

Midland Heart Limited

Bevan 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 ●

Summary of findings

Overall summary

This inspection took place on 20 June 2017 and was announced 24 hours before our visit to see if people who lived at the service would be available to speak with us.

Bevan Court provides an extra care service of personal care and support to older people within a complex of 41 apartments. Staff provide care at pre-arranged times and people have access to call bells for staff to respond whenever additional help is required. The complex is spread over three floors with a lift and stairs to each floor. People have access to communal lounges and a dining room.

At the time of our visit 31 people were receiving personal care support. We last inspected the service in June 2016 and gave the service an overall rating of 'Requires improvement'.

The service did not have a registered manager. We were made aware shortly before our inspection visit the previous registered manager had left the service and a new manager was being recruited. 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 service was being supported by two team leaders, an operational support manager and two interim operational support managers.

People received varying levels of support from staff, depending on their needs. Some people only required minimal assistance with their personal care. Other people required assistance with taking medicines, continence care, and support with nutrition and mobility.

People told us they felt safe with the staff who delivered their care. Staff were aware of the action they needed to take if they had any concerns about people's safety, or health and wellbeing.

The staff allocation sheets showed there were sufficient staff to cover people's scheduled calls. People told us they mostly received their care on time and staff stayed the allocated time to complete tasks. The provider was recruiting new staff and gaps in the staff rota were supported by agency staff. However, the provider used regular agency workers and bank staff, to ensure people received support from staff that knew them.

Staff received an induction and training when they started working at Bevan Court. There were plans in place to ensure all staff completed training to support them in meeting people's needs effectively. Staff received supervision and support and told us the management team were approachable and supportive.

Care plans did not always include important information about risks to people's health, but staff were able to talk confidently about how they managed risks, as they knew people well. Care plans were written in a 'person-centred' way that supported staff in delivering care and assistance that met people's individual

needs. However, the interim operations manager acknowledged more detail about people and their current needs was required within care plans and they were addressing this.

People were happy with the care they received and said staff were caring and friendly. Staff respected people's privacy and maintained people's dignity when providing care. The management team and staff understood the principles of the Mental Capacity Act (MCA) and gained people's consent before they provided personal care.

All the people we spoke with clearly recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes.

There were processes to monitor the quality of the service provided through feedback from people and a programme of checks and audits.

The provider had sent us relevant statutory notifications in order for us to monitor the quality of the service being provided, however we identified two incidents we had not been notified about and the interim operations manager was investigating these further.

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.

The provider followed correct procedures to report safeguarding concerns to the local safeguarding team. Staff told us they understood their role and responsibility to report concerns about people's emotional and physical well-being. Medicines were stored and administered safely. There were sufficient numbers of staff to support people. Staff understood the risks associated with people's care, and plans were in place to minimise risks identified although some lacked detail.

Is the service effective?

Good ●

The service was effective.

Staff received training and had the knowledge and skills to effectively support people. Staff understood the principles of the Mental Capacity Act (2005) and how to support people with decision making. People made choices about their food and drink and were supported to maintain a healthy diet. People received on-going support from a range of external healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they considered kind and caring. People were encouraged by staff to be as independent as possible. Staff ensured they respected people's privacy and dignity. People received care and support from staff who understood their individual needs and supported them in ways they preferred.

Is the service responsive?

Good ●

The service was responsive.

People received a service that was based on their personal preferences. Care records contained information about people's

likes, dislikes and routines. People and their relatives were encouraged to be involved in reviews of their care. People were given opportunities to share their views about the service and the manager responded to any concerns raised.

Is the service well-led?

Good ●

The service was well-led.

People and relatives were happy with the service and felt able to speak with the management team if they needed to. Staff were supported to carry out their roles, and considered the management team to be approachable and responsive. The provider had systems to review the quality and safety of service provided.

Bevan 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.

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The inspection of Bevan Court took place on 20 June 2017 and was announced. We gave the provider 24 hours' notice so people would be available to speak with us at our visit. The inspection was conducted by two inspectors.

We reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about Bevan Court. They informed us the provider had kept them informed of recent events at the service.

