

Leonard Cheshire Disability

The Grove - Care Home with Nursing Physical Disabilities

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

The inspection took place on 15 and 17 March 2016 and was unannounced.

The Grove provides residential and nursing care for younger adults with physical disabilities. Accommodation is over two floors and 25 of the 32 rooms have en-suite facilities. Rooms are spacious and fully accessible. Communal areas include a number of lounges, dining rooms and those dedicated to leisure activities such as a therapy room and IT room. At the time of our inspection, 30 people were living at The Grove.

There was a manager in place who had been appointed in November 2015. At the time of the inspection, the manager had submitted an application to the Care Quality Commission (CQC) to become a registered manager; their application was being processed. 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.

People received care and support from staff that had received training to meet their individual needs. Staff had received comprehensive inductions that allowed them time to get to know the people they supported. Staff had been recruited following appropriate checks that showed they were safe to work in health and social care.

There were enough staff to meet people's individual needs and they worked in a way that contributed to the smooth running of the service. Staff worked well together and supported each other. Good teamwork was evident and people had confidence in the staff that supported them.

People were complimentary about the staff that supported them. They told us they were friendly, kind and supportive. They told us staff knew them well and had time to talk with them. The relatives of people who used the service told us 'nothing was too much trouble' for the staff in caring for their family members.

The people who used the service told us they felt respected, valued and listened to. They had choice in their day to day living and their independence was promoted. Confidentiality and privacy was adhered to.

People were protected from the risk of abuse as staff understood their responsibilities to raise any concerns they may have. They could identify potential signs of abuse and they knew how and where to report these. We know from the information we hold about this service that concerns had been reported appropriately in the past.

The service had identified and managed the risks to the people who used the service, staff and visitors. These had been reviewed regularly to ensure people were protected from the risk of harm. Medicines had been managed and administered appropriately although some records were not entirely legible. The manager told us they would address this swiftly.

The Care Quality Commission (CQC) is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The service had worked within the principles of the MCA and made appropriate applications for consideration of depriving some people of their liberty. Where the service had made best interests decisions for people they supported, this had been done legally and involved the appropriate people. These decisions had been recorded.

The people who used the service, and their relatives, told us they had been involved in the planning of their care and support. We saw that people's needs had been identified and, in most cases, comprehensively recorded to ensure they received the right support. Care plans were person-centred and focused on the individual including what was required in order to achieve positive outcomes. Personal details were recorded to aid staff in getting to know people better and in order for them to develop important relationships with the people they supported.

The service ensured people had opportunities to engage in their interests and hobbies. People told us their leisure and social needs were met. With the help of a number of volunteers, the service offered a number of events and activities both inside and outside of the home. All activities and communal areas were accessible and contained leisure equipment that was stimulating.

People had access to a number of healthcare professionals to meet their health and wellbeing needs. The service worked regularly with other professionals and we saw that referrals were made promptly and appropriately. The healthcare professionals we spoke with prior to our inspection spoke highly of the service delivered at The Grove.

All the people we spoke with, and the staff, felt the management team was accommodating, empathetic and responsive to their needs. They told us they saw them regularly. An open, honest and transparent culture was encouraged and incidents were discussed in order to learn from them. Although no one we spoke with had had the need to complain, they told us they felt confident any concerns would be addressed as required. People were encouraged to continually provide feedback on the service and make suggestions.

The provider had an overview of the service being delivered and the quality of the service was monitored on a regular basis. They provided regular support to the home and undertook their own inspections to ensure a good quality and consistent service was delivered. Any findings were used to improve the experience for people who used the service.

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.

People were protected from the risk of harm as individual risks had been identified and mitigated.

Staff understood the importance of raising any concerns they may have in order to protect people from the risk of abuse.

People received the right amount of medicines, at the right time and in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that demonstrated the skills and knowledge to meet their needs.

The service had knowledge of, and had followed, the principles of the Mental Capacity Act 2005.

People's nutritional and dietary needs were met and their wellbeing maintained.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that demonstrated a caring, compassionate and respectful approach. Staff had built trusting relationships with the people they supported.

