Nottingham City Council

Cherry Trees Resource Centre

Inspection report

Chippenham Road
Bestwood Park Estate
Nottingham
Nottinghamshire
NG5 5TA

Tel: 01159159193
Website: www.nottinghamcity.gov.uk

Date of inspection visit:
06 December 2016

Date of publication:
16 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 6 December 2016. The inspection was unannounced. Cherry Trees Resource Centre is a purpose built residential care home in Nottingham. The service provides care and accommodation for up to 45 people, some of whom live with a dementia related condition. The service is split into four different units with each unit having lounges and dining areas. On the day of our inspection 43 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People felt safe and were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support when they needed it and received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People lived in a service where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the service was run and there were systems in place to monitor and improve the quality of the service provided.

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.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents.

Risks in relation to people's care and support were assessed and plans put in place to minimise the risks.

People received their medicines as prescribed and there were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision.

People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in a service where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting.

Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests.

People were supported to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run.

The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Cherry Trees Resource 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.

We inspected the service on 6 December 2016. The inspection was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the service and commissioners who fund the care for some people who use the service.

During the visit we spoke with 14 people who used the service and the relatives of five people. We also spoke with a health and social care professional who was visiting the service, four members of support staff, a team leader, the cook, the unit manager and the registered manager. We looked at the care records of four people who used the service, medicines records of fifteen people, staff training records, as well as a range of records relating to the running of the service including audits carried out by the registered manager and registered provider.

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

People were protected from avoidable harm and felt safe in the service. All of the people we spoke with told us they felt safe and did not have concerns. One person told us, "They are marvellous. I didn't want to come here at first but now I don't want to leave. I am very safe here." Another told us, "My family are happy because they say I'm safe here and that's true." A third person told us, "I feel safe with them (staff). They are marvellous." Relatives also felt their loved ones were kept safe with one relative telling us, "We are able to sleep at night now which we couldn't when [relation] was at home. We know that if anything happens they will get in touch straight away but they are so careful."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had received training in protecting people from the risk of abuse and staff we spoke with had a good knowledge of how to recognise the signs that a person may be at risk of harm and to escalate concerns to the registered manager or to external organisations such as the local authority. Staff were confident that any concerns they raised with the registered manager would be dealt with straight away.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, two people were at risk of falls from bed and there were risk assessments in place detailing how staff could minimise the risk of them sustaining falls. Both people's care plans stated that whilst they were in their bed it should be in the lowest position and there should be a mat in place and a sensor alarm in their bedroom to alert staff if they fell out of bed. On the day we visited we saw staff had followed this guidance in practice. This meant the risk of these two people injuring themselves if they fell from bed was minimised.

People were living in a safe, well maintained environment and were protected from risks associated with the environment. There were systems in place to assess the safety of the service such as fire risk and the risks related to equipment in the service. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. The provider had a dedicated recruitment team who ensured that before staff were employed checks were made to determine if staff were of good character, including obtaining criminal records check, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions. Staff we spoke with told us they had to wait for these checks to be undertaken before they had been permitted to work in the service. One member of staff told us, "They (recruitment team) were very thorough."

People received the care and support they needed in a timely way. People we spoke with told us they received assistance from staff when they needed it. One person told us they preferred to sit in their bedroom rather than the communal areas of the service and told us, "They (staff) are always popping in and out." On the day of our visit we observed there was a sufficient number of staff available to meet the requests and needs of people. Staff were readily available to support people when they needed or requested it and staff took part in activities which happened through the day.

The staff we spoke with told us they felt there were enough staff on duty each day to meet the needs of people who used the service. The registered manager told us that there was a set number of staff on duty in each unit of the service but that if people's needs changed and they needed more support then they could request additional staff. The provider also employed a casual pool of staff who could be called in to work in the service if there were staff vacancies or absence from work. This meant there were systems in place to ensure there were adequate numbers of staff deployed in the service.

People had been assessed as not being able to administer their own medicines and so relied on staff to do this for them. People we spoke with felt their medicines were managed appropriately and said they received them when they should. One person told us, "I've got funny skin on my elbows and the staff is really good at putting the creams on for me every day. They always wear gloves before they do it." We observed staff administering medicines and saw they followed safe practice. We observed one person being offered their medication. The staff member explained what the tablets were and also went on to inform the person that the doctor had written a prescription for some new medicines which would be coming later the same day. The staff member explained what the new medicines were for and asked if the person had any questions or if they would be okay taking the new tablets when they came.

