

Helen McArdle Care St Peter's Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected St Peter's Court on 8 April 2015. This was unannounced which meant that the staff and registered provider did not know that we would be visiting.

St Peters Court provides care and accommodation to a maximum number of 67 people. Accommodation is provided over two floors. The ground floor of the service provides care and accommodation for those people who require personal care. On the first floor of the home care and accommodation is provided to those people living with a dementia. There is also a rehabilitation unit. The aim of the rehabilitation unit is to help people to regain their independence which may have been lost because of

their disability, illness or an accident. Communal lounges and dining / bistro facilities were available within each unit. There is an enclosed garden/ patio area for people to use.

The home had a manager who started working at the service in March 2015. The manager was in the process of completing their application to apply to be registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

There were systems and processes in place to protect people from the risk of harm. People were protected by the service's approach to safeguarding and whistle blowing (telling someone). People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. People told us that staff treated them well. Staff were aware of the different types of abuse and action to take if abuse was suspected. Checks of the building and maintenance systems were undertaken to ensure health and safety.

Assessments were undertaken to identify people's care and support needs. Care records reviewed contained information about the care and support needed, this included the person's likes, dislikes and personal choices. We found that risk assessments were detailed and contained person specific actions to reduce or prevent the highlighted risk.

Staff told us that they felt well supported and that they had received supervision on a regular basis. We saw records to confirm that this was the case. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw that staff appraisals had been planned for 2015.

Staff had undertaken training in fire safety, first aid, health and safety, infection control, safeguarding and dementia. Any shortfalls in training had been identified and training had been planned.

People, relatives and staff that we spoke with during the inspection told us that there were enough staff on duty to ensure that people's needs were met. During the day there were 11 staff on duty shared between three units. During the night there were seven staff on duty shared across the units. We were told that staffing levels were flexible depending on need.

Staff had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff had an understanding of the principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions.

At the time of the inspection, there was some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff had a good understanding of DoLS.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. People who used the service told us that staff were very caring, showed compassion and were patient.

People told us they were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met.

People were supported to maintain good health and had access to healthcare professionals and services. People told us that they were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments.

People's independence was encouraged and they were encouraged to take part in activities. People told us that they were happy with the activities provided by staff at the service.

The provider had a system in place for responding to people's concerns and complaints. People told us they knew how to complain and felt confident that staff would respond and take action to support them.

There were systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken. This helped to ensure that the service was run in the best interests of people who used the service.

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.

Staff were knowledgeable in recognising signs of potential abuse and were aware of action to take if abuse was suspected.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Procedures were in place for the safe management of people's medicines. We found that medicines were managed safely.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. People were supported to maintain good health and had access to healthcare professionals and services.

Good



Is the service caring?

The service was caring.

People told us that they were happy with the care and service provided. We saw that the staff were caring and discreetly supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. The staff were knowledgeable about people's support needs.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed and their care needs planned in a person centred way.

People who used the service had access to the local community, and could take part in activities or outings.

People and relatives had opportunities to raise concerns or complaints and felt able to do so if needed. People who used the service, relatives and staff told us that they were listened to.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The home had a manager who started working at the service in March 2015. The manager needed to complete their application to apply to be the registered manager. The service had a supportive management structure.

There were systems in place to monitor and improve the quality of the service provided.

Staff told us that the home had an open, inclusive and positive culture.

St Peter's Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We inspected St Peter's Court on 8 April 2015. The inspection was unannounced which meant that the staff and provider did not know that we would be visiting. The inspection team consisted of two adult social care inspectors and a pharmacist inspector.

