was Caring.

People were supported by staff who were kind and compassionate and who knew their preferences and needs.

Where possible people were involved in the planning of their care.

People's privacy and dignity was respected by the staff who cared for them.

Is the service responsive?

Good

The service was responsive.

Majority of the care plans we viewed reflected the individual needs of people using the service. Staff were clear about the care people required.

People were supported to be involved in social activities that reflected their interests.

People were able to raise concerns and complaints to the staff and felt these would be acted upon.

Is the service well-led?

Good

The service was well lead.

People felt the management team were visible and approachable.

Staff were well supported. They were comfortable raising any issues of concern and felt issues they raised would be acted upon.

There were systems and processes in place the monitor the quality of the service.

Carisbrooke Nursing 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 August 2017 and was unannounced. The inspection team consisted of one inspector and one 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. Prior to our inspection we gathered information from previous inspections, statutory notifications and information from other key stakeholder's such as local authority commissioners of the service.

During the inspection we spoke with four people who used the service, two relatives, two care staff, the registered nurse, the cook, the activities co-ordinator the registered manager and the provider. Following our inspection a health professional sent us information via email to assist with the inspection. We used the Short Observational framework of inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us. During the inspection we viewed four care plans, medicine records, four staff files and training records. We also viewed a range of records related to the running of the service including audits carried out by the registered manager and provider.

Good

Is the service safe?

Our findings

When we last visited the service we found the provider was in breach of Regulation 12 of the Health and Social Care act 2008 (Regulated Activities) Regulations 2014. As the risks to people's health and safety were not always assessed to keep them safe and their medicines were not safely managed. During this inspection we found the risks to people's safety had been both assessed and the recommendations were being followed by staff. We saw information in people's care plans to assist staff to ensure people received safe care. Staff we spoke with were knowledgeable about the risks to individual's safety when we talked about people's care. For example we discussed one person who was at risk of pressure ulcers. The member of staff was able to tell us what care the person required to reduce the risk of skin damage and where and how they would record the information. The person had a special mattress in place and staff were required to ensure the mattress settings were at the correct setting for that person's weight, staff were able to tell us how this was checked. We examined the mattress and found it was set to the correct level to be effective for the individual.

Where people were at risk of falls we saw there were measures in place to reduce these risks whilst still allowing people freedom to move around as independently as they could. For example, the registered manager told us one person at particular times of the day liked to walk around the home with their frame. The person enjoyed spending time alone in their room on the first floor and there was an alarm mat in place outside their door to alert staff when they came out. This was so staff went up to help the person use the lift.

During our inspection we saw staff using equipment designed to assist people with mobility safely and with confidence. We saw people had been assessed and the correct pieces of equipment were used for them. People appeared calm when being moved by staff who reassured people during any manoeuvres. We also saw the provider undertook regular checks of the equipment and environment to ensure people's safety. For example, we saw there were regular fire safety checks in place and each person had a Personal Emergency Evacuation Profile in place. This meant if there was a fire there was information readily available for both staff and the fire teams on what support people required to be safely moved from the service.

During our visit we found the registered manager had addressed the issues relating to the safe management of medicines highlighted at the last inspection. Staff were following safe practice whilst managing people's medicines. We saw the room and fridge temperatures were recorded daily and were within safe levels, when a medicine had been opened we saw the bottles had been dated. Medicines were given as prescribed and the medicines room, fridge and trolley were locked appropriately. There were protocols in place for as required medicines so staff were aware of the reasons these medicines may be required.

The administration of people's medicines were well managed and people we spoke with told us they received their medicines on time. One person said, "I get medicines morning, lunch and night. Nurse gives them to me and I take them. The nurse records them when I have taken them." Medicines were administered by the registered nurses and the nurse on duty told us they had received regular training and competency assessments to assist them in their roles. Records we viewed confirmed this.

The people who lived at Carisbrooke Nursing home were safe. People and relatives we spoke with considered the home safe for them and had confidence in the staff who cared for them. One person said, "I feel 100% safe. There is good security and the staff are always around." They went on to say, "I have never seen staff shouting. Some residents do shout but staff calm them down gently." One relative we spoke said, "Yes [name] is safe here, they have the care and equipment they need." People also told us they would feel comfortable raising any safeguarding concerns to either the staff or the registered manager and felt they would be responsive to any issues raised.

