HC-One Limited

# Abbotts Court

**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 |

## Overall summary

This inspection took place on 27 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

Abbotts Court provides care and accommodation for up to 39 older people and people with a dementia type illness. On the day of our inspection there were 29 people using the service.

The home did not have a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home had a new manager in post who had applied with CQC to be the registered manager.

Abbotts Court was last inspected by CQC on 18 June 2013 and was compliant.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

# Summary of findings

Accidents, incidents and safeguarding concerns had been recorded appropriately and analysis carried out, for example, on falls.

Medicines were administered appropriately and people received their medicines at the time they needed them.

Staff training was up to date and staff received regular supervisions and appraisals, which meant that staff were properly supported to provide care to people who used the service.

The home was clean, spacious and suitable for the people who used the service.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS.

People who used the service, and family members, had provided consent to care and treatment.

People who used the service, and family members, were complimentary about the standard of care at Abbotts Court.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

We saw that the home had a full programme of activities in place for people who used the service.

Care records showed that people's needs were assessed before they moved into Abbotts Court and care plans were written in a person centred way.

The provider had a complaints policy and procedure in place and people knew how to make a complaint.

The service had strong links with the local community.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

# Summary of findings

## 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.

There were sufficient numbers of staff on duty in order to meet the needs of people using the service and the provider had an effective recruitment and selection procedure in place.

Thorough investigations had been carried out in response to accidents, incidents and safeguarding concerns.

Medicines were administered appropriately and people received their medicines at the time they needed them.

Good

**Is the service effective?**
The service was effective.

Staff training was up to date and staff received regular supervisions and appraisals.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People who used the service, and family members, had provided consent to care and treatment.

Good

**Is the service caring?**
The service was caring.

Staff treated people with dignity and respect.

People were encouraged to be independent and care for themselves where possible.

People were well presented and staff talked with people in a polite and respectful manner.

People had been involved in writing their care plans and their wishes were taken into consideration.

Good

**Is the service responsive?**
The service was responsive.

Risk assessments were in place where required.

The home had a full programme of activities in place for people who used the service.

The provider had a complaints policy and procedure in place and people knew how to make a complaint.

Good

**Is the service well-led?**
The service was well led.

The service had good links with the local community.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Good

# Abbotts Court

**Detailed findings**

## Background to this inspection

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

This inspection took place on 27 August 2015 and was unannounced. This meant the staff and provider did not know we would be visiting. One Adult Social Care inspector, a specialist advisor in nursing and an expert by experience took part in this inspection. An expert by experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and a community nurse. No concerns were raised by any of these professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with thirteen people who used the service and seven family members. We also spoke with the manager, assistant operations director, two senior care staff, three care staff and the maintenance staff.

We looked at the personal care or treatment records of five people who used the service and observed how people were being cared for. We also looked at the personnel files for four members of staff.

Good

# Is the service safe?

## Our findings

Family members we spoke with told us they thought their relatives were safe at Abbotts Court. They told us, "If my mother was not being cared for safely and properly then I would have her out of here. I am very pleased with the care she gets" and "They are brilliant in here. Yes very safe and very happy with the girls".

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant that the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

We discussed staffing with the manager who told us there were five members of staff on duty during the day and three on duty at night. This included two senior care workers on days and one senior care worker on nights. During the day, most of the people who used the service were in the lounges on the ground floor. We observed sufficient numbers of staff on duty to care for the people who used the service. The manager told us that staff absences were covered by their own staff, who were flexible, and operated a bank register for staff who were available to cover absences.

The home is a three storey building set in its own grounds. We saw that entry to the premises was via a locked door and all visitors were required to sign in. The home was clean, spacious and suitable for the people who used the service and no odours were present.

Accommodation was provided on all three floors of the home. The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely around the home. We saw window restrictors, which looked to be in good condition, were fitted in the rooms we looked in and wardrobes were secured to walls to prevent accidents.

We looked at the maintenance certificates file and saw up to date records for gas safety, fire inspection and service, emergency lighting, electrical installation, Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) and portable appliance testing (PAT).

We saw hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014, apart from one vacant room where the water temperature had been recorded as high as 51 degrees. We discussed this with the manager who believed it was because the room was not used and the water had not been run off regularly however they agreed to look into it. This room was locked.

The service had an emergency evacuation folder, which contained Personal Emergency Evacuation Plans (PEEPs) for all the people who used the service. These included name of the person, date of birth, room number, which floor they were on, level of risk and equipment needed to aid evacuation.

