

Stanmore Care Homes Limited

Sitwell Grove

Inspection report

3 Sitwell Grove
Stanmore
Middlesex
HA7 3NF

Tel: 07956136441

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Ratings

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

Summary of findings

Overall summary

About the service

Sitwell Grove is a care home providing personal care and accommodation for up to four people who live with learning disabilities. There were four people using the service including one person who was receiving hospital care and treatment at the time of the inspection. Public transport services and a range of shops are located close to the home.

The service is also registered to provide personal care to people living in supported living services. At the time of this inspection the registered manager told us no one living in the supported living services needed support with their personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and coordinated person-centred support that was appropriate and inclusive for them.

The Secretary of State has asked the CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager and deputy manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service did not use any restrictive intervention practices.

People's experience of using this service and what we found

People's care was planned with the full involvement of people using the service and when applicable their relatives. People were encouraged and supported to lead and direct their care. They received a service which was personalised and met their individual needs and preferences.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's relatives told us that people were cared for by competent staff who were kind, understood each person's individual needs and provided people with personalised care and support.

Management staff worked in partnership with relatives and other agencies to support people's needs including good health and well-being.

Staff knew what their responsibilities were in relation to keeping people safe. They knew how to recognise and report any concerns they had about people's welfare.

The service assessed and managed risks to ensure that people received personal care and support safely. People were provided with the support they needed to take risks safely without restricting their independence.

Staff undertook training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People chose what to eat and drink and received the information they needed to help them select healthy dietary options.

The provider had systems in place to manage and resolve complaints. People and their relatives had opportunities to be involved in decisions about the service and provide feedback. Action was taken to address issues they raised.

The registered manager and deputy manager were committed to providing people with personalised care that supported them to achieve the best possible outcomes. Systems were in place to assess and monitor the quality and delivery of care to people. Improvements to the service were made when needed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 18 July 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Sitwell Grove

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Sitwell Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. We also used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information and the previous inspection report to plan our inspection.

During the inspection

We spoke with three people using the service. One person due to their sensory and other needs was not able to speak with us. Therefore, we spent some time observing engagement between staff and people who used the service. We also spoke with the registered manager, deputy manager, two care staff and the driver of the care home's vehicle.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of three people using the service, three staff employment records, staff training information and quality monitoring records. We also discussed the PIR with management staff during the inspection.

After the inspection

We spoke with four people's relatives, one social care professional who had visited the service on several occasions, one healthcare professional and two care staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse and the risk of avoidable harm. People told us they felt safe living in the home and were observed to be relaxed with staff in the home. Relatives said that they were not worried about people's safety and were confident that people received safe care.
- Staff received training in safeguarding people from abuse and discrimination. They knew how to recognise and protect people from the risk of abuse.
- Staff knew that they needed to report any suspected abuse to the registered manager. Management staff understood their responsibilities to report all allegations of abuse that were reported to them to the host local authority, CQC and where appropriate other agencies.
- The provider had a whistleblowing policy. Staff told us that they would always report to management staff any poor practice from staff to ensure people were safe.
- There were systems to ensure people's finances were managed safely and people were safeguarded from the risk of financial abuse.

Assessing risk, safety monitoring and management

- Risks to people had been assessed. There were detailed plans about how staff should care and support each person to minimise the risks of them being harmed, whilst retaining their independence as much as possible.
- Staff knew about the risks to people's safety. They knew that they needed to report any concerns to do with people's safety to the registered manager.
- People's support plans gave details of how staff needed to support people with their behaviour needs, which at times challenged the service. Staff were familiar with people's behaviour support plans and understood people's individual behaviour needs. This helped ensure people received consistent care and support from staff.
- Health and safety records and audits clearly showed how risks in the home were reduced. Equipment was tested and serviced to ensure it remained safe to use.
- People and staff took part in regular fire drills and there was an up to date fire risk assessment. Each person had a personal emergency evacuation plan, which included information that staff, and emergency services needed to support people to leave the premises in an emergency.

Staffing and recruitment

- The provider carried out appropriate recruitment and selection processes so only suitable staff were employed to care for people. People were provided with the opportunity to be involved in the recruitment of

staff, and their views were considered and respected. People met candidates and could ask applicants questions that were important to them.