The provider had measures in place so staff had the knowledge they required to recognise potential abuse. Staff we spoke with were able to discuss the types of abuse people in their care may be exposed to and how they should manage any concerns they had. Staff we spoke with told us they had received training on how to recognise safeguarding issues and how to report any issues of concern. One member of staff told us, and we saw there was a poster in the entrance of the service with details of how to contact the local safeguarding team. Another member of staff said, "I would report anything to the manager or the nurse on duty." They were confident any issues would be dealt with appropriately by the registered manager. They went on to say, "I can also go to the CQC."

The registered manager and provider told us they were confident that staff would escalate any concerns to them and they were aware of their responsibility of reporting any safeguarding issues to ourselves (CQC) and the local safeguarding teams. The registered manager told us they discussed safeguarding issues at the staff meetings. When we examined the meeting minutes we saw this was the case.

People we spoke with told us there were enough staff to meet their needs. One person said they lived on the top floor of the service and sometimes used the call bell in a morning to help them get dressed, they told us the most they had ever had to wait was ten minutes. Another person said, "I don't use the buzzer. They (staff) knock on your door and check you are ok." Relatives we spoke with told us they were happy with the staff levels at the service, they said when they needed staff "They came immediately."

Staff we spoke with told us they felt there was enough staff to meet the needs of the people they cared for. The registered manage told us they worked with a ratio of one member of staff to four people and although they did not use a dependency tool, they worked with staff and the provider and together they responded to any increase in need quickly. The registered manager told us they monitored the staffing daily, they told us they preferred not to use agency staff and had a responsive group of staff who worked to cover any short falls in staffing. They told us the staff worked well as a team. We also saw that staffing and different ways of team working had been discussed at staff meetings to ensure good organisation of staff was maintained.

The registered manager had worked to keep people safe from staff who may not be suitable to provide safe care by using safe recruitment processes. We examined four staff files and saw the registered manager had obtained suitable references for staff and had used the disclosure and barring service (DBS) to request criminal records checks. These checks are to assist employers in maker safer recruitment decisions.

Good

Is the service effective?

Our findings

People we spoke with considered the staff to be skilled and well trained. Although one visitor told us some staff had needed retraining in hoisting people, as their relation had suffered bruising following a hoisting manoeuvre. We saw the training had been completed showing the provider had been responsive to a training issue. During our visit we saw three separate occasions when staff used hoisting manoeuvres to assist people to move from one place to another competently, safely and considerately.

Staff we spoke with felt they received the training they required to assist them in their roles. We were told the training consisted of some e-learning and face to face training and the subjects included moving and handling, health and safety, fire safety, infection control and dementia care. One staff member we spoke with told us they had undertaken a nationally recognised qualification in care and was in the process of undertaking a further qualification. The cook told us they had received appropriate training for their role and the registered nurse told us they had regular mandatory update training. They also undertook training with other registered nurses in the area with the local CCG (Clinical Commissioning Group) that helped them keep up to date with current clinical practices in areas such as tissue viability and diabetes.

Staff we spoke with told us they had been received a structured induction when they had joined the service and felt well supported by the management team and their peers. We saw the staff training matrix which showed the rolling programme for mandatory update training for staff. The matrix showed that staff were either up to date with their training or that update training sessions had been arranged.

People who used the service told us they did not have to do anything they did not want to and staff were careful to gain their consent before providing any activity or aspect of care. One person told us, "I am not forced to do anything. I am not allowed to go out unsupervised for my safety. I'm happy with that." Another person said, "I can't think of any restrictions."

Staff we spoke with were clear about ensuring they obtained consent from people before providing any care. One member of staff said, "I always give people time to answer when I ask about what care they want from me." Another member of staff told us it was people's right to make their decisions about what care they wanted. Staff were also clear about how they managed people's different behaviours. One member of staff said, "You sometimes need to leave people and go back later or ask another member of staff to try to help them."

The registered manager told us restraining techniques were not used in the service. If people did display any challenging behaviours these were often predictable and staff had the knowledge and information about the person to use appropriate techniques to help calm the person. Such as talking calmly and quietly to the person.

The Mental Capacity Act 2005 (MAC) 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 the mental capacity

to take particular decisions, any made on their behalf must be made in their best interest and as least restrictive as possible. When we last visited the service we found the principles of the MCA were not always correctly applied. However during this visit we saw when measures were put in place to protect people such as the use of a sensor mat to alert staff to a person's movements. Their care records showed this had been discussed with either the person or their relatives. When the decision had needed to be taken on a person's behalf the registered manager had undertaken best interest meetings and had used the least restrictive methods to provide safe care for people.

