

Keelex 176 Limited

Breage House

Inspection report

Breage House
Breage
Helston
Cornwall
TR13 9PW

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Ratings

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Breage House on 14 September 2018. The previous inspection took place on 9 June 2017. At that time, we identified concerns in relation to how some staff approached some of the people they supported, and the staff team dynamics. We also had concerns around staff knowledge and skill in meeting people's dietary needs. Since that inspection the management team had changed and some staff had left the service. Staff told us they felt more supported by the managers of the service, and with the staff changes this had led to the staff team working more positively together. The catering staff had also changed and staff had all received training in understanding people's dietary needs. At this inspection we found staff dynamics were no longer impacting on people and that staff had a greater understanding of people's dietary needs.

At this inspection we found improvements had been made in all the areas identified at the previous inspection. This meant the service had met the breaches of regulation from the last inspection and that the overall rating of the service had changed from Requires Improvement to Good.

We identified some concerns regarding accurate recording of information. For example, some risk assessments were not in place, medicine sheets had gaps, and a lack of formal monitoring regarding accidents and incidents. During the inspection and immediately following the visit the registered manager and Head of Specialist Services put together an action plan and assured us that these would be addressed. Whilst it was acknowledged that this had no direct impact on people's wellbeing it was an issue in respect of maintaining accurate records. We have made a recommendation regarding this in the Well Led section of the report.

Breage house is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Breage house is one of a number of services in Cornwall which are run by the provider, Keelex 176 Limited. Breage House is a detached home which provides accommodation for up to 14 people who have a learning disability. At the time of the inspection 14 people were living at the service. The registered manager took an active role in the running of the service. They were supported by a core staff team who had worked at the service for some time.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The care service was established before the introduction of Registering the Right Support and had been developed and designed in line with the values that underpin this and other best practice guidance. These

values include choice, promotion of independence and inclusion. People with learning disabilities and autism, using the service can live as ordinary a life as any citizen.

Some people had limited verbal communication skills so we spent time observing their interactions with staff. The atmosphere at Breage house was calm and friendly. Interactions between staff and people were kind, respectful and supportive. Staff described to us how they worked to support people to make day to day choices and build on their independent living skills. Staff said they were proud to work at Breage house.

The premises were well maintained, pleasant and spacious. People's bedrooms had been decorated and furnished in line with their personal preferences. Risks associated with the environment had been identified and action taken to minimise them.

Care plans reflected people's needs and preferences and were regularly reviewed to help ensure they were accurate and up to date. They contained information to help guide staff on how best to support people in all areas of their life, including their health, social needs and communication styles.

Staff had received training for safeguarding and this was updated regularly. Recruitment processes protected people from the risk of being supported by staff who were not suitable for the role. There were sufficient numbers of suitably qualified staff on duty and staffing levels were adjusted to meet people's changing needs and wishes.

Staff were supported to carry out their roles through a system of induction, training and supervision. Training included areas which were specific to the needs of people living at Breage house. Staff felt valued and supported and were happy in their work.

Staff worked according to the principles of the Mental Capacity Act and associated Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to maintain a balanced diet in line with their dietary needs and preferences. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. The staff had developed positive working relationships with health and social care professionals.

Care records showed that people took part in a range of activities. We saw people undertaking individual activities such as going out for walks with staff, and socialising. People choose where they wanted to go for their holiday with staff support. There were enough staff to support people to take part in individualised activities according to their preferences.

There was a well-established management structure in place with clear lines of accountability and responsibility. Audits were carried out over a range of areas. There were systems in place to gather the views of people who used the service and their families. Staff meetings enabled staff to voice their ideas and suggestions about how the service was organised.

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 remains safe.

Is the service effective?

Good ●

The service had improved from Requires Improvement to Good.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

The service met the requirements of Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected

People were supported to access a range of health services as necessary which meant their day to day health needs were met.

Staff were supported by a system of induction, training and supervision.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Requires Improvement ●

There were some concerns regarding the maintaining of accurate records. We have made a recommendation regarding this.

The provider/registered manager provided staff with appropriate leadership and support and staff were well motivated.

People, their relatives and staff were asked for their views of the standard of service provided.

Breage House

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.

