

Barchester Healthcare Homes Limited

Leonard Lodge

Inspection report

Roxwell Gardens
Hutton
Brentwood
Essex
CM13 1AQ

Tel: 01277263939
Website: www.barchester.com

Date of inspection visit:
07 April 2016

Date of publication:
27 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We previously carried out an unannounced comprehensive inspection on 28th August and 1st September 2015 at which time five separate breaches of the legal requirements were found. These related to the management of risks in and around the environment to ensure people's safety; a lack of suitable arrangements in place to support staff with training and supervision, failing to treat people with dignity and respect their privacy, ineffective systems and processes to monitor quality and safety and failing to provide person centred care. Other areas requiring improvement included the recruitment and retention of sufficient numbers of staff to keep people safe.

Following the comprehensive inspection, the provider sent us an action plan, which set out what they would do to meet the legal requirements in relation to the five breaches and to improve the service. Because the breaches affected all areas of the service we undertook a further comprehensive inspection to check that the service had implemented their action plan and to confirm that they now met the legal requirements.

The inspection took place on 7th April 2016 and was unannounced. Leonard Lodge provides accommodation over two floors for up to 60 people who require nursing or personal care. There were 56 people living at the service at the time of our inspection.

The provider's registration required them to have a registered manager. At the previous inspection the service had made an application for a new registered manager and this person was now 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.'

At this inspection we found that the service had followed its action plan to address the previous breaches which meant that the service now met the legal requirements and was no longer in breach of the regulations.

Significant improvements had been made with regard to treating people with dignity and respect however this was an area that still required further improvement. Staff were generally caring and less hurried when providing personalised care. However, people's dignity was not always maintained and they were not always treated with respect.

Environmental risks were managed safely. Broken doors had been mended, a monitoring system was in place and the external hazards had been removed to improve people's safety when accessing outdoor areas.

There were sufficient numbers of appropriately trained staff in place who knew people well and were aware of their preferences so were able to provide more person centred care.

Staff received regular supervision and support from the management team which improved staff retention and job satisfaction and provided a method of assessing staff competency and promoting learning and development.

The provider had suitable arrangements in place for the management of medicines, and people received their medicines safely.

Staff were recruited safely in line with current legislative requirements, and were aware of their safeguarding responsibilities to protect people from abuse.

People were involved in making decisions about the care and support they received. Where people experienced difficulties with decision-making, they were supported by staff who were aware of their responsibilities under the Mental Capacity Act (2005) legislation. Where appropriate, mental capacity assessments had been completed. This ensured that any decisions taken on behalf of people were in accordance with the legislation.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLs), making applications when necessary.

People were supported to maintain their health and had access to wide range of healthcare professionals.

A choice of food and drink was available that reflected peoples nutritional needs, and took into account their preferences and any health requirements.

People were encouraged to follow their interests. Religious practices and beliefs and were respected and people were supported to keep in contact with their family and friends.

There was a strong management team who encouraged an open culture that listened to people and staff. Staff enjoyed working at the service and felt that they were included in the running of the home and that their views were valued.

The management team had robust systems in place to ensure the quality and safety of the service to drive improvements and responded appropriately to complaints and feedback.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were sufficient numbers of staff to meet peoples needs.

Medicines were recorded, stored and administered safely.

Staff understood their responsibilities to protect people from harm.

Risks to people were identified and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills to carry out their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act and how to support people to make their own decisions.

People were supported to have enough to eat and drink.

People were assisted to maintain health and wellbeing and have access to healthcare services in a timely fashion.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People's dignity was not always maintained.

Staff knew the people they cared for and used this knowledge to build positive relationships.

People and/or their relatives were involved in making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People could choose to participate in a range of activities.

People and their relatives were confident to raise concerns if they arose and that they would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

There was a positive and open culture within the service.

The new registered manager provided clear leadership.

New systems were in place to monitor quality.

The management team was approachable and supportive of staff.

