

Partnerships in Care 1 Limited

Penfold Lodge

Inspection report

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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

Penfold Lodge provides accommodation and personal care for up to 18 people with mental health needs whose primary needs are for emotional support and care. The service supports people through the recovery process to enable them, where possible, to move on and live more independently. There were 14 people in the service when we inspected on 19 September 2016 plus one person moving in that day. This was an unannounced inspection.

There was a registered manager in post. The manager was also the provider of the service. 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 atmosphere within the service was relaxed and welcoming and there was a positive, inclusive and open culture. The ethos of care was person-centred and valued each person as an individual. People were treated with kindness, dignity, respect and understanding.

People, relatives and healthcare professionals gave positive feedback about the staff and management team. Staff were provided with the training they needed to meet people's needs and preferences effectively. There were sufficient numbers of staff to meet people's needs and recruitment processes checked the suitability of staff to work in the service.

Care plans were unique, person centred and reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

People, staff and healthcare professionals expressed confidence in the leadership of the service. Staff were encouraged to be involved all aspects of people's care which helped to promote a positive culture within the service and ensured staff were always aware of people's current needs.

People were empowered to have choice, independence and control. Staff promoted people's independence by being aware of their capabilities and encouraged people to do things for themselves, giving support where needed.

The continued review of people's support needs showed that the service was continually striving to improve on the support they provided, in order to enhance people's quality of life. The result of this was that people and their relatives could be reassured that they were receiving responsive and effective care which was always provided with compassion, dignity and respect.

People presented as relaxed and at ease in their surroundings and told us that they felt safe. Staff knew how

to minimise risks and provide people with safe care. Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. People knew how to raise concerns and were confident that any concerns would be listened and responded to.

People were provided with their medicines when they needed them and in a safe manner. People were prompted, encouraged and reassured as they took their medicines and given the time they needed.

Staff understood the importance of gaining people's consent to the support they were providing. The management team and staff understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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.

Procedures were in place to safeguard people from the potential risk of abuse.

There were systems in place to minimise risks to people and to keep them safe.

There were enough staff to meet people's needs. Recruitment checks were completed to make sure people were safe.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good ●

The service was effective.

People received care from staff who had the necessary knowledge and skills to be competent in their role.

Staff understood the importance of gaining people's consent to the support they were providing.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported by a staff team who worked with a range of healthcare professionals to ensure a proactive and holistic approach to all aspects of their care.

Is the service caring?

Good ●

The service was caring.

People and healthcare professionals gave positive feedback about the staff and management team.

The ethos of care was person-centred and valued each person as an individual. People were treated with kindness, dignity, respect and understanding.

Staff had an in-depth knowledge and understanding of people which meant their individual needs and preferences were fully met.

People were supported to have choice, independence and control. They were listened to and supported to express their views and make decisions, which staff acted on.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care from staff who knew each person, about their life and what mattered to them.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs, promote their health and wellbeing and enhance their quality of life.

Staff were aware of the importance of physical and mental stimulation, social contact and companionship and supported people to access a range of activities.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good ●

The service was well led.

People were at the heart of the service and there was a positive, inclusive and open culture.

People were asked for their views about the service and their comments were listened to and acted upon.

The service had a robust quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a high quality service.

Penfold 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 unannounced inspection took place on 19 September 2016 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the registered manager, a director representing the organisation and four other members of staff.

We spoke with six people who used the service and three health care professionals who visit the service. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed three people's care records and other information, for example their risk assessments and medicines records.

We looked at three staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People presented as relaxed and at ease in their surroundings and with the staff. A person told us, "It's alright. It's a safe place." Two other people also told us that they felt safe.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure that people were protected from abuse. A member of staff commented that if they felt something of concern needed to be reported, "There wouldn't be any qualms; I wouldn't beat about the bush." Staff told us that they were aware of the procedures they should follow if they were concerned that people may be at risk. "I would go to [registered manager] first off then [director] There is also a helpline." They showed us that details of the helpline provided by the local authority were displayed to enable staff to easily contact the relevant professionals who investigate safeguarding concerns should they need to.

Care records included detailed risk assessments which provided staff with guidance on how the risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example risks associated with diabetes. These risk assessments were regularly reviewed and updated. One person's records showed that staff were to monitor their sugar intake and encourage healthier options. We observed staff encouraging and offering appropriate praise to the person throughout the day for choosing a sugar free version of their usual favourite fizzy drink. This showed that the risk assessments in place were followed by staff in order to protect people and others from the risk of harm.

