

Care In Safe Hands Healthcare Limited

Manna House

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 was carried out on the 12 September 2016 and was announced. As the service was small we gave 48 hour's notice of our inspection. This was to ensure the registered manager and people who received support were available to speak with.

Care In Safe Hands Healthcare Limited provides care and support to people at Manna House. Manna House is a care home situated in Bootle, located close to public transport links, leisure and shopping facilities. It is registered to provide accommodation for up to seven adults. The building is a three story property with a passenger lift to the first floor. It has a fully accessible large garden to the rear. At the time of the inspection there were seven people living at Manna House.

Care In Safe Hands Healthcare Limited is also registered by the Care Quality Commission to provide personal care to people who live in their own home. This care provision is managed from Manna House. At the time of the inspection the registered provider provided support to six people who chose to share their private accommodation.

Manna House has a manager who is registered with the Care Quality Commission for the care home and personal care provision. 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 registered manager told us they were supported by an area manager and a compliance manager. The registered manager told us they worked closely with the managers to ensure Manna House ran smoothly.

People told us they were happy with the care and support they received from Manna House. People told us staff were caring and were knowledgeable of their individual needs.

Staff were able to define abuse and the actions to take if they suspected people were being abused. People who received care and support from staff told us they felt safe.

We found medicines were managed safely. Staff were knowledgeable of the systems in place for the ordering, storage and receipt of medicines.

We saw appropriate recruitment checks were carried out to ensure suitable people were employed to work at Manna House.

There were sufficient staff to meet people's needs. People were supported in a prompt manner and people told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs.

Processes were in place to ensure people's freedom was not inappropriately restricted and staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods at Manna House and people were supported to eat and drink sufficient to meet their needs. People told us they liked the food provided and they were involved in planning menus.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate.

We saw staff treated people with respect and kindness and people told us they were involved in their care planning.

Staff knew the likes and dislikes of people who received support in their own home and delivered care and support in accordance with people's expressed wishes. During the inspection we saw people who lived at Manna House were supported in accordance with their needs. We saw people were encouraged to maintain their independence and spend time in the community if they wished to do so.

There was a complaints policy in place, which was understood by staff. Information on the complaints procedure was available in the reception of the home in an accessible format. This was also available to people who lived in private accommodation.

Quality assurance checks were carried out to ensure areas for improvement were identified. People who lived at the home and those who received support in their own home were offered the opportunity to participate in an annual survey. This was also provided to relatives.

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.

We found medicines were managed safely and people received their medicines as prescribed.

Assessments were undertaken to ensure risks to people who used the service were identified. Written plans were in place to manage these risks.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner. Staff were appropriately skilled to promote people's safety.

Staff were aware of the processes in place to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of

people and were knowledgeable of their needs.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities that were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed. Staff were aware of the complaints procedures in place.

Is the service well-led?

Good ●

The service was well-led.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

There were quality assurance systems in place to identify if improvements were required.

Manna House

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 was carried out on the 12 September 2016 and was announced. The inspection was carried out by an adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection we spoke with three people who lived at Manna House and three relatives. We spoke with one person who received support in their own home and two relatives. We spoke with the registered manager for the service. We also spoke with the compliance manager, the area manager and four staff.

We looked at all areas of Manna House, for example we viewed the lounge and dining area, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included two care records of people who lived at Manna House. We also looked at one care record relating to a person who received support in their own home. We viewed a range of other documentation in relation to the management of the service. These included records of meetings and health and safety certification. In addition we viewed recruitment and training records, medicine records and quality assurance records.

Is the service safe?

Our findings

People who lived at Manna House told us they felt safe. Comments we received included, "I'm safe here." Also, "The staff make me feel safe." Relatives also told us they considered their family members were safe. We were told, "[Family member] is safe and well loved." And, "I have no doubt [family member] is safe." Also "I'm not worried about [family members] safety." We visited one person who lived in their own home. They told us, "I'm safe."

We viewed two care records relating to people who lived at Manna House. We did this to look how risks were identified and managed. Individualised risk assessments were carried out appropriate to people's needs and care documentation contained instruction for staff to ensure risks were minimised. For example we saw one person required specific equipment to maintain their safety. We saw the equipment was in use during the inspection. Staff we spoke with confirmed the equipment was required to ensure the risk of harm or injury was minimised. This demonstrated staff were knowledgeable of the risks identified.

