Amore Elderly Care Limited

Charles Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 6 and 7 September 2018. The first day of our inspection visit was unannounced.

Charles Court Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Charles Court accommodates up to 76 people across two units in a large purpose-built building, and specialises in care for older people and younger adults, some of whom are living with dementia. At the time of our inspection, 71 people were living at the home.

A registered manager was in post, but they were on leave at the time of our inspection visits. We met with the home's deputy manager in their absence, and spoke with the registered manager over the telephone following our visits to the home. 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 provider had not notified CQC of the outcome of several applications they had made to deprive people of their liberty, in accordance with their registration with us. Health and social care professionals expressed mixed views about their experiences of working with the home's management team.

People felt safe living at Charles Court. Staff received training in, and understood, their role in protecting people from abuse and discrimination. The risks associated with people's care and support needs had been assessed, recorded and reviewed, and plans were in place to manage these. The staffing levels maintained ensured people's needs could be met safely. The provider completed checks on prospective staff to ensure they were safe to work with people. People's medicines were handled and administered safely. The provider had put systems and procedures in place to protect people, staff and visitors from the risk of infection.

People's individual needs were assessed before they moved into the home, and kept under review, enabling the management team to develop individualised care plans and risk assessments. Staff completed the provider's induction training and participated in ongoing training to ensure they had the knowledge and skills they needed to succeed in their roles. People chose what they wanted to eat and had any physical assistance needed to eat and drink. Staff helped people to access healthcare services and played a positive role in ensuring their day-to-day health needs were met. The overall design and adaptation of the home reflected people's needs and ensured these could be met safely. Staff and management understood and promoted people's rights under the Mental Capacity Act 2005.

Staff adopted a kind and caring approach to their work, and treated people with dignity and respect. People

and their relatives were supported to express their views about the service and be involved in decisions that affected them.

People and their relatives' involvement in care planning and care review meetings was encouraged and supported. People had support to participate in a range of recreational activities. People and their relatives understood how to raise a complaint about the service, and had confidence they would be listened to. The provider had procedures in place enabling them to identify and address people's wishes for their end-of-life care.

The management team promoted an open and inclusive culture within the service, and people's relatives felt able to contact them at any time with any suggestions or concerns. Staff felt well-directed, well-supported and valued in their work. The provider had quality assurance systems and procedures in place aimed at driving improvement in 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.

Staff received training in how to protect people from abuse and discrimination and understood their associated responsibilities.

The risks associated with people's individual care needs had been assessed and plans implemented to manage these.

People's medicines were safely managed and administered.

Is the service effective?

Good

The service was Effective.

People were supported by staff who had the knowledge and skills to meet their individual needs.

People had the support they needed to eat and drink, and any associated risks were managed.

Staff played a positive role in helping people to maintain their health.

Is the service caring?

Good

The service was Caring.

Staff treated people in a kind and caring manner, and promoted their dignity and privacy.

People and their relatives were encouraged to express their views about the service provided.

Is the service responsive?

Good

The service was Responsive.

People's care and support reflected their individual needs and requirements.

People had support to spend their time in ways they found

interesting and enjoyable.

People's wishes for their future care had been assessed and recorded.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

The provider had not always submitted statutory notifications to CQC in line with their registration with us.

Staff felt well-supported and valued by an approachable management team.

The provider had quality assurance processes in place to drive improvement in the service people received.

Charles Court Care Home

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 checked 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.

The inspection took place on 6 and 7 September 2018. The first day of the inspection visit was unannounced. The inspection team consisted of two inspectors, two Experts by Experience and a specialist advisor who is a nurse specialist. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection site visit, we reviewed the information we held about the service, including any statutory notifications received from the provider. A statutory notification is information about important events, which the provider is required to send us by law. We also contacted the local authority and Healthwatch for their views on the service. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

Over the course of our inspection, we spoke with 13 people who used the service, seven relatives, the provider's operations director, the quality improvement lead, the registered manager, deputy manager, clinic lead, three nurses, five senior care staff members and four care staff. We also spoke with the home's administrator, head chef and one of the domestic staff.

We looked at a range of documentation, including nine people's care and assessment records, medicines records, incident and accident reports, three staff recruitment records, staff training records, complaints records, selected policies and procedures, and records associated with the provider's quality assurance.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our previous inspection in July 2017 we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made improvements in the service. This key question is now rated as 'Good'.

