Abbeyfield Kent Society Limited

Abbeyfield - Woodgate

Inspection report

Tudeley Lane
Tonbridge
Kent
TN11 0QJ
Tel: 01732 350952
Website: www.abbeyfieldkent.org

Date of inspection visit: 5 and 13 March 2015
Date of publication: 22/05/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

We carried out this inspection on 5 and 13 March 2015, it was unannounced.

The service provides nursing and personal care, accommodation and support for up to 48 older people. There were 42 people at the service at the time of the inspection. People had a variety of complex needs with some people living with dementia, mental and physical health needs and mobility difficulties.

The service did not have a registered manager. The previous manager had resigned at the end of December 2014. A newly appointed manager had applied to the Commission to be the 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.

Due to people's varied needs, some of the people living in the service had a limited ability to verbally communicate with us or engage directly in the inspection process.

Summary of findings

People demonstrated that they were happy at the service by showing open affection to the manager and staff who were supporting them. Staff interacted well with people and responded quickly to people's requests for help.

Medicines were stored, disposed of, and administered safely, however, some medicines that had a limited shelf life once opened did not record the date when opened placing people at risk. We have made a recommendation about this.

There was at times not enough staff to ensure that people's needs were met. We have made a recommendation about this.

People living with dementia were not provided with suitable activities to ensure they were occupied in a meaningful way. We have made a recommendation about this.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The manager and staff showed that they understood their roles and responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had been trained in how to protect people, and were able to tell us what actions to take in the event of any suspicion of abuse. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in their care planning, and staff supported them in making arrangements to meet their health needs. Visitors were able to talk to staff or the manager if there were any concerns and felt confident they would be resolved satisfactorily.

There were risk assessments in place for the environment, and for each individual person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

People were provided with a well-balanced diet, but they were not always supported to receive their meals in a timely way due to the number of staff available to help them.

Recruitment checks were completed and staff files contained the required recruitment information. New staff were taken through a staff induction programme and there were systems in place for on-going staff training; and for staff one to one meetings and support.

Staff respected people and we saw several instances of a kindly touch or a joke and conversation during the day.

There were formal processes for actively involving people in making decisions about their care and treatment. The manager investigated and responded to people's complaints, according to the provider's complaints procedure. All the people we spoke with felt able to raise any concerns with staff or the management.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the manager and staff.

The quality of the service was regularly reviewed, although shortfalls in the medicine procedure had not been identified during these checks. Meetings held regularly gave people the opportunity to comment on the quality of the service. People were listened to and their views were taken into account in the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not always safe.

People received their medicines as prescribed and medicines were stored and administered safely. However, eye drops were not appropriately managed.

People felt safe and staff had received appropriate training in safeguarding adults from abuse.

There were not sufficient staff to meet people's needs. Recruiting processes were safe and ensured only suitable staff were employed.

Suitable procedures were in place in the event of a fire. Risk assessments were relevant to people and specified actions required to reduce risks.

Is the service effective?

Good

The service was effective.

Staff understood people's individual needs and were trained to meet those needs.

Staff were supported through individual one to one meetings and appraisals.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Is the service caring?

Good

The service was caring.

Staff treated people with respect. Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

There were not always sufficient activities available throughout the day for people living with dementia to enjoy and take part in.

Summary of findings

People's care plans were written individually and expressed their personal needs. Care and treatment was regularly reviewed and care plans updated to reflect current needs.

Concern and complaints were taken seriously and were appropriately investigated and addressed. They were used as an opportunity to make improvements in the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although there were systems to assess the quality of the service provided in the home, we found that these were not always effective.

The staff were fully aware of the home's ethos for caring for people as individuals, and the vision for on-going improvements.

People and their relatives felt able to approach the manager and there was open communication within the staff team.

People's views were sought and acted on.

Abbeyfield - Woodgate

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 the 5 and 13 March 2015 and was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service.

We spoke with 21 people who lived at the service, nine relatives and a visiting health professional. We looked at personal care records and support plans for six people. We looked at the medicine records; individual activity records; and four staff recruitment records. The management and staff team included the manager, the care coordinator, and care staff. The ancillary staff team included administrators, receptionist, activity co-ordinator, kitchen and housekeeping staff. We spoke with six staff and observed staff carrying out their duties.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore spent time observing and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We normally ask providers to send us a Provider Information Return (PIR). However, we carried out this inspection in response to concerns the provider would not have had time to complete this form. The PIR 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 sought this information during the inspection.