We viewed one care record pertaining to a person who required support in their own home. We saw risk assessments were carried out appropriate to their needs. For example we saw a risk assessment was in place if people wished to carry out specific activities such as cooking. Staff we spoke with were knowledgeable of the assessments in place. This demonstrated assessments were carried out and measures introduced to reduce the risk identified.

We asked the registered manager how they monitored accidents and incidents. We were told all incidents and accidents were reported using the services reporting system. We saw evidence this took place. We saw accident and incident forms were completed and then reviewed to ensure no further action was required to maintain people's safety. The registered manager told us they were committed to ensuring people's safety was maintained.

Staff we spoke with told us they had received training to deal with safeguarding matters. Staff were able to describe the types of abuse which may occur and how symptoms of these may present. Staff told us they would immediately report any concerns they had to the registered manager or to the local safeguarding authorities if this was required. One staff member told us, "I'd have every confidence in reporting safe guarding to [registered manager]. Safe guarding is taken seriously and people's safety is paramount." A further member of staff said, "[Registered manager] would act to protect people." Staff told us they had access to the local authority safeguarding contact details if these were required.

We asked the registered manager how they ensured enough staff were available to meet people's needs. The registered manager told us that staff who were employed at Manna House also provided care and support to people who lived in private accommodation. They explained this helped ensure continuity of staff. In addition they told us they assessed people's needs and took their personal preferences and wishes into account. For example if people wished to engage in individual pursuits, staffing was arranged to accommodate this. The registered manager further explained if people's needs changed they would ensure additional staffing was provided to ensure people's safety. Staff we spoke with confirmed this. The

registered manager told us they were currently recruiting to ensure sufficient staff were available to support people. We saw documentation which confirmed this.

Relatives we spoke with voiced no concerns regarding the availability and continuity of staff. All the relatives we spoke with told us staff were available to support their family member and staff turnover was low. Comments we received included, "There's always someone there and there are plenty of staff around to help them." Also, "There are enough staff and they know [family member] because most of them have been there a long time." People who used the service were complimentary regarding the staffing provision. We were told, "I know all the staff well and they help me when I want." And, "There's always staff here."

We reviewed recruitment records which showed safe recruitment checks were carried out. We found the checks were carried out before a prospective staff member started to work at the home or provide support to people in their own home. We spoke with one newly recruited member of staff who told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helps ensure suitable people were employed. We reviewed the files of a member of staff who had recently been employed and saw the required checks were completed. We noted appropriate references were obtained.

During this inspection we checked to see if medicines were managed safely. We looked at a sample of medicine and administration records and saw these were completed correctly. We checked the stock of two people's medicines and saw the records and the amount of medicines matched. This indicated medicines were being administered correctly. The staff member we spoke with explained the processes in place for the ordering and receipt of medicines. They were knowledgeable of the processes in place and we saw appropriate storage was available to ensure medicines were stored safely.

We saw checks were carried out to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and lifting equipment was checked to ensure its safety. We also saw the temperature of water was monitored to ensure the risk of scalds had been minimised. We saw regular water testing took place at the home to minimise the risk of legionella developing within the home. The registered manager told us regular cleaning of showerheads took place to ensure the risk of legionella was minimised. They explained the legionella risk assessment was currently being reviewed to ensure it remained up to date.

There was a fire risk assessment in place and the staff we spoke with were knowledgeable of this. Each person had a personal emergency evacuation plan. This meant staff had written guidance on the support people needed to evacuate in the event of an emergency.

Is the service effective?

Our findings

The feedback we received from people who received care and support and their family members was positive. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received included, "Staff are great. They know my needs." And, "Everyone here knows what I like." We spoke with one person who lived in their own home. They told us, "It's great." Relatives we spoke with described the care and support as, "Superb." And, "The care is excellent. They look after [family member] well."

We saw documentation which evidenced people were supported to see other health professionals as their assessed needs required. For example we saw people were referred to doctors, opticians and chiropodists if there was a need to do so. People we spoke with also told they received support from other health professionals as they required this. One person described the support they received to attend hospital appointments. They said, "It's marvellous." Relatives also confirmed they had no concerns with the access their family members had to further medical advice. Comments we received included, "[Family member] has regular appointments to make sure he's well." And, "[Family member] goes to see the doctor, the optician and the chiropodist, [family member] is well looked after."

