Life Style Care plc

The Hawthorns Care Centre

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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This Inspection took place on 09 and 11 June 2015 and was an unannounced inspection. At our last inspection on 17 and 24 July 2014 we identified breaches of regulations relating to: Not having sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people and care planning was not always personalised. We set compliance actions and the provider sent us an action plan telling us they would meet the requirements of the regulations by 28 January 2015.

At this inspection, on 09 and 11 June 2015, we found action had been taken. Improvements had been made to include a more personalised approach to care planning. There were more regular consistent staff on duty.

The Hawthorns Care Centre is a nursing home which provides accommodation for 73 older persons. At the time of our inspection they were providing care for 52 people. There were three distinct storeys to the home. One for people who required medical and physical

Summary of findings

support. The second for people with mental health needs and those people living with dementia. The third area was in the process of changing to accommodate people who required residential care and not nursing services.

There is a registered manager in place. 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.

Sometimes people were not always treated with respect or dignity. One person's door was open as they received personal care. We also saw some good examples of staff asking people for consent before offering support.

People felt safe living at the Hawthorns Care Centre. Staff knew their responsibilities to maintain people's safety. They had received appropriate training and knew how to report any concerns to management and external agencies. Robust recruitment processes ensured staff were suitable to work with older people and had the right skills, knowledge and experience. There were sufficient staff to provide the care people required.

People were supported to take their medicines safely. Records of administration were consistent and complete. Medicines were stored in securely in appropriate locations in the home. Nurses were assessed to be competent to administer medicines and received regular training on medicines. Appropriate actions were taken in the event of errors of administration.

People's needs were assessed prior to them moving into the home. Where risks were identified as part of the care planning process, these were assessed and plans put in place to minimise those risks to people.

People received care that was personal to their needs. They and their relatives were involved in providing information on their likes, dislikes and their preference for their care. Staff knew about people's histories and events and people that were important to them. Staff made time to engage people in conversations as they assisted them with care and activities.

People enjoyed the food and were able to make choices of meals on the menu. For people who required it special diets were available and staff monitored food and fluid intakes and people's weights. Health support from GPs and other health professional was available in the home and people were supported to attend appointments out of the home.

Relatives told us communication was good with staff and the registered manager. The atmosphere in the home was more relaxed and staff did not appear to be hurried when supporting people. People and their relatives were involved in decisions about the care received.

The provider's complaints policy outlined timeframes for responses to complaints. Where complaints had been made, these were managed and resolved to the satisfaction of the person making the complaint. People were able to express their views on the care they received and felt they had been listened to by staff and the registered manager.

The culture of the organisation was to provide a high standard of nursing care to suit the individual needs in a modern purpose built home with a calm and tranquil atmosphere. Staff and relatives agreed this was being achieved at the Hawthorns. The provider ensured quality was maintained by using a number of audit systems to monitor standards and suggest improvements to the service regularly.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

People were safe from abuse as staff had received training on identifying abuse and reporting concerns to appropriate managers. Known risks had been assessed and plans were in place to minimise risk to people.

There were sufficient numbers of staff on duty to provide care to meet the needs of people. A robust recruitment process ensured staff were suitable to work with people.

Medicines were given safely. Staff received appropriate training and were assessed as competent to give medicines.

Good

Is the service effective?
The service was effective.

Staff received appropriate training and support to meet the needs of people they supported.

Consent to care was sought before care was given.

People received nutritious and healthy meals and where there were dietary needs these were met. People had access to health care when they needed it.

Good

Is the service caring?
The service was not always caring

Sometimes people's dignity was not protected when care was given.

People and their relatives enjoyed positive relationships with staff and managers.

People were involved in their care planning. They were listened to and encouraged to make their views known to staff.

Requires improvement

Is the service responsive?
The service was responsive.

People had their needs assessed when they came to the home. These were reviewed regularly. The care records contained personalised information about people's likes, dislikes and personal history.

The registered manager and staff listened and acted on concerns and comments that they received from people and their relatives.

Good

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

Good

Summary of findings

There was a positive culture within the service where people were placed at the centre of the care they received. Staff knew what care people needed and how they wished to be supported.