People were fully involved in their plan of care and felt they had choice in their everyday living.

People's dignity, privacy and independence was maintained and promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported by staff that knew them well and had knowledge of their needs and personal histories.

Care and support was delivered on a very individual basis and people's needs were met.

People's social needs were met and the service ensured people had plenty of opportunities to engage in events and activities.

Is the service well-led?

Good ●

The service was well-led.

People had confidence in the management team and found them visible, supportive and approachable.

An inclusive culture was encouraged through participation in meetings and regular discussions.

The provider regularly monitored the service people received and this was effective in driving improvement.

The Grove - Care Home with Nursing Physical Disabilities

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 15 and 17 March 2016 and was unannounced. The inspection was carried out by one inspector and a specialist advisor.

Before we carried out the inspection we reviewed the information we held about the service. This included statutory notifications that the provider had sent us in the last year. A statutory notification contains information about significant events that affect people's safety, which the provider is required to send to us by law. 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. We also contacted the local safeguarding team, the local quality assurance team and the local continuing healthcare team for their views on the service. Other healthcare professionals were also contacted for feedback.

During our inspection we spoke with eight people who used the service and four relatives. We also spoke with the manager, one care supervisor, one activities coordinator, one seamstress, one chef, three nurses, two support workers and one kitchen assistant. In addition, we spoke to an agency worker who regularly worked at the service. The agency worker was not employed by the provider.

We viewed the care records for five people and the medicines records for five people who used the service. We tracked the care and support two people received. We also looked at records in relation to the management of the home. These included the recruitment files for four staff members, maintenance records, staff training records, the home's quality auditing system and minutes from meetings held.

Is the service safe?

Our findings

People told us they felt safe and comfortable living at The Grove. One person who used the service said, "It's good to feel safe now." Another person told us they felt, "Looked after." The relative of one person explained how important it was to them that their family member was safe. They said, "I never go away worrying."

The people who used the service were protected from the risk of abuse. Staff knew how to prevent, identify and report any concerns they may have that could constitute abuse. They knew the process for reporting concerns both inside and outside of the organisation. Staff understood the reason for making referrals to the local safeguarding team and the importance of timely reporting. One staff member told us, "It's to protect people." All the staff we spoke with said they felt confident in reporting any concerns they may have. We saw from the records we viewed that the service had reported concerns appropriately and that detailed records were kept regarding this. We saw that the service had taken actions in response to safeguarding incidents. We concluded that the service took effective steps to protect people from the risk of abuse.

In discussion with the people they supported, the service had identified, assessed and reviewed any risks that they may be exposed to. These were detailed and very individual to the person. They focused on positive outcomes for the individual. We did, however, see that one risk assessment for a person had not been updated following a fall. When we spoke with the staff and manager about this, they demonstrated that they had reviewed the circumstances surrounding the fall. However, they had not recorded this in the person's care plan as no additional measures were required. We saw from additional records that the incident had been fully investigated and appropriate actions taken.

People were protected from the risk of harm associated with incidents and accidents. We saw that the service documented and analysed all incidents and that these records were available to senior managers at any time. In order to reduce the risk of further incidents, the service recorded detailed information. This included circumstances surrounding, description of and immediate and underlying causes for the incident. It also documented any lessons learnt from the incident, actions taken and whether any risk assessments required updating. The training and knowledge of any staff member involved in the incident was also reviewed.

The service had completed checks to ensure only those people safe to work in health and social care had been appointed. When we spoke with the manager about this they demonstrated they understood the process. They told us what steps they took to ensure safe recruitment. This included requesting two references and the completion of a police records check. The staff we spoke with confirmed these checks had been completed prior to their commencement in post. We also saw from the four recruitment files we viewed that these checks had been completed.

The service had employed enough staff to meet people's individual needs. The people we spoke with who used the service said there was always a staff member available to support them when required. One relative we spoke with told us that their family member's needs were met and that, "On the whole we couldn't ask for better care." They went on to explain how, in the summer, they were able to take their family

member for a walk around the lake in the grounds. They told us the service always ensured a staff member was available to assist them and their family member with this activity. During our inspection we saw that people received the support they needed.