Risks to people injuring themselves or others were limited because equipment, including electrical items, had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks were undertaken to reduce the risks to people if there was a fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the building if this was necessary. General health and safety risk assessments were in need of review and we discussed this with the registered manager and director. They acknowledged this to be the case and explained how this was being addressed with the recent recruitment of a health and safety officer. In the week following inspection they provided us with copies of updated assessments.

We observed that daily fridge and freezer temperatures which had been recorded were consistently slightly higher than the recognised guidelines given by the Food Standards Agency and indicated on the service's own procedures. We discussed this with the manager who recognised their responsibility in making sure these temperatures were maintained at a safe level and felt that the higher temperatures being recorded may be due to staff taking readings after people had been frequently accessing the fridges and freezers at meal times. They advised us that they would amend the paperwork to include the time the temperatures were taken so that this could be more closely monitored. They told us they would also speak to staff to ensure that they reported any incidents of higher than recommended temperatures without delay.

People and staff mostly felt that there sufficient numbers of staff to provide the support required to meet

people's needs. A person told us, "There are always [staff] around." A member of staff when asked about staffing levels commented, "Now we have [enough staff] sometimes there are only two which can be challenging. I think there is plenty enough. There always has to be two here." We discussed staff allocation with the management team who showed us how people's needs had been assessed and staffing hours allocated to meet their requirements. A member of staff confirmed, "It's quite fast paced but I've not seen [staff] really struggle. Things [are] quite organised and staff allocated." We observed that people were given the time they needed and on the day of our inspection were able to access appointments and take part in the activities they wished to.

Recruitment records showed that checks were made on new staff before they were allowed to work in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

Suitable arrangements were in place for the management of medicines. People went to a counter where staff dispensed their medicines. A member of staff explained, "They know when to come, it gives them the responsibility so when it comes to self-medicating they know the time." They also confirmed that if a person didn't come to get their medicines they would find out why and take them to them to ensure that they received it. Medicines administration records (MAR) identified staff had signed to show that people had been given their medicines at the right time.

People were encouraged to take responsibility for their own medicines where this had been assessed as being appropriate and safe. These people kept their medicines in their own room in a locked cupboard which was regularly checked by staff. A member of staff told us about a situation where it was quickly discovered that a person was not taking their medicines so staff were now administering these for them. Wherever possible independence was encouraged and staff were working with people to help them find ways to manage their own medicines. For example, easy read information was available for all medicines to enable people to understand what they had been prescribed, the reason for it, how it would help them and any possible side effects. People were also being supported to use watches which sounded an alarm every time their medicines were due.

Designated staff were responsible for the administration of medicines and they had been trained to administer them safely. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

Protocols were in place for medicine prescribed to be taken 'as and when required' (PRN) to guide staff as to how and when these should be administered. For example, there was clear guidance available for staff to show what actions they should take before considering giving PRN medicines to people when they became distressed. The use of these medicines was monitored and records showed that relevant healthcare professionals were consulted if it was felt a review was needed. This demonstrated that there was an emphasis on finding alternative ways to support people with behaviours that may challenge others. The reduction of these types of medicines was promoted in order to reduce the risk of side effects and enhance people's quality of life.

Is the service effective?

Our findings

Staff were provided with the training they needed to meet people's needs and preferences effectively. Staff mostly felt that the training they received was effective although one member of staff commented that e-learning was, "sometimes a bit impersonal." Another member of staff told us, "Before [change of provider] we just had mandatory training. We've done lots of training now. The e-learning is really easy to follow and we are given opportunities to do things we are interested in. Things like autism training. They [provider] seem to offer a lot more opportunity."

Staff had received training in specific health conditions and support needs relevant to the needs of people such as diabetes training and conflict resolution. We saw that this training was effective in meeting people's needs. For example, staff demonstrated that they were aware when people started to become distressed and were able to use their knowledge of people and what they had learnt in training to diffuse situations and provide the appropriate support. This showed that staff had engaged with the training provided and used what they had learnt to implement new ways of working which had had positive outcomes for the people they were supporting.

A new member of staff confirmed, "'I've started my care certificate.'" This is an identified set of standards that health and social care workers adhere to in their work. They also went on to describe some of the other training which they had already completed, such as safeguarding, risk assessments, security, breakaway training and basic life support. This demonstrated that there was training in place for staff that developed their knowledge and skilled and motivated them to provide a quality service.