Staff we spoke with showed an understanding of the MCA and why the act had been put in place. One member of staff said, "It is in place to protect people who can't always make their own decisions." The staff we spoke with were aware that before decisions could be made for people their mental capacity needed to be assessed. One member of staff said, "It tells you how to assess people to see if they have capacity. We assess if a person can retain information and understand it."

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 the conditions of any authorised DoLS had been met. We saw the registered manager had made number of appropriate applications, there had been some authorised and some that were awaiting authorisation. The conditions of the authorised DoLS had been met. For example we saw guidance on how the service should manage one person's particular behaviours should they escalate. There was evidence in the person's care plan that the guidance had been followed.

The food was well commented on by people who lived at the service. They told us they were offered choices. One person we spoke with said, "I get drinks all the time. I can help myself, meals are lovely." Another person told us, "The food is quite good. I get plenty to eat and drink."

Staff we spoke with were knowledgeable about the different diets people required. We spoke to the cook who was able to show us how they managed people's diets. They had a folder with people's dietary needs and preferences in it and also a white board with information for themselves and other staff to follow. Where people required soft or pureed diets there was information about the level of texture each person required with guidance on how to achieve the required consistency. This guidance had come from health professionals such as the speech and Language Team (SALT) who provide guidance on how to support people with swallowing problems

People we spoke with told us their health needs were managed well by the staff at the service. One person told us they had some deafness and they were getting a hear aid, they told us this had been arranged for them by staff. Another person told us they had been able to see an optician and were getting new glasses as a result. One person said, "I see a doctor every two weeks." The person went on to say they had attended a meeting with a number of professionals to discuss issues with their weight and they had received good support to assist them manage these issues. Relatives confirmed what people had told us and were happy with the way their loved one's health was managed.

During our visit we saw people's care plans provided staff with information about their individual health issues. Staff we spoke with showed a good knowledge of the different health needs of the people they supported, and felt they had received appropriate training on people's health needs to assist them. Staff we spoke with told they were supported by the local GP and maintained a good relationship with the surgery. Care staff told us the registered nurses were responsive if they raised any health concerns to them and referred people to appropriate health professionals in a timely way.

A member of staff discussed one person who had come to the service suffering from a long term health condition which had worsened through poor living conditions. The member of staff told us since coming to the service the person's health condition had greatly improved as a result of the combined care of the service and the GP.

A health professional we spoke with told us the staff knew the resident's health needs well and were responsive to the advice and instructions given to them.

Good

Is the service caring?

Our findings

When we last visited the service we found they were in breach of Regulation 10 of the health and social care act 2008 (Regulated Activities) Regulations 2014. People's right to privacy was not respected. Staff did not respect people's dignity when providing care.

During this visit we saw the provider was no longer in breach of this regulation. People we spoke with told us they felt staff knew them well and spoke kindly to them. They told us staff were there when they needed them and family and friends were welcome to visit at any time. One person told us, "The staff are lovely, absolute gems. They have got to know me." Another person said, "Staff know me well." They added," My family live near and come and see me. They can come at any time." A third person told us staff came and talked to them they said, "I don't get lonely here."

Staff we spoke with told us there was a fairly stable staff team with a caring attitude. One member of staff told us they had built good relationships with the people who used the service and their relatives. Another member of staff said, "I know what people like and don't like. I enjoy looking after people." A further member of staff told us, "People trust us as they know us." When we discussed people's needs with members of staff they showed a good knowledge of people's needs and preferences.

Our observations supported the views of the people and staff we spoke with. At our previous visit we saw that many of the interactions with people were task orientated. However, during this visit we saw staff chatting with people and supporting people if they became distressed. For example during lunch one person became upset saying they wanted to go home and they had 'The blues.' A staff member came and spent time reassuring them.

We also saw the meal time experience was tailored to the different needs of people. A few people sat together in the dining area and were able to chat to each other. People who required support from staff were given this support in a way that ensured they retained as much independence and choice as possible. The meal time experience was a calm and reasonably social occasion that was well managed and delivered by staff.

Our discussions with the registered manager showed they had used the information in the previous report to improve the mealtime experience for people. They had discussed with staff how to improve the way meals were managed and supported. Mealtimes were monitored to ensure continued good practices were followed.