When we spoke with staff, they agreed that there were enough of them to meet people's needs. One told us, "On the whole there's no problem with staffing levels." We noted that staff were allocated to certain areas of the building to ensure people's needs were met. The manager told us staff covered all areas of the building on a rotation. When we asked the manager how staffing levels were calculated they were unsure. They told us this was because they were new in post. However, they told us they were sure head office used a tool for this. We concluded that, at the time of our inspection, people's needs were being met as the service had enough staff.

People received their medicines in a safe, timely and appropriate manner. However, we noted that two of the five medicine administration records (MAR) charts we viewed contained one record each that we could not read fully. These records were written on the back of two separate MAR charts and both gave reasons why a medicine was not administered. Guidance indicated that all records are required to be legible. When we brought this to the manager's attention they told us they would speak to staff regarding the importance of legible records.

The five MAR charts we viewed were accurate. They contained information that demonstrated people had received their medicines as the prescriber intended. They showed that the service kept a running count of all medicines in stock to ensure safety. Dosage instructions were clear and tallied with the individual medicine boxes we viewed. The stock counts we completed were accurate. Medicines were in date. For those people who required their medicines to be administered non-orally, detailed care plans were in place and had been signed by staff to show they had been followed daily. We concluded that the service administered and managed people's medicines in a safe manner.

Is the service effective?

Our findings

The people we spoke with who used the service spoke highly of the staff that supported them. One person said, "The care staff are lovely." One relative we spoke with explained how well the staff understood their family member even though communication was difficult. They told us staff were "very patient with [relative]" and had the skills to meet their complex needs.

People were supported by staff that had been well-trained and felt supported in their work. Staff told us they had received an induction when they first started in their roles. They told us this was comprehensive and included time spent job shadowing other, more experienced, staff members.

Staff told us their training was up to date and were complimentary about the quality of it. One staff member said, "The training is good." Another told us how they had received training specific to the needs of people they supported. This staff member also told us that as part of their induction, time had been given for them to read the care plans. They told us this helped them to get an understanding of people's needs. Another staff member told us that had completed a qualification associated with their role. They told us the service had been encouraging and supportive in them achieving this. We also saw from the minutes of a recent meeting held with nursing staff that the service had arranged for a person to come in and speak to staff about their clinical responsibilities. Training plans were also in place for individual members of staff.

The staff we spoke with told us they felt supported in their roles. One staff member said, "There is always someone on hand" to help them. They told us they received supervisions but that they weren't always regular. However, all the staff we spoke with said they felt supported and felt confident that they could go to their line manager if they needed more. Another staff member told us they found their line manager approachable. They said, "They make time for me and supervisions are focused on me."

Throughout our inspection we saw that staff communicated effectively with the people they supported, some of whom had complex communication needs. The relatives whom we spoke with regarding this were complimentary about staff skills in this area. One told us all staff were able to effectively communicate with their family member and said, "I am very happy with the staff. There is not a single carer I'm not sure about." We saw staff communicate with people by making eye contact and ensuring they were face to face with the person they were supporting. One person's care plan for communication gave clear information on how best to communicate with them. This included giving information on what size font was best for them in order to assist them to read. During our inspection we saw that staff delivered care as detailed in the care plan.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had assessed people's capacity to make decisions. These were documented and followed the principles of the MCA. We saw that, where the service had made decisions in people's best interests, appropriate people had been involved in these. We saw that decisions had been recorded. On the first day of our inspection there was some confusion over the capacity of one person. This was in regards to understanding the risks associated with being independent in some areas of their life. We brought this to the attention of the manager. On the second day of inspection, this had been addressed and relevant documentation was in place. The service had made appropriate applications to the supervisory body for consideration of legally depriving someone of their liberty.

Staff knowledge on the MCA and DoLS was variable although all the senior staff we spoke with had a good knowledge. However, staff understood the importance of consent and were able to tell us how they supported people to make day to day decisions.