The registered manager was known to people and their relatives. They were approachable and communicated well with people, their relatives and staff.

The provider monitored the quality of care provided and undertook regular audits to ensure the service was safe.

The Hawthorns Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 09 June and 11 June 2015 and was unannounced. The inspection team consisted of an inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their expertise was in supporting people with dementia and end of life care in nursing home. The specialist advisor's areas of specialism were older person care in nursing homes.

Before the inspection we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law and our previous inspection report.

During this inspection we looked around the premises and spent time speaking with people. We observed people having their lunch and socialising in the dining room and communal lounges. 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. We spoke with five people, five relatives, seven staff and the registered manager. We looked at a range of management records, 11 people's care records, 10 staff records, medicine charts and audits.

Good

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. People said, "I am not scared, nothing like that at all," and "I definitely feel safe. I don't have to wait long for help when I call for it," and, "There are always enough staff and they all know how to keep me safe." Relatives said, "I am glad we found this place. Mum is a lot safer here than she was at home," and "Staff know Nan so well and how unsteady she is. When she gets up to walk they either help her or support her to use her frame."

Staff were aware of the provider's policy and procedures on safeguarding and reporting abuse. One member of staff said, "The safeguarding training was very good and I know what I would see as abuse. If I did see anything happening, I would talk to the manager about it." Staff told us they would report a concern to the local authority or the CQC if they could not speak to the manager. All staff had received safeguarding training within the last year. Staff received an update on their safeguarding training every year.

One person told us of an incident where another person walked into their room whilst they were in the en-suite toilet. They said, "He sat there watching me. I told him to go and he eventually did. It shook me up. I told staff about this and it hasn't happened again." The registered manager confirmed this had been reported to them and they had reported this to the local authority safeguarding team. A plan was put in place detailing increased staff checks on both people and for staff to ensure people's doors were closed.

The registered manager responded appropriately to safeguarding concerns. A member of the local authority safeguarding team told us how the registered manager had reported a safeguarding issue. This concern had been notified to us at the same time. They had visited the service and developed a care plan with the registered manager to prevent a further incident occurring. Notes of the safeguarding meeting showed this was now closed due to the positive action taken by the provider.

Individual risks to people were managed effectively. Each person's care records contained risk assessments based on the person's care needs within their care plan. For example one person's care plan identified they had fallen on three occasions. The person told us, "They gave me a wheelchair to help me get around the home and a walking frame which I use in my room. Since I've been using them I haven't had a fall." The person's risk assessment on their mobility identified the person's wish to move independently and identified the use of a wheelchair and walking frame to keep the person safe.

At our last inspection on 17 and 24 July 2014, we identified a breach of regulations regarding not having sufficient numbers of suitably qualified, skilled and experienced staff to meet the needs of people. We set compliance actions and the provider sent us an action plan telling us they would meet the requirements of the regulations by 28 January 2015.

There were sufficient staff to meet the needs of people. Call bells were heard to sound for short periods of time before they were answered by staff. We heard a visitor calling out for assistance for their relative from a nearby room. The emergency call bell sounded and three support workers arrived promptly. They assisted the person back into the chair they had slipped out of. We observed staff who stayed in lounge areas joined in activities with people for example one member of staff was playing scrabble with three people. When staff answered call bells they spent time with people to offer support and reassurance and went back into people's rooms to check on them afterwards.

Staffing rosters showed an improvement in staffing levels from our previous inspection. A member of staff said, "It's a lot better now, we have more time to give care to people." Another member of staff said, "It's still hectic some times and we are quite rushed but not as much as we used to be." We noticed that the service had recruited to the vacancies they had at our last inspection and staff told us they were a settled staff team now. Relatives said, "We know the staff quite well now and they seem to be staying," and, "It's better now they have a manager who has stayed. They don't use hardly any agency staff now."

There were robust recruitment processes in place to ensure staff were skilled, knowledgeable and had suitable experience to meet the needs of people. Appropriate checks were carried out on staff, which included references from previous employers and criminal records and Disclosure and Barring Service (DBS) checks. The DBS check help employers make safer recruitment decisions and prevents unsuitable people from working in care settings. Within staff records we saw evidence of qualifications and courses people had attended as proof of

Good

Is the service safe?

qualifications. Where Nurses had been employed we saw where the provider had checked on their registration status and fitness to practice through checking with Nurses and Midwifery Council (NMC).