During our visit we spoke with the operations manager, the team leader, four support workers, and two interim operational managers from the providers' management team. We spoke with seven people who used the service and four relatives.

We reviewed four people's care plans and daily records, to see how their care and support was planned and delivered.

We looked at other records related to people's care and how the service operated including, medication records, staff recruitment files, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe living at Bevan Court and with the staff who supported them with their care needs. One relative we spoke with told us, "I have complete piece of mind about [person], I know he is safe there." Another commented, "I know [person] is cared for safely there."

At our last inspection in June 2016, we found the provider did not have robust procedures in place to identify when an accident or incident was the result of potential abuse or when a person could be at risk of potential harm. As a result the provider had introduced a new audit tool. This prompted them to analyse incidents and accidents to ensure, that where relevant, safeguarding referrals were made to the local authority. We saw there had been improvements and the provider had made relevant referrals to the local safeguarding team when incidents of concern were identified.

We asked staff how they made sure people remained safe and were protected from abuse. Staff told us they had completed training in keeping people safe and understood the different types of abuse. Staff told us they were observant for signs that might mean someone was experiencing, or at risk of abuse. They told us, "Safeguarding includes psychological, financial abuse and unexplained bruising. I would report these to the manager. If I wasn't happy I know I can whistle blow (anonymously report concerns)." Another told us, "Keeping people safe also includes making sure they get their medicines as prescribed and moving and handling them correctly."

The team leader told us following our last inspection, communication with staff about managing and reporting safeguarding concerns had improved. They told us, "We all took responsibility and we talk about safeguarding with staff in supervision (one to one meetings) sessions."

We saw there was an 'easy read' poster on display in the communal areas advising people how they could report concerns. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. Safeguarding was discussed with people at 'residents meetings' to increase their understanding of what the different types of abuse were and how they could report any concerns to the staff.

Incidents and accidents were analysed to identify trends, for example recording when and how often people fell. We looked at records and identified one person who had fallen eleven times during the last six months. The records were not clear as to the actions taken and we discussed this with the interim operations manager. They told us they had already identified this and had spoken to staff. Relevant referrals had been made to the local authority 'falls team' and to the person's doctor to reduce the incidence of falls, but this had not been clearly recorded on the audit tool. They told us this would be discussed with staff at supervision meetings to ensure all actions were clearly documented.

We saw there were risk assessments associated with people's care, for example, people who needed assistance to move around or take their medicines, had care plans to manage or reduce those risks. Staff we spoke with were aware of risks to individuals and able to talk confidently about how they supported people.

One told us it was important that risks were managed by staff so that people could maintain their independence. For example, one person indicated they would like to make a cup of tea but were unsteady on their feet and at risk of falling. The member of staff told us, "I said, 'why not, let's do that'. I provided a perching stool so they would not be at risk of falling and when they made their tea I carried it back for them so they could safely use their walking frame."

Most people told us they received their care on time and people who lived living at Bevan Court had call bells in their rooms and pendants they could press to call for staff. Relatives we spoke with told us their relation sometimes had to request staff in between their call times. They commented, "The staff always go (to the person) quickly when the buzzer [call bell] is pressed." Another commented that staff usually responded promptly but on some occasions their relation had to wait until staff were available because they were busy supporting other people.

During our visit we saw there were sufficient numbers of staff available to support people. The interim operations manager told us recruitment of staff was taking place and interviews had been held the day before our inspection visit.

We asked staff if they felt there were enough staff to meet the needs of people living who lived at Bevan Court. One told us, "If we use agency staff they are regulars; we absolutely have enough staff to keep people safe." Another told us, "I think there are enough staff to support people safely." However they went on to say, "Sometimes we use agency staff and they don't always know people well." The interim operations manager confirmed to support staffing levels numbers, agency staff were employed. However numbers of agency staff were now being reduced and bank staff, (occasional workers, employed by the provider) were used to fill gaps in the staff rota. This ensured people received support from staff they were familiar with.