Before the inspection we reviewed all the information we held about the service. The provider completed a provider information return (PIR) which we received prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 16 people who used the service and three relatives. We also spoke with the newly appointed manager, a registered manager from another service in the organisation, the operations manager, the head of elderly care, the head of catering, the senior lead, a newly appointed physiotherapist, the office administrator, a senior care assistant and two care assistants. We also spoke with the managing director who came to introduce himself to us on the day of the inspection visit. We also spoke with the pathway to independence lead for Redcar & Cleveland Borough Council. Before the inspection we contacted representatives from Redcar and Cleveland Borough Council to seek their views on the service provided.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time. We looked at five people's care records, staff member's recruitment records, the training chart and training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. One person said, “They are helping me to keep safe. They are reminding me to pick up my feet when I walk.” Another person said, “They always make sure that I have my zimmer frame so that I don’t fall.” Another person we spoke with told us how they felt safe. They told us how they had been evacuated as part of a recent fire practice conducted by staff at the service.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow (telling someone) if they saw something they were concerned about. Staff told us that abuse was discussed on a regular basis. The service had safeguarding policies and procedures in place for recognising and dealing with abuse.

Staff at the service had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the service or by another agency. Incidents had been investigated and appropriate action taken.

The operations manager told us that regular health and safety checks were undertaken by staff. This included testing of water temperatures, checking call alarms were working and checking that fire equipment was in good working order. We saw records of these checks. We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the fire extinguishers, fire alarm, hoists and specialist baths. The gas boiler was in the process of being serviced at the time of our inspection visit. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises

The five care plans we looked at incorporated a series of risk assessments. They included areas such as the risks around moving and handling, falls, skin integrity, falls, nutrition and hydration. We saw that one person had a risk assessment in place for choking. This detailed measures to prevent choking and what staff should do if the person was to choke. We were told how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction. The risk assessments and care plans we looked at had been reviewed and updated regularly.

The office administrator told us that they had an effective recruitment and selection process to make sure the service employed staff who were fit, suitable and had the appropriate skills and knowledge to work with vulnerable people. Staff we spoke with during the inspection confirmed this to be the case. During the inspection we looked at the records of six staff to check that the service’s recruitment procedure was effective and safe. Evidence was available to confirm that appropriate Disclosure and Barring Service checks (DBS) had been carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people from working with children and vulnerable adults. References had been obtained and, where possible, one of which was from the last employer.

People, relatives and staff that we spoke with during the inspection told us that there was enough staff on duty to ensure that people’s needs were met. One person said, “Whenever I ask for help someone is always there.” We looked at duty rotas from 23 March 2015 until 19 April 2015. We saw that on most occasions there were 11 staff on duty or planned to be on duty during the day. On night duty there were generally seven staff on duty. Staff were allocated to each of the units. On the ground floor residential unit there were generally six staff on duty during the day and on night duty there were three staff. On the unit for those people living with a dementia there were three staff on duty during the day and night. On the

Is the service safe?

rehabilitation unit there were two care staff on duty during the day and one on a night. In addition to this physiotherapists and occupational therapists also worked on the unit.

Each person had a Personal Emergency Evacuation Plans (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations and that there was a clear evacuation plan for staff to follow in the event of a fire.

People told us they received all their prescribed medicines on time and when they needed it. We observed medicines being administered to people safely.

Medicines kept at the home was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medicines. This included daily checks carried out on the temperature of the rooms and refrigerators which stored medicines. These checks were undertaken to make

sure that medicines were stored within the recommended temperature ranges. Staff knew the required procedures for managing drugs liable to misuse called controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered. There were a large number of handwritten medication records and these were clearly written and checked by another person to make sure they were accurate. We looked at the guidance information kept about medicines to be administered 'when required'. Arrangements for recording this information was in place for most people, however, we found this was not kept up to date and information was missing for some medicines. We recommend that the service consider the current guidance on managing medicines that need to be administered 'when required' and take action to update their practice accordingly.

The service had a system in place to monitor accidents and incidents. This included a regular review of accidents and incidents at the service. This system helped to ensure that any trends in accidents and incidents could be highlighted and action taken to reduce any identified risks.

Is the service effective?