People received their medicines safely. Two nurses undertook the medicines administration rounds. They were unhurried and spoke with people about the medicines they were giving. They asked for people's consent before giving them their medicines. We looked at six people's medicine administration records (MAR) and found one mistake where one medicine had been miscounted. The nurse immediately reported this to the senior nurse and this was corrected following a check of records and a count of the medicine. This was an over count of one medicine and no tablets were missing.

Each person who needed 'as required' (prn) medicines had a clear protocol in their care plan of guidelines for when this medicine should be given. These included medicines for pain and mental health problems. The guidelines for one person stated, 'one tablet to be given when [name] is extremely agitated.' There were clear descriptions of how the person showed they were anxious and upset. This made it clear for staff to administer the medicines at an appropriate time.

Medicines were stored safely in a secure location and keys for medicine cabinets were also secure. Medicines that were required to be stored at a cold temperature were kept in a fridge and temperatures were regularly recorded. There were appropriate systems in place for the ordering and return of medicines. Nurses were assessed on their competency to administer medicines and undertook regular update training on medicine administration.

There were regular reviews of accidents and incidents every month. This looked at the incident and the support the person had received. The registered manager looked at what lessons needed to be learnt and what they could do to prevent a similar accident or incident happening again. For example one person was found on the floor of their room following an unobserved fall. They were seen by the falls team and a pressure sensitive mat was placed in the person's room to alert staff if the person was moving in their room.

There were appropriate plans in case of an emergency situation. Personal evacuation and escape plans had been completed detailing the specific support each person required to evacuate the building in the event of an emergency. Staff had been trained in the use of emergency evacuation and firefighting equipment. Fire drills had been carried out regularly and all necessary checks had been completed.

Good

Is the service effective?

Our findings

People told us about their care. They said, “most of the carers know what to do, but those who don’t I tell them what I want,” and, “There’s one member of staff I rate very highly, she knows what she’s doing, she really does,” and ,”The food is really good, I’ve put weight on.” Relatives said, “staff have had more training on care and it shows, they really know how to support my nan,” and, “Staff have picked up on what mum’s health needs are and appointments were made quickly.”

Staff had the appropriate skills to provide care that met people’s needs. We observed seven moving and handling procedures carried out by staff with different people. These were carried out in an unhurried and caring manner. People were calm and relaxed throughout these processes and staff informed them of what they were doing and offered re-assurance throughout. The practices observed matched guidelines in people’s care plans and moving and handling risk assessments.

New staff received an induction to the home and attended a college as part of their care certificate training. Staff attended a wide range of training events arranged by the provider. Most staff had completed training in fire safety, food hygiene, moving and handling, first aid, health and safety. Safeguarding, infection control and dementia care. Some staff had attended other training events specific to people’s needs and their roles such as; dignity, pressure ulcer prevention, end of life care, Mental Capacity Act and challenging behaviour training. Staff said, “I have been on some training, although I have still got to do safeguarding and Mental Capacity Act,” and “There’s always training available and it has all helped me to understand people better and why we need to support them the way we do.” The cook said. “I have attended dementia training and recently attended a course on managing behaviours. It really helped me when I go round talking to people about the foods they like and want.”

When staff were required to carry out an aspect of care and support for people, we saw they first explained to people what they were going to do and why they needed to do it. Staff were gentle with the people and did not rush them to respond or with the task. We heard one member of staff explain what they were going to do several times in different ways to make sure the person understood what was going to happen. Staff waited for a response from people before giving care and confirmed this with “is that okay then?” Consent to care and treatment was also given by people who had signed this on their care plans. Where people did not have the capacity to give their consent to care these were signed by relatives who had the legal power of attorney around care.

Where people lacked the capacity to make certain decisions, staff were following the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person’s best interests. For example we saw one person had a history of falls and was active at night, sometimes moving furniture in their room. The person’s mental capacity assessment highlighted the person was unaware of the risk to themselves with falls and moving about the room. A meeting was held involving professionals, staff from the home and an advocate to agree the use of bedrails to keep the person safe.