Staff recorded their visits electronically and this showed visits were completed and on time. One member of staff told us the computer system would show if people were not receiving their allocated care hours. Missed visits were also recorded, and incorrectly recorded visits would be flagged up on the system for staff to investigate further. The team leaders liaised regularly with staff to ensure people received their care calls.

Some people managed their own medicines, but other people needed support to do this. People who were assisted to manage their prescribed medicines said they nearly always received their medicines when they should. Relatives we spoke with told us they did not have any concern. One told us, "Staff always help [person] with his medicines and he always gets them on time."

There was a procedure for supporting people to take their medicines safely, and where people required assistance to do this, it was recorded in their care plan. Staff had completed training to administer medicines and had their competency checked by the provider to ensure they were doing this safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed.

However one person's MAR indicated they should have been given their medicine with, or just after food to prevent the person's stomach becoming upset. We noted it was being given before food. The person's care plan did not make this clear to staff and we discussed this with the interim operations manager. They told us they would follow this up with the team leader to make sure the person received their medicine as prescribed.

We reviewed recent audits of medicine management which had been conducted internally by the management team. We saw action had been taken to address any identified recommendations. For

example, it was noted that 'spot checks' (unannounced checks on staff carrying out their duties, including medicine administration) carried out by the management team were not being recorded. As a result the team leader had improved the recording of these and stored them in a file. Staff we spoke with confirmed they had been assessed as being competent to safely support people with medicines and that 'spot checks' had been carried out.

Staff files indicated that safe recruitment processes were followed including a DBS (Disclosure Barring Service) and reference checks. DBS checks were updated regularly. One new member of staff told us, "I had my DBS check and references carried out before they allowed me to work at Bevan Court." The Disclosure Barring Service is a national agency that keeps records of criminal convictions. The recruitment procedures ensured staff were safe to work with people who used the service.

Is the service effective?

Our findings

People told us staff were competent when providing their care and support. One relative we spoke to told us they felt staff had the necessary skills to care and support their relation, they commented, "I can go home from here and I don't worry about [person] at all."

Staff told us they received an induction into the service that made sure they could meet people's needs when they started work. This included training and working alongside a more experienced staff member before they worked on their own. One member of staff told us, "When I started the training was overwhelming, we had so much, and it was really good." Another commented, "I have had lots of training about respecting people's dignity and recently I had my medication refresher training. I am due to learn about swallowing problems; they always keep me up to date with things."

The interim operations manager told us they had identified gaps in some of the staff training. They told us, "We have come a long way and now provide dedicated time on the staff rota so staff can do their 'E' learning (computer training courses). We are also booking courses locally so staff can attend venues nearby." They went on to tell us all new staff would be required to complete the Care Certificate. This is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate, high quality care and support. One staff member we spoke with confirmed they were undertaking this training.

Staff told us they received regular supervision (one to one meetings) with the management team which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. They told us, "I get my supervision every three months and I get good feedback." And, "They encourage me with what I want to achieve in my supervision sessions."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. 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. DoLS makes sure people who lack capacity to make certain decisions do not have their liberty restricted, unless specific safeguards are in place.

Staff had a good understanding of the principles of the Act and how this affected their practice. Care workers understood the importance of obtaining people's consent prior to providing care and support. Staff told us they would always ask people for their consent prior to undertaking care tasks.

One care worker told us, "If I was concerned about someone's capacity I would tell the manager, the MCA is all about people making decisions. Sometimes best interest decisions need to be made to support people. However capacity can change."

We did not see a mental capacity assessment recorded for one person who lived with dementia and who lacked capacity. The person was supported with most of their care needs by their family member. However there was little information for staff about what decisions the person may need support with, when staff were supporting them with their care needs without the family member being present. Staff we spoke with were knowledgeable about the person and told us the person liked to walk around the service. They went on to say they would be concerned for the person's safety if they tried to leave Bevan Court on their own. We asked the operations manager to check whether an application to the Court of Protection was required for this person as their liberty would be restricted. They agreed to do so.

Some people prepared all their own food and drinks; others made their own breakfast and bought a lunchtime meal and evening meal from the restaurant within Bevan Court. Other people told us that staff prepared their food and drink for them or supported them to make their own meals.