At our last inspection, we found the risks associated with people's individual care and support needs had not always been appropriately assessed and managed. At this inspection, we did not identify any concerns of this nature. Individualised risk assessments had been carried out, and kept under regular review, in relation to the known and foreseeable risks to individuals, including their vulnerability to mental health problems, falls, pressure sores, malnutrition and dehydration. Care plans had been developed to manage these risks and so promote people's health, safety and wellbeing. For example, where people were at risk of developing pressure sores, pressure-relieving equipment, application of barrier creams and support with repositioning were in place to reduce the risk of skin breakdown.

Staff showed good insight into the risks to individuals and their role in keeping people safe. We saw staff adopted safe work practices when, for example, assisting people to transfer and move around their home. 'Staff handovers' were organised on a daily basis to enable the nurses leaving duty to update staff arriving on shift about people's current care needs and any changes in risk. In addition, daily 'flash meetings' were attended by representatives from each of the home's 'departments' to share key information about current issues, needs and risks. One staff member told us, "There is brilliant communication. We [staff] work as a team, and colleagues will always explain any changes about people's care." In the event people were involved in an accident or incident, staff understood the provider's procedures for documenting and reporting these events. We saw the management team analysed these reports to ensure lessons were learned to reduce the risk of reoccurrence.

People told us they felt safe living at Charles Court. One person said, "I feel incredibly safe here." Another person explained, "I feel safe. If I had a worry, I'd talk to [staff member]. They'd sort it out." The provider had safeguarding procedures in place to protect people from abuse and discrimination, and ensure any abuse concerns were promptly reported to the appropriate external agencies, such as the local authority, police and CQC. Staff had received training in, and understood, these procedures. They showed good insight into the different forms and potential signs of abuse, and assured us they would immediately report any concerns of this nature to the management team. One staff member told us, "I'm very confident that managers would treat safeguarding concerns appropriately." The provider had produced 'flash cards' to remind staff of their safeguarding responsibilities.

People, their relatives and staff felt the staffing levels maintained at the home meant people's individual needs could be met safely. One relative told us, "There seems to be enough staff on, and they always leave one staff member in the communal rooms." The management completed a monthly dependency tool to enable them to assess the number of staff, and mix of skills, they needed to safely meet people's individual needs. The provider completed checks on prospective staff to ensure they were safe to work with people. This included requesting employment references and an enhanced Disclosure and Barring Service (DBS)

check. The DBS searches police records and barred list information to help employers make safer recruitment decisions.

The provider had procedures in place for the safe management of people's medicines, which ensured they received these as prescribed and that accurate medicines records were maintained. People's medicines were administered by nurses who had been trained in the provider's procedures for handling and administering medicines and underwent periodic competency checks. People's care plans set out the level of their support they needed to manage their medicines and their associated preferences. Nursing staff had been provided with written guidance on the use of people's 'as required' (PRN) medicines to ensure they were offered these when they needed them. Regular medicines stock level checks were completed to confirm people were receiving their medicines as prescribed.

The provider had put measures in place to protect people, staff and visitors from the risk of infection. Staff received training in the provider's infection control procedures and were provided with, and made use of, appropriate personal protective equipment (e.g. disposable aprons and gloves). The management team had appointed an 'infection control lead' who undertook monthly audits to assess infection control practices in the home, the outcomes of which were reviewed by the management team. The provider employed domestic staff to support the nurses and care staff in ensuring the premises and equipment remained clean and hygienic. During our inspection visits, we found the home to be clean, fresh smelling and well-maintained.

Good

Is the service effective?

Our findings

At our previous inspection in July 2017 we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made improvements in the service. This key question is now rated as 'Good'.

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.

We checked whether the service was working within the principles of the MCA. Staff understood people's rights under the MCA and what this meant for their day-to-day work with people. We saw they sought people's consent before undertaking their routine care. This included checking with people, who needed support to move around their home, that they were ready to leave the dining room after their lunchtime meal. Formal mental capacity assessments and associated best-interests decision records had been completed where significant decisions had been made about people's care, such as the proposed use of bed rails, movement alarm mats and 'as required' medicines. Do-not-attempt-cardiopulmonary-resuscitation (DNACPR) decisions had been appropriately recorded in people's care files.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the management team had made applications for DoLS authorisations based upon an individual assessment of people's capacity and their care and support arrangements. Where DoLS authorisations had been granted, the management team had reviewed any associated conditions, in order to comply with these.

Before people moved into Charles Court, the management team met with them, their relatives and health and social care professionals involved in their care to assess their individual care needs and ensure these could be effectively met by the service. The information gathered enabled them to develop individualised risk assessments and care plans to promote positive outcomes for people. In planning and delivery people's care, the management team recognised the need to consider people's protected characteristics under the Equality Act and avoid any form of discrimination. Staff and management worked with a range of external healthcare professionals to ensure people had access to appropriate care equipment and received joined-up care. One person explained, "The physio[therapist] is brought in once a week … They brought a machine yesterday, so I could stand."