Leonard Lodge

Detailed findings

Background to this inspection

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

'This inspection took place on 7th April 2016 and was unannounced.' The inspection team consisted of two inspectors. We reviewed all the information we had available about the service including notifications sent to us by the provider. Statutory notifications provide us with information about important events which the provider is required to send us by law. We also looked at the action plan the provider had formulated in response to breaches found during the previous inspection. We also spoke with professionals who had worked with the provider and were familiar with the service.

During the inspection we spoke with nine people who lived at the service and seven people's relatives. We used informal observation to evaluate people's experience and help us to assess how their needs were being met. We observed how staff interacted with people and with each other. We spoke with the regional operations manager, the clinical service manager, the registered manager and six staff. We also received feedback from two health and social care professionals about the service.

We looked at nine people's care records, five staff files and looked at information relating to the management of the service such as training records, supervision notes and quality monitoring audits.

Is the service safe?

Our findings

At our last inspection we found a breach of Regulation 12 of the Health & Social Care Act. People's safety was at risk due to broken locks to the outside doors leading to an untended courtyard area with numerous trip hazards. During this inspection, we found that actions had been taken by the manager to address this. The doors to the outside courtyard had been mended and checks were in place to ensure they were secure at night, and that people would be kept safe. The courtyard area had been re designed making the space easier to access for people when they wished to spend time there.

When we last inspected we also found a breach of Regulation 18 (1) due to insufficient staffing levels to care for people safely. At this inspection we found that there were sufficient numbers of staff to meet people's needs. The registered manager told us that their recruitment levels for nursing staff exceeded what was required to allow for cover if nurses were sick or on annual leave. Aside from permanent staff the service had access to three regular bank staff to ensure adequate staffing levels were maintained. The people and staff we spoke to all told us that they had noticed a significant improvement in staffing levels. However, they still felt that additional staff would improve the service provision, especially at night. At the time of inspection, the registered manager had already addressed this concern and was currently recruiting for two extra night staff. A relative told us, "There have been a lot of improvements here especially in the staffing and having permanent staff all the time, it really makes a difference to the quality of care." "Even though there are improvements, there are still not enough staff for them to spend that individual time with people I think." "Even just one more staff member around would make a difference."

Staff used manual handling equipment in a competent manner so that people were safe when being moved and positioned. The regional manager told us that it was company policy that residents who required hoisting had their own personal sling. However on the day of inspection we saw that the same sling was used when hoisting four different people. This practice represented a risk in terms of infection control.

People who used the service told us they felt safe and well looked after. One relative said, "I know my [family member] is in safe hands." People had call bells which were within reach so they could call for help. During the inspection, we observed one person use their buzzer and heard another person calling out for help. On both occasion's we saw that the staff came quickly to provide assistance. Where people were unable to use their call bells, risk assessments were in place identifying those people who needed to be checked on at regular intervals.

Staff who were able to demonstrate their understanding of abuse and discrimination. Staff described what they would do if they were told, saw or suspected that someone was being abused or harmed in any way. They were confident that the management would deal with any safeguarding issues or discrimination of any kind swiftly to keep people safe. The registered manager told us that display boards had been put up with photos of staff to assist people living with dementia identify anyone if they needed to raise a complaint or concern about their treatment by a particular member of staff.

We saw that the registered manager recorded and dealt with safeguarding concerns, and sent notifications

to us in a timely way. Staff were aware of the company's whistleblowing procedure and told us that there were posters up around the building with a telephone number they could call if they needed to report any concerns. We saw that these were displayed on unit.

Systems and processes were in place for the safe recruitment of suitable staff. Checks on the recruitment files for four members of staff showed that they had completed an application form, provided a full employment history and photographic proof of identity. The provider had also taken up references and undertaken a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.

We saw that there were systems in place for assessing and managing risks. In the care files we looked at, comprehensive risk assessments were in place, reviews were completed and files updated in order that risks to people's health and safety could be minimised or prevented. We saw that risk assessments had been signed by people or their representatives where people lacked capacity to give consent. This demonstrated that people were included in decisions about risks to their health and wellbeing and how these should be managed.