This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We looked at the safeguarding file and saw records of safeguarding incidents. The most recent incident recorded in the file occurred in November 2014 however the manager was in the process of submitting a safeguarding referral for a medicines error that had recently occurred. No harm was caused by this error and there were no side effects for the person involved.

We saw the 'Accidents and incidents records' file, which included incident and accident reporting forms, which contained details of the staff member, people involved, injuries, location and details of the incident and a description of how the incident occurred. The manager told us these were stored on the provider's electronic system and analysed by the assistant operations director before any visits to the home.

We also saw the 'Falls management' file, which included minutes of falls team meetings. We looked at the minutes

Good

# Is the service safe?

for the meeting on 27 July 2015 and saw it included training statistics and falls analysis, such as type of fall, time and location, level of harm and any residents giving cause for concern.

People we spoke with told us there were very few accidents in the home. They told us, “No I have not had an accident since I came in. I get help getting out of the bath, I never attempt it on my own” and “When you get to my age you have to be more careful. The girls see to it that I get my walker put to one side when I sit down for my meals, but no accidents at all”.

We looked at the management of medicines. We carried out observations during a medicines round and discussed methods for the correct administration, discarding of spoilt medicines and covert medicines with staff. Covert medicines is the administration of any medical treatment in disguised form. We saw medicines were administered appropriately and staff were knowledgeable about procedures. We found that all medicines we checked could be tracked and there was a clear audit trail including ordering, receiving, administration and returns.

We looked at the storage arrangements for medicines and found all were secured in locked cupboards and rooms. The only key holder was the senior care assistant on duty. A record was kept daily of the storage room and fridge temperatures and this was found to be correct.

We looked at medicines administration records (MAR) and saw records on the MAR sheets were accurate. We also saw that a senior care assistant picked medicines at random from people who used the service and audited them daily. All signatures were in place and the appropriate codes used and information documented on the back of the MAR sheet to explain the codes.

We saw controlled drugs were locked in a secure cupboard. Controlled drugs are medicines which may be at risk of misuse. We checked the controlled drugs and found them to be correct. A record showed these were checked and recorded twice daily.

Prescribed creams for topical application were dated on opening and all were discarded every month. Medicines ordered by a GP were made available the same day by the pharmacy and delivered or collected by staff.

All these measures ensured that people who used the service were protected by safe medicines procedures.

Good

# Is the service effective?

## Our findings

People who lived at Abbotts Court received effective care and support from well trained and well supported staff. People and their family members told us, "I have lived here for over four years and I can only say I have been very well looked after. Nothing is too much to ask for. The girls will help all they can", "They can't do too much for you. Very kind girls, so helpful and nice" and "They are brilliant in here".

We saw a copy of the provider's online training record. Mandatory training included emergency procedures, fire drills, food safety in care, health and safety, infection control, manual handling, safeguarding, safer people handling and equality and diversity. Role specific training included medicines competency assessments, promoting healthy skin, risk assessments and understanding the mental capacity act. We looked at the records and saw the majority of staff training was up to date. Where training was due or overdue, we saw training courses had been booked and a notice was posted for staff to complete their training in emergency procedures, safeguarding and infection control by 26 August 2015. Staff told us, "We have been trained on how to keep our residents safe. We have had training in moving and handling, how to use the hoist if and when it is needed, training in medication, infection control, dementia and deprivation of liberty" and "Our Manager encourages us to do training that way we know what we are doing".

We saw from the staff files that all staff received an induction when they started working at Abbotts Court. This included an introduction to the home, principles of care, role of the worker, safety at work, communication, recognise and respond to abuse and neglect and develop as a worker. The induction records were signed by the staff member and mentor once completed.

We looked at supervision and appraisal records. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. We saw that staff had each received approximately four supervisions within the last twelve months. These supervision records were signed and dated by the member of staff and manager. We saw staff members also took part in group supervisions, for example, medicines. We also saw copies of annual performance reviews (appraisals). Three of the four members of staff we checked had received an appraisal in 2015, the other member of staff was new to the service so their appraisal was not due. This meant that staff were properly supported to provide care to people who used the service.

All dietary intake was documented and the chef had a list in the kitchen of special dietary needs. Meals were served mostly in one dining room next to the kitchen via a hatch but we saw trays were taken to individual rooms if necessary.

People had their weight checked monthly but if any weight loss was identified the weight would be checked weekly. This was documented with a MUST (malnutrition universal scoring tool) score and BMI (body mass index) in the care files.