People had a plan in place for their medicines and this detailed how people preferred to take them. We found the medicines were being stored safely and medicines were being administered as prescribed. The team leaders were responsible for administration and management of medicines and they had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines. We found some gaps in records on the day we visited and we discussed this with the registered manager who addressed this and put systems in place to prevent any future issues.

Good

Is the service effective?

Our findings

People were supported by staff who were trained to support them safely. People who used the service and relatives we spoke with told us they felt staff knew what they were doing and were confident in their role. One person told us, "People (staff) know what they're doing. They are very quick to help if they think you're a bit unsteady and they are very gentle." We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support the people who used the service. We saw records which showed that staff had been given training in various aspects of care delivery such as safe food handling, moving and handling and first aid and that this training was refreshed regularly.

People were cared for by staff who were supported to have the skills and knowledge they needed when they first started working in the service. We spoke with a recently recruited member of staff and they told us, "The induction was really good. I worked on different units to get to know people and they gave me more training even though I had done the training where I used to work." The registered manager told us that new staff already had a recognised qualification in health and social care but that if any staff did not have this qualification then they would be supported to undertake this or to complete the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision from the registered manager and were given feedback on their performance and we saw records which confirmed this.

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

People were supported to make decisions on a day to day basis. One person told us, "I can get up whenever I want and go to bed whenever I want. If I want to go and have a lie down in the afternoon then I can please myself." Another person told us, "One staff member used to put out my clothes for me and say 'you'd look nice in this,' but I don't like being told what to wear so I asked them not to do it. [Staff member] apologised and doesn't do it now [staff member] asks me what I want to wear." A third person told us, "I tell them (staff) what I need."

We observed people decided how and where they spent their time and made decisions about their care and

support. We saw people who wanted to leave the unit they lived on and go and sit in other units were supported to do this and people told us they made decisions about their day. We observed staff asked people whether they needed help and explained what they were going to do prior to supporting people. For example, one person was sat down in the dining room with their breakfast and the staff member said, "Is there anything I can do to help you?"

People were supported by staff who had a very good knowledge and understanding of the MCA. Staff we spoke with were able to describe what the MCA was and how they used this to ensure people who needed support with decision making were supported in their best interests. People's support plans contained clear information about whether they had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interest's decision had been made which ensured that the principles of the MCA were followed. For example, some people had a motion sensor in their bedrooms as part of their falls protection plan and this decision was clearly documented. The assessments contained details of discussions held with people to ascertain their capacity and evidence of their significant others being consulted to establish past life style choices so these could be considered as part of the decision making process.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made applications for DoLS where appropriate. For example, two people had been assessed as requiring support from staff if they went out into the community and they were not free to leave the service alone. Applications had been made to ensure these people were not having unnecessary restrictions placed on them. The registered manager had also made further DoLS applications for other people to ensure that they were not being deprived of their liberty unlawfully.

People were supported to eat and drink enough. We spoke with people about the food and they told us they had enough to eat and that they enjoyed the food. One person told us, "The food is wonderful. I really enjoy my meals." Another said, "I love the food. I don't know how they make the pastry but it is the best I've ever had." At breakfast time we observed staff offering people choices of what to eat and it was clear staff knew what people preferred. For example, one person entered the dining room and the staff member said, "Would you like some Readybrek or Weetabix this morning?"

We observed lunch being served and staff were very visible and attentive to people's needs throughout. Staff promoted people's nutrition, giving support where needed and were careful to ask people's preferences such as whether people wanted extra gravy or not. One person was not sure about what they were eating and a member of staff said, "Try some, see how it tastes" and the person tried it and enjoyed it.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. We spoke with the cook and they had a very good knowledge of any specialist diets people needed. We observed people were given their meals in accordance with guidance in their care plan. For example, one person had their food blended due to swallowing difficulties and their care plan detailed specifics about the only way this person would eat it. We observed staff gave the person their meal as specified and the person ate it. We saw staff had noted when two people had lost weight and extra support had been put in place and nutritionists had been involved. We saw this had been effective and both

people's weight had stabilised.