We observed a medicine round and found that the storage, administration and disposal of medicines was undertaken safely, and in line with current professional guidelines. People's individual medicines administration record (MAR) had their photograph so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. We saw that medicines were given to people in a dignified way. People were offered the choice of taking their medicines in a cup or on a spoon, and were provided with a drink. We saw that people were offered pain relief if they needed it. The medicine trolley was kept secure and the contents of the trolley was well ordered and clean. There were appropriate facilities to store medicines that required specific storage, for example, controlled drugs and refrigerators for medicines that needed to be stored in controlled temperatures. The temperatures were checked every day and were within the correct range to ensure safe storage. Records relating to medicines were completed accurately and stored securely. The medicine received, administered and returned to the pharmacy was recorded correctly. We saw that there was a specific cabinet for controlled drugs and the controlled drugs stock record was accurate and up to date.

Is the service effective?

Our findings

At our last inspection we found a breach of Regulation 12 as staff did not possess the skills and knowledge to consistently care for people and meet their needs. People had care plans which detailed their support needs but staff did not always act on the information held in the care plan. This was due in part to the high use of agency staff who were not familiar with the care plans and the people they cared for.

During this inspection we found people were supported by a more consistent and stable workforce who knew them well and used this knowledge to provide effective care and support. A relative we spoke with said, "I have seen a marked improvement in the staffing over the past few months. Things seem more settled now and there is a much nicer atmosphere with the staff and around the home."

Staff we spoke to were able to tell us about the care and support individuals required. We checked that this information was held in people's care plans and being implemented in practice. For example, one person's care plan stated that they needed regular repositioning and that their food and fluid intake required daily monitoring. We saw written records kept in their room which evidenced that this had taken place in accordance with the care plan.

At the last inspection a breach of Regulation 18 (2) (a) was also recorded as there were inadequate systems in place to provide regular supervision and appraisals to staff in order to monitor their skills and knowledge and support staff to learn and develop so that they could support people effectively. During this inspection the registered manager advised us that this had now been addressed. Individual supervisions were scheduled at regular intervals. The service had developed a supervision tree which was a system of identifying who was responsible for whom in terms of supervising and completing appraisals. An electronic system was used to flag up when supervision and annual appraisals were due to ensure they were completed. Aside from individual supervision, group supervision was also used as an opportunity to share information and learn from mistakes. We saw records which showed that supervision sessions had taken place and staff told us the supervision and appraisals they received supported their learning. The impact of this on people was that they were supported by staff who were being monitored to ensure they were competent in their role.

The electronic training records system showed that all staff had received an induction when joining the service. Staff told us that the induction was of good quality and included opportunities for shadowing experienced team members. The provider had a comprehensive in-house training programme taught by senior staff who were trained as trainers. We spoke to a senior member of staff who was also a trainer. They told us that they were given designated hours set aside from providing care and support to support staff learning. This time was used to do spot checks to monitor staff competency, for example, in moving and positioning practices. Through the use of these checks any issues observed could be corrected quickly. On the day of inspection we saw that people were generally moved and positioned in a competent way though not always sensitively. Staff said they were confident that the training provided had equipped them with the knowledge and skills required to care for people effectively and that they felt supported as they had access to the trainer on the floor if they required any further training or support.

We found that the registered manager had taken action to address previous concerns around lack of communication between staff which had been identified at the previous inspection as an issue which affected the services ability to provide effective support to people. The registered manager now held daily morning meetings with the unit managers and senior staff on duty. The purpose of the meeting was to share information about people's health and wellbeing and any changes in need. For example, information would be shared with regard to anyone who was unwell or people that were expecting a visit from professionals or had a hospital appointment. This information was then cascaded down to all staff on duty that day and also used at hand-over to afternoon and night staff. This ensured that staff working that day had up to date, current information that would help them to meet people's needs more effectively.

