

Brunelcare

Colliers Gardens Extra Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

The inspection took place on 15 March 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Colliers Garden Extra Care provides personal care and support to older people who occupy or own their own flats located within the premises at Colliers Gardens. There are 50 flats in total and at the time of our visit 39 people were receiving support with personal care.

At the last inspection of the service in 9 May 2014 we found the service was meeting the regulations.

There was 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.

We found that some aspects of medicines management were not in line with best practice. People told us they felt safe at Colliers Garden and were supported by a consistent group of staff who were kind, caring and respectful towards them. Staff were trained in safeguarding adults and understood how to protect people from abuse. Checks were carried out prior to staff starting work to ensure they were of good character to work with people who used the service.

We found there were enough suitably trained staff to deliver safe and effective care to people. People told us staff had the right skills and experience to provide the care and support they required and did not rush their care when they supported them. There were procedures for staff to follow to minimise risks to people's safety such as how to manage risks associated with people's medicines. Information in care files supported staff in managing risks and we found these were being managed so that people's needs were met. Care plans also contained relevant information to help staff provide the personalised care people required.

Care staff helped people to prepare meals or attend the facility available in the building where a choice of nutritious meals were available. A varied programme of activities and entertainment was organised and regularly provided by the service which people could participate in if they wished. People had an opportunity to say what social activities and entertainment they would like by attending 'tenants meetings' where these were discussed. This helped to effectively meet people's social care needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and supported people in line with these principles. People were involved in their care and their opinions were sought about the service they received to make sure this met their preferences. The complaints about the service were investigated according to the provider's policy. People felt confident to raise any concerns or issues with the registered manager if they needed to.

The provider and registered manager ensured people received the quality of care and services they would expect. There were processes to monitor the quality of the service people who used the service received and experienced. This was through regular communication with people and staff, checks on records, 'Tenants meetings' and a programme of checks and audits.

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 

The service was not consistently safe.

Some aspects of medicines management were not carried out in the best practice although people said they received their medicines safely.

People felt safe and staff knew their needs and had the skills to keep them safe and protect them from harm. .

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs. Staff attending regular training and updated their skills.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and ensured people's consent was sought before care was provided.

Is the service caring?

Good 

The service was caring.

People were treated with kindness, patience and respect by the staff that supported them.

People received care and support from a consistent group of staff that understood their individual needs.

People were involved in making decisions about how their care and support was delivered. People were supported to be as independent as possible.

Is the service responsive?

Good 

The service was responsive

People were involved in the assessment of their health care needs by the service.

Care and support was provided in accordance with people's individual preferences and needs.

Care plans were reviewed to identify any changes in people's needs to ensure they continued to be met.

People knew how to raise complaints and were provided with information about how to complain.

Is the service well-led?

Good ●

The service was well- led.

The provider and management team provided good leadership. Staff understood their responsibilities to ensure people received the quality of care and service they expected.

People spoke positively of the management team at the service and felt at ease to approach staff or the registered manager if they needed to.

Staff felt supported in their roles

There were quality monitoring systems to identify if any improvements were needed.

Colliers Gardens Extra Care

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

We undertook an announced inspection of Colliers Gardens Extra Care on 15 March 2016. The inspection team consisted of two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern.

During our visit we spoke with the registered manager, seven people who used the service, one relative, and six care support workers (including a team leader). We also contacted the local authority who funded the care for some people who used the service. They told us they had no concerns about the service.

We reviewed six people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated. These included, the staff "run" sheets which showed the support people were to receive and at what times, the medication records, the processes for managing complaints, staff recruitment records and the service's quality records which included audits and notes of meetings with people and staff.

Is the service safe?

Our findings

Some aspects of medicines management were not carried out with the best practice although people said they received their medicines safely. Some people who used the service received support with medicines, and some managed these independently.

Medicine administration records were held in people's flats and staff signed it indicate they had provided them. One person said that staff applied prescribed creams for them twice a day; however, staff had not always signed the chart to confirm this procedure had taken place. During March there were two occasions on 02/03/2016 and 04/03/2016 where staff had not signed the MAR chart. The person confirmed that staff had applied the creams despite the chart not being signed. We also note that there were other occasions when some people's MARS had not been signed when medicines were administered to them.