People were supported with their day to day healthcare. The people we spoke with described the doctor attending the service regularly and said that if they were ill staff contacted their doctor and arranged for them to visit. One relative described an occasion when their relation had been very poorly and told us the staff had sought advice from the GP as they were so concerned and had insisted the person be taken to hospital. Another relative told us, "There is a chiropody service and doctors visit the home regularly."

A doctor and a member of the district nursing team were in the service on the day we visited. We spoke with the nurse and they told us that staff contacted them if they had any concerns and that when they made recommendations staff followed these. Staff sought advice from external professionals when people's health and support needs changed. For example, staff had involved an occupational therapist for one person when their mobility changed. We saw there was a range of external health professionals involved in people's care, such as the Speech and Language Team (SALT), the tissue viability team and the dementia outreach team. People's care plans contained information about each aspect of their health conditions and details of how these would affect the person and how staff should respond.

Good

Is the service caring?

Our findings

People we spoke with were complimentary of the service and the kindness of the staff. One person said, "I am happy. I like it here." Another person told us, "I've not been sleeping very well because I've been worrying about my family but one of the girls comes and sits with me and we have a cup of tea. It doesn't matter what time it is. She says to me, if you can't sleep then I will keep you company." One relative described an occasion when their relation had been very poorly and told us, "There were two members of staff who never left [relation]. They stayed with [relation] all the time." We saw a large number of relatives had written to the registered manager thanking them for the care of their relation whilst they were in the service.

People were supported by staff who were kind, compassionate and patient. We observed one person who lived with a dementia related illness and they were trying to communicate with a member of staff but were finding it difficult to say the words. The member of staff was exceptionally patient and took a great deal of time with the person to establish what they were trying to communicate. The staff member held the person's hand and gently said, "Tell me all about it, I am listening. Something is upsetting you isn't it?" The staff member then spoke about the person's family, who they clearly had a good knowledge about, and after a time this offered reassurance to the person. The staff member told the person, "If you are missing them we can phone them later if you like." Throughout our visit we observed a great deal of warmth between people who used the service and staff as well as friendly banter and laughter.

Staff had developed positive relationships with people who used the service and their relatives. We observed one person being supported at breakfast by a member of staff and the person looked at the staff member and said, "I love you" and the member of staff gently replied, "I love you too, you know that." We observed a relative who arrived and went into the kitchen and made a cup of tea for their relative who had chosen to stay in their bedroom. There was easy, friendly discussion between the relative and staff in the kitchen and when we spoke with the relative they told us, "I'm allowed to treat it as though [relation] is still at their own home. There's no problem with me making [relation] or myself a drink and they always ask if I want any lunch as well." People who used the service were supported to maintain relationships with their family and friends and had also developed friendships with each other. We heard many conversations between people and one person described getting on well with other. They said, "We get the papers every day. We sit round and read all the gossip and have a bit of a laugh. We look at photos of the actors we fancy." One relative had commented in a recent survey, 'Access to my [relation] by SKYPE is a real bonus.'

Staff described their enjoyment of working in the service. We asked a member of staff who had only been working in the service for a few months what they liked about it and they told us, "Staff are very caring and dedicated. Knowing I am working with people who care makes a difference." Another member of staff told us, "I would put my parents here, there is a lot of respect for clients and their families."

Staff described relatives who continued to visit the service when their relation had passed away. They told us that this was because of the relationships which had developed and said relatives came in to visit and to spend time chatting with other people who used the service. During our visit we saw there was a visiting 'tuck shop' and this was a weekly event run by volunteers who used to work in the service. They told us they

still liked to be involved and they purchased items for people who used the service and sold them without profit. It was clear some people relied on this service and people were purchasing items, some of which they had placed the order for the week before.

Staff had an exceptional knowledge of people's likes and dislikes and their past histories, relationships and achievements. We observed many examples where staff spoke with people and it was clear they knew a lot of detail about people's preferences and their life prior to moving into the service. One relative told us, "They really get to know people and talk about things my relative has always been interested in." Staff were able to tell us about individual people's previous employment, where they had lived and about their families and friends. We saw in care plans that there was a great deal of information about people's achievements and how they had lived their life.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. One person told us, "I don't go in the lounge unless there's something going on. I like my own company and (the staff) respect that." Another said, "I like to keep walking about. I was told years ago that you have to keep moving when you get old. Sometimes one of the staff will walk around the corridor with me but they let me please myself." We observed people's choices were respected on the day of our visit. We saw that some people chose to spend time in other units of the service, rather than the one where their bedroom was, and this was respected.