The unannounced inspection took place on 14 September 2018 and was carried out by two adult social care inspectors. Before the inspection we reviewed information, we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection visit we spoke with 2 people who lived at Breage House, the registered manager, deputy manager, and 5 other members of staff. We also spoke with a health and social professionals to get their views of the service. Some people were unable to speak to us due to their health conditions. We therefore spent time in the communal lounge observing care practices so that we could gain an understanding of people's experience in how they received support.

We looked around the premises and observed how staff interacted with people. We looked at four records related to people's individual care needs. We reviewed four staff recruitment files, training records, staff rotas and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

On the day of the inspection visit we saw people moved around the building freely and were comfortable in their surroundings. People were relaxed and at ease in staff's company. When people needed support, they turned to staff for assistance without hesitation. One person told us "I like it here, staff are kind."

Staff had received training to help them identify possible signs of abuse and knew what action they should take. Staff received safeguarding training as part of their initial induction and this was regularly updated. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to management and were confident they would be followed up appropriately.

People were protected from discrimination and harassment. Staff had received training in Equality and Diversity and were made aware of their responsibilities in this area. People were given opportunities to explore and discuss their individual preferences regarding relationships.

Some people could become anxious or distressed which could lead to them presenting behaviour which could challenge others. Staff were made aware through the person's care plan, how to recognise signs that could make a person anxious and take steps to avoid them becoming distressed. The service had liaised with other health care professionals to ensure a consistent approach in monitoring and supporting a person was agreed. This then ensured staff would be able to support people effectively when they became distressed.

Some people living at the service managed their own money with support from the registered manager. Advocates were appointed for some people and appropriate arrangements had been put in place to formalise this. The service held small amounts of money for people so that they were able to make purchases for personal items and pay for outings. We checked monies held for two people at the service and were assured that all monies were accounted for.

Care plans included risk assessments in some areas such as mobility and moving and handling. These guided staff on how they should support people who had been identified as being at risk. Staff were aware of potential risks for people and were able to verbalise how they supported people to keep them safe. However, these were not all formally recorded on people's care records, for example risks in association with people's diet. We discussed this with the management team. Whilst it was acknowledged that staff had a good understanding of the risks people faced they needed to be formally recorded. The management team responded to this immediately and risk assessments in these areas were placed on people's care records.

Personal Emergency Evacuation Plans (PEEPs) were in place for everyone. PEEPs can be used by staff and emergency responders if people need to be assisted to evacuate the building in an emergency. Information in PEEPs was specific to the person and gave clear guidance about their mobility needs and any behavioural needs which might be relevant.

Equipment owned or used by the service, such as wheel chairs and moving and handling equipment were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All necessary safety checks and tests had been completed by appropriately skilled contractors.

Staffing arrangements met people's needs in a safe way. Staff responded to requests for assistance quickly and were able to identify additional staff to support them if needed. We looked at rotas for the previous week and found there were sufficient staff to support people according to their needs and commissioned hours. Agency staff were used when necessary. These were staff who were familiar with people's needs and worked at Breage house regularly. The registered manager told us they had recently recruited several new staff and the need to use agency staff had declined as a result.

On the day of the inspection the registered manager, deputy manager plus eight support workers were on duty, to meet the needs of 14 people. The staff rota showed a minimum of eight up to 10 support workers were on duty during the day until 8.30pm. Following which three support workers remained on duty to provide support during the night. A member of the management team was on call overnight.

There was an established robust recruitment process to help ensure new staff had the appropriate skills, attributes and knowledge. Staff recruitment files contained all the relevant recruitment checks including Disclosure and Barring Service (DBS) checks and references from their previous employer.

Medicines were stored securely in a medicines room. Medicines were available to people when they needed them and unwanted medicines were disposed of safely. Medicine refrigerators were available for use and the temperatures monitored to ensure they were operating effectively. All staff with responsibility for administering medicines received the appropriate training.

There were some concerns regarding formal recording of medicines. We reviewed the Medication Administration Records sheet (MARs). It was not always clear from the MARs whether people had received their medicine as some entries had not been signed by staff as required. We discussed this with the management team who told us they would address this with the staff members concerned. We were assured that people had received their medicines, by undertaking a tablet count. Therefore, this had limited impact on the persons wellbeing but was an issue in respect of maintaining accurate records. We have made a recommendation regarding this in the Well Led section of the report.

People had suitable links with their GP's and medical consultants who prescribed and reviewed their medicines. Where necessary staff appropriately consulted with medical professionals to ensure types of medicines prescribed, and dosages were helping people with their health needs.