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. 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.

The registered manager told us that no DoLS applications had been made as all of the people living in the service were able to leave the service freely when they wished and were able to consent to their care and treatment. However, they understood when applications should be made and the requirements relating to MCA and DoLS. We observed that staff sought people's consent and acted in accordance with their wishes. Care plans identified people's capacity to make decisions. A member of staff told us, "We always assume capacity." Care records showed that people had signed to say they consented to the care and treatment provided.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Records showed that guidance and support had been sought from relevant professionals to ensure that all people's dietary needs were being met. We observed that people were encouraged to drink plenty of fluids throughout the day. The staff communication book included an entry which read, "The temperature is set to soar after today. Please can staff ensure that the flasks of readymade juice are held in the dining room...to enable service users to access at all times."

Staff were working together with people where they had specific dietary requirements or health concerns such as diabetes, to ensure that they were supported with managing these. A member of staff told us, "We sit down and do a menu planner with them and have alternatives for them. We make sure they attend their regular diabetic checks." This showed that staff were aware of people's individual needs and knew when they needed additional support.

People were involved in buying and cooking the majority of their own food. A person told us, "I go to [local supermarket] and buy my food. I cook it. They give us money, I buy the meat, they give us the vegetables." They described how they had been trying new things and enjoying creating meals from fresh ingredients instead of buying ready meals. They added, "We've got a thermometer we can put in to check it's the right temperature." Another person told us what they planned to cook that day, "Fish fingers I'm doing. I like fish fingers." A member of staff said, "Everyone is able...some when it comes to food shopping need some help. Two to three times a week we do an activity where they all get together, everyone gets involved. I love it. It usually gets a bit messy." People also told us how they enjoyed these meal times preparing and eating food together.

A message from the registered manager in the staff communication book reminded staff, "Whilst we can promote social interaction at meal times it is also imperative that staff understand the ongoing and changing needs of the service users on a day to day basis and we can create a more therapeutic environment by taking a meal up to a bedroom rather than the service user withdrawing from a meal completely when the service user is experiencing periods of anxiety." We saw that staff were aware of the importance of people making their own choices about what they would like to eat and where and provided support appropriately.

People had access to health care services and received ongoing health care support where required. Records showed and staff confirmed that relationships had been formed with a range of healthcare professionals. People's care and support was adjusted accordingly in line with professional advice received.

Is the service caring?

Our findings

The atmosphere within the service was relaxed and welcoming. A person told us, "It's my home. I love it." Another person commented, "I'm quite happy here." The staff are, "Quite nice." A healthcare professional told us, "The staff that I have met so far are lovely."

People were positive and complimentary about the care and support they received. A person told us that, "They [staff] look after me well." We observed staff demonstrating empathy, understanding and warmth in their interactions with people. A member of staff commented, "[People] come first. They get the right support." A visiting professional confirmed that, "There is very good staff interaction."

Staff had an in-depth knowledge and understanding of people's preferred routines, likes and dislikes and what mattered to them. A member of staff explained "There is variety, everyone has their little quirks." Another staff member told us how they kept up to date with changes and commented, "I always read the care plans if I've been off a few days. We like to keep everything person centred to each individual." Staff were encouraged to be involved in all aspects of people's care which helped to promote a positive culture within the service and ensured staff were always aware of people's current needs.

We observed a meeting taking place with a visiting health and social care professional. The person being discussed was asked if they would like to join the meeting and was also asked if they were happy for us to attend the meeting. During the meeting it was clear that the manager and senior member of staff knew the person well and was able to explain how the challenges they faced affected them and other people. They were working on behalf of the person in order to get additional support they felt would be helpful for them. This demonstrated that the ethos of care was person-centred and valued each person as an individual.

Care plans documented people's likes and dislikes and preferences about how they wanted to be supported and cared for. Records showed that people had been involved with discussing their care and support needs. We saw in one person's records that they had written, "I agree to everything written in the report" and signed their name. Another person's records said, "[Person] has requested that [relatives] are not invited to the CPA meeting, however [person] would like them to receive a copy of the report." This showed that they had been given the opportunity to choose who they would like to be involved in their care and to what extent.

People, wherever possible, were encouraged by staff to make decisions about their care, support and daily routines. A person told us "You are able to come and go as you like." Another person said, "I go out a lot. Two days a week I go to my [relatives], I've got a bus pass." We saw that a bedroom had been freshly painted ready for the arrival of a person who was moving in that day. A member of staff told us, "We asked [person] what colours [they] would like." This demonstrated that staff were guided by the wishes of the people they were supporting and encouraged people to have independence and control.