We viewed two care records relating to people who lived at Manna House and one record for a person who received support in their own home. Care files evidenced people's nutritional needs were monitored. We saw people were weighed regularly and a record of this was kept. Staff we spoke with explained they checked people's weights regularly to ensure any significant weight loss or gain was identified and monitored. They told us if they were concerned they would make referrals to other health professionals. They said this would help ensure no further medical interventions were required.

We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies. People we spoke with told us, "We choose what we want to eat here." And, "We have meetings to plan what we want to eat." A further person described the support they had received regarding their weight management. They said, "Staff help me choose nice healthy food." Other comments we received included, "I like the food here." And, "We have lovely meals."

We saw nutritional needs were considered if people wished to receive support in their own home. We saw documentation which recorded individual wishes and preferences. We asked one person if they were happy with the food provision. They confirmed they were.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes in place. We were informed one application had been made to the supervisory body. The registered manager told us they were aware of the processes in place and would ensure these were followed if the need arose.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said any concerns would be reported to the registered manager. Staff told us they had received training in this area and were knowledgeable of the processes in place to ensure peoples' rights were upheld. We did not observe any restrictive practices during the inspection.

During the inspection we saw people's consent was sought before support was provided. We observed people being asked if they required support with mobility or if they wanted help to prepare drinks or snacks. We saw staff respected peoples' wishes.

Manna House had been awarded the 'Investors in People' Gold Standard accreditation in December 2014. The Investors in People Standard is a business improvement and best practice people management tool. Organisations are assessed against a framework and if successful, are awarded an accreditation. Staff we spoke with were proud of the accreditation. They told us the registered manager had provided them with opportunities to develop and provide support to each other. For example we spoke with one member of staff who told us they had been supported to become a moving and handling trainer. They told us, "What that means is staff get personalised training and ongoing guidance. More importantly what that means for people here is they get care from staff who have had the right training at the right time so they can give the right care."

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and medicines management. Staff we spoke with confirmed training was provided to ensure their training needs were identified and training was refreshed. In addition staff told us they received additional training. Comments we received included, "Yes we do health and safety, moving and handling and mandatory training. But we do specialised training as well. I've done training in how to look after people with autism and learning disabilities." And, "I really enjoyed the sensory awareness training. It gave me more understanding."

All the staff we spoke with told us they felt well supported by the registered manager and they received regular supervision and appraisals. These are meetings which are held to review staff performance and discuss training needs. We saw a supervision and appraisal tracker. This is a document that records when staff have completed appraisals and supervisions and when these are next due. We also reviewed one staff training file. This evidenced supervisions and appraisals took place and training needs were discussed.

Is the service caring?

Our findings

People who lived at Manna House were complimentary of staff. Comments included, "I like the staff." Also, "Everyone's very nice." And, "Staff really care about me." We spoke with one person who lived in their own home. They told us "Staff are lovely." Without exception, relatives we spoke with also praised the way staff interacted with their family members. Relatives told us, "Staff are very caring. They make [family member] happy." And, "I would describe staff as dedicated and caring." Also, "All the staff care for [family member]. You can see it in their faces."

We saw staff were caring. We observed one staff member sat with a person and helped them plan their day. The staff member was attentive and we noted the person smiled and laughed as they talked.

We observed a further staff member making a cup of tea with a person. We saw the staff member and the person were working together. The person said, "I make a better cup of tea than you." We noted the staff member and the person were laughing and joking together. Our observations confirmed staff were caring.

We saw staff responded to non-verbal communication. We noted one person was holding their belt. The staff member spoke gently and softly to them and supported them in fastening this.

We also observed people were happy to be in the presence of staff. We saw one person held out their hand and their face lit up when a staff member walked into the room. The staff held the persons hand and spoke with them. It was evident the person welcomed this.

Our conversations with staff also demonstrated staff were caring. Staff spoke respectfully and caringly about people they provided support to. Staff were able to describe the likes and preferences of people who lived at the home. For example one staff member described a person's preferred daily routine and their hobbies. They told us, "The people here are just that. People. Not residents or patients. People. Our whole purpose is to build on their dreams." A further staff member said, "Everyone here is individual. We celebrate that." We spoke with one person who lived in their own home. They described staff as, "Good to me." And, "They make me happy."