Before the inspection we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The previous inspection was carried out on the 26 and 28 August 2014, when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People said, "I do feel safe" and "I can get help if anything happens". Relatives commented "They are safe now. We have no worries at all"; "It is safe here, I do not worry" and "From what I have seen it is safe".

Medicines were stored, disposed of, and administered safely. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. There were systems in place for recording medicines received from the pharmacy and for the correct disposal of unused medicines. A medicines fridge was used to store items which needed to be stored at lower temperatures. The fridge temperature was checked and recorded daily to make sure medicines remained fit for use. Eye drops kept in the fridge had not been dated when opened. This was important as these had a limited shelf life once opened.

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance.

Staff accurately documented when each person was given medicines. One person said, "I never forget my tablets and they deliver them here on time". Another person said, "We do get our tablets on time, they are very strict with that". There was information for staff to read about possible side effects people may experience in relation to certain medicines. Staff who handled medicines had completed training to do so safely. People were supported to receive their medicines safely by staff who had been assessed as competent to administer medicines.

The provider did not at all times ensure that there were suitable numbers of staff deployed to care for people safely and effectively. There were six care staff and one senior carer on duty. At lunchtime, upstairs, the lunches were served and overseen by one carer, as a colleague was needed to assist a person in the bathroom. Downstairs, after drinks were served, it was observed that there was one care staff member serving 26 people. Therefore some people had to wait for their meals. Staffing levels at this time did not support people to ensure they received their meal in a timely manner. One person was asking for their meal and was told by the member of staff "Just wait a minute". Some people commented about how long they waited for assistance when they had used the call bell, "It varies, as to how busy they are", "Most of the time, they are pretty quick. Just occasionally, they are busy, and then it is longer" and "They are desperately short of staff, they cannot do everything".

The current staffing level was six care staff and one senior care staff between 7.00am and 9.30pm, and three care staff and one senior care staff at night. The manager had only recently taken up post, so was working with the staffing levels that she inherited. She said that recruitment of care staff was in progress and she would cover staff absence by seeking staff that are available. The manager informed us following the inspection that she had raised the issue of deployment of staff with the Director and Head of Care for the company. The provider was reviewing the staffing levels to ensure they could meet people's needs.

We recommend that the provider seeks and follows guidance relating to the effective operation of a system to provide adequate staff to meet people's needs at all times.

The provider operated safe recruitment procedures. The service had a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out. This enabled the manager to easily see whether any further checks or documents were needed for each employee. These processes ensured that the service employed suitable staff to care for people. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people, so their knowledge of how to keep people safe was up to date. The manager was aware of their role and responsibilities in safeguarding people from abuse and the processes to follow if any abuse was suspected. The manager and staff had access to the local authority safeguarding policy and protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy. They were

Requires Improvement

Is the service safe?

confident they could raise any concerns with the manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff about identified risks. For example, one moving and handling assessment stated "I no longer mobilise, I am able to weight bear to transfer, I transfer from room to room in a wheelchair". In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people.

Accidents and incidents were clearly recorded and monitored by the manager to see if improvements could be made to prevent future incidents. The manager said risk assessments had been changed following an incident of a fall. The changes were made to prevent a reoccurrence and to keep people safe. The number of accidents each month was recorded together with the time and location of the accident. These monthly audits were sent to head office each month for analysis and discussed at management meetings to make sure that action had been taken to minimise any risk.

The premises had been maintained and suited people's individual needs. Comments received from people included, "It is very clean and spotless" and "There is no smell here". A deep clean had recently been carried out. It was pointed out that some outside wooden furniture being used by people and their relatives was broken. The manager arranged for immediate action to be taken to address this issue. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. The manager carried out risk assessments for the building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency and how to protect people.

Good

Is the service effective?

Our findings

People told us the staff looked after them well. One person said, "Most of the staff are very nice and know what they are doing". One relative commented, "The staff are conscientious". Another relative commented, "The facilities are tired, but staff make up for it".

New staff received induction training, which provided them with essential information about their duties and job roles. This included shadowing an experienced worker until the member of staff was deemed competent to provide care to people unsupervised. One staff member said, "When I started work I was supervised by a senior member of staff". Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness, diabetes awareness and nutrition.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career. We saw in the staff records supervisions were carried out regularly and were up to date.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. Staff obtained people's verbal consent before they carried out any practical care and asked people where they wanted to go and what they wanted to do, ensuring that they were able to choose. Written consent was obtained from people or their representatives for different aspects of care, such as input to their care plan, and consent to photographs for their identity. Staff had been trained to care for people who might display behaviour that was challenging for other people, and there were guidelines in people's care plans to show how to distract people or reassure them. The staff did not use any restraint practices.

Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The management team were aware of how to assess a person's ability to make less complex decisions. The manager told us that individual applications had been made under DoLS in relation to the locked door policy, and some of the applications had already been granted. The manager told us that currently none of the people had their liberty unlawfully restricted.

People were supported to have a balanced diet. People said, "Very good food indeed, there is a choice"; "Good food and definitely enough"; "There is always something I like"; "The food smells great. It tastes nice. It is wholesome" and "The food is perfectly all right. There are some choices and they always have ice cream if I do not like the pudding". Relatives commented "It is brilliant food here"; "I think she likes the food. She has put on weight that she had lost. I think she gets help if she needs it" and "There have been good reports of the food".

There was a menu in place that gave people a variety of food they could choose from. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed that their choice was provided. People were helped into the dining room on the ground floor and staff helped people that needed assistance during the mealtime, for example supporting them to eat their food. At the meal time people were shown small fresh cling wrapped prepared meals to enable them to make a choice as to what they wanted to eat. Staff then went to the serving hatch and asked for a meal that the person had requested. Their choice was then brought to them. After drinks had been served, staffing appeared to reduce to one member of staff to 26 people. Therefore some people had to wait as people were served

Good

Is the service effective?

their meals one by one. Staffing levels did not afford the support needed to ensure the meal time was enjoyable and that people received the support they needed to eat their food.

In the afternoon hot drinks and cakes were offered to people. There were jugs of prepared squash in the communal rooms at all times. People had access to plenty of fluids to keep then hydrated. For people not able to manage to get their own drink, the member of staff looking after them on the day would ensure that they had enough to drink. People were weighed regularly to make sure they maintained a healthy weight, and the dietician was involved if this was needed.

The manager had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. A relative said that the staff "coped well with all the eye drops" after their relative had a cataract operation. People's health and well-being had been regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

People told us the staff are all very good. People said, “The staff are all very nice. They do listen to you”; “Help is always available”; “The staff are lovely, I like them” and “They do help me”. Relatives commented, “There are caring staff here”; “They have always treated her with the greatest respect. They try so hard”; “They are all helpful and caring” and “Staff seem to know the residents personally. There is a nice friendly atmosphere”.

People said that they felt welcomed when they moved into the home and had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People said that staff knew them well and that they exercised a degree of choice throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. Most of the staff had worked at the service for some years and knew people well.

Staff had undertaken training in person-centred care. Staff said this was providing care that was individual to each person. People said they could ask any staff for help if they needed it. Staff acted on people’s views, for example one person said “I always leave my door open and the staff remember that I prefer it left open”. One person said “They are always offering to help”. Another person said “I ask someone to help me shower, and they do”. People were supported as required but allowed to be as independent as possible too.

People were seen to be moving around the building unaccompanied, and some could use the lift independently. A relative commented that she “liked” the idea that people could move around freely, saying, “They are free to wander around”. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. Staff were able to understand people's wishes and offer choices. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. There was gentle and supportive interactions between staff and people.

People were always treated with respect and dignity. One person said “I like a bath rather than a shower, and they do offer it, and help me”. Relatives told us and we saw that people’s privacy and dignity was respected. Staff gave people time to answer questions and respected their decisions. Any support with personal care was carried out in the privacy of people’s own rooms or bathrooms. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure that people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person. People’s family and friends were able to visit at any time.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People had personalised their bedrooms according to their individual choice. People were invited to attend residents’ meetings, where any concerns could be raised, and suggestions were welcomed about how to improve the service. For example, meals times had been extended, as this had been a suggestion made at one of the meetings. The manager followed these up and took appropriate action to bring about improvements in the service.

Requires Improvement

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. Relatives commented they were happy with communication from the service. Comments included "They ring us if she is unwell" and "They do keep in touch with us". Feedback from a health care professional who visited the service on a regular basis was positive about the overall quality of the service. They said that communication was good. They thought that staff responded to people's needs and did everything they could for example, for a person that had received palliative care.

People were supported to take part in activities they enjoyed. The activity room showed a weekly timetable for morning and afternoon, with activities such as movies, reminiscence, exercise, flower arranging and card games. The monthly list of events showed five events for March, including a musician, a big party and an outing. People commented "I come here for the entertainment"; "There are very good activities with an approachable lady who gets them involved"; "They have activities, but I have mixed feelings" and "I would like more days out". Relatives commented "I am pleased there are things to do. It keeps them active" and "They try to organise activities for each one". There were links with local services for example, local churches and local entertainers.