Our findings

We spoke with people about the service, they told us that they liked the staff and were provided with quality care and support. One person said, "My daughter is a nurse and she said that this is the best of the bunch and I think she is right." Another person said, "If I had to move here permanently I would be very content." A relative we spoke with said, "The general care is good and the girls are always friendly."

We were shown a chart which detailed training that staff had undertaken. The training chart showed that staff had undertaken training in fire safety, first aid, health and safety, infection control, safeguarding and dementia. Any shortfalls in training had been identified and training had been planned. Staff told us the training provided had given them the skills and knowledge to do their job well. One person said, "We get lots of training. On Friday I am having my medicines refresher training and CPR. On Tuesday it's end of life with the Macmillan team at Middlesbrough." Another staff member told us that they thought the organisation was proactive in encouraging staff to do all of the required training.

Staff we spoke with during the inspection told us they felt well supported. We looked at staff files and saw that staff received supervision on a regular basis. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. The manager told us that they were in the process of planning appraisals for 2015. We saw that induction processes were available to support newly recruited staff. We looked at the induction records of six staff and saw that all staff had completed the induction. Staff that we spoke with confirmed that they had undertaken induction and shadowed other staff and had the support of other senior staff when they started work.

Staff that we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. Staff that we spoke with demonstrated a good understanding of the Act. Senior staff had a good understanding of the principles and their responsibilities in accordance with the MCA. We saw that appropriate documentation was in place for those people who lacked capacity to make best interest decisions in

relation to their care. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person's care plan.

At the time of the inspection, there were some people who used the service who were subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff had a good understanding of DoLS.

We looked at the service's three week menu plan. The menus provided a varied selection of meals with an alternative available at each meal time. We spoke with the head of catering who told us that the menus had been looked at to ensure that they were nutritionally balanced. Alternatives were available at each meal time. Staff we spoke with were able to tell us about particular individuals, how they catered for them, and how they fortified food for people who needed extra nourishment. Fortified food is when meals and snacks are made more nourishing and have more calories by adding ingredients such as butter, double cream, cheese and sugar. This meant that people were supported to maintain their nutrition.

We observed the lunch time of people on the residential unit. Lunchtime was relaxed and people told us they enjoyed the food that was provided. People who used the service were independent with eating and needed minimal assistance. We saw that people were offered both a hot and cold drink. When people had finished their food they were offered more. We asked people what they thought of the meals that were provided. One person said, "The food is well cooked and nicely served. I only like a small portion." Another person said, "The soup at lunchtime yesterday was lovely." Another person said, "Most of the meals are nice, but the other day we had chicken in a sauce and I thought it could have done with a bit more cooking."

We saw that people were offered a plentiful supply of hot and cold drinks throughout the day. This meant people were supported to maintain their hydration.

The head of catering told us that they were continually looking to see what could be done better. They told us how they had spent time researching alternatives for those people who had difficulty chewing and as such would need a pureed diet. They told us how they had introduced a

Is the service effective?

revolutionary idea from Germany. Pureed meals were mixed with a gelling agent which helped to add moisture and improved the texture. This was then placed in moulds so that food looked more appetising. The head of catering asked kitchen staff to prepare such food for us. Meals were presented in a way which made them look more like the traditional food they started as. For example chicken was shaped as a chicken leg and broccoli was shaped as a broccoli stalk. This meant that those people who required food of an altered consistency (pureed) had meals that looked like those meals provided to others.

The head of catering told us about another product they were using for those people receiving end of life care. This product turned fluids into foam. Ordinarily when people were receiving end of life care their mouth would be kept fresh with a moist sponge. The new product they were trying meant that people could have foam put into their mouth and it would melt away without leaving any liquid. The foam was flavoured which meant that people would be left with a nice taste in their mouth. Records looked at during the inspection showed that the provider had arranged tasting sessions for families and health care professionals in another service within the organisation and found feedback to be positive.

Staff informed us that all people who used the service had undergone nutritional screening to identify if they were malnourished, at risk of malnutrition or obesity. We saw records to confirm that this was the case.