The care records we viewed for both Manna House and people who lived in their own home demonstrated people were involved in the development of their care plan. We saw records were person centred and contained respectful and professional language. People also told us they were involved in their care planning. One person told us how they had designed their care with the staff. They said, "Staff told me to think about what I needed and wanted. They said it was about me." A further person said, "I'm thinking about ordering my own medicines. Look the staff have given me a leaflet. I want to do it." This demonstrated people were involved and consulted whenever possible.

We saw peoples' privacy and dignity was respected. For example we visited one person in their own home. We saw staff asked the person if they wanted staff to leave so they could talk privately with us. At Manna House we saw privacy screens were in place in bedrooms. The registered manager explained some people liked to leave their bedroom doors open so they could still hear activity within the home. The placing of

screens allowed noise to be heard but prevented others looking into rooms. This helped maintain people's privacy.

One person told us they were happy with the amount of privacy they had. They explained they liked to spend time watching their television. They said, "They don't disturb me."

During the inspection we saw details of external advocacy organisations were provided on people's care files. We discussed the provision of advocacy services with the registered manager. They told us they encouraged people to access advocacy if this was their wish. They also explained there was an advocacy group at the service. This was accessed by people who lived at Manna House and people who lived in their own home.

The registered manager told us a person who lived at Manna House was the 'advocacy spokesperson' and the purpose of the meetings was to enable people to 'speak up' about any areas they wished. We spoke with the advocacy spokesperson who confirmed meetings were held. They said, "I ask people if they want to tell me anything so it can be put right. It's an important job you know. [Registered manager] has told me we can change things." This demonstrated the service sought to promote awareness of advocacy and sought people's views.

Is the service responsive?

Our findings

People told us they felt care provided met their individual needs. One person said, "This is the best care I've ever had. I lived in another place and it's brilliant here." And, "I couldn't be looked after better." Relatives we spoke with were also happy with the care provided. Comments we received included, "I can't fault it. It's fantastic. There's a wealth of knowledge between all the staff and you can see that in the way they care for [family member.]" And, "It's wonderful care."

People also told us they were consulted regarding their care needs. One person said, "I've got my care plan, I did it with staff." A further person said, "I didn't want my care plan but I helped staff write it." Care records we reviewed also showed people and their family members were involved if this was appropriate. Relatives we spoke with confirmed they were happy with the level of involvement they received. They told us they were regularly consulted if the need arose. For example if a person's needs changed. Comments we received included, "They ring me if they need to discuss anything. I'm very happy with my involvement." And, "They always ring me if [family member] is unwell." Also, "Communication between us is good."

People told us the registered manager and staff were responsive to requests. We spoke to a person who received support in their own home. They told us they didn't like to go out to events. They said, "I like staying in. They get my books for me." People at Manna House also gave examples of how staff responded to their requests. One person told us they had requested to visit an area of local interest. They said, "I asked, they arranged it and I went. I really enjoyed it." A further person described how the staff supported them to pursue their own interests. They said, "I go to our shop sometimes. Sometimes I don't want to. Staff help me if I go." We discussed this with the registered manager. They explained they actively encouraged people to become involved in the local community and they sought ways for this happen. For example they ran a local charity shop where people could go and help. They also told us they had a day centre which people from Manna House and people who received support in their own home could access as they wished. The registered manager spoke passionately about the importance of enabling people to live active and fulfilling lives of their choice. They explained their aim was to deliver the best care and support in a way that empowered people to live happy lives. They said, "We want to give them the life they want and with support, people can achieve."

In addition the registered manager told us they actively sought to help people overcome any challenges to enable social inclusion. For example they explained one person had expressed a wish to join a social group. Due to the location of the group this was challenging for the person. The registered manager explained they had contacted the group facilitator and as a result the group was now held in a suitable environment. They said, "We couldn't understand why people with specific needs should find barriers in their way. There's always a way round and we aim to find it. Everything here is about enabling people." During the inspection we saw posters were displayed advertising the group and one person told us, "Without staff, I couldn't have gone."

The area manager told us they organised and held evening events for people to attend if they wished to do so. They explained this enabled people to spend time with friends, enjoy a social event and pursue their own

interests. They said, "The social evenings are enjoyed and the benefit is the risk of social isolation is reduced, people can form friendships and relationships and be who they want to be." We spoke with one person who told us they valued these events. They told us, "I look forward to going. I've made friends and it's fun."