The Mental Capacity Act (MCA) 2005 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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection it was noted that there were gaps in the knowledge of some staff members understanding around the Mental Capacity Act and DoLS. During this inspection we observed that the provider had addressed this by providing refresher training for staff in the MCA and DoLS. On the day of inspection, we spoke with four members of staff who were able to demonstrate their understanding of the principles of the legislation, and explain how they used this in practice to support people to make choices and give consent to receiving care and support. One staff member we spoke with showed us a booklet they had been given which they kept in their pocket to provide them with additional guidance if they were unsure whether they were applying the principles of the act in their daily practice.

Responsibility for DoLS applications lay with the registered manager. We saw that they had made appropriate referrals to the local authority where required to safeguard people whilst upholding their rights.

People and relatives told us the food was good. One relative said, "[Person] is desperate to come home, they miss the food and have lost weight since being in hospital." Another person commented, "Oooh roast chicken today, that's my favourite." The service employed a host and hostess who were responsible for providing room service and were part of the kitchen staff and were trained in nutrition. The hosts provided drinks and snacks throughout the day and also visited people in the mornings to take their meal orders for that day. A relative told us, "[host] is marvellous, they are always kind and friendly and so helpful."

On the day of inspection we observed lunch being served. There were flowers on the table, tablecloths, napkins and menus which helped to create a pleasant dining experience. People sat at tables of their choice in friendship groups. Those people who found making decisions difficult were shown different plates of food to help them choose. Staff chatted and joked with people creating a relaxed atmosphere. However, on the nursing unit we noticed that staff did not always ask people's consent before putting protective bibs over their clothing which resulted in people's independence and rights to exercise choice and control not being respected. This was discussed with the registered manager who assured us that this would be addressed during staff supervision sessions to ensure that consent from people was always sought.

The kitchen assistants knew people well, for example who had a big appetite and liked larger servings. We saw staff supporting people to eat and drink at an unhurried pace. Staff asked people discreetly if they needed help cutting up their food. We noticed one member of staff holding a person's hand whilst

supporting them to eat to provide reassurance. We spoke to the chef who told us they had a list of peoples preferences and any dietary needs. Those people who required a soft pureed meal had their food presented nicely with the colours separated using different sizes of ice cream scoops so that their plate looked appetising. People were offered a choice of drinks with tea and coffee offered after the meal. Downstairs in the dementia unit people were offered a glass of sherry with their lunch.

People's day-to-day health needs were met through on-going assessment. If it was identified that people needed referrals to other health care professionals these were made appropriately and in a timely fashion. The nursing unit manager told us how they had improved relations with the local GP attached to their service by working with them to provide them with all of the relevant information so that the right people were seen during the weekly GP visit. This positive working relationship had resulted in fewer hospital admissions for people. The visiting GP told us, "There has been a dramatic improvement here, especially upstairs in the nursing unit."

Is the service caring?

Our findings

At the last inspection there was a breach of Regulation 10 as people's dignity was not always maintained and they were not always treated with respect. People's care and support was often hurried and impersonal with a lack of regard for their self-esteem.

During this inspection we found that staff interacted in a more meaningful way with people who used the service showing kindness and for the most part respecting people's dignity and spending more time with them.

However we also saw times when this was not the case. We spoke with a relative who told us, "Everyone is caring and kind but they could be more encouraging about helping [relative] to eat. I know it isn't easy but if they say they don't want a dinner, just try to encourage them to try first."

We observed instances throughout the day when people's dignity was not respected. Whilst staff spoke with people nicely and provided reassurance when using the hoist to move and position people the practice of using the same sling for different people showed a lack of consideration for people's comfort and self-worth.

We observed a person being hoisted whose clothing had become dishevelled which meant their trousers were raised above their knees. No attempt was made to adjust their clothing to make them more comfortable and afford them dignity in terms of their appearance. We spoke with a staff member about this who then rectified this and apologised to the person. We noticed a person being pushed in a wheelchair without the cushion in place. When we spoke to the staff member about this they were not able to demonstrate that they had given any consideration the person's potential discomfort.