Some people we spoke with were aware of their care plans and people who were living with the effects of dementia were supported by their relatives to ensure they received care to reflect their preferences. When asked if they were involved with their care one person we spoke with said, "Yes I am and I sign a review discussion once a month." The person went on to say, "Staff know what I need. I had a chat with them to tailor a care programme for my needs. I had my say." Some relatives we spoke with told us, "There is a care plan and (another relative) reviews it." We saw there was evidence of people or relative's involvement in

people's care plans showing the provider listened to people's views and opinions on their care needs.

People's religious and cultural needs were supported by the service with a religious service being offered for people who wanted to attend. Although there was no one using the services of an advocate when we visited. We saw there was information displayed in the home to make people aware of the service and the registered manager told us the service of an advocate had been used in the past. An advocate is a trained professional who supports, enables, and empowers people to speak up for themselves.

During our last visit there were some instances where people's privacy and dignity was not well managed. The registered manager had addressed these issues with staff through staff meetings, supervisions and training. As a result during this visit people we spoke with commented positively on staff being respectful and protecting their privacy and dignity by knocking on doors before coming in or closing curtains and doors before assisting people with personal care. One person we spoke with said they were definitely respected, they said, "Staff don't pry; they always knock on the door." They went on to say that staff were very gentle with them when assisting with personal care and encouraged them to be independent.

Staff we spoke with were aware of their role in maintaining people's privacy and dignity. One member of staff said, "We should always talk to people discreetly (when discussing personal care) and remember everyone is different, so treat them as individuals." Both the registered nurse and the registered manager told us they observed the practice of staff to ensure they managed people's privacy and dignity appropriately.

Good

Is the service responsive?

Our findings

People were provided with care in the way they required it to suit their individual needs. Majority of people we spoke with told us staff helped them in the way they wished it. One person said, "They (staff) look after me well." Another person told us told us they liked the fact that some staff had training in mental health and they were very responsive to their needs. One person we spoke with told us they did not think they were popular with the staff. We discussed the person's needs with the registered manager and checked the person's care plan and saw the person had some health issues that impacted on their moods. We saw the care plan had strategies in place to assist staff manage these issues; we saw staff using these strategies to support the person during the visit by engaging with the person, talking to them and offering them activities.

Whilst we found some of the care plans we viewed lacked updated information for aspects of some people's care others contained comprehensive information on their care. One person was having wound care that required dressings to be applied, but their care plan lacked the information to show what these dressings were. The registered nurse we spoke with was able to discuss the treatment with us but accepted this should have been in the person's care plan. The person had also had some deterioration in their mobility and whilst we found information in the daily records regarding this deterioration, the person's care plan had not been updated. However all the staff we spoke with were aware of the person's current mobility needs and we saw the person was receiving care that reflected their needs.

We discussed this issue with the registered manager and registered nurse who told us they would update the care plan to reflect the person's current needs.

Other care plans we viewed contained clear up to date information on people's individual care needs with specific care plans in place for particular health needs with explanations for staff on the person's condition and strategies for management of the condition.

Staff we spoke with told us there was good communication in relation to people's care needs. There was a daily handover and a diary that staff used to check for any changes in people's health needs if they had been off for a few days. Staff also told us they were able to view people's care plans and in general they gave up to date individualised information on people's care needs. However, one member of staff told us they did talk a lot to each other about the changes in people's needs and worked together as a team to ensure people received care pertinent to their needs. The registered nurse told us there were regular registered nurse meeting with 'the boss' the provider to discuss practice and how they were managing people's needs.

People who wished it, had access to a wide choice of activities and events. The activities co-ordinator worked with people to establish their interests and to provide group or one to one activities. People mentioned having been taken to the theatre, shopping, restaurants and having a singer entertainer come to the service once a month. A number of people who lived in the service did not have regular visitors so the social activities the service provided was very important to them. One person said, "I like arts and crafts. I make pizzas and cakes, I listen to music, and I like football I never get bored. I don't have to join in but it's nice to." Another person told us the activities co-ordinator did jigsaws with them which they enjoyed. A

further person told us of their love of a particular sport and how they had been able to go to events related to the sport. On the day of our visit we saw the provider discussing a recent game with the local team with the person. This was clearly a shared interest and they both enjoyed the discussions.

We saw some people were cared for in their rooms, when we went to see them we saw that either the TV or music was playing dependent on the person's wishes. Relatives of one person told us that staff and the activities co-ordinator came in regularly to engage with the person.

We spoke with the activities co-ordinator who told they had received appropriate nationally recognised training for their role. They had started helping people keep a personal book of their involvement in the different activities they undertook, keeping a record of things they had achieved and outings they had been on. This was to create focal points for conversations and remind people of the different things they had achieved. For example one person had painted a bird box that was used at the service.