We discussed these with the registered manager. They told us they carried out audits of medicines to make sure staff were managing these safely. We saw that processes were in place to ensure any errors were acted upon to prevent them happening however these were not followed through. The registered manager told us they would discuss this in the next staff meeting and would ensure that medication competency assessment was offered to the staff who made the errors.

When people required support to take their medicines care plans described how staff should promote independence whilst also ensuring prescribed medicines are taken. One person's plan informed staff to "Put tablets into an egg cup and witness me taking them". In addition, the plan informed staff "I know the number of tablets I should have and I will question any differences".

Staff told us they had completed training in the management of medicines. It included three competency assessments before staff were able to administer medicines unsupervised. The registered manager told us they had a medication champion who carried out audits of medicines to make sure staff were managing these safely.

All the people we spoke with told us they felt safe at Colliers Garden. They said "I feel very safe here" and "When I've fallen in the past, I pressed my pendant and the staff came very quickly". One person said "Security is very good, I feel safe".

People were protected from abuse because staff were knowledgeable about their role in keeping people safe and how to identify potential signs of abuse. Staff said they had received training and knew how to recognise abuse and report any concerns.

Staff were able to describe the different types of abuse and told us they would report any concerns to their manager so they could be followed up and acted upon. The registered manager had taken action to report safeguarding incidents promptly to us and had also taken appropriate action to manage any potential on-going risks.

People told us they were involved in decisions related to risks associated with their care. Care plans

contained risk assessments and where risks had been identified, staff were provided with guidance on how to support people to minimise the risk of harm. For example, one person had been assessed as a high risk of falls; but they also wanted to maintain their independence as much as possible. Staff had been informed to ensure the person was wearing their emergency pendant that their mobility aid was within easy reach, that their footwear was comfortable and well fitting, and to encourage the person to keep their flat as clutter free as possible.

Staff knew about people's health and support needs, they were able to tell us how they managed risks associated with people's care. These included risks associated with medical conditions and the environment. Care plans contained manual handling risk assessments and these had been reviewed every six months and more often if necessary. When people's needs in relation to keeping safe had changed, plans had been updating accordingly. One person that used mobility aids had pictures within their care plan of the aids they used to move around to guide staff.

The risk assessments clearly identified areas of potential risk and described what people could do independently. Care was then planned to minimise any risks to people's health. For example, we were told about a person who had a medical condition that could result in challenging behaviour.

The registered manager and staff told us they contacted health professionals for advice when necessary so that people's health and safety was not put at risk. For example a health professional had assessed a person's ability to move and transfer safely and had advised staff to use a hoist due to risks associated with a health problem. We spoke with the person who told us, "They [staff] use a hoist with me because of I can't stand anymore to transfer from bed to chair or walk to the toilet. I have an electric bed which goes up and down to help me and staff to support me." Staff told us any changes in people's support needs were reported during a 'handover' at the beginning of their shift which they found helpful. They told us they were also required to read care plans each day when they visited the flats so they would know about any new risks and changes to people's support required.

Staff were aware of the procedures to follow in the event of an emergency such as a fire. Care plans contained personal evacuation plans which detailed information about any support people would need to evacuate the building. They knew about the fire procedures and the action they should take to keep people safe within the building in the event of a fire.

Accidents and incidents were reported and reviewed by the registered manager. Actions had been documented to prevent recurrence; for example, one action plan stated staff had spoken with one person's family and asked them to buy new footwear as the old ones were loose. Because of the loose footwear, the person had fallen. New footwear had been purchased, and the incident report had been closed. Staff knew how to report incidents, and understood the importance of this in order to prevent recurrences.

We found through our discussions with staff and people there were sufficient staff to meet people's needs. People felt there were enough staff to meet their needs although they identified that sometimes staff could be exceptionally busy depending on what had happened in the service that day. People who used the service were aware that agency staff were being used to cover vacancies, but all confirmed their needs were being met. One said "They're a bit short staffed some times and occasionally we get agency staff". People said staff were "Usually on time, sometimes five minutes late, but I realise they might be busy with someone else" and "They're a bit late sometimes, but they usually arrive when I'm expecting them". Another person told us "Sometimes they are a bit behind if we have an emergency but they are very good. They always apologise". Staff said "We are recruiting and we've got new staff starting soon. We have been using agency staff, and we try to get the same ones back for continuity".

Staff told us they had sufficient time to carry out the tasks required of them when they visited people in their flats. The registered manager told us they monitored the staff contact sheets in people's flats to make sure they had carried out all that was required of them. Staff told us, we don't rush people. If we are running late the manager and the carers in the office would come and help".