We observed lunch and saw it was quiet and well organised and all needs appeared to be met. There was a choice of food and it was well presented. People told us, "The food is very good. There is plenty to eat, in fact too much. We get a choice of a cooked breakfast, drinks and biscuits and then we get lunch, always a good choice", "We get drinks and biscuits in the afternoon, and then we get called for teatime with more to eat. We get well fed and it is well cooked", "There is always a good selection of sandwiches at teatime too" and "If there is nothing you fancy then you tell them what you would like. If it is possible to give you what you want,you get it". A family member told us, "My mum is very pleased with the food she gets, she enjoys it. She was a good cook herself and she does say the food is good and well cooked and with a good choice."

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager, who was aware of their responsibility. We saw DoLS statutory notifications had been submitted to CQC however recent applications had been made to the local authority but had not yet been authorised. We saw copies of these authorisations. We did see that one had expired in May 2015 but had not been re-submitted until July 2015. The registered manager told us it had been resubmitted once it was identified. Despite the one expired DoLS, the provider was following the requirements in the DoLS.

Good

# Is the service effective?

From talking with staff we identified a gap in knowledge about mental capacity, which the training had been carried out on-line. We discussed this with the registered manager, who agreed that online training was no substitute for classroom interaction and said they would address this issue.

We asked people who used the service, and family members, whether they had been asked to provide consent to care and treatment. They told us, "My daughter sees to everything for me. If she has told me to sign something then I will have done it. I know she comes to see the manager and I think a social worker comes too to talk about my care", "Yes I am kept informed. I know there is a care plan. My mother could not manage on her own and I could not do as much for her as all the help she gets in here" and "Yes I have heard about it, it says what they will do to help me. They all do well by me". The care records we saw contained evidence of signed consent from the person or a family member.

We saw people who used the service had access to healthcare services and received ongoing healthcare support. People we spoke with confirmed they received visits from healthcare professionals and the professional visits section of the care records contained evidence of visits from external specialists. These included GPs, speech and language therapy (SALT), opticians, dentists and community nursing teams.

There were lounges on all floors of the home. A kitchen/ baking room and separate activities room were available for people to use on the ground floor and there was a sensory room on the first floor. Hairdressing facilities were also provided on the ground floor. Corridors were clear from obstructions and well lit, which helped to aid people's orientation around the home.

People's bedrooms were personalised and had memory boxes on the walls outside their bedroom doors. The person's name, room number and photograph were on each bedroom door to assist the person in identifying their own room. Although there was signage around the home, the layout of the building may have been a little confusing to some people. People we spoke with told us, "When I first came in I found it difficult, but now I am used to it. I do know which way to turn. If I had not my photograph on the door I would have got lost a few times", "It's a bit like a rabbit warren but you get used to it. If I was as bad as some of them in here then I am sure I would find it difficult" and "I know my way around quite well. It is all a matter of walking around and getting your bearings, then you know where you are. In any case our photographs are on our doors".

Good

# Is the service caring?

## Our findings

People who used the service, and family members, were complimentary about the standard of care at Abbotts Court. They told us, "I get help with washing myself. I wash some parts of my body myself and get help with washing my back and toes. I get well covered up by my carer who is very good", "I am pretty able to help myself except when I was unwell", "The girls know how to treat you, always kind and considerate. They help you keep your dignity" and "Usually my main carer helps me but when she is off the other staff are very good too".

A member of staff told us, "I really love my job and everyone here. We [the staff] are like a sisterhood. We all get on well together and support one another to give good care. This is a great place to work and we love our residents."

People who used the service looked clean and well dressed. We saw female residents had their hair and nails attended to and male residents were shaved and well dressed. The general atmosphere in the home was calm and unhurried. We saw staff treated people with respect, talked to them in a polite and respectful manner and were attentive to people's needs. For example, we saw staff taking time with people and bending over to talk to them in a way they could be understood.

We asked people and family members whether staff respected people's privacy and dignity. They told us, "I enjoy a bath and need a little help in getting out of the bath. The girls cover me up as much as they can to keep my dignity, but you get used to it. I am a private person really and the girls know and acknowledge that", "I do feel staff protect my dignity and privacy. They always knock on my door and ask if it is alright to come in. They ask me what drinks I want then bring them to my room, when I am watching my TV" and "My mother likes to be in the main lounge but when I, or one of the family visit, she likes to go to her own room. She likes the privacy of being alone with the family".