The premises were clean and staff had access to personal protective equipment such as aprons and gloves. Training on infection control was regularly refreshed.

A cook and support workers prepared and cooked all meals at the service. All staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage meets national guidance. The local authority environmental health department has judged standards as a Good standard.

Fire doors, alarms, extinguishers and emergency lighting were all tested regularly to help ensure they were kept in good working order. Checks on boilers and the water supply were carried out by external contractors as required.

Is the service effective?

Our findings

At the previous inspection we had identified concerns about the quality of food provided at Breage house and that people's weight was not being monitored. Therefore, the effective section of this report was rated as requires improvement.

We reviewed the actions taken since the last inspection. A new cook was employed at the service who received appropriate training in the area of diet and nutrition. Care staff also had food and hygiene training so that they could prepare meals when the cook was absent. Staff were aware of people's dietary needs and preferences. People's care records provided guidance and direction in what foods a person liked and how it should be prepared and presented. Records confirmed that nutritious meals were being provided and how they should be presented, for example soft mashable diets. Cleaning schedules in the kitchen were completed which ensured that the standards of cleanliness were in place to prevent cross containment of foods and infection risks.

Staff monitored people's food and drink intake to ensure everyone received sufficient each day. Staff also monitored people's weight regularly to ensure they maintained a healthy weight and acted where any concerns were identified. We saw continuous supplies of drinks and snacks were available to people throughout the day. Care staff had 24-hour access to the kitchen so people were able to have snacks at any time.

People told us the food was "Good" and confirmed that if they did not want the menu choice on offer they could request an alternative and this would be provided. We observed the support people received during the lunchtime period. The atmosphere was warm and friendly with staff talking with people as they ate their meals. Where people needed assistance with eating and drinking staff provided support appropriate to meet each individual person's assessed needs.

Due to the action taken by the provider, they had complied with the breach of regulation. We therefore concluded that the rating of the effective section had improved to Good.

The service provided people with effective care and support because their needs were fully assessed, understood and met in line with relevant guidance. People told us they were confident that staff knew them well and understood how to meet their needs.

Care records demonstrated that people's needs and choices had been assessed prior to moving in to the service to check the service could meet their needs. Copies of pre-admission assessments on people's files were comprehensive. This information was used as the basis for their care plan.

When new staff were employed by the service they completed a full induction programme which included two weeks at the provider's head office and then two weeks shadowing experienced staff and getting to know the people living at the service. The induction was in line with the care certificate which gives care staff, who were new to working in care, an understanding of good working practices. New staff were positive about their induction, the support they received and training they had attended.

Training identified as necessary for the service was provided and updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling.

People had allocated key workers who worked closely with them to help ensure they received consistent care and support. Staff told us that this also helped them to identify relevant training that would benefit the person they supported. For example, some people had particular health conditions and specific training in respect of this condition was provided. This showed staff had the training and support they required to help ensure they were able to meet people's current needs

Staff told us they felt supported by the management and they received regular one-to-one supervision and an annual appraisal. This gave staff the opportunity to discuss working practices and identify any training or support needs. Staff told us they were encouraged by the registered manager to further develop their training. Staff also said there were regular staff meetings which gave them the chance to meet together as a staff team, discuss people's needs and any new developments for the service.

Training identified as necessary for the service was updated regularly. Staff told us the training was comprehensive. Staff had the knowledge and skills necessary to carry out their roles and responsibilities effectively. The training records for the service showed staff received regular training in areas essential to the service such as fire safety, infection control and moving and handling. Further training in areas specific to the needs of the people using the service was provided. For example, key word signing and epilepsy awareness. This showed staff had the training and support they required to help ensure they were able to meet people's current needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where appropriate mental capacity assessments had been carried out. Best interest meetings were held when people were found to be lacking capacity to make certain decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people had DoLS authorisations in place with conditions attached and these were being met. When applications had been made but not yet authorised, there was evidence to show action had been taken to follow this up with the local DoLS team.

People had access to healthcare services such as occupational therapists, GPs, chiropodists and dieticians. Care plans contained information about annual health checks and health action plans. Hospital passports had been developed to inform hospital staff of the support people needed if they were admitted for treatment.

Is the service caring?

Our findings

The service was caring because people were supported to understand that Breage House was their home and the staff were there to support them in running their home. On the day of the inspection there was a calm, relaxed and friendly atmosphere in the service. A person was asked if they would 'show us their home', which they were pleased to do. They told us that they had been involved in choosing the colours of rooms, and picked the furnishings, they also showed us pictures that people had painted or chosen which were on display.