When visiting people in their homes, we saw they had a drink on a side table where they could easily reach it. People we spoke with confirmed they had enough to drink throughout the day and relatives confirmed drinks were always nearby their family member. One told us, "Whenever I go to visit there are always drinks on [person's] table." At shift hand over we heard the team leader remind staff to ensure people were offered regular drinks due to the hot weather.

People's medical appointments were arranged by themselves, their relatives or staff. People told us they had access to healthcare professionals when they needed them and we saw in one person's records staff had contacted the district nursing team when they had noticed the person's skin had become sore. One relative we spoke to thought that staff were, "Just brilliant at getting [person] access to the doctor." Another told us, "Any problems at all and the staff get the doctor."

Is the service caring?

Our findings

People lived in their own flats so we were unable to observe care directly. People told us staff were caring and treated them with respect. Comments included, "I love the girls when I see them come in." And, "The majority (of staff) are so caring and pleasant." A relative we spoke with told us, "[Person] is very happy; all the staff are really good. They are so very caring." However one person told us they felt more comfortable with staff they were familiar with and that some agency staff did not always speak to them enough.

Interactions between staff and people appeared to be positive, caring and respectful. We saw friendly banter with staff, and good interactions between people. People seemed happy and at ease when engaging with staff. One relative we spoke with told us, "[Person] likes the regular carers who are really good to her. They know [person] and have a laugh and a joke."

Staff had developed warm, positive and meaningful relationships with people and we heard them speaking kindly with them. At the lunchtime period we heard staff asking people if they needed assistance to wipe their hands, one staff member asked a person, "Shall I get you a wet towel sweetie?" Another spoke to a person who had just entered the dining room and asked them, "Hello my beautiful, how are you?" We saw people responded positively to staff's affectionate terms and clearly enjoyed the contact.

Staff recognised the individual needs of people they provided care and support to and listened to what they had to say. The team leader told us, "I just love being with the people living here...I never think to myself that I don't want to go to work." All the staff we spoke with told us they enjoyed working at Bevan Court and thought the service provided was caring. We found staff were highly motivated to provide good care and to support people's needs.

All the people we spoke with recognised that due to the support and care provided by staff, they were able to enjoy living relatively independently in their own homes. One relative explained their relation had been very independent, however their needs had changed and they now required the care staff to help with most of their care needs. They told us despite this, the person was happy and they put this down to, "The way the carers are to [person]."

Staff confirmed they promoted people's independence, with one staff member telling us, "If someone can do something I ask them to, it's important to encourage independence." Another told us, "We always give choice to people and promote their independence. For example, asking people to wash their intimate areas." They told us this was important to protect people's dignity.

We asked people if they thought staff respected their privacy and dignity and they told us 'yes'. Comments made were, "Staff shut the curtains and cover up my 'naughty' bits." They went on to say, "Oh yes" when we asked if staff treated them with respect. A relative told us when they observed staff with their family member, staff were respectful. They told us, "[Person] can't do much but likes to wash himself, they respect that."

People were asked if they preferred a male or female member of staff to support them with their personal

care. One relative told us their family member was regularly showered by a male care worker, they had been given the choice and were happy to continue. Staff we spoke with confirmed they discussed this with people. One told us, "I always ask first if I meet someone new, if they say no I will go and get another [different gender] member of staff."

Staff respected people's privacy in their homes and knocked on the door and waited for a response before entering. It was clearly stated in people's care plans how they wished staff to enter their flat, for example by ringing the bell or knocking first before requesting permission to enter. We saw staff respected this and all gained consent before going into people's flats.

We asked the team leader if people would be willing to speak with us in their flats and they told us they would discuss this with people to make sure they were happy for us to visit them. A member of staff escorted us and gained people's permission before we were allowed to go into their flats to speak with them.

Friends and family were welcomed into Bevan Court at any time and a guest room was available for visitors who wished to stay overnight. One relative told us they visited their family member regularly and they thought staff were friendly and approachable. During our visit we saw several visitors to the service and observed all the staff were polite and welcoming.