We also asked people and family members whether staff treated people who used the service with respect. They told us, "From day one I have been treated with kindness and consideration by every member of staff. They are lovely girls who will do anything you ask of them", "They are all angels, so very kind. I have known a couple of them for a long time. They have treated me with kindness and respect all the time", "Yes, treated with respect all the time" and "They treat mother with kindness and respect all the time. The staff are on the go all the time, but still manage to stop and have a word with me when I come in".

Family members told us they were kept up to date and regularly provided with information by staff. They told us, "I was telephoned straight away when my mother suddenly became ill. The doctor was called but she was able to stay in the home and be treated", "Anything at all. If they are concerned, they telephone me straight away" and "The communication is very good between us. I am kept right up to date with my mother's health problems. Any concerns and I get to know about them".

Staff told us that eight people who used the service were completely independent with all their care however a few did prefer the presence of a care assistant whilst showering or in the bath to give them support if required. Staff told us they supported people to be independent where possible and our observations showed people mobilising independently as well as with the assistance of care staff. This meant that staff supported people to be independent and people were encouraged to care for themselves where possible.

We saw there were many visitors to the home during our visit. People and family members we spoke with told us that family and friends were able to visit them at any time. We saw there did not appear to be any restriction on visiting times.

Good

# Is the service responsive?

## Our findings

The service was responsive. People who used the service, and family members, told us, "Yes the girls are brilliant, every one of them. I could not say any one was better than the other", "I came in for respite care on one occasion and then I came back here when I left hospital the next time. This is where you get really good care from good people", "Superb care, none better", "I bless them in my prayers every night," and "Excellent staff".

We looked at the care records and found all were comprehensive and easy to follow. Care records showed that people's needs were assessed before they moved into Abbotts Court. All the documentation we looked at was up to date, was reviewed monthly and had been rewritten as care needs changed.

We saw care plans in place for moving and handling, personal hygiene and preferences, mobility, nutrition, medication, continence, communication and mental capacity. Additional care plans were in place for some residents with particular needs. These included falls, diabetes, anxiety and sleeping. We saw risk assessments were in place as required.

We saw care records included evidence of decision making and the personal choices and included the preferences of people who used the service and their family members. This was reflected in the observed delivery and practice of care carried out at the home.

We saw staff handover records were very comprehensive and each day there was a 'named first aider' and an 'appointed fire person' on duty. We spoke with a community nurse who told us, "I am very happy coming into this home, I like the staff and they know all about the residents' needs."

People who received personal care at Abbotts Court told us, although they had not chosen who supported them, it was not an issue because they often got the same carer. Usually their key worker helped shower or bathe them, unless the carer was on holiday or off work.

We saw there were many activities available to people who used the service. There was a full time activities coordinator employed by the home and an activities room on the ground floor, which contained games and art materials. There was a separate kitchen/baking room that the manager told us was used by people to bake cakes. The home also had its own minibus, which was used for excursions. We saw a weekly activities planner on the wall and saw that armchair aerobics took place every Thursday.

We asked people if there was much to do at the home. They told us, "Yes, she [activities coordinator) keeps us interested in making things. It is good at special times like Christmas, Easter and special days like the Summer Fete, when over four hundred pounds was raised to help our funds", "Yes we sometimes go out in the bus to have a run out. The driver takes a few of us and we have been out to have fish and chips. It makes a nice change", "Yes, we can go out to the little shop nearby and buy one or two things. A carer always has to go with us to make sure we are alright. I do enjoy that" and "Yes, I am well supported by my Church and family".

We saw there had been no formal complaints submitted since December 2014 however we saw a copy of the complaints procedure in the entrance to the home and posted throughout the building. This informed people who to contact if they had a complaint and what the procedure was. There was also a comments and suggestions box with feedback forms for people and visitors to complete.

People, and their family members, we spoke with were aware of the complaints policy however did not have any complaints about the home. People who used the service, and their family members, told us, "Complaints, who would want to complain? I have known nothing but kindness in here and I have been here four years. I have neither seen nor heard about a complaint. I would know how to complain, but totally think it unnecessary. I would talk to the manager if ever there was an issue", "I can't imagine how anyone could complain about them. All lovely caring girls, from the manager down", "If you would complain about anything then there must be something wrong with you. Every one of them is good, they will do anything you ask. If I thought there was a problem then I would talk to the manager", "If I had any issues at all I would voice them. I appreciate the kind care given to my mother. I have no concerns when I leave her; I know she is happy and very well cared for" and "I know I leave my husband in very caring hands. I could not give him the support and help he gets in here. I have had no reason at all to make a complaint".