- Arrangements were in place to ensure that there were enough staff to meet people's care and support needs. Staff told us that staffing numbers were flexible and responsive so that people's individual needs and preferences were met. This helped ensure people had the support that they needed to take part in activities of their choice, attend healthcare appointments and social events.
- People received support and care from regular staff who knew them well. People and their relatives spoke about the staff in a positive way. One person told us they liked the staff and told us about the assistance and support they received from them.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received training around medicines and had been assessed as competent to support people with their medicines.
- Safe protocols for the receipt, storage, administration and disposal of medicines were being followed. Staff had guidance about people's preference related to how they took their medicines, including information about any known allergies and medicines prescribed to be taken 'as required' (PRN).
- The service worked in line with best practice, for example 'STOMP' which stands for Stopping Over Medication of People, with a learning disability, autism or both with psychotropic (medicines that affect a person's mental state) medicines. This is a national project and its target is to reduce medication. Staff had been responsive and effective in ensuring people's PRN medicines prescribed to calm people's behaviour had been comprehensively reviewed by the prescribers. This had led to no one being prescribed these types of medicines. Positive behaviour strategies were followed rather than administration of these kinds of medicines.
- At the time of the inspection no one was administering their own medicines. The deputy manager told us people's ability to manage and administer their medicines was regularly reviewed and considered. They told us that soon one person may start a personalised step by step process where self-administration of their medicines would be their goal.
- Auditing of medicines and stock checks took place regularly to monitor the safe management and administration of people's medicines.

Preventing and controlling infection

- The home was clean. Cleaning tasks were completed each working shift by staff. The cleanliness of the service was monitored by management staff.
- Staff had received training in infection prevention and control and food safety. Staff had a good understanding of infection control and how to prevent the spread of infection.

Learning lessons when things go wrong

- Management staff were proactive in looking at the ways in which lessons could be learned if an accident or incident occurred. They reviewed all accidents and incidents and analysed for trends and patterns. The deputy manager provided us with an example of the action taken in response to this data. One person had received extra staff support during times when the data had shown they were particularly anxious. However, there was no written action plan from the analysis of incidents. The deputy manager told us that in future this would be documented to show the action taken by the service in response to reviews of incidents.
- Where learning had been identified from accidents and incidents, management staff shared them with the staff team and people's care plans were updated to reflect any changes needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been fully assessed with them before they moved into the home. This was to make sure that the service could meet their needs and to help each person decide if it was suitable and met their preferences.
- Details of people's individual needs, including their social, behaviour, health, dietary, relationship needs, and preferences were included in their care and support plans. Assessments and care plans also considered any protected characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified.
- Staff had also completed training in equality and diversity. Staff we spoke with showed a good understanding of people's individual needs and differences. This information helped staff to provide effective personal care.
- Staff recorded each person's progress towards goals and supported them to develop their skills and confidence. For example, over a period staff had supported a person to have the confidence to initiate organising their own visits to stay with a relative.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. New staff completed an induction programme. This included completing the Care Certificate which sets out common induction standards for social care staff. New staff also shadowed experienced staff to help them learn about their role and responsibilities. One care staff spoke highly of their induction and told us they had been supported to learn about the service at their "own pace".
- Feedback from relatives and a social care professional informed us that they found staff to be knowledgeable about people's needs and competent in carrying out their roles. Comments from relatives included, "They [staff] engage well with [person]", "They communicate well" and "[Person] is getting [their] requirements met."
- Staff had completed a range of training relevant to their roles and responsibilities. Training included learning about people's specific needs such as, visual impairment and behaviour management training. Staff told us they would ask management staff for further training if they felt they needed it and were confident it would be provided. Staff were supported to complete qualifications in health and social care.
- Staff told us that were well supported by the registered manager and deputy manager. There was a comprehensive and thorough staff supervision and appraisal system. Staff regularly met with the registered manager in one-to-one supervision meetings. This provided an opportunity to reflect on their role and review their development, performance and training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People chose what they wanted to eat and drink. Meals were centred on the individual needs and preferences of people being supported. People were supported and encouraged to make healthy food choices and were fully involved in planning their meals and participated in preparing them. One person told us they made their own breakfast each morning. People told us they enjoyed the meals.
- People regularly went to local pubs and cafés of their choice. This encouraged people to use local facilities and experience eating and drinking as a sociable activity.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff engaged with people, their families, day resource centre staff and with other agencies to ensure people received consistent, effective, timely personalised care and support.
- People had regular health check-ups and were supported to access a range of healthcare services. People's access to other primary healthcare services, such as chiropody, opticians and dentistry, was documented.
- There was detailed information in people's care plans to inform staff about people's health and personal care needs. This included oral (mouth) health, medical needs and health and wellbeing. Staff knew that they needed to report any changes including deterioration in people's health to management and the staff team.
- Changes in people's needs were shared with commissioners (representatives of public bodies that purchase care packages for people), when needed.
- Each person had up to date written information that was provided to hospital staff when a person needed to go to hospital. This helped hospital staff understand people's needs and preferences so the person experienced a better hospital stay. When people were admitted to hospital they were supported by the home's staff who visited them and engaged with hospital staff about the person's needs.