People and their relatives were confident staff had the knowledge and skills needed to meet people's individual care needs. A healthcare professional told us, "The permanent staff are extremely competent, caring and cooperative. They [provider] also tend to keep to the same agency staff." Upon starting work, all new staff completed the provider's induction programme, which reflected the requirements of the Care

Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of all new care staff. Staff spoke positively about their induction experience and the extent to which this had prepared them for their new roles. One staff member told us, "It [induction training] was really good. Everything was explained in detail about what my job was and what my role would be."

Following induction, staff participated in a rolling programme of training and competency checks based upon their duties and responsibilities. This included both e-learning and classroom-based training sessions and a series of annual competency checks. Nursing staff accessed a programme of training through the local hospital's education department to develop their clinical skills. Most staff were satisfied with the training provided to enable them to work safely and effectively. A nurse described the benefits of their tissue viability update training, which had refreshed their knowledge of how to grade and dress people's wounds. Other staff referred to the benefit of their training on the management of challenging behaviour, which had improved their understanding of how to prevent and respond to unwanted behaviours. Aside from training, staff attended regular supervision sessions and annual appraisals with a senior colleague or member of the management team, during which they were able to request any additional training and support and receive constructive feedback on their work.

People and their relatives spoke positively about the quality and choice of food and drink served at the home. One person told us, "The food is good. The porridge is lovely; I never used to like it before." Another person said, "It [breakfast] is very tasty. I get asked what I want each time." A range of breakfast options were available, and staff supported people to choose between the two options available for lunch and their evening meal by physically showing them each meal plated up. The service had also introduced a 'café menu', comprising of a further selection of simple meal options for anyone who did not want what was on the main menu that day. We saw mealtimes were relaxed and social events, during which people chatted with one another and received any necessary physical assistance to eat safely and comfortably. A 'food focus group' was organised on a quarterly basis to encourage people to say what they would like to be included on the menu for the coming season. The head chef explained, "We try to offer a resident-driven menu." Drinks and snacks were available throughout the day to prevent people from feeling hungry or thirsty between their meals.

Any specific risks or complex needs associated with people's eating and drinking were assessed, where necessary with the input of nutritional specialists, and plans put into action to meet these. This included monitoring people's daily food and fluid intake where they were at risk of not eating or drinking enough, providing texture-modified diets for those with swallowing difficulties and offering diabetes-friendly diets. People's religious dietary requirements and food and drink related preferences were also assessed, recorded and accommodated by the service. In March 2018, activities had been organised at the service, including an 'ultimate thirst quencher' competition, to promote a fresh focus upon people's hydration needs in connection with the local authority's 'WHOOSH' hydration campaign.

People and their relatives were satisfied with the role staff played in ensuring people's health needs were met and the steps taken to seek professional medical advice and treatment in response to any deterioration in their health. On this subject, one person told us, "There's always help if you need it. They call the doctor straightaway and he comes around." People's health needs had been assessed and care plans were in place setting out the role of staff and external healthcare professionals in monitoring and managing these. This included the management of people's diabetes and epilepsy, and any current wounds or pressure sores. A healthcare professional described their working relationship with the home, in ensuring people's health needs were met, as 'brilliant', praising staff and management's proactive approach to seeking their input.

The overall design, adaptation and decoration of the premises reflected people's needs . The provider had

implemented a clear strategy to creating a dementia-friendly environment on the ground floor through, for example, the provision of themed sensory areas and the use clear pictorial signage to help people orientate themselves and locate key rooms. People had access to the home's rear garden, and suitable space to dine in comfort, participate in social activities, meet with visitors and spend time alone.

Good

Is the service caring?

Our findings

At our previous inspection in July 2017, we rated this key question as 'Good'. At this inspection, we found the service continued to treat people with kindness, dignity and respect. The rating for this key question remains 'Good'.

People told us staff treated them in a kind and caring manner. One person explained, "I love it here … The staff are really good to you – all of them." Another person said, "It's lovely here. Staff are funny and great." We saw people were at ease in the presence of staff and freely engaged them in conversation or requested their assistance. At various points during our inspection visits, we heard people laughing and joking with the staff supporting them. Staff talked to us about the people they supported with affection and respect, and showed good insight into their personalities and individual needs. We saw they greeted people in a warm and friendly manner, took the time to sit and chat with them whenever possible, and were attentive to people's needs.