The registered manager told us all of the required recruitment checks were carried out to ensure staff were of good character before staff started work. This reduced the risk of unsuitable staff being employed to work with people in their own homes. Staff told us this included a 'Disclosure and Barring Service' check (to check for any criminal convictions) to help employers make suitable recruitment decisions). Recruitment records we viewed confirmed checks were carried out as required.

Is the service effective?

Our findings

People felt that the staff had the necessary skills to support them and were happy with the care they received. People told us "They work so hard and long hours. They are well trained. They know what they are doing to help me" and "Yes very good [staff] they will listen to you when you talk to them." And "I like living here because it's nice and quiet and staff know how to do their job well."

Staff had access to training the provider considered essential to help them achieve the skills and competences they needed to care for people effectively. For example, staff have achieved diploma in health and social care (formally the National Vocational Qualifications). Staff spoke positively about the training they received. Staff members told us "We have really good training days, and if we need extra training to help us support tenants with other needs we get training for that too. One tenant had communication difficulties and so a speech therapist came in and gave us some training, which was really useful".

The registered manager told us staff were provided with further training if it was found they were not following the correct procedures. Staff confirmed it was easy to access training and another staff member said "There is lots of training available to staff. We can have it here or sometimes we go to other sites for it. It's all advertised on the intranet and notices are put up in the staff room". Staff told us they felt supported with their training and if they were not sure about something, they felt at ease to approach the registered manager to discuss this." This demonstrated staff concerns were listened to and acted upon.

Staff were also positive about the induction training which they said sufficiently prepared them for their role before they worked unsupervised. One staff member told us, "Yes everything was fine, we had plenty of time to understand the role before you are allowed to work on your own." Staff told us they worked alongside more experienced staff when they were employed so they could learn the skills they needed and could get to know people they would need to support before they worked independently.

We looked at the training matrix that was in place. This showed that training updates had been booked for staff and there were no gaps noted. Staff received training in topics such as safeguarding, fire safety, and food hygiene and infection control. Support staff was trained in the Care certificate and we saw the training record for one staff member who had recently completed this, which was thorough.

The registered manager told us all staff were observed in their roles to make sure they put into practice the skills and knowledge they had learned to meet people's needs safely. A staff member told us the observation was very good, "It helps you to know if you are doing the job well."

Staff said they received regular supervision sessions and felt able to go to their supervisor or manager with any problems. Staff told us they had regular meetings with their manager to discuss their performance. They also had a yearly appraisal where their performance was assessed. Staff said they felt supported in their roles. One staff member told us, "Yes we do have regular one to one throughout the year a year. We discuss any concerns I may have and I can also see the team leader or the manager any time".

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) and to report on what we find. The MCA ensures the rights of people who lack mental capacity are protected when making particular decisions. Where people lacked capacity to make certain decisions, capacity assessments had been completed so that staff knew how to support people.

We found by speaking with staff that they had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS). The registered manager and staff we spoke with knew of their responsibilities regarding DoLS. They knew that regarding extra care housing services any DoLS referral would have to be made to and approved by the Court of Protection. The registered manager told us they would discuss assessment for a DoLS approval with the funding authority in relation a person who had communication difficulty and learning disability who staff escorted to a day centre in order to promote their safety and wellbeing. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

People told us that staff asked them if they were in agreement to the care they were about to deliver so they could decide if they wanted support. People told us, "Staff always respect my wishes. They ring the bell rather than just walking in which is what I want and they ask before doing anything" and "None of staff comes in and just does it [provide care], they always ask first."

People who used the service had signed their care plans to indicate they agreed with the contents. Staff understood the principles of the MCA and what it meant for them in practice. They knew the importance of gaining people's consent before delivering care and we saw this happened. Staff told us they respected people's decisions if they refused care and confirmed they had received training. For example, staff told us how they would encourage a person to have bed rest to prevent them from developing skin damage and continued to encourage them until they consented. We asked one staff member what they would do if a person was unable to communicate their needs. They told us they would look for signs of approval or disapproval and would be led by them and stated, "I ask them every time. I would never presume."