We also saw a person being transported in a hoist from one end of the room to the other to be seated for lunch which meant they were placed in a vulnerable and undignified position for longer than was necessary. A relative told us, "They are lovely, the staff, but there is just lack of attention to details – the little things that do make a difference to people's comfort and dignity."

We reviewed the daily notes written by staff about people. These varied in detail and style of writing. Some entries were brief and impersonal and task-focussed with language that did not promote respect. However, there were also examples that were written nicely and sensitively, commenting on peoples' moods and what they had been doing that day.

We also found examples where people's dignity was respected and promoted. For example staff knocked on people's doors to ask permission before entering, called people by their given names and talked to them kindly and with courtesy.

People and relatives told us the staff were kind and caring. One relative said, "I am very happy with the care, exceptional, top notch". A family member told us, "When I am here I have noticed they are very attentive, we

have no evidence of anything other than the best of care."

During lunch we observed a person who appeared upset and didn't want to eat their food. A staff member provided reassurance and gave the person a hug which resulted in their mood lifting and they started to eat their food. We heard someone complaining of feeling cold and a member of staff noticed and went to fetch a blanket to cover them.

People and their relatives told us they were included in decision-making around their individual care and support needs. We saw that people's care plans were signed by themselves or their representatives demonstrating their involvement.

Staff were able to talk in some detail about people's lives including relationships that were important to them, their hobbies and interests, likes and dislikes. We observed them engaging with people in meaningful conversations about their families and their past life experiences. This knowledge helped staff to build positive caring relationships with the people they supported.

Is the service responsive?

Our findings

On the day of inspection we looked at the care plans of nine people and found a lack of importance placed on people's life histories. The purpose of a life history is to share information regarding people's past experiences, relationships and family connections, likes, dislikes, interests and aspirations. This document helps staff to provide person-centred care, that is to say, care that meets people's individual needs, circumstances and preferences. In five care plans we looked at there were no life histories completed. Where life histories were included, these were placed at the back of the care plan. We discussed our findings with the management team who told us that family members had not always provided them with the requested information to complete a life history. After our inspection the service told us that they had actively engaged with families to complete life histories for everyone and that the information collected had been moved to the front of the care plan to give greater emphasis to providing person-centred care.

To ensure staff knew the people they cared for a process had been put in place whereby staff were required to sign a sheet to say that they had read people's care plans and life histories. Staff we spoke with were able to demonstrate some understanding of people's personal histories and likes and dislikes and used this knowledge constructively to engage in meaningful conversations. We observed staff reminiscing with people about their family members, past jobs, interests and hobbies which made people smile and become more animated.

People and relatives told us they were involved in the assessment process which was used to gather information to inform people's care plans. We found that care plans included a full assessment of people's health and personal care needs including their sensory needs. Care plans were reviewed monthly and people and their family members were invited to be included in the review. To ensure people's care plans were reviewed regularly the service operated a resident of the day scheme which identified a person from each floor to have a review of their care plan. The review was also used as an opportunity to monitor people's satisfaction with the service. In addition to regular reviews people had daily record sheets which staff wrote in to monitor people's health and wellbeing, and comment on their mood and identify particular needs. In one of the record sheets we saw that the handwriting was not legible and therefore impossible to read. This meant that staff would be unable to access information about the person which may impact on being able to meet their particular needs.

The service had taken on board past criticism provided at their previous inspection from people and their relatives who felt that communication could be improved, and that their complaints were not always dealt with appropriately or in a timely fashion. In response to this criticism the provider had arranged for all staff to attend customer care training with the focus on promoting effective communication and dealing with people's concerns more effectively. Staff told us, "The training we got about customer care was really good as it was really focussed on how people might feel and how we treat people."

The registered manager told us that the service had no open complaints and had not received any new complaints since December 2015. The manager had an open door policy and had implemented a weekly surgery for visiting relatives to come and discuss any issues they may have as they arose. The service used

an electronic system to log and monitor complaints which would flag up and escalate any outstanding complaints to ensure people's concerns were dealt with promptly. People and relatives told us they knew who to make a complaint to if needed and felt confident that their concerns would be listened to and acted upon.