People and their relatives felt listened to by staff and management, and were satisfied with the steps to involve them in decisions that affected them. Staff recognised the need to consult with people to identify how they wanted to be supported, and we saw them doing so during our inspection visits as, for example, they helped people move around the home. One staff member told us, "We always respect their [people's] wishes and choices." People's care plans included information about their personal backgrounds, interests and preferences, and staff told us they regularly referred to this information. People's information and communication support needs had also been assessed and recorded, as part of which consideration had been given to the need for any input from communication professionals and the use of alternative, accessible formats (e.g. audio or large-print versions of documents). Communication care plans had been developed to help staff promote effective communication with individuals, which took into account the effect dementia had upon people's ability to communicate with others.

People told us staff respected their dignity and privacy. One person explained, "[We have] plenty of staff who are respectful and courteous. [They] always knock on my door laughing and smiling." Another person said, "They [staff] always treat things in confidence." The staff we spoke with recognised the need to treat people in a respectful and dignified manner, and to actively promote their independence whenever possible. One staff member explained, "We're always on top of staff's manners. Everyone [staff] looks to follow the right approach. You should respect all the residents like they were your mother or father." Another staff member said, "I encourage people to do as much as they can for themselves, so that they can remain independent longer." We saw staff spoke to people in a polite and respectful manner, and that they took steps to actively protect people's dignity and privacy. This included adjusting people's clothing to protect their modesty whilst assisting them with transfers, and ensuring toilet and bathroom doors were locked whilst carrying out people's intimate care. The provider had systems and procedures in place to ensure people's personal information held on site was handled and secured appropriately to prevent unauthorised access, and we saw staff adhered to these.

Good

Is the service responsive?

Our findings

At our previous inspection in July 2017 we rated this key question as 'Requires Improvement'. At this inspection, we found the provider had made improvements in the service. This key question is now rated as 'Good'.

At our last inspection, some people's relatives told us the day-to-day care their family members received did not always reflect their needs. At this inspection people and their relatives did not voice concerns of this nature, and described how the service took into account people's individual needs and requirements. One person said, "They [staff] listen to what I want." Another person told us, "They [staff] are very accommodating." A relative described how staff ensured their family member received the frequent support they needed with repositioning to prevent their skin from breaking down. Another relative explained staff were quick to respond when their family member pressed their bedside call-bell, and offered them plenty of drinks to keep them hydrated. People had been allocated a 'key worker': a member of staff with additional responsibilities to ensure their individual needs and requirements were being met, through working closely with people and their relatives.

At our last inspection, we found the information recorded in people's care plans was not always reflective of their current needs or sufficiently detailed. At this inspection, we did not identify any significant concerns of this nature. We saw people and their relatives were involved in annual care review meetings and that their participation in care planning was encouraged by staff and management. The resulting care plans were individual to people and reflected their current care needs. They provided staff with clear direction on their role in managing people's individual care needs, taking into account their physical and mental health needs, nutrition and hydration, mobility needs, pressure care, and any behaviours that challenge. Care plans were reviewed on a monthly basis, in accordance with the service's 'resident of the day' approach, to ensure they remained accurate and up-to-date. People's care files also included information about their personal histories, valued relationships, hobbies and a 'one-page profile' (a short summary of what was important to the individual) to encourage person-centred care. Staff showed good insight into people's current care needs, and confirmed they read and referred back to people's care plans as needed.

People's care plans included guidance on their current information and communication needs, in line with the Accessible Information Standard, and staff were able to describe how they promoted effective communication with individuals. The Accessible Information Standard tells organisation what they need to do make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, along with any communication support that they need.

Staff and management recognised the need to assess and take into account people's protected characteristics under the Equality Act, to avoid any form of discrimination in the care provided. Staff confirmed they had received training on equality and diversity, and that these principles were promoted within the home. One staff member told us, "I treat people equally, and the home promotes and understanding of diversity. Everything is open and there is a positive culture here." Another staff member said, "Everybody is supported in the lifestyle they want, and we fully respect their wishes."

People had support to take part in a range of stimulating and enjoyable recreational activities. These included live entertainment from visiting musicians, regular pamper sessions (including manicures and hand massages), gentle exercise classes, pet therapy, arts and crafts, one-to-one time, and trips out in the home's minibus. One person told us, "There are lots of activities." The service employed activities coordinators to take the lead on organising the monthly programme of activities and social events. A relative said, "[Activities coordinator] is brilliant. It's the way they talk to people and get them involved. There is a good variety of activities on offer." The activities coordinator we spoke with explained that they attended an 'activities forum meeting', in the local area, where they shared new ideas and examples of best practice with other staff in similar roles.