Staff promoted people's independence by being aware of their capabilities and encouraged people to do things for themselves, giving support where needed. A member of staff explained, "We prompt them to get up at a reasonable time. Make sure they eat a healthy breakfast, make sure they go out and do things

throughout the day. Learning to cook is a big part of it, budgeting, being able to do it if they move on from here. Doing their washing, little things really, prompting them to go in the right direction, like using the washing machine, promoting independence." Another staff member told us, "It's good how independent people are. They are supported rather than doing things for them." We saw an example of this when a person came into the office to ask for a meal to be put into the microwave. The member of staff said, "I'll show you what to do. You can put some holes in it."

One person told us, "I work at [local employer] on a Monday and Thursday." They told us how they enjoyed their job. Another person said, "I go to the bank. Someone goes with me in case I get knocked over." This demonstrated that people were supported to gain life skills and experience and encouraged to get involved within the local community. This added to people's sense of self-worth and achievement.

Staff supported people to express their views. For example, a member of staff told us how the service was being redecorated in some areas and explained, "We are going through and getting it decorated. We held meetings in each flat. They've chosen their own crockery." We saw that each area had different crockery and appliances according to the wishes of the people who lived in that area of the service. A meeting for all service users was held once a month and people were given an easy read agenda so that they could understand what was going to be discussed. Minutes of these meetings showed that actions to be taken were recorded and matters from previous meetings were discussed. For example a new swimming costume had been purchased for a person and new plants had been provided. This showed that people's views were considered important and were acted on.

Where people needed additional support to make decisions for themselves we saw that relatives had been involved where appropriate, and were invited to meetings to discuss people's care. An independent advocate visited the service every two weeks and was there on the day of our inspection. This enabled people to have a stronger voice and supported them to have as much control as possible over their lives.

People's privacy and dignity was promoted and respected. A person told us, "You get to do things at your own pace." We observed that when a person came into a room needing a change of clothing it was dealt with calmly and sensitively. They were gently prompted to have a shower and change." A member of staff commented, "The nice thing about privacy here is they have their own kitchens and bathrooms. If someone just wants to be on their own they can. They've got a lot of freedom." This demonstrated that staff recognised the importance of privacy and dignity as core values in the service and worked together with people to promote them.

Is the service responsive?

Our findings

People told us they received personalised care which was responsive to their needs and their views were listened to and acted on. A person said the staff were, "Here when needed." Another person told us, "They [staff] listen."

Each person's care plan contained a Recovery Star. This was a tool which enabled people to work together with their keyworker to set objectives with regard to trust and hope, managing mental health, physical health and self care, living skills, social networks, work, relationships, addictive behaviour, responsibilities, identity and self-esteem. A member of staff explained, "It focusses on specific areas. It gives them something to work towards." Another staff member told us, "The recovery star is really good, It can be so service user friendly. We are all just doing the proper training around it. It is specific to each individual. There is also an elder person's star and autistic spectrum star." We saw how this tool was being used in a positive way to help people to be involved in planning the support they needed. For example, for one person it had been identified that it would be beneficial to their health if they reduced the amount of full sugar fizzy drinks they consumed. The care plan stated that staff were to encourage healthier choices and the person had signed to say that they agreed with this. Throughout the day we heard the person being praised for their choice of a sugar free variety of their favourite drink. This demonstrated that staff had a good understanding regarding the specific needs of people and explored ways in which they could help people to live fulfilled lives.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. All aspects of people's physical, emotional and social needs were considered. Details were included relating to people's specific health conditions. For example the records of one person with schizophrenia gave details about this condition and explained how it affected the person. This guidance meant that staff were aware how they could best care for this person and helped them to identify when additional support was needed.

Staff were aware of potential triggers which could cause people distress and understood what support was needed in these circumstances. For example, one record showed, "Staff to communicate with [person] taking time to de-escalate situations, providing distractions or diversions, one to one, sitting down and having a coffee. This showed that staff had the appropriate guidance on how to use proactive strategies to prevent situations escalating and help to promote all aspects of people's well-being. Although these details were provided within people's records there were no specific positive behaviour support plans in place. We discussed this with the registered manager and director who told us that they were in the process of sourcing additional training in this area to ensure that people's records included clear plans to guide staff how to provide positive behaviour support for each individual.