People had access to health care services. One person said "Staff have called my GP when I've been ill". Another person required specialist support to attend some healthcare appointments; although staff did not provide this support, the contact details of the team who did were recorded within the care plan. One member of staff said that when people were unwell, they would call the GP or district nurse. They also described "Pop in" visits. They said "We will often do a pop in if someone hasn't been feeling well, just to check they're ok". Some people were able to manage their own health care or relatives supported them with this. Where people needed support, arrangements were made so that people could be registered with the local GP practice for any on-going healthcare needs.

Colliers Gardens has a restaurant facility in the communal area of the building. People could choose to have their main meal in the restaurant if they were unable to, or chose not to, prepare meals for themselves. Where people were at risk of ill health due to not eating or drinking enough, staff provided them with support that met their needs. The support people required was detailed in the care plans kept in people's flats. Several people had chosen to eat in the restaurant and they said the food was "Very nice" and "It's lovely". There was music playing, people were served at their tables and the atmosphere was relaxed and welcoming.

There were clear instructions in people's care records for staff to follow on delivering care and what they should do each time they visited people. Staff were knowledgeable about how people needed to be supported to meet their needs. For example, one person had limited sight and needed help with food preparation so they could eat independently. A staff member told us that if a person had visual impairment

for example. "We just make sure when we give the person a meal we tell them where everything is [on the plate] and cut up the food for them to make sure it is the right size and they don't struggle."

When people had specific dietary requirements these had been documented within the care plans. For example, in one person's plan it was documented "I prefer to eat meals prepared for by my family" and "At breakfast I will have one of four options. I will tell staff which one I want them to make for me".

The registered manager told us if they identified a concern regarding a person's food and fluid intake they would check with the person's GP if they wanted staff to monitor this. They also told us the GP was able to make referrals to a dietician or speech and language therapist so they could look into any underlying problems causing people not to eat or drink.

Is the service caring?

Our findings

People told us that staff were caring and respectful towards them. Comments included, "Staff here have a very caring attitude they are very patient too." Other comments included "The staff are brilliant" and "I don't know what we would do without the staff". One person said "I'm so grateful for their help; they never rush and do everything that I want them to". Another person said "All of the staff are very nice, you couldn't wish for a better team of carers. I've been very happy with them".

People also referred to the continuity of staff and how this positively affected their relationship with the support staff. They said "I have a good relationship with the staff" and they are like family to me".

Staff were enthusiastic about their roles. They said "I love my job. All of the tenants here are lovely, and the team here is great" and "I really do believe the staff here are excellent, brilliant and flexible".

We saw that staff were caring and supportive and patient in their approach to people. We observed that staff were going to support a person with their personal care needs in a respectful, caring and friendly manner. Staff knocked on the door and waited for an answer before they went in to the persons flat. We could hear staff interacting with the person in an inclusive manner.

People told us staff supported them to be independent and respected their privacy and dignity. One person told us, "The staff help me with my daily shower to make sure I am safe, they close the door slightly for privacy and talk to me all the time to make sure I am okay and if I need any help. It is very reassuring for me knowing they are there but at the same time doing it for myself".

Staff told us how they worked on a daily basis to promote people's privacy and dignity and independence. They commented, "If a person has a bed bath I make sure I cover them with a towel and close the curtains first, make sure door is shut." "We chat with the tenants all the time. We work with them and if we see they are capable of doing a lot more, this helps them to be as independent as possible." A staff member gave an example of this. They explained how they had supported a person when they came out of hospital to do as much as they could do for themselves to retain some independence. The person confirmed this, they told us, and "I just came back from hospital. I know I can't walk I do as much as I can do and the staff do the rest for me".

People received care and support from a group of consistent staff that understood their needs and who they were able to build relationships with. Staff were knowledgeable about the people they cared for and were able to tell us in detail about their needs and how they wished to be supported. We were told they used 'life story' information recorded in the care files to find out about the people they were supporting and generate conversations with them. One staff member told us, "This is a brilliant way for a new person [staff member] to find out about the person. We can add information into them [life story information] as they remember. I find them very handy things. New people can be reluctant but if we have that bit of background it helps us to keep them happy and more at ease."

The service promoted the principles of equality and diversity. A number of people using the service were from the Chinese community. We were told there was a key worker allocated to these people who was able to liaise with families directly to ensure people's cultural needs were being met. One staff member said "We have a great Chinese community here. We have a small lounge area with Chinese TV channels and many of the tenants chose to sit there in the evenings. We are hoping to get someone in soon to train staff in some basic Chinese phrases". Signs throughout the building were written in English and Chinese. We saw minutes of tenants meetings that showed that a Chinese translator was provided for those whose first language was not English. We saw people's care plan contained details of their belief and how staff were to support them if they wanted to practice their religion.