Is the service responsive?

Our findings

We found the service was responsive to people's needs and concerns. All the people we spoke with were able to identify someone who they would talk to should they wish to make a comment or complaint. One person we spoke with told us they had recently complained to staff as they required additional support with some aspects of their personal care. They went on to say staff had responded positively to this and they were now receiving an extra care call at night.

We saw the provider's complaints procedure was on display on the notice board near the dining room. At residents meetings people were also reminded how they could make a complaint and where information was available about how to make a complaint. We saw people had complained about the food being offered following a change in the provider of catering services. As a result a separate meeting was organised to obtain people's feedback.

Information in the complaints record showed that the service had received a small number of complaints in the past year. These had been handled in line with the provider's complaints policy and from the information provided we could see had been resolved to people's satisfaction. The operations manager told us complaints were reviewed to identify trends or themes.

On the notice board there was information called, "You say, We say." This showed where people had expressed concerns or requested more information. We saw people had requested egg and chips be made available at meal times and jam sandwiches. The provider had responded to the requests and we saw people eating egg and chips at the lunchtime period.

One relative we spoke with told us staff dealt with any concerns they had, they commented, "They are only minor issues but when I tell the staff they get them sorted." Another told us, "They get things sorted out very well."

Most people we spoke with told us staff were responsive to their needs. However two people commented that they would prefer their morning calls to be later to allow them to sleep in. One person told us they were woken at 5:00am and said, "I think it is so early in the morning. I would prefer 7:00am if I had a choice." They told us they hadn't discussed this with staff because, "We can't all have the right time." The person's care records showed they were being woken up at 5:00am and going to bed at 10.50pm. We discussed this with the team leader who told us, "We negotiate with people about their care call times and we always try to accommodate people's needs." They went on to say they had adjusted one of the person's care calls to a later time previously. However, this had been changed back as the person was calling for staff to assist them earlier than planned. They told us they would speak to both people immediately to address their concerns.

Another person we spoke with told us they sometimes received their personal care in the living room of their flat and they would prefer this was carried out in their bathroom instead. They were concerned their lounge carpet was becoming soiled in the process. The provider informed us they were already in the process of investigating this, following a recent complaint, and the person and their relatives would be spoken with so

that a resolution was found.

We looked at the care files of four people who used the service. These contained information that enabled staff to meet people's needs in a way they preferred. We saw people had signed their care plans to say they agreed with the planned care, including the times of their care delivery. Each care plan had a front sheet which provided a brief overview of what people's care needs were. Whilst they adequately explained each person's care needs some lacked detail. Permanent staff we spoke with were knowledgeable about people and how to support them, however staff unfamiliar with a person would need more information to be able to support people effectively. For example one person's care plan stated they needed to be supported by staff with their personal care in areas they were, "Not able to reach", however there was no further information what these areas were. Another person was living with dementia, and their care plan lacked detailed information about how staff should support them with their care needs. A recent provider audit had already identified this as an area that needed to be addressed. We spoke to the person's relative who told us they felt staff supported their relation well and that they liked to have a shower every day, which they received, they went on to say, "[Person] is happy with them [staff]."

The team leader told us they regularly reviewed care plans and updated them following any changes in people's care needs and support. Staff told us they had enough time to read the care plans and the information contained helped them to support people safely. One told us, "If someone needs to be moved using a hoist the care plan tells me how I should do this and what size sling the person needs."

Staff also received a handover of information between each staff shift. We were present at the staff handover meeting and found staff were knowledgeable about people and gave clear information about changes in people's needs or support. Each staff member was given a schedule of calls, which updated them with people's care needs, the time of calls and if they required any medicines. The team leader told us any new information that needed to be shared was recorded on an 'impact statement' which was given to staff at each shift handover to read. This meant staff were kept up to date with important events at the service or changes in the support people required.

Some people's care plans included personal information relating to their background as well as a guide outlining their likes, dislikes, hobbies, interests and other information that was important to them.

Is the service well-led?