People were supported to engage in group activities which were organised weekly. The activity programme included bingo, quizzes, visiting musicians and opportunities to attend holy communion. A relative told us about their family member who held strong religious beliefs and how the service had supported the person to meet her spiritual needs. The relative said, "They [the service] organised for [Person] to attend an Easter church service without us even having to ask them."

Aside from the structured programme of events, people were supported to engage in everyday activities with other residents and staff. For example on the day of inspection we saw a group of people and staff playing dominoes together. Snacks and drinks had been provided whilst they were playing to create a pleasant social event. We also saw a member of staff providing one to one support to a person looking at a book together. The person appeared relaxed and comfortable with the worker.

The service had a member of staff who owned a dog and this was brought in as a therapeutic activity for people who liked animals. One person we spoke to told us "I used to have a dog, he died, I like seeing the dog." The dog was also used by members of staff to help calm and reassure a person who was still grieving over the loss of their family pet.

Is the service well-led?

Our findings

At the last inspection the service was in breach of Regulation 17 due to a lack of managerial oversight which put people's health and safety at risk. Information sharing was in disarray and the systems and processes in place to monitor the quality of the service were ineffective.

Since the previous inspection a new registered manager had been appointed who was well thought of by staff. One worker told us, "Things are much more positive and calmer since the new manager arrived, we now have a leader and a shared direction."

The registered manager understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

Confidentiality was respected and maintained. Care plans were kept safe and put away after use so people could be confident that the information held about them by the service was kept secure.

The registered manager had put in place new systems and processes to measure quality and improve service provision. Supported by staff, they undertook regular audits including clinical reviews of the service, food safety, health and safety of the premises, equipment, and evacuation and fire drills on a weekly and monthly basis to monitor people's safety and wellbeing.

Meetings with people who used the service were held every three months with the next meeting planned for a week after our inspection. The purpose was to provide an opportunity for people to have input into how the service was organised. However, we found that people were not always included in decisions regarding planned improvements to the service that directly affected them. A refurbishment of the downstairs part of the service called memory lane, had been planned and approved by the provider. The proposal was for the works to take place during 2016. We were told that the memory lane refurbishment specification programme had now been approved. The regional director told us that this was part of Barchester refurbishment programme and there were specific designs for the Nursing communities and the Memory Lane communities. The regional director told us that whilst people who used the service and their relatives can and do have an input into the decoration of their bedroom, the new refurbishment programme which focusses on day spaces has been approved by Barchester.

The provider undertook an annual satisfaction survey to seek the views of people who used the service, their relatives, friends and staff. This survey was carried out by an independent organisation and the results were shared with people who used the service. These findings fed into the overall improvement plan for the service.

To support information sharing, meetings were held with staff in all departments, notes were taken and actions were followed through. There was also the introduction of a daily morning meeting of managers and senior staff which provided a clear line of communication, discussion and accountability across the service. This had improved the linking of current information and good practice across both units.

The nomination of a 'Staff member of the Month' was introduced which was popular as it provided a way for staff to feel appreciated for the work they did and encouraged staff retention. A staff member told us, "It's nice coming to work now, staff seem more happier somehow and not so disgruntled, that's good for people as you don't want unhappy staff caring for people do you?" Another worker said, ""The new manager is great and so friendly and I feel more appreciated for the work I do now."

Staff told us that the management team were supportive and approachable. One staff member said, "There is good support and the managers listen and communicate more about the home and what is going on especially since the last inspection." Consequently staff felt confident that if they needed to whistle-blow they would be listened to and could do so without repercussions.

'Meet the manager' meetings for relatives had been set up on a monthly basis which were advertised should they need time with the manager one to one. However, these sessions had not been utilised. The manager told us that people and their relatives spoke to them at the time about issues and concerns so they could be put right quickly. Relatives told us that they knew about these meetings but had not attended any. One relative said, "If I had things to say, I would talk to the staff at the time, not wait a month to talk to the manager." Another said, "The manager is very visible and you know you can go down at any point and talk to them, the door is always open."