People told us they led fulfilling lives. One person described the activities they had participated in. They told us they were encouraged to maintain their independence as far as possible. They said, "I worked out with staff what I needed help with. So I need help to wash my hair but not to shower." They told us they were proud of this as it enabled them to remain independent. A further person said, "I'm out most days doing things. I'm looking forward to the next holiday." They went on to explain they often went on holiday with other people who lived at the home, or received support with personal care. They said, "It's good to get away and enjoy myself." We discussed this with the registered manager. They told us they were currently planning a holiday that people could participate in if they wished. They explained this was to enable people to have enjoyable and positive experiences with support.

The registered manager told us they considered people who received support from Manna House should have the same access to experiences and opportunities as they did. They told us training opportunities were offered to people. We spoke with one person who told us they had attended training provided by the home. They showed us their certificates with pride. They said, "Look what I've got. I've put my name down for some more about keeping safe."

During the inspection the registered manager told us people were actively encouraged to raise any complaints they had. We saw there was a complaints policy in place which was accessible to people who received care and support from Manna House. We noted the policy contained information on how to make a complaint and the timescale for response. This was available in an accessible format. We saw pictorial communication methods were used to support people in understanding how to make a complaint.

People we spoke with were confident they would be listened to if they chose to make a complaint. They told us, "[Registered manager] wants to know if I'm happy and I've got a complaints book if I'm not. [Registered manager] said I can complain." And, "This is the best home I've ever been in. I've never had to complain but I know I can."

The registered manager told us no complaints had been received. All the relatives we spoke with confirmed they had no reason to raise concerns or complaints to the registered manager. Comments we received included, "I've never had to complain. It's very good." And, "No, I haven't ever had to make a complaint." Also, "I've never had to complain. They're excellent."

Is the service well-led?

Our findings

Staff told us they considered the teamwork at Manna House to be good. Comments we received included, "It's an open door here. Management work with us to try and make people's lives positive and richer." And, "We're a team with the aim of making people's lives better." Staff told us meetings took place to ensure information was communicated effectively. We viewed minutes of staff meetings and saw staff received feedback and information as appropriate. For example we saw senior staff were asked to check medicines had been administered appropriately by staff. During the inspection a staff member confirmed this took place.

During the inspection we saw staff were organised and efficient as they carried out their duties at Manna House. We saw staff communicated with people and each other to ensure people's needs and wishes were met. Staff we spoke with told us the service provided at Manna House and to people who lived in their own home ran smoothly.

We asked the registered manager to explain how they maintained an overview of each service in order to identify if improvements were required. We were told audits were completed to ensure the smooth running of the service. We saw evidence of audits in infection control, medicines management, care records and the environment were carried out. We also saw there were quality assurance surveys in place to gain people and relatives views on the quality of the service provided. We viewed the most recent quality assurance survey and saw overall, the results were positive. Comments from relatives included, "How thankful we are to Manna for enriching our lives." And, "There is always privacy when I see [family member.]"

The registered manager carried out an analysis of staff who worked at Manna House. The registered manager told us this was to ensure staff were treated fairly and their diversity was recognised and supported. They explained this helped them ensure that discrimination was not taking place.

All the staff we spoke with were positive regarding the support they received from the registered manager. Comments we received included, "This is an excellent place to work. The focus is on the people we help but [registered manager] is open to comments and suggestions." Also, "I could speak to [registered manager] about anything. I know I would be listened to."

Relatives and people who received care and support told us they considered the registered manager to be approachable. All the relatives we spoke with told us they had regular contact with service. One relative commented, "We get newsletters, [registered manager] phones to speak to us. We get surveys as well." They told us the registered manager was committed to improving people's lives. They said, "[Registered manager] has such a passion to make a happy environment. [Registered manager] is driven to improve what they do." A further relative told us they found the registered manager "positive and welcoming." They told us, "It's a well managed organisation. [Registered manager] is open to any suggestions and I'm confident in [registered manager]."

We saw documentation which recorded people were invited to attend regular meetings to express their

views. People we spoke with also confirmed meetings took place. We were told, "We have sandwiches and drinks and can say what we want." And, "We get together and make suggestions." One person we spoke with told us they had requested a specific excursion. They told us this had been provided. This demonstrated there were systems in place to capture people's views, seek improvements and encourage involvement.