Our findings

The registered manager had left their employment at the service shortly before our inspection visit and the provider was actively recruiting a new scheme manager. To ensure there was senior managerial cover during this period, the provider had deployed an experienced operations manager to oversee the service and two interim operations managers were managing the day to day running of Bevan Court with the support of two team leaders.

The management team told us they understood their responsibilities and requirements of their registration. At our last inspection visit in June 2016 we found the provider had not submitted some relevant statutory notifications to us in relation to incidents that had occurred at Bevan Court so that we were able to monitor the service people received. Following our inspection the provider produced an audit form that highlighted to staff what notifications the provider was required to inform us of. We found improvements had been made and we had been informed of most incidents occurring at the service, however we saw two incidents recorded that we had not been notified about. Information contained on the audit form was not detailed enough for us to establish if a notification was required, although we could see appropriate actions had been taken by the provider. We discussed this with the interim operations manager and they told us they would investigate the incidents further and would submit notifications if these were required.

Everyone we spoke with were complimentary of the service and the care they received. They told us, "It's the best thing." and, "I think it's quite good," another person told us, "I am happy here." Relatives we spoke with commented, "I have no worries, everything runs smoothly." And, "I think it's well run really."

The team leader told us, "We have all worked really hard since your last inspection to make improvements. I was actually excited you were coming so we could show you."

All the staff we spoke with told us they felt well supported by the management team and could approach them to discuss any concerns they may have. Comments made were, "The managers are very supportive, you can raise any concerns with them and I think we are a good team." The team leader described the interim operations managers as, "Very supportive, you can always approach them." They went on to say, "However we have managed when there hasn't been a manager and I try to support the staff as best as I can." Staff we spoke with confirmed they received good support from the team leaders. One staff member commented, "Staff are very supportive and the team leaders are great and support us every day. They do 'spot checks' (checks on staff carrying out duties) and test our knowledge."

The team leader told us some staff would also act as a 'responsible person' on duty and their role would be to make appropriate healthcare referrals for people if they required them and to answer queries from staff. One staff member told us they enjoyed this extra responsibility as it allowed them to gain more experience and enhance their skills.

At our last inspection visit in June 2016 we found there was a strong team spirit at Bevan Court and all the staff we had spoken with commented on this. At this inspection visit we found staff continued to support

each other and communicate well about people's needs.

Staff said they had a good understanding of their role. They told us, and we observed, they enjoyed their work and valued the service they provided. They told us they were happy and motivated to provide high quality care. Staff explained they had opportunities to put forward their suggestions and be involved in the running of the service. A variety of staff meetings were held regularly and staff told us these were useful. There was a 24 hour on call rota so staff could speak with a senior member of staff outside office hours if they required help or advice.

We looked at the minutes of a recent staff meeting held in May 2017. Staff had been informed that an internal audit had shown improvements at the service and thanked them for all their hard work. Staff were also reminded to record any complaints received from people.

People were encouraged to put forward their suggestions and views about the service they received. Service satisfaction surveys were distributed to people who lived at Bevan Court in order to obtain their feedback. We saw on the notice board recent results of a 'resident' satisfaction survey where 16 people had responded. Eighty eight per cent felt the service from staff was good and 100 per cent said they would recommend the service to other people. People confirmed to us they were asked if they were happy with the care provided and one relative joked with us, "I filled in that many forms [questionnaires] the other I night I had writer's cramp!"

A range of audits were undertaken to check the quality and safety of service people received. This included checks on the management of medicines, care records, personal care delivery and staff training.

The provider had produced a service improvement plan which had identified areas for improvement and actions required to address any issues. For example, reducing the number of agency staff employed at the service and ensuring all staff had completed their required training. The staff meeting minutes from April 2017 stated all staff would be able to see the plan so they were aware of their responsibilities to support improvements within the service.

The senior management team told us they would support a new scheme manager until they were fully inducted into the service. A more experienced manager from another of the provider's schemes would also be allocated to support and 'buddy' them in their new role.

The interim operations manager told us, "We need the right people and the right mix of staff." They went on to say the retention and support of staff was a priority for the provider to ensure consistent care and support for people living at Bevan Court.

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