We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. The service had recently developed a rehabilitation unit. The rehabilitation unit provided short term care (up to six weeks) for those people who needed help to people regain their independence which they may have lost because of their disability, illness or an accident. Physiotherapists and occupational therapists were based on this unit and provided guidance and support to people on a day to day basis. During the inspection we spoke with the pathway to independence lead who was employed by Redcar & Cleveland Borough Council. They told us how they monitored the running of the unit and worked with physiotherapists and occupational therapists. They told us that they regularly met with the management team at St Peters Court. They told us that the team was fully staffed and said, "The flow is definitely starting to work."

Is the service caring?

Our findings

People who used the service told us that they were happy with the care and service provided. One person said, "The staff are marvellous. They haven't just gone the extra mile they have gone the extra two miles." A relative we spoke with said, "They are caring even though some of the service users can be difficult. They do an excellent job."

During the inspection we sat in communal areas so that we could see both staff and people who used the service. We saw that staff were kind, caring and considerate. We saw that staff were patient when assisting people and also promoted their independence. For example one person was being supported with their mobility and needed staff to walk beside them to ensure their safety. We saw that staff were patient and reassuring when providing this support. We saw that the staff member provided gentle encouragement and worked at a pace that was acceptable for the person.

We saw that staff interacted well with people and were respectful. Staff were patient when speaking with people and took time to make sure that people understood what was being said. We saw that staff were affectionate with people and provided them with the support they needed. We saw that staff explained what they were doing and were encouraging and chatty. Staff made sure that people were safe and comfortable.

Staff treated people with dignity and respect. Staff were attentive to people who used the service. We saw that staff provided reassurance to people when they needed it. This showed that staff were caring. Staff told us how they respected people's privacy. They told us how they always knocked on people's doors before entering and ensuring that they called people by their preferred name. They told us how they respected people as individuals and decisions that they made. We saw that staff were discreet when talking to people about their personal care. This meant that the staff team was committed to delivering a service that had compassion and respect for people. One person

who used the service said, "The staff here are very good with dignity but you do get used to needing help when you have been in hospital. When I had a shower yesterday they covered me up in towels whilst I was waiting." During the inspection we spoke with one person who had suffered a recent bereavement. They told us how staff were helping them to cope. They said, "It's the little touches that show they care. The stroke of an arm or a reassuring kiss they have all been amazing. They have been considerate, caring and compassionate."

Another person told us about the care and support that they had received from staff. They said, "I got upset last night and I think that they could sense it. They came and sat with me and afterwards I felt a whole lot better."

Staff that we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time.

We saw that people were encouraged and supported with decision making throughout the day. People made decisions about food, clothes, activities and how they wanted to spend their day.

People told us that visits from family were encouraged and welcomed at any time.

Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted, had a key. There was a lockable drawer in bedrooms for people to store any personal items.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed.

Is the service responsive?

Our findings

The service employed an activity co-ordinator to plan and arrange activities, entertainment and outings for people who used the service. People told us that there was a plentiful supply of activities. One person said, "I sat out in the garden yesterday and had the most wonderful day. I sat with a tambourine and we all (staff and people who used the service) sang songs."

Staff told us about the activities such as arts and crafts, quizzes and gentle exercises that took place on a daily basis. One person who used the service said, "I really enjoy the quiz it helps me to keep my mind active." The same person told us that they had enjoyed the Easter celebrations that had been arranged. They said, "We have had the most beautiful Easter weekend out in the garden." Some people had recently been on outings to Saltburn, the museum in Redcar, to a garden centre, the pub and for walks along the sea front. People told us that they enjoyed the entertainers that came into the home on a monthly basis.

On the day of the inspection the sun was shining and many people who used the service spent time in the garden area. However, we did note that staff did not bring any person from the dementia unit outside into the garden area. We pointed this out to staff during our inspection feedback. We were told that this was unusual and that people from all units spent time in the garden area when the weather was nice.