The manager said the activities room had been made friendlier for people living with dementia. It had been newly decorated and pictures had been put up that showed activities people might like to do. However people living with dementia who lived upstairs did not use this room to take part in meaningful activities as often even though it had been designed to meet their needs. People were able to access outside space. There was an internal courtyard where people were able to walk around; however, some people upstairs would need assistance from staff to access this outside area.

The care co-ordinator told us that the activities co-ordinator worked twenty five hours over five days. It was commented by staff that the activities co-ordinator worked mainly downstairs. It was apparent that the people upstairs had more complex needs and may have benefited from one to one time with the activities co-ordinator; however the number of hours the activity coordinator worked was not sufficient to facilitate more one to one time. There were no individual activity programmes to ensure people living with dementia had meaningful activities to promote their wellbeing. The approach to activities was to entertain, do to, rather than support people to participate in activities. Staff did not have time to support people to engage in activities that were meaningful to them.

We recommend that the staff seek and follow suitable guidelines to support them in providing an increased range of activities for people living with dementia.

The management team carried out pre-admission assessments to make sure that they could meet the person's needs before they moved in. People and their relatives or representatives had been involved in these assessments. People's needs were assessed and care and treatment was planned and recorded in people's individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. For example, "Needs the hoist for all transfers using red coloured sling. Two carers to assist at all times". The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. They and their relatives as appropriate were involved in any care management reviews about their care. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing.

The service was suited to people's needs and adapted to meet their needs. There were grab rails and raised toilet seats as appropriate. Some bedrooms contained adjustable beds, some with special mattresses to support people who had poor skin integrity. Bedroom doors had a photo of the person and sometimes a photo of their family members. This was to aid people living with dementia to recognise their bedroom. Toilets and bathrooms had pictorial signage again to help people recognise these rooms.

Requires Improvement

Is the service responsive?

The complaints procedure was displayed in the reception; there was also a pictorial poster describing how people could make a complaint. None of the people spoken with felt they had complaints. People said "If there was a problem, I'd talk to someone", and another person said "I would find one of the carers here" and "We praise the positives, which far outweigh the negatives. Very rarely do we criticise". All the relatives spoken with said they would go to the Care Coordinator. The manager investigated and responded to people's complaints. For example, there had been a number of concerns in relation to the laundry service. Clothes went missing and sometimes people had worn other people's clothes. We were told that to address this issue, a second person had now been employed to work in the laundry, and was starting work next week.

The manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Records of complaints showed that they were taken seriously, investigated appropriately and reported on. Most people told us they knew how to raise any concerns and were confident that the manager dealt with them appropriately and resolved these to people's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. Relatives told us they could see the service had changed and improved. One said, “I certainly had reservations, but it has been better over the last year or so”. Another person said “There have been managerial ups and downs here, but it is better now. There is a level stability that did not exist before”. Other comments included “All our family are happy with the home” and “I could not find anywhere better than here”.

The provider had a clear vision and set of values. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The management team demonstrated their commitment to implementing these values. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs.

The management team included the manager who was in the process of applying for registration with CQC at the time of our inspection, and the care coordinator. Support was provided to the manager by senior managers at regional level, in order to support the service and the staff. There was also support available from the organisation’s training and development, human resources and sales and marketing departments. This level of business support allowed the manager to focus on the needs of the service, people who lived there and the staff who supported them. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people.

Although there were systems to assess the quality of the service, we found that these were not always effective. The quality checks made by the manager had failed to identify that safe medicine practices were not being used at all times by staff.

People and relatives spoke highly of the management and staff. We heard positive comments about how the service was run. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people and visitors and listening to their views.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the manager, care coordinator and staff. The provider carried out ‘residents and relatives’ satisfaction surveys to gain feedback on the quality of the service received as well as ‘resident and relatives’ meetings where people were asked about their views and suggestions. The manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service. For example the manager said that in order to manage the laundry better, a second person to undertake laundry duties had been employed. The manager has also spoken to relatives about proper name labels being attached to people’s clothes, to prevent clothes from being misplaced.

Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. The manager had consistently taken account of people's and staff’s input in order to take actions to improve the care people were receiving. The manager said that currently the activities person was working closely with families to make improvements to the courtyard garden. The manager had taken account of people's and staff’s input in order to take actions to improve the care people were receiving.