The people we spoke with who used the service enjoyed the food provided at The Grove. One person said, "We get lovely food all the time. They [staff] make an effort to find out your likes and dislikes." When we spoke to the chef they told us they tried to make food people liked and to their preference. The kitchen assistant had knowledge of people's dietary needs and showed us the records kept in the kitchen. These accurately described people's dietary needs and had been signed by the kitchen staff to say they understood them. We saw from the care plans we viewed that people's dietary needs had been identified and regularly reviewed.

We observed lunch being served. We saw that the service had made adaptations to the dining room to meet people's needs. We saw that specialised equipment was supplied and that people received the assistance they needed. Support was dedicated, paced for the individual's needs and showed consideration and kindness. We saw that a staff member assisted a person to eat. We observed that the care and support given was as described in their care plan and as recommended by a Speech and Language Therapist. The staff member was also able to accurately tell us what the needs were of the person they were supporting. Lunch felt relaxed and sociable.

The service worked closely with other healthcare professionals to meet people's needs and maintain their wellbeing. The care plans we viewed showed that the service had sought advice as required and in a timely manner. One healthcare professional we spoke with prior to the inspection spoke highly of the service. They told us they felt confident that staff followed the recommendations they made and that people were supported by staff that knew them well.

Is the service caring?

Our findings

The people we spoke with were happy with the service provided by The Grove. They described staff as having time for them and providing a good level of support. They said that staff were caring. One person said, "I like the staff; they're very friendly." The relatives we spoke with agreed. One told us The Grove was, 'as good as it gets.' A second relative explained that the staff were quick to assist their family member and that nothing was too much trouble for them. All the relatives we spoke with agreed that they felt supported as family members. One healthcare professional we spoke with prior to the inspection told us they always found staff to be welcoming and cheerful.

Throughout our inspection we saw that staff interacted with the people they supported in a respectful and appropriate manner. We saw that they were patient and kind. Laughter was heard regularly and we saw staff having fun with the people they supported. Staff ensured they were at a person's eye level before speaking with them and in a position where they could be seen clearly. We observed that people appeared content and relaxed and that the atmosphere was lively but with a sense of calm.

People told us they were involved in the planning of their care. They told us they felt in control of their lives. One person said, "Yes, they [staff] do ask for my consent and views." All the relatives we spoke with said they had also been involved in their family member's plan of care. One relative, whose family member was unable to fully communicate with us, explained how important their involvement was to them. They told us how much it meant to them that the service considered and included their family member's views in all they did. Another relative told us the service involved them at all stages of their family member's care. They said the service communicated very well with them and that there had never been an occasion where they hadn't. They said, "It makes me feel better that they know that you like to know." The care plans we viewed showed that people, and where appropriate their relatives, had been involved in their plan of care.

People's needs were met in a timely manner. They told us staff supported them when needed. We saw that call bells were answered promptly and that requests for assistance were responded to swiftly.

The service maintained people's dignity and treated them with respect. One person who used the service told us they felt valued as the service allowed them to contribute to the day to day running of the home. They told us The Grove was, "A good place to live". One relative told us how comfortable the service had made their family member feel from the moment they were first admitted. When we spoke with staff about how they maintained people's dignity they were able to give us examples. These included offering people choice, respecting people's private spaces by knocking on their bedroom doors and being aware of when a person had their door closed.

People were offered choice and their independence was encouraged. People told us they had the freedom to spend the day as they wished. Throughout our inspection we saw that people were offered choice in their day to day living. For example, we saw that staff offered people the choice in where they took their meals, whether they participated in activities and what time they wished for assistance to rise from bed. We saw people who used the service coming and going as they wished.

We saw that people had care plans in place that detailed their levels of independence and what outcome they wished to achieve in relation to this. We saw that people's personal items were within reach to aid their independence.

People's privacy was maintained and the service had an awareness of confidentiality. During our inspection we observed that staff ensured doors were closed before assisting people. We also noted that offices were closed and secure when unattended to maintain confidentiality.