This meant that processes were in place and people and visitors knew how to make a complaint if necessary.

Good

# Is the service well-led?

## Our findings

At the time of our inspection visit, the home did not have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The home had a new manager in post who had applied with CQC to be the registered manager. At the time of our inspection the application has been accepted but had yet to be processed.

The service had a positive culture that was person-centred, open and inclusive. People who used the service, and their family members, told us, "There is a lovely atmosphere in this home, everybody gets on with everybody else", "Yes, a very nice atmosphere. Everybody is so thoughtful and kind. If all places were like this people would not have to have problems which you read about in the paper. The manager is excellent too", "There has always been a good feel about this place. Staff always have a smile for you when you visit, a welcome and offered a cup of tea".

A staff member told us, "We like to see family members visiting. They are always so very welcome. We learn a lot about our people's lives before they came in here to live." Staff we spoke with felt supported by the manager and told us they were comfortable raising any concerns.

We saw staff were regularly consulted and kept up to date with information about the home and the provider. We saw records of staff and senior staff meetings. We looked at the minutes for the meeting on 8 July 2015 when 12 members of staff attended. The agenda included long service awards, vacancies, sickness, care plans, compliments and complaints, occupancy, flash meetings, mobile phones and DBS checks. We also saw that following an 'Our voice survey' in 2015, the manager had made five promises to staff, which included all staff should feel valued and rewarded, staff should have a minimum of six supervisions per year, daily flash meetings and monthly staff meetings will take place, the manager would always be available to listen and every staff member can have access to materials needed in order to carry out their job effectively.

Staff told us, "We have a very good manager. She has been here for years and has worked her way up from the bottom. She understands our work and our residents", "A really good manager who supports us when and if we need it. I am very happy working with her and the rest of the staff", "We are well led. The ethos of this home is good quality care. Our manager and we want to do our best for our residents" and "A good home to work in, a good company to work for and good staff to work with. We all pull together, we are like a sisterhood, and good care means a lot to us as staff. We do our best all the time".

The service had strong links with the local community. The manager, the majority of the staff and the majority of the people who used the service were from the local area. One of the people who used the service was the president of the local British Legion and another had been a teacher at the local school where several staff members had attended. A person who used the service had a relative who owned a local café and people were taken there for meals in the service's minibus.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. We saw the 'Quality Assurance' file, which included copies of home visit reports carried out by various members of staff employed by the provider, including, operations director, human resources, finance and learning and development. We looked at a home visit report dated 24 July 2015, which was carried out by the assistant operations director to validate the manager's self assessment. This included a review of care, infection control, general observations, dining experience, resident, relative and staff feedback, care file reviews, environment, recruitment and any agreed actions.

We saw the manager completed a daily audit, which included checks of all areas of the home, and night staff completed their own checklists and walkarounds to ensure the safety and welfare of people who used the service during the night.

We looked at the 'Health and safety' file and saw copies of the most recent health and safety audit (13 May 2015) and infection control audit (28 July 2015). Both audits scored 95% and contained action plans for where issues had been identified. For example, the infection control audit identified stains and odours from carpets and instructed the domestic staff to ensure the carpets were cleaned regularly. There were no visible stains or odours present during our visit. The file also included minutes from health and safety meetings and copies of risk assessments in place in the home.

We saw that residents' and relatives' meetings were held regularly. We looked at the most recent meeting minutes dated 23 June 2015 and saw the agenda included events,

Good

# Is the service well-led?

the minibus and making the most of empty rooms. The manager held a surgery every month for relatives to attend however no relatives had attended the most recent surgery on 4 August 2015.

The home sent out a monthly newsletter and family members were surveyed annually via the 'Your care rating' survey, which the home had scored 923/1000 in the survey in 2014. The manager showed us a copy of the 'Relative opinion survey' which had been sent out recently to family members and included questions on care, food, activities, decision making and complaints.

We asked people who used the service, and their family members, whether they could voice their opinions and felt listened to. They told us, "I have no doubt if I wanted to say something about my care, I would be listened to. I know when I said I was not feeling too good, they told the family and asked me about bringing in the doctor for a check-up", "Yes, they always listen to you. I said about the TV being too loud, the staff spoke to the others in the room and agreed to lower the noise a bit" and "I came to a yearly review and proposed my parent get a change of bedroom with ensuite when one became available. She got one, which she enjoys very much".

This meant that the provider gathered information about the quality of their service from a variety of sources.