Is the service responsive?

Our findings

Many people who used the service were independent and only required support with certain aspects of their care. Those that needed support told us staff involved them in decisions about their care on an on-going basis. People's care and support needs were discussed and agreed with them prior to them using the service and were recorded in 'Life History' profiles. These identified what people could do independently and when they would need support. This information was transferred into a care plan file which was kept in people's flats. People told us they were able to read these or comment on them if necessary at any time if they felt changes needed to be made. They told us staff spoke with them about their support regularly. People had signed records their care plans to confirm they had discussed their care with staff and agreed to the care planned.

People who used the service were involved in writing their care plans. People said they knew what was in the plans and were involved during care plan reviews. Care plans were person centred and based on people's choices and preferences. The plans were details of people which meant that staff had access to information about people and their lives before they had moved to Colliers garden. Examples included details such as "Please ensure you dry between my toes before putting my socks on" and "I like to do things in a certain way so please respect my wishes". When we spoke with people using the service they confirmed that the detail within their care plan was followed. Where English was not a person's first language the care plan informed staff "Please can staff speak clearly as English is not my first language and sometimes I may need you to rephrase questions".

People said their care plans reflected their current needs, but that when their needs had changed, the plans had been amended. For example, one person said they had recently started to have a visit in the evening from staff; the discussion between the person and staff had been documented and the care plan reflected the change in support provided. Another person's needs had changed as their condition had deteriorated. Increased support was now being provided and the notes within the care plan showed that this had been actioned swiftly.

People said the support they received was agreed in advance and met their needs. Plans showed how much time staff were allocated for support activities such as personal care, or assistance with medication. The plans also showed where people were provided with support for things such as shopping, washing and cleaning.

There was a system to review care plans to make sure they accurately reflected how people needed to be supported. Staff told us people and their relatives were involved in reviews although relative involvement was dependent on the person's wishes. For example one person told us "my relative is always involved during the reviews because I wanted them to be here. I can't hear very well so it is good for me that they attend". Another person said "My relatives always come for my reviews although they live quite far".

The registered manager told us that reviews were carried out within arrange of timescales depending on the level of support that was being provided. For example those people who needed a higher level of support

had more frequent reviews of their care to make sure this was meeting their needs. One staff member told us sometimes reviews were completed with families if a person's health deteriorated. For example, if a person fell, was admitted to hospital and their mobility and health had deteriorated. One person told us "staff were marvellous. They called the ambulance when I was unwell and I had to go into hospital".

There was a variety of social activities, entertainment organised at the service which people could attend if they wished. Some of the people we spoke with chose not to attend the activities or could not attend due to ill health. One person told us, "I like my TV I don't go out much because of my legs and I need a lot of help."

People were provided with these detailed activities programme on a monthly basis so they could decide if they wanted to participate or not. The registered manager also communicated information to people by using the notice boards around the building, for example to inform people of activities or events that were taking place. Activities included arts and crafts, singing, and entertainers. There were exercise groups and coffee mornings which had also been organised and run by tenants. Other activities included bingo exercise classes and outside visits to places of interest. For example, Bristol aquarium and Water sky restaurant.

People had also been provided with an activities survey to assess their opinions on those activities provided to see if these were in accordance with their interests and wishes. We were told there was a team of dedicated volunteers who helped to support these people with social activities and outings.

Tenant meetings took place regularly. Minutes looked at showed that people were asked for their thoughts and opinions at these meetings and there was an opportunity for people to speak openly. Where people had made suggestions in relation to the building environment, these had been investigated and acted upon. For example, people had asked for the curb to be dropped by the main entrance to the building to make it easier to use with mobility aids. The registered manager had discussed this internally and the work had been carried out as a result of this. People said they had attended some of the meetings and that they had been informative.

People had been given a copy of the provider's complaints policy. People said they knew how to complain. One person said they had made a complaint and it had been resolved to their satisfaction. Another person said they knew how to complain but had never had cause to.

People felt the registered manager was approachable and would listen should they have any complaints. People told us, "If I had a complaint or concern I would go straight to manager" "I would talk to the manager or my sister." One person told us they had no complaints, they told us, "Am quite happy here I have no complaint".