The activities co-ordinator had also ensured staff had the resources to undertake different activities when they were not working. They had worked with people on their life histories and the particular things different people enjoyed being involved with. This made it easier for staff to continue to support people. The registered nurse confirmed us they and care staff did support people with different activities when the activities co-ordinator was not on duty or needed extra support.

All the people and their relative we spoke with told us they felt confident to raise issues, complaints or concerns to care staff, registered manager or the provider. One person told us, "I didn't used to be confident but the activities coordinator has brought me out of myself." One relative told us they had not been happy with the way a complaint they made was handling initially, but told us after they had spoken to the registered manager they felt issues were addressed. The registered manager confirmed they had worked with staff to ensure they were aware of their responsibilities in dealing with complaints and we saw the complaints folder had appropriate recordings of people's concerns with the outcomes recorded.

Staff we spoke with told us they were aware of the complaints procedure. One member of staff said, "I would listen to people, record their issue and try to resolve it. But I would also make sure the manager or the nurse was aware." The registered nurse also told us that as well as being able to complain verbally there was a complaint box in the entrance so people could write their issues down if they wished. During our visit we saw the complaints box in the entrance and the complaints procedure displayed on the wall.

Good

Is the service well-led?

Our findings

When we last visited the service we found they were in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there was a lack of appropriate governance and risk assessment frameworks which had negative outcomes for people who used the service.

During this visit we saw the registered manager had worked to address these issues and as a result was no longer in breach of this regulation. We saw the registered manager had worked with staff to ensure when they undertook audits they recorded any issues and feedback issues to staff at supervisions, appraisals and staff meetings. For example we discussed the safe temperature ranges that should be maintained in the clinical room and in the medicines fridges with the registered nurse. They explained what actions they would take if the temperatures in the clinical room and medicine fridges were not within safe range. They told us following the previous inspection the registered manager had worked with them to ensure issues were highlighted and they undertook regular audits to ensure the checks carried out were effective.

We saw there had been improvements in the way accidents and incidents were audited and investigated and this had resulted in better management of people's on going care needs such as timely referrals to health professionals and correct equipment in place.

Following the last inspection the registered manager had been more specific in the way they audited mealtimes. This had also resulted in a better experience for people as they had shared their findings with staff and had worked with them to address the issues they had found and improve this aspect of care.

People we spoke with told us the registered manager and the provider were visible around the service on a daily basis. One person told us the registered manager was there if they needed them and they popped in to say hello to them every day they said, "She is approachable". Another person said, "She is a reasonable sort of lady, The home is well led, she has a caring nature." They went on to say "I'd be confident to talk to her." A further person told us the provider was "Alright, he talks with me." Relatives we spoke with also felt the registered manager and provider were visible and approachable. One relative said, "If I need to I can talk to her (registered manager)."

Our observations supported what we had been told by people and their relatives as we saw a number of people chatting to both the provider and registered manager throughout our visit. During the afternoon two visitors came and chatted to the registered manager as they sat in her office laughing and joking in a familiar way.

Staff we spoke with told us the registered manager was supportive and approachable. The registered nurse we spoke with told us they enjoyed working at the service they felt it was a good team and they had good support from both the registered manager and the provider. Another member of staff told us they received regular supervision and appraisals and found these to be useful. The staff member told us they would feel comfortable raising any issues to the management team. Staff were also clear on the management structure if the registered manager was not on duty.

Staff were aware of the company's whistle blowing policy. A whistle blowing policy allows staff to raise concerns to the management team in confidence. Staff we spoke with felt that if they had concerns about care the registered manager would act upon them and retain their confidentiality.

People we spoke with told us their opinions and views on how the service was run were taken into account by the provider and registered manager. Although the activities co-ordinator ran regular resident and relative's meetings, few people wanted to attend but the management team did also send out a quality assurance questionnaire to people and their relatives. Although the responses were low the activities co-ordinator, cook and registered manager still worked together to ensure people's choices on issues such as menus choices, social activities and decoration of the service were listened to. The registered manager told us sometimes they didn't need anything as formal as a meeting to talk with people about their choices on decoration or menus but they responded to conversations and suggestions. Relatives we spoke with confirmed that they had recently raised the issue of changing the carpets that were looking old and worn in one area of the service. The provider had responded to their comments and had redecorated and re-carpeted the area with the choices of the people who lived in the service.