Adapting service, design, decoration to meet people's needs

- People told us they liked their home. The environment was suitable for people. There were no specific adaptations. People with mobility needs received the support they needed. People were able to access all communal areas of the home including the garden.
- The home was well maintained, and its décor and furnishings in the communal areas were pleasant and in good order. The bathroom had recently been refurbished and one person's bedroom had recently been redecorated.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- There were no people using the service who had DoLS authorisations to deprive them of their liberty.

- Staff completed training to help them understand the principles of the MCA. Management staff had a good understanding of MCA and DoLS, they knew when they needed to make a DoLS application.
- People had the capacity to make decisions about their lives including those to do with their care and treatment. Staff knew that if the service was concerned about a person's capacity to make decisions they would ensure that decisions were made in people's best interests by those involved in their care.
- Staff told us they always asked for people's agreement before providing them with support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff treated them well. We saw staff engage with people in a respectful and friendly way. Information about people's background experiences were included in their care plans. This helped staff better understand people's culture, religion and other needs and preferences.
- There was a strong and visible person-centred culture, with staff going ensuring that people were empowered and treated equally and fairly. Staff told us that the people were at the centre of everything and that people decided how they wanted to spend each day, which staff accommodated.
- Staff through their close relationships with people's families were able to work with them to provide people with the care they needed on a day to day basis and during times when people were unwell or exhibited behaviour that challenged the service. People's relatives told us they felt people were treated well. Comments included, "They [staff] look after [person] so well" and "Every year [Person] is so much more relaxed."
- Staff were aware of people's preferences, which were recorded in their care plans. Staff made sure they listened to people and considered and accommodated what they wanted support with.
- Staff received training about equality, diversity and human rights. Staff spoke about the importance of respecting people's diversity, human rights and individuality. The deputy manager provided examples of where equality and diversity including gender identity had been discussed with people using the service and staff.

Supporting people to express their views and be involved in making decisions about their care

- Care plans reflected people's needs. People were encouraged to discuss their care and progress at any time. People had the opportunity to attend residents' meetings and regularly meet with a member of staff to discuss matters important to them and plan goals. People's views and decisions were recorded in their care notes and acted upon. For example, one person had wanted to develop their cookery skills and this had been accommodated.
- Staff were positive about their work and spoke about people with empathy and kindness. They spoke of the importance of always listening to people and involving them in making decisions about their care.
- Staff understood how people communicated. People's care and support plans included personalised guidance about people's communication needs and how staff should support people to make choices.

Respecting and promoting people's privacy, dignity and independence

- Staff worked with people to help them to develop their confidence, skills and abilities so they could lead more independent lives. People's care plans were clear about the tasks people could manage themselves

and what support or encouragement was needed from the staff team. Each person had a personalised independence plan. This included details of goals that promoted each person's independence, such as writing a shopping list and buying the food items.

- Staff told us they encouraged and supported people to do as much as they could for themselves including doing their own laundry, preparing meals, planning visits to relatives and helping with household tasks.
- People's relatives were made to feel welcome. Relatives could visit at any time and the service supported people to maintain relationships that were important to them. For some people the service helped them safely use social media, electronic tablets and telephones to keep in touch with their friends and family.
- Staff understood the importance of confidentiality. They knew not to speak about any people using the service unless they were involved in the person's care. People's care records were stored securely. People could spend time alone when they wished.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support plans detailed their individual needs and included personalised guidance about how staff needed to support them. Staff were knowledgeable about people's needs and goals. People had copies of their care plans. A person told us they were aware of their plan of care.
- Staff told us that communication between staff about people's needs was effective. Handovers during each shift and ongoing communication between staff and management ensured staff were always aware of each person's current needs.
- Records of reviews of people's care showed that each person was at the centre of their care. Their views and wishes were respected and acted upon. People's care plans included details of the decisions people were able to make independently and with support from staff.
- Regular keyworker meetings between the person and their allocated keyworker took place. These provided opportunities for people to discuss their care, plan activities and agree any goals they wished to achieve.
- One person's relative told us, "Staff are lovely. They know [person] well. [Person] is in charge. They [staff] listen."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had information presented to them in a way that was accessible to them. For example, parts of people's care plans were in an easy-read style with pictures. One person was receiving support from an agency with learning sign language to help them with their communication needs.
- People's care plans also included personalised information about the way they communicated. The plans included details about people's sensory requirements, such as sight and hearing needs. They included guidance for staff to follow to help them engage and communicate with people. One person had a sensory box which included a range of objects and aromatic items that were used to help them communicate with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood the importance of people's social relationships. People were supported to maintain regular contact with their families, friends and others who were significant to them. They visited their

relatives and telephoned them regularly.