Six people were given their medicines covertly, in that it was hidden in food or drinks without the person’s knowledge. Their care plans all contained a letter with guidance on why this was necessary and how it should be done. These letters were signed by the GP and Pharmacist in line with medical guidelines for the use of covert medicine administration. All the people had mental capacity assessments which showed they could not make decisions about taking prescribed medicines.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. They had applied for DoLS for three people and were considering whether applications for other people may be appropriate. Staff were aware of the support these people needed to keep them safe and protect their rights.

The registered manager kept up to date with good practice and attended training to improve their practice. This included training in research so they could improve the care they provided for people living with dementia. This training was evident from signage on people’s doors and where a patio area was being developed on the second floor, colours of the walls, flooring and ceiling had been

Good

Is the service effective?

made as obvious changes. There were also memory joggers for people with paintings, pictures and stickers on walls in different parts of the building to help orientate people to where they were.

Most people liked the food at The Hawthorns, They said, "The food is good, I've put weight on," and, "the food is amazing we have a great cook, there's always something I like on the menu." One person did say, "I don't like the food, but to be fair, I've always been fussy and only like my own cooking." They said there were a lot of foods they could not eat and were always offered alternatives to the menu to suit their health needs.

Where necessary people received foods suitable for a health concern such as dysphagia. This was a soft diet which a relative told us their relative did not like as it was too bland. The cook told us they sometimes added more flavour to some people's soft diet. They said they would sit down with the person and their family to look at how they can make the person's food more palatable.

Where people had lost weight, their food and fluid intake was monitored by staff. They also received food supplements under the instruction of the GP and a dietician. People were weighed regularly and were referred to specialists if they were not eating or drinking sufficient amounts.

It was a warm day when we visited and people were encouraged to drink fluids. There were always jugs of juice or water in communal lounges and in people's rooms. We saw staff encouraging people to drink throughout the day.

Staff supported people who found it difficult to eat independently. They gave people their full attention and encouraged people in a calm and unhurried way to do as much as they could independently when eating their meal. Staff talked to people while they supported them and it was a relaxed experience for them. People were asked where they wanted to go after they had completed their meal and were supported to leave the dining room when they were ready to do so. All people had moved from the dining room within five minutes of them requesting to do so.

People had access to health professionals who visited the home when needed. We saw one person asked to see the GP in the morning and they were on the GP's list of people to see when they arrived that afternoon. A relative told us, "Mum has only been here two weeks but she has seen the GP twice now and is going to the dentist tomorrow. She has also got an appointment next week to have her hearing tested and hearing aid checked." One of the appointments with the GP was attended by the relative and they discussed capacity, resuscitation and end of life plan. The relative was pleased to have been involved with their mother in the decisions made in these areas.

Requires improvement

Is the service caring?

Our findings

People's privacy and dignity was not always respected. We saw one person's bedroom door was open and they were being assisted by a member of staff to use their toilet. The toilet door was partially open. The conversation between the member of staff and person was specific to the task which included personal details. When we spoke with the member of staff about this, they said the person had been sleeping in an armchair in their room and had recently begun to sleep in their bed. The person required to be moved from their bed to their bathroom in a wheelchair. The member of staff said that due to moving the bed and armchair to manoeuvre the wheelchair, they had forgotten to close the doors.

We noticed in some people's rooms there were large packets of incontinence pads. They were easy to see from the door and in one person's room there were eight packets. In two rooms we saw there were single incontinence pads visible on bedside tables. Some people may not have wished other people and visitors to know that they required these products. We also overheard two staff members talking about a person whilst they were stood in a hallway. Whilst they were not mentioning the person's name they were talking about a specific personal detail.

People said, "I am well cared for by staff and they treat me kindly and politely," and "[staff name] is such a sweetheart, she's ever so good and helpful," and "staff are very friendly and always chat with me when they are helping me." Relatives said, "we have got to know all the staff and it's good that they are the same ones every time we come here," and, "staff know mum so well, she is so relaxed with staff."