Staff were committed to providing the best and most suitable support for people. They did not rush people. They were focused on the person they were supporting and spent time on an individual basis with people. For example, we observed staff assist a person with their meal. Support was provided at the person's pace. Staff spoke about the people they supported fondly. One staff member commented "I love working here. I love the people we work with. It's their home and I am so lucky to come here each day." Staff said they were proud to work at Breage House and there was a common theme of them being an 'extended family' which encompassed the people they supported, their relatives and the staff team.

The care we observed being provided throughout the inspection was appropriate to people's needs and wishes. Staff were patient and discreet when providing care for people. They took the time to speak with people as they supported them and we observed many positive interactions that supported people's wellbeing. For example, staff encouraged and prompted a person to eat their meal and take their medicines. Staff were discreet and respected the person's wishes when they gestured that they had eaten enough.

People's care plans showed that their preferred communication skills were identified and respected. Some people's ability to communicate was affected by their disability but the staff were able to understand them and provide for their needs effectively. Staff knew people's care and support needs very well. For example, they understood by the way the person used their facial expression in what way they needed support. Others also used picture symbols as a visual tool to assist them in understanding what activity they would undertake next. We saw pictures and photographs were used to help people make choices and supplement information, for example within care documentation. Some people used technology, for example I-pads, to assist with communication and staff knew how to use this equipment effectively. Staff were aware that each person had their own way of expressing their views and were able to communicate with them in their preferred manner. This showed that the service shared information with people in a meaningful way.

People's care plans recorded their choices and preferred routines for assistance with their personal care and daily living. Staff encouraged people to make decisions about their daily routines and we observed that people had the confidence to make their own choices. People moved freely around the premises choosing to spend time in the communal areas, or their own room. Staff supported people to be involved in some household tasks such as cleaning and tidying their rooms. This meant they were able to maintain independence in their daily living.

Staff knew people well and spoke to us knowledgeably about people's preferences. They were able to briefly

describe their needs and personalities and advise us on how best to approach people. Care plans contained detailed information about people's life histories and backgrounds. This is important as it can help staff gain an understanding of the events that have contributed to how people behave and react to situations. It can also help staff establish common interests and experiences when engaging with people.

Is the service responsive?

Our findings

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Each person had a care plan that was tailored to meet their individual needs. Where possible people, and their representatives, were consulted about people's care plans and their review. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed to help ensure they were accurate and up to date. People, and where appropriate family members with appropriate powers of attorney, were given the opportunity to sign in agreement with the content of care plans.

Communication care plans contained information on how people communicated and the support they might need to help them understand information. This included whether people needed hearing aids or glasses and any communication tools they used. For example, one person's care plan directed staff to offer simple choices using pictures or objects of reference to support understanding if necessary. This meant the service was complying with the Accessible Information Standards (AIS). There was also easy read information in care plans regarding the AIS to inform people of what support they could expect.

Daily notes were kept for each individual to record how they had spent their time. The records were consistently completed and gave detail on what activities people had taken part in and their physical and emotional well-being.

People were supported to take part in a range of activities, both within the service and outside. For example, walks, shopping, hydrotherapy and attending day centre. The service was situated in a rural setting. Staff had access to transport to help enable people to access the local facilities regularly. People who remained at the service on the day of the inspection were occupied.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. This allowed staff the opportunity to discuss each person they supported and gain an overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This helped ensure there was a consistent approach between different staff and meant that people's needs were met in an agreed way each time.

Where people were assessed as needing to have specific aspects of their care monitored staff completed records to show when their weight was checked or fluid intake was measured. Monitoring records were reviewed and shared with relevant professionals where appropriate to ensure people's health needs were being met.

People told us they were comfortable raising concerns. The provider had a policy and procedure in place for dealing with any concerns or complaints. Easy read versions of the complaints policy were available for people who required one. There were no complaints on-going at the time of the inspection. The complaints log showed any issues were dealt with in a timely manner and actions taken were recorded.

At the time of the inspection no-one was being supported at the end of their life. This service had been provided in the past and appropriate care plans developed to help ensure the person's wishes and preferences were known and recorded. The service had previously worked with relevant health professionals to ensure appropriate treatment was in place to keep people comfortable.