We saw that the service had a variety of information available to the people who used the service, their relatives and visitors to the home. This was in easily accessible areas and in appropriate formats. The information available included details on advocacy services, how to take part in the service's annual satisfaction survey and how to make a complaint.

The service had no restrictions on visiting hours and people's friends and family were free to come and go as they wished. The relatives we spoke with told us they were made to feel welcome by the service.

Is the service responsive?

Our findings

All the people we spoke with told us their needs were met and that staff understood them. One relative we spoke with told us how pleased they had been at how the service met their family member's needs from the start. They told us the service had gone to great lengths to obtain lots of information about their family member at the start of their placement at The Grove. They told us, "It was a positive experience. [Relative] could not have been made to feel more comfortable as all the information was in place." A healthcare professional that we spoke with prior to our inspection told us that they felt staff had a good rapport with the people they supported.

Staff demonstrated they knew the people they supported. They told us the care plans contained all the information they needed to assist people and to get to know them. Staff were able to tell us the dietary and medical needs of the people living at The Grove. There was also a keyworker system in place that assisted staff to get to know people's preferences, likes and dislikes. A keyworker is someone who is responsible for an individual and makes sure that their care needs are met and reviewed. During our inspection we saw that staff had knowledge of the people they supported. For example, we saw that staff were aware of a personal event that had recently occurred in one person's life. We saw that staff offered this person the support they needed as a result of this event. We also saw that one staff member was able to offer appropriate support to a person when they became sad whilst discussing their health status. The staff member demonstrated they understood the person well and offered positive suggestions to support them through their low mood.

We checked the care records for five people who used the service. This was to see whether the service had identified, assessed and reviewed people's needs. We also wanted to check that care and support was being delivered as the care records directed.

The care plans we viewed contained accurate, person-centred information. Care plans were individual to people and had been regularly reviewed and, in four out of the five we viewed, were detailed in how to meet people's needs. When we spoke with the manager about the fifth care plan, they were able to show us that a care plan audit had been completed for this. This showed that gaps in the care plan documents had been identified by the service and were being addressed.

All the other care plans we viewed were very detailed in the information they contained and individual to the people they related to. Information centred around positive outcomes for people and focused on preventative support. For example, one care plan we viewed gave staff detailed information on how to support one person to remain calm and content whilst also playing a full role within the home. We also saw that care plans contained information on people's individual medical conditions and what their needs were in relation to these. They contained information that assisted staff to support people to remain healthy and well. One relative we spoke with told us that the service met their family member's needs very well and that they, "Couldn't fault it". They told us that their family member had very specific needs and that these were consistently met by the service.

We saw that people had the opportunity to complete a document entitled 'What's important to me'. This gave staff very personal information that assisted them to have meaningful conversations and relationships

with the people they supported. For example, in this document, people were able to add photographs and state such things as what was important to them, how best people could support them and what made them upset. We also saw that care plans contained information on people's life histories, hobbies and interests and social relationships.

All the people we spoke with said they felt stimulated and involved in activities that interested them. They told us the service arranged activities within the home and trips outside. One person said, "There's loads of things to do all the time." One relative, who spoke on behalf of their family member, said, "[Relative] enjoys the sensory garden and the water feature."

The service had a large number of volunteers that supported people to access their leisure interests and people spoke highly of the opportunities to engage in social activities. In addition to an activities coordinator, the service also employed a therapy coordinator whose role was to provide therapy services to the people who lived at The Grove. For example, the manager told us that the therapy coordinator was currently supporting someone to achieve a lifelong goal.

During our inspection we saw that the service provided a number of accessible areas for people to participate in activities. There was an IT room with a number of computers available, an arts and crafts area where materials were easily available and a large therapy room. This contained a pool table, sensory equipment and leisure equipment. The grounds contained a number of accessible areas including a large lake, patio and garden areas and a pond that contained specialist fish.

Throughout our inspection we saw that people were individually engaged in activities and that opportunities were available for group involvement. A 'keep fit' class was taking place and we saw that the class was appropriate for people's needs. The people taking part appeared relaxed and happy. We saw that a number of activities were advertised throughout the home so people were aware of what was taking place and when.