One person said, "I'm not used to men caring for us. There are very few but they are here. Two are very good indeed, but two I didn't like at all, they told me what was happening rather than ask me what I wanted to do. I complained to the manager about them and they don't support me anymore. We noticed a note in the person's care records stating who the person wanted to support them. There were notes in other people's care records which identified the gender of carer they wished to support them. People were asked if they wanted support from a male or female member of staff. Relatives told us they had been involved in discussions with the registered manager concerning this choice.

Staff told us, "the most important people here are the residents, it's their home we are here to help them," and, "I try to think of how I would want to be treated or a member of my family, when I carry out care with people." We observed staff walking with people and gently encouraging them whilst walking at the pace of the person. One person was deaf in one ear and we saw staff moving to their hearing side before asking them a question. We also saw staff sitting beside people when talking with them or kneeling beside them. Staff knew how to communicate with people and spent time laughing and joking with people who responded positively.

People told us they were able to make decisions about their daily lives. One person told us they went to bed and got up when they wanted to. They said, "sometimes I'd like to stay up later in the evening but most people have gone to their rooms by 8.00pm. I go to bed as I don't like being in that room on my own." A relative told us their mother was used to a later bed time, which she told care staff about. Staff told us the person was in the lounge at 10.00pm and often chatting with night staff before going to bed.

People chose where they spent their time and had choices of sitting in main lounges or smaller themed sitting rooms. One of these was decorated as the British room with pictures and flags and another was a tea room with furnishings and decoration to suit. People could use these rooms for a quiet area or to meet with family or visitors. One relative said, "Mum finds it difficult in the larger room as the noise confuses her. She loves sitting in the British room and staff bring her here to eat now as she won't eat in the main dining room."

When staff did respect people's privacy and dignity, they knocked on people's room doors and waited for an answer before entering. People were addressed by their preferred name. Staff engaged in a warm and friendly way with people living in the home. A member of staff was a dignity champion for the home. A dignity champion is a member of staff who represents people using the service to make sure their views and opinions are listened to. They talked with staff about ways to support people's dignity within the home. There was a plan for the dignity champion to talk more about their role at the next staff meeting.

Good

Is the service responsive?

Our findings

At our last inspection on 17 and 24 July 2014, we identified a breach of regulations. Care planning was not always personalised. We set compliance actions and the provider sent us an action plan telling us they would meet the requirements of the regulations by 28 January 2015.

During this inspection we found that care plans were personalised and the information reflected people's needs. We saw evidence of regular reviews occurring and information from these reviews led to changes being made in people's care plans. For example we saw one person's pain management care plan had been reviewed in June 2015 as a result of concerns that the person was not asking for much pain relief. The person's physical conditions suggested they would require regular pain relief. The care plan was updated with information for staff on known signs the person was in pain and when to ask the person if they required pain relief. They had arranged for the GP to review pain relief medicine as well. This led to the person accepting a more suitable level of pain relief and an improvement to their well-being.

People and relatives told us they were involved in writing and reviewing their care plans. One person said, "I sit down with [staff member's name] every month and we talk about the care I get. When I wasn't well we had to change some parts as I wasn't eating much and felt tired. When I got better we changed the plans again." A relative said. "The staff are very good at telling us about changes in mum's health and talk through changes they are making. They also ask us about things that have happened in mum's past so they are aware of them. We feel involved in mum's care and can also talk to the manager if we want to change something."

People's needs were assessed by the registered manager and head of care before they came to live at the home. One relative said, "Before mum moved here we met with the managers here and they asked us all about mum's needs. They also asked us a lot of questions about mum's health conditions. We were pleased that they asked us and mum about her life history and her personal likes and dislikes. That showed us they wanted to know mum as an individual not just as another resident."

One person told us about how their personal choices were respected. They said, "I always have a bath once a week. But I do like to feel fresh and the staff help me to have a strip wash every day. Another person said, "I only have to ask for a shower and the staff help whenever I want this. A relative said, "Mum is very demanding about her cleanliness and how she looks and the staff cope well with this. They give her a bath every day and help her with some make up and nail varnish"

There were a wide range of activities available for people and the provider employed three staff as activity co-ordinators. They arranged group activities and a number of individual activities based on known interests and hobbies of people. People said, "There is always something to do and we often get the chance to go out." We saw photos of outings people had been and events held in the monthly newsletter and on the wall in one of the hallways. One person said, "I enjoy things like the spelling bees, question time and singing the young ladies put on for us. Another person said, "I go out on all the trips but the best activity is the singing."