We looked at the arrangements in place to ensure that people received person-centred care that had been appropriately assessed, planned and reviewed. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During the inspection we reviewed the care records of five people. Each person had an assessment, which highlighted their needs. Following assessment care plans had been developed. Care records

reviewed contained information about the person's likes, dislikes and personal choices. Care records detailed what the person could do for themselves and the assistance needed from staff. For example the care plan of one person for hygiene highlighted that the person could wash their own hands, face and torso and brush their own hair; however they required assistance from staff to attend to the rest of their personal hygiene. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We saw that care plans had been reviewed and updated on a regular basis.

The senior lead told us that care records for people who used the rehabilitation unit were more about goal planning than care planning. For example, One person who used the service had suffered a fall and as such had decreased mobility. Goals had been set for this person to be mobile and to be able to climb the stairs so that they were fit for discharge and could live independently. Records we looked at reflected this. We spoke with people who used the rehabilitation unit who said, "Before I go home I want to be able to walk as far as it would be to my local shops."

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. A relative we spoke with said, "You can't be afraid to speak out in a place like this. I did voice something and it was dealt with."

Discussion with the operations manager confirmed that any concerns or complaints were taken seriously. We looked at the record of complaints and saw that there had been four complaints made in the last 12 months. Records indicated that complaints had been dealt with promptly and appropriately.

Is the service well-led?

Our findings

The registered manager of the service had left in January 2015. The new manager started working at the service in March 2015. In the interim period a registered manager from another service in the organisation had worked at St Peter's Court. This meant that the provider has ensured that appropriate management cover was in place. The new manager told us that they were in the process of completing their application to apply to be registered manager. The manager told us about their values which were clearly communicated to staff. The manager told us about valuing each individual person who used the service and how they always come first. They also told us about the importance of having a happy, conducive working environment, working as a team and good communication.

People who used the service and staff told us that they had felt well supported during the changes of managers. Staff spoke positively of the new manager. One staff member said, "He listens to me and asks for my opinion." A person who used the service said, "The new manager is very pleasant. Even though he has only been here a short time I have spoken to him more than the previous one." Another person said, "He has introduced himself to everyone. He seems to be very approachable."

People who used the service, relatives and staff told us that they thought the home was well led. A staff member we spoke with said, "This is a very good home with staff who have very high standards." A relative we spoke with said, "In my opinion I do find it is well run and if anything is amiss they do sort it out, but it's not very often we need to say anything."

Staff we spoke with during the inspection told us that morale was good and told us about the importance of team work. One staff member said, "I have no complaints. I'm optimistic and enthusiastic when coming to work."

The staff we spoke with said they felt the manager was supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

The management team demonstrated an understanding of the principles of quality assurance. They recognised best practice and developed the service to improve outcomes for people.

The operations manager told us of various checks that were carried out on the environment, infection control, care records, medicines, care and health and safety. We saw records to confirm that this was the case.

The operations manager was able to describe the system they had in place to monitor accidents and incidents. This included a regular review of accidents and incidents at the service. This system helped to ensure that any trends in accidents and incidents could be highlighted and action taken to reduce any identified risks.

Records showed that the operations manager carried out a monthly visit to the service to talk to staff and people who used the service and check the quality of service provided. We saw that unannounced visits to the service took place during the night to check on staff, care and service provided.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that the last meeting had taken place in March 2015 when the new manager had taken up post. A staff member we spoke with told us that meetings provided staff with an opportunity to share their views.

Meetings for people who used the service had taken place on a regular basis. We saw that a meeting had taken place in March 2015. This meeting was for the new manager to introduce themselves people who used the service and relatives.

We asked the operations manager about the arrangements for obtaining feedback from people who used the service and their relatives. They told us that a satisfaction survey was used to gather feedback. We saw that a satisfaction survey had been undertaken in May 2014 and that the response rate was 85% of people. The results of the service showed that the vast majority of people were very happy with the care and service received.