People and their relatives were clear how to raise any complaints about the service. The provider had a complaints procedure in place, a copy of which was displayed in the home's entrance hallway, designed to ensure any complaints received were handled in a fair and consistent manner. The management team maintained records of any complaints received and their response to these. We saw any complaints received about the service had been handled in line with the provider's procedures.

At the time of our inspection, no one living at the home was currently receiving end of life care. End of life care plans and assessment had been completed with people and their relatives to establish the individual's wishes for their future care. A number of nurses had attended end of life training at a local hospice. One nurse explained how this had enabled them to be more proactive in discussing people's end-of-life wishes with them and their relatives.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in July 2017 we rated this key question as 'Requires Improvement'. At this inspection, we found further improvement was required. This rating for this key question remains 'Requires Improvement'.

Since our last inspection, the home's manager had successfully applied to CQC to become registered manager of the service. As the registered manager was on leave when we inspected, we met with the service's deputy manager who was overseeing the management of the service in their absence, along with the provider's operations director and quality improvement lead. 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.

Registered providers must, in accordance with their registration with CQC, notify us about certain changes, events and incidents that affect their service or the people who use it. These 'statutory notifications' play a key role in our ongoing monitoring of services. During our inspection visit, we became aware the provider had failed to notify us of the outcome of several (DoLS) applications made to deprive people of their liberty, in accordance with their registration with us. The deputy manager informed us they had been unaware of the requirement to notify CQC in these circumstances, and took immediate steps to submit the required notifications over the course of our inspection visits.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations.

Registered providers must display their current CQC rating in their main place of business and on their website. The purpose of this is to provide the people who use the service and the public with a clear statement about the quality and safety of the care provided. We found the provider's current CQC rating was clearly displayed at the home and on the provider's website.

People and their relatives were satisfied with the overall management of the service. They felt able to approach the management team with any issues or concerns, at any time, and felt confident they would be listened to. People's relatives told us the management team kept them informed of any significant changes in their family members' health and wellbeing. Staff spoke about their work at Charles Court with clear enthusiasm and commitment. One staff member told us, "I absolutely love coming to work. We are like a family here." Another staff member said, "I do love my job and I love the residents." Staff described the good working relationships and strong sense of teamwork that existed between staff. One staff member explained, "I think we have a good team. We're always joking between staff and residents and there is good communication. If staff were down, the residents would notice. They feel valued because they feel we want to be with them and we want to be here."

Staff talked very positively about the support, guidance and leadership they received from the management team. They felt listened to, valued in their work, and were clear what was expected of them. One staff

member told us, "We have a good balance with [registered manager] and [deputy manager]. They complement each other with different skill sets … They are the most approachable team we have had … They are listening to us … They respect our opinions." Another staff member said, "This is the best team we have had with the registered and deputy managers. They are much more approachable and aware of people's needs. They are very efficient and have an open-door policy. They will challenge the provider and ensure people's needs are of paramount importance." The provider had a whistleblowing policy in place. Staff understood the role of whistleblowing, and felt able to challenge any practices or decisions taken by the provider which they disagreed with.

The provider took steps to involve people, their relatives and staff in the running of the home, and sought their feedback on how the service might be improved. They achieved this through, amongst other things, arranging periodic 'relatives' meetings', monthly 'governance meetings', to which all staff were invited, and the distribution and analysis of annual feedback surveys. A 'you said, we did' board in the home's foyer described recent improvements made to the service in response to feedback from people and their relatives. These included the introduction of the home's new 'café menu', the purchase of new garden furniture and additional weekly outings into the local community.

Staff and management liaised with a wide range of external health and social care professionals to ensure people's individual care needs were met. The health and social care professionals we spoke with expressed mixed views on their experiences of working with the management team. One health and social care professional told us, "Never in the last year have I ever recommended anything that hasn't been done." Another professional told us, in the context of one person's admission to the home, "We worked really well together to support [person's relative] and kept each other very well updated." However, another health and social care professional said, "They [management] do listen, but do not always act on your suggestions." Two of the health and social care professionals also raised concerns regarding the standard of record-keeping in relation to people's day-to-day care and support.

The provider had quality assurance systems and processes in place, which were effective in enabling them to assess, monitor and improve the safety and quality of the service. These included the ongoing monitoring of accident, incidents, complaints and other feedback received from people and their relatives. Regular audits and checks were carried out on key aspects of the service, including the home's health and safety arrangements, infection control practices and the standards of record-keeping. As part of this, the management team carried out regular 'quality walkarounds', to enable them assess, and take prompt action to improve, specific aspects of the service, such as the physical environment, dining experience and the management of people's medicines.