- People took part in a range of activities that met their preferences and personal interests. Each person had been supported to develop a calendar of activities they wanted to take part in. Social activities including eating out, cinema, swimming and visiting places of interest. Photographs indicated that people had enjoyed observing and handling animals during a recent event in the home.
- People also attended college, local clubs and resource centres where they met their friends and participated in a range of activities. One person spoke positively about the recent holiday, they had enjoyed with friends from a club that they regularly attended.
- People told us about their hobbies and interests and of the support they received from staff to carry them out. One person told us about staff helping them to achieve a personal aspiration to do with their love of writing.

Improving care quality in response to complaints or concerns

- Processes were in place to ensure any complaints received would be thoroughly investigated and learnt from. The complaints policy and procedure were available in a format that was accessible to people and discussed with people during residents' meetings.
- One complaint had been received within the last twelve months. This had been addressed appropriately. One person told us they would speak with staff and family members if they had a worry or complaint to do with the service.
- People's relatives knew how to make a complaint. They told us that they could speak with management staff at any time and were confident any complaints would be addressed promptly and appropriately.

End of life care and support

- At the time of the inspection there were no people receiving end of life care. People's care plans included some information about their advanced care wishes. For example, one person had expressed their wish to receive care for as long as possible in the home. The registered manager and deputy manager were aware that people's end of life wishes was an area to be discussed further with people at the right time.
- Staff informed us they would liaise closely with people's relatives, and healthcare professionals to ensure each person received the care and support they needed and wanted at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's relatives told us they felt the home was well run. They spoke positively about the care and support people received. They praised the management staff and told us the communication they had with the registered manager and deputy manager was good. One person's relative told us, "I am extremely happy. [Registered manager] is extremely supportive." Relatives told us they had been provided with the registered manager's mobile phone number and contacted him whenever they needed to discuss people's care.
- Relatives also commented on the caring, person-centred and supportive approach of the staff. They told us staff knew people well and kept them informed about people's progress.
- Staff spoke highly of the registered manager and their leadership, who they said he and the deputy manager were approachable, supportive and listened to them. They were provided with up to date information about people and the service. Staff told us this helped ensure they provided people with personalised effective and responsive care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities in notifying CQC of any significant events or incidents.
- The registered manager and deputy manager knew the importance of being open, honest and transparent with relevant persons including people's relatives, in relation to people's care. They knew they needed to take responsibility when things go wrong. They told us they ensured that any learning from incidents was shared with staff, to prevent reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The deputy manager spoke of the ways they kept up to date on best practice and improving care. For example, they regularly attended host local authority provider forums where information and up to date relevant guidance was communicated. This information and any learning were shared with staff.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety and important information to do with their roles, such as training updates.
- There was a member of the management team on call during out of office hours to give advice and assistance to support staff.

- There were effective systems in place to monitor the quality of the service. Regular audits on a range of areas of the service were completed. When shortfalls were identified, an action plan was put in place to address the issues and make improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff ensured everyone lived a full and active life, demonstrated by their community presence and community participation. Minutes of residents and staff meetings showed that people and staff had been engaged and involved in discussions to do with a range of areas of the service. For example, improvements to the fire drill procedures had been discussed and agreed during a recent residents' meeting.
- Staff told us they felt the registered manager and deputy manager listened to their ideas and valued their contribution. Communication within the service were facilitated through staff meetings and day to day engagement between management and care staff. One care staff told us, "I can speak with [registered manager] at any time."
- Involving people, their relatives, staff and working in partnership with others had led to improved outcomes for people. These included people no longer needing to be prescribed PRN medicines for managing their behaviour.
- A social care professional who visited the service and had regular contact with management staff spoke positively about the leadership and service provided to people.
- Information about the service was available to people in the service user guide documentation. These documents detailed the purpose, aims and objectives of the service, which included the promotion of people's individual rights including privacy, dignity, choice and independence.
- There were a range of opportunities for people and their relatives to feedback about the service. These included feedback questionnaires, face to face communication with the registered manager. One person's relative told us they did not recall having received a feedback survey but felt able to communicate their views to management staff any time.