Is the service well-led?

Our findings

At the previous inspection we had identified concerns about the dynamics of the staff team and the potential of how this impacted on the people they supported. Therefore, the well led section of this report was rated as requires improvement.

We reviewed the actions taken since the last inspection. There had been a number of staff changes since the last inspection. A new registered manager was in post, along with deputy manager and changes within the senior carers team. Some new carers had also been employed. There remained a core of long serving care staff and they told us "There has been so many positive changes, it is so different working here now not just for us staff but also for the people we support. It's just so much more relaxed, happy and calmer." From talking with staff they told us morale was good and staff worked well together as a team. The registered manager and care staff had a strong and positive working relationship and recognised each other's strengths. There was a positive culture within the staff team with an emphasis on providing a good service for people.

Staff told us there was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. The provider had implemented an 'employee forum' where they could raise any issues about the service or organisation. We spoke with the representative of this forum who told us that the provider was more open to listening to staff views and that action had been taken in response to some suggestions made. For example, there was now greater clarity regarding the timing of staff breaks. A new kitchenette for people was in the process of being installed so that people could be supported to make their own drinks and prepare snacks in a more suitable environment.

The registered manager said "This is their home. We want to make sure we support the person to do what they want to help them develop more skills." Staff meetings were held to discuss each person's needs. The meetings also supported the staff team when the care provided for some people could be challenging. Staff told us the meetings were a good opportunity to discuss care practice and any other issues in the service. Deputy managers and senior carers also met regularly. This meant the senior team had opportunities to share any concerns or examples of good working practice.

There were some effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed. There was a robust auditing system in place to ensure that the service provided quality care to the people they supported. For example, we saw audits in the areas of care plans, fire, cleaning, complaints and staff training. The registered manager worked alongside staff to monitor the quality of the care provided by staff.

As is highlighted in the report there were some concerns regarding accurate recording of information. Whilst it was acknowledged that this had no direct impact on people's care it did leave staff accountability open to question. For example, risk assessments, medicine sheets having gaps, and a lack of formal monitoring regarding accidents and incidents. During the inspection and immediately following the visit the registered

manager and Head of Specialist Services put together an action plan and assured us that these would be addressed. We were provided with evidence that formal risk assessments were now in place for all people at the service,. Staff meetings had been held to discuss medicine recording and training sought, a monthly incident log was now in place to capture a more in-depth oversight of incidents over the last month.

We recommend the provider seek support, advice and training from a reputable source to ensure governance systems in operation are fully effective.

The registered manager was supported in the running of the service by a deputy manager and care staff, the operational manager and the provider. The registered manager met with the operational manager weekly to review the service. The registered manager said that they were supported by the provider. They attended clinical governance meetings at which the provider, operational managers and other registered managers from the learning disability and elder care services met to look at on-going practice. This showed there was good communication between the managers of the organisation.

The registered manager worked in the service every day. Alongside managerial duties, the registered manager was available to provide care and support as needed. The managers of the provider had an on-call rota so that they could support staff when they were not present. Staff said they believed the registered manager was aware of what happened at the service on a day to day basis in respect of the people they supported.

A shift plan for the day was implemented by staff on duty to ensure that people's care needs, and daily tasks such as preparing meals and fire tests were allocated to staff members and completed. We saw the shift plan and noted that these were completed daily and any actions that needed to be followed up were handed over to the next shift. This meant that there were clearly defined expectations for staff to complete during each shift.

A health and social care professionals told us "We feel the home provides good care for people. The staff know the people well, keep us updated and always work well us." This demonstrated that the staff team had positive working relationships with other agencies to ensure that people were provided with the care and support they needed.

The registered manager was passionate about promoting the importance and value of social care locally. For example, they had developed links with the local school and church and visits between the two were now occurring. Breage House held the village fete which enabled the local community to be welcomed to the home.

People and their families were involved in decisions about the running of the service, as well as their care, through on-going conversations with staff and management. People attended 'resident's meetings,' where they were encouraged to share their views about the running of the service. People also had meetings with their keyworker which were an opportunity to review care plans and discuss if there were any elements of people's care or the service that they wanted to improve or develop.

The service gave out questionnaires regularly to people, their families, and health and social care professionals to ask for their views of the service. We looked at the results of the most recent surveys. Where suggestions for improvements to the service had been made the registered manager had taken these comments on board and made the appropriate changes.