None of the people we spoke with had had reason to complain however they all felt comfortable in raising concerns should the need arise. They told us they felt able to speak to any member of staff and felt confident they would be supported if they raised any concerns. We saw that easily accessible information was available for people in the foyer of the home on how to make a complaint.

Is the service well-led?

Our findings

At the time of our inspection, the manager had submitted an application to become registered with the Care Quality Commission (CQC) and this was being processed. The manager had been in post since November 2015. We know from the information held about The Grove that the service had reported events as required. When we spoke with the manager they told us they felt supported in their role. They told us they saw their line manager regularly and that the service had allocated them a mentor to further assist them in their new role.

The people we spoke with told us they found the management team to be helpful and approachable. People who used the service described the manager as, "Friendly" and, "Lovely." Staff told us they found the manager supportive. One staff member we spoke with told us of an incident that occurred that had left them upset. They told us how well the manager had supported them through this. They told us they had been grateful for the prompt and empathetic response the manager took. They said, "[Manager] responded to my needs and met them very well." All the staff we spoke with said they would feel comfortable in raising any concerns they may have with the management team.

During our inspection we saw that the manager was visible throughout the home and regularly engaged with staff, the people who used the service and their relatives. We saw that the manager took time to ensure that a new person arriving at the home was comfortable and had everything they needed. We saw that they offered comfort and reassurance to their family.

An open and inclusive culture was promoted within the home. The people who used the service told us they felt comfortable in approaching anyone in the service to discuss any issues they may have or to talk about their care needs. Staff told us they were involved in meetings and offered the opportunity to voice their opinions. We saw from the minutes of meetings that incidents were openly discussed and actions agreed in response. For example, we saw that the service had identified the need for additional training for staff in one area following a discussion around the performance of the team as a whole.

Staff worked well as a team. One staff member said their colleagues had, "All been lovely" when they first started in post and continued to be so. They told us The Grove was a, "Lovely place to work." Another staff member said, "It's a beautiful place to work. I love it." During our inspection we saw that staff worked efficiently together. The atmosphere was calm but lively. We saw that staff communicated amongst themselves and were allocated tasks to ensure people's needs were met. We saw that one senior member of staff was present to cover for a colleague to ensure the service continued to run smoothly. They told us it was their day off but that they were happy to come in to help. The manager told us staff worked throughout the home on a rotation basis as this also helped with their team working ability.

The provider comprehensively monitored the quality of the service and used the results to further improve the care and support people received. A number of audits were in place and had been completed regularly. They covered areas of the service such as infection prevention and control, health and safety, medication management and the home's environment. The regional manager also completed regular audits and

discussed their findings with the manager. This had last been completed on 3 March 2016 and covered areas of the service in line with legislation. The service also completed unannounced spot checks on a quarterly basis. These had taken place at weekends and during the night.

In addition, the provider carried out internal unannounced inspections with the last one being carried out in January 2016. This had been carried out over two days and had recognised areas for improvement as identified in this report. In response to some of the areas highlighted as in need of improvement, the manager had introduced a 'person of the day' audit. This ensured that the service focused on the needs of that person and checked that they were doing all they could to meet those needs. We concluded that the service took steps to monitor the service being delivered and used the results to drive improvement.

People's views were sought on the service they received and they told us they felt listened to when voicing their suggestions. They told us there were regular meetings they could attend to discuss the service they received. In addition, they told us they could speak to any member of staff in the interim if there was something that was worrying them. The service also asked for regular formal feedback on the service and information on how people could do this was clearly and accessibly displayed in the foyer.

Regular staff meetings took place and these were role specific. We saw from the minutes of these meetings that their role was to improve the service being delivered. For example, we saw that regular 'heads of department' meetings were held and that issues or ideas were followed through from meeting to meeting as required. We saw that the training needs of staff were regularly discussed and actions taken as a result. Staff were encouraged to voice their opinions during these meetings. In addition, company policies and procedures were reviewed to ensure staff knowledge in these areas.