Peoples support needs were assessed prior to them moving into the service. A person was moving in on the day of our inspection and we observed how staff welcomed them and made them feel comfortable and at ease. A health and social care professional told us of their experience when working with someone who had recently moved in, "[Registered manager] and [director] from Penfold Lodge were excellent and welcomed my client for day time visits, while we were waiting for the funding to be agreed... Their patience was very

much appreciated and my client has now moved and is happy in [their] new home." This showed that staff had recognised the importance of the person being able to have a greater understanding of their new home so that they would feel settled when moving in.

People told us about how they spent their day. One person told us, "I don't go far. Just around town. There is no pressure on us." Another person said, "I do the cleaning. In the kitchen and all that. Staff help if needed." A member of staff told us about other activities, for example, "[Person] likes to go swimming. I went with [three people] They go swimming quite a lot. They know their way around. I'm going with them but it feels like it's more for company." The care records for one person said, "See's [relative] at least once a week. Returns independently to Penfold on the train." One person had been to the allotment during our visit and was pleased to be able to show us a marrow they had grown. This demonstrated that staff were aware of the importance of physical and mental stimulation, social contact and companionship and focussed on what was most important for individuals.

There was a complaints procedure in place which explained how people could raise a complaint. Records of complaints showed that they had been responded to appropriately and in a timely manner. The registered manager told us about a recent complaint relating to noise which they had responded to by meeting with the person making the complaint, speaking with the people involved and reminding people and staff about noise outside the service at particular times of day. This showed that concerns and complaints were acknowledged, listened to and appropriate steps were taken to respond and put things right.

Is the service well-led?

Our findings

People were at the heart of the service and there was a positive, inclusive and open culture. The management team and staff were committed in their holistic approach to providing people's care and support. A visiting professional told us, "Most of the [staff] here are very dedicated. I like them a lot." "I think they do some good stuff."

The staff team understood and shared the culture, vision and values of the service in its main objective to provide high quality care and continued positive life experiences to those who used it. A member of staff told us, "We've had to learn the six C's, Compassion, Care, Communication, Competence, Courage, and Commitment." These values were reflected in the genuine interest and warmth shown by staff towards the people they were supporting.

Staff were encouraged and supported by the management team. The management team set clear expectations about standards and gave staff the opportunity to discuss issues openly and develop in their role. A member of staff told us, "We've gone through a lot of changes. I think it has all been positive. It's improved a lot." Staff are heard more now, the rotas have changed [Registered manager] came in and took a load of us." Another member of staff told us how they were supported when they first started work at the service, "I've spent a lot of time with [registered manager] and [senior member of staff]." They explained how when approaching a task for the first time, "They always check with me first. Like with assisting with showering." This showed that staff felt valued and were motivated to drive continual improvement within the team.

Staff told us that they were comfortable approaching the management team and were encouraged to question practice and implement new and improved ways of doing things. A member of staff told us what they would do if they felt that they needed to raise concerns about the service, they told us, "First I'd go to [registered manager] then [director] then I'd follow the whistleblowing policy. I've got the numbers." This demonstrated that staff were confident that they could raise any issues of concern and that these would be dealt with appropriately.

The registered manager understood their roles and responsibilities in ensuring that the service provided care that met the regulatory standards. They were a visible presence in the service and people and staff were complimentary about them. A person told us, "I know the manager." A member of staff said, "[Registered manager] is very involved with [people]. [They] take an on the floor approach. Very approachable." One member of staff told us how they felt about the change in provider, "I think we are all getting used to [provider]. It's kind of the unknown." However, staff mostly felt that the change in provider had been positive. One commented, "So far they [provider] seem great. Their procedures and the way they do things are more understandable."

The provider had quality assurance systems in place which were used to identify shortfalls and to drive continuous improvement. For example, these monitoring systems had identified that some mattresses needed to be replaced and these had been ordered. A recent medicines audit carried out by the pharmacy

used by the service had suggested the use of small disposable paper cups for administering medicines and the introduction of protocols for medicines to be given as and when required. We saw that both of these were now in place which demonstrated that professional advice which had been offered had been taken seriously and acted on.

People were asked for feedback through surveys and both formal and informal meetings. In a recent survey 100% of people felt they were able to raise issues about living in the homes. This showed that people were empowered to voice their opinions and could be confident that they would be listened to and appropriate actions would be taken to improve the service.