Staff knew their responsibilities if a complaint was raised with them. One staff member told us, "I would ask if they wanted to talk about it with me, and if they did, have a chat and see if there was a way around it. I would ask them if they wanted to speak to the team leader and if they wanted to make a complaint would offer them a form from the office."

There was a complaints log in place. All of the complaints we looked at had been dealt with within the timescales specified in the provider's policy and all had been resolved and closed.

Is the service well-led?

Our findings

People told us they were very satisfied with the quality of care provided. Comments included, "I am very happy here and "Everything is going well."

People told us they had opportunities to be involved in decisions about how the service was run through the attendance of tenants meetings. One person told us "I attend the meetings; they are very good as you can put your own thoughts forward." Another stated, "I do attend the tenants meetings, I find them very useful." For those people who chose not to attend, copies of the notes of the meeting were posted to their flats so they would know about any decisions or plans made. We saw some of the issues raised at these meetings included dropping the curb by the main entrance to the building to make it easier to use with mobility aids. Notes of the most recent meeting showed and the registered manager informed us these issues had been promptly addressed.

People were positive in their comments about the management of the service. They told us, "The service is well managed. The manager is very approachable and would always listen and she is so kind, she is always here and always comes around to see me". I am very happy here", Staff members also spoke highly of the management team and felt well supported in their roles. They told us they enjoyed working at Colliers Gardens. Staff comments included, "I love it, and it's lovely." "I love my job, I love it here." "I just think we are like a family, everybody gets on with everybody".

Staff spoke positively about their manager. They said "I am very well supported by the manager" and "The manager always lets us know what's going on with the company". Staff said they received company newsletters and that they had access to company updates via the intranet.

Staff had opportunities to be involved in decisions about how the service was run by attending staff meetings with the management team. One staff member told us, "We talk about things the manager wants us to know. The provider and managers were committed to providing quality care to people. Staff and people who used the service felt they were listened to and found management staff approachable and responsive. Minutes of staff meetings were seen. These had taken place regularly and included whole team meetings, and senior meetings.

The registered manager showed us a 'communication' book which contained important information about the people who used the service and staff needed to be aware of and action if necessary. For example, If people had hospital and GP appointments. We saw that the staff members signed to say they have read and understood the contents. There was also a handover file which contained the events of the day, for example, any change in need of a person using the service. The content of the file was shared between the outgoing and incoming staff members to ensure that people's need were met and promote quality in the care and support provided.

The registered manager promoted contact with the local community so that people at the service could benefit from this. They told us how they had formed links with the 'Stroke Group' (this group who provide

opportunity for those who have been affected by stroke to rediscover previous skills, learn new skills and regain confidence.) people who attended the service weekly. We saw information about the group in the reception area of the building.

There were processes to monitor the quality of the service provided and understand the experiences of people. This was through regular communication with people and regular quality audits of the service. Checks carried out included the monitoring of care records to make sure they were accurate, staff care practices to ensure they were following the provider's policies and procedures, complaints and health and safety checks of the building. This meant the on-going on the quality of service and the safety of people who lived at Colliers Gardens was maintained.

The registered manager had completed a Provider Information Return with information we had requested from them. This stated, "We have an open door policy and staff are encouraged to come in and discuss things that are worrying them". Staff were aware of the provider's policies including the whistleblowing policy and told us they had a copy of the policy they could access all the policies should they need to use it.

Action was taken to drive improvements within the service when required. For example, quality satisfaction surveys were used within the service to assess people's views on the quality of care and services provided. The registered manager told us that the most recent survey showed that people were satisfied with the services provided. This was confirmed in the document showed to us.

People and visitors could also post suggestions about how the service could be improved if they wished. There was a suggestion box with leaflets beside it that people could use to complete their comments on how the service could be improved. The registered manager told us she welcomed any feedback and used this information to see how the service could be improved.

The service also received compliments from relatives and friends of the people who used the service. Comments included "Thank you so much for your help with looking after our relatives. It is now nearly a year since they moved in and are looking much better". Other comments included "Everything is done perfectly" and "It's the small things the staff do, like asking if she wants her earrings in and then helping her to put them in".

The registered manager told us they had to produce a quality report for the provider each month which contained information on every part of the business. This was so the provider could monitor the service and ensure the quality standards they expected were being achieved. This demonstrated the provider played an active role in quality assurance to ensure the service continuously improved.