There was a complaints procedure which gave timescales that complaints would be responded to and details of who people could complain to. Each complaint was investigated and key issues were identified. A record was made of actions taken by the provider and a record of when responses were made. People received a written response and these were within the provider's timeframe. The registered manager demonstrated how they had resolved a recent complaint we were aware of. This had been responded to within the provider's timeframe and the resolution was to the satisfaction of the person making the complaint. As a result of this complaint new measures were introduced on ensuring staff were made aware of messages from relatives of contact details if they were on holiday.

People told us they could talk to the manager if they wanted to. The registered manager ran a weekly surgery where people and relatives knew they would be available to talk to. There were also residents and relative's meetings where people could raise concerns or ideas for improving the service.

Good

Is the service well-led?

Our findings

People told us, “It has changed since the new manager came in. We all know who the manager is and she often stops to speak to me,” and, “Since the new manager started things have really improved. We know who all the staff are and staff know what they should be doing.” Relatives said, “The manager is good, she knows what she is doing and has made time to get to know us,” and “There are more staff now and they seem to be staying longer. Communication has certainly improved and you know if you tell staff something the manager responds to us. Yes things are much better now they have a permanent manager who has stayed here.”

Staff told us they had noticed improvements to the service since the new manager arrived. They said, “We are now having regular supervisions and receive feedback on how we are doing and can talk about care plans and practices,” and, “I know I can go to the manager with a problem and know that it will be sorted. Before I just didn’t know which member of the management team to ask as they were all temporary.” Another member of staff said, “Things are different, we get information and thanks for doing things. This makes a big difference and you do not feel blamed for when things go wrong. It is a much better place to work now.” Staff member’s records showed supervisions were occurring regularly. The registered manager had system in place to monitor support and training for staff to ensure staff received these regularly.

The registered manager understood their role and knew what their responsibilities were. They told us they received good support from senior managers within the organisation. During the inspection we saw another manager from the provider organisation carrying out a quality audit of the home. A training manager from the provider organisation was meeting with individual staff members to discuss their progress with their care certificate training.

The home consisted of three distinct care areas based on the the three storeys of the home. Each area had been organised to reflect the needs of people who lived on each floor of the home. Where people required health care support there were nurses assigned to work on that floor.

Each floor had a lead nurse and senior support worker who staff reported to. There were regular meetings with the home’s senior management team to review what was happening in the home and discuss any areas for improving the service.

Monthly checks and audits were carried out by the registered manager, head of care and maintenance manager to make sure the service was safe. These included checks on care plans, medicines’ management, infection control, pressure ulcers, nutrition, weights, accidents and incidents, the safety and suitability of the premises, staff training and development and all risk assessments. These checks identified where actions needed to be taken and were followed up to ensure that actions had been completed.

There was an open and transparent culture within the service where people, relatives and staff could make their opinions known. People could do this through talking with staff, residents meetings, completing a questionnaire or using the comments box. For example one person had requested more activities and staff to run them. The registered manager told us they had recently recruited another activity co-ordinator. People were listened to and comments made were acted upon to improve the service.

Staff were clear about the ethos of the service and told us people were at the centre of everything they did. One member of staff said, “We always ask people’s permission, that is most important and we never forget these are people’s real lives and we should ask them if they consent to what we need to do, that is only right.” Another member of staff said, “We really want to get people involved in telling us what they want. It is great that we are now going out every week and people are beginning to tell us where they would like to go. After all I wouldn’t’ want to sit down in the same room every day so why should we expect them to put up with it.”

There were a range of policies and procedures for staff to follow. Staff told us they knew where to find these policies and that they gave them guidance they needed for each area. One member of staff said, “I know about the whistle blowing policy and have more confidence that if I needed to report something I would be listened to and protected.”