People had a range of areas in the service where they could chose to spend their time including a range of diner lounge areas, a café area, a relaxation (sensory) room and an activities room. We saw that people had bedrooms which were personalised to their tastes. All of the areas we saw were exceptionally clean and well presented, creating a warm, homely environment for people to live. We saw that activities and food menus were chosen by the people who used the service and records showed that people were encouraged to speak up if they had any suggestions. We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. The plans took into account all aspects of the support people wished to have. We saw a number of relatives had written to the registered manager following their loved one passing away, praising the staff for their care and support during this time. One relative had written, "Thank you for your love and support."

People had opportunities to follow their cultural and religious beliefs. Some people had visits from members of their faith and arrangements were made for some people to attend their local place of worship. Two people were supported to attend a social group to follow their culture. We spoke to the registered manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us that two people were currently using advocates and a further person was going to be supported to access one. There was information on display informing people of how they could access an advocate.

People were supported to have their privacy and were treated with dignity. People we spoke with told us they felt staff were respectful and they said they could have privacy whenever they wanted it. People told us they were treated as individuals and that staff knew them well. We saw a relative had written to the registered manager praising the care team by writing, 'I always found your staff took steps to help [relation's] dignity.'

Staff were given guidance and information on the dignity values to promote awareness of what dignity

meant. Staff told us they were given training and guidance on privacy and dignity values and there were posters displayed in the home in a format which was eye catching and fun. These were thought provoking and reminded staff what dignity was all about. We spoke with a recently recruited member of staff and they told us that during the induction they were given information about people who used the service and staff had told them this part of respecting individuality. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity and we observed during the day that people were treated as individuals and respected by the staff.

Good

Is the service responsive?

Our findings

People and their relatives were involved in planning and making choices about their care and support. All of the people we spoke with knew about their care plan and said they had been included in them, although most said they had been happy for their relatives to take on this responsibility for them. Relatives also told us that they had been involved in discussing the needs of their relations and that people's preferences had been recorded. Records showed that there were annual care reviews held and that people and their significant others were offered the opportunity to contribute towards any changes they wanted in relation to how they were supported.

Upon admission to the service people were given a 'keyworker' who was a named member of staff who held responsibility for overseeing the person's care. This resulted in people feeling they had a link person to speak with if they had any issues and was an opportunity to develop positive relationships. One person told us, "They are very cheerful and very nice. I like [key worker] very much."

People were supported by staff who were given information about their support needs. Each person had a care plan 'snapshot' in place which was designed to give staff an overview of people's support needs in a quick reference guide. The snapshots gave clear and concise detail about each person's support needs and preferences. This meant staff would not need to read through a vast amount of records to ascertain people's support needs.

The snapshot plan was backed up by care plans which were written in a person centred way, giving detail about individual needs and preferences and tailored on the individual they were written for. People had a support plan in place for each area of their physical and mental health needs and guided staff in how to support them. For example, there was guidance in the care plans of two people, who were at risk of developing a pressure ulcer, which informed staff how to support them. Records and observations showed that staff were following the guidance in practice.

People were supported to follow their interests and take part in social activities. One person told us, "It's brilliant here. We had a pantomime last week. It was 'Oliver'. Ooh I did enjoy it.' Another person described the activities available and said, "I think we're having a party at Christmas." A relative told us, "We have been really impressed with what goes on here." People described visiting entertainers and trips out to places of interest. The unit manager's dog was a regular visitor to the service and it was clear that people were extremely fond of her and we saw people visibly brighten up when she came into different rooms.

We observed people making Christmas cards on the day we visited. This happened on each unit of the service and we observed this created a vibrant atmosphere. People were chatting and singing along to the music being played and looked happy and content. In the afternoon people from the different units met together with staff in the café to have a quiz and again we saw this created a social occasion with people chatting and enjoying the quiz. Many people stayed in the café after the quiz had ended and sat chatting to each other and to staff. One person sat with their feet up in reception reading a book and talking to people who passed them. We saw a group of people playing bingo and another person who was watching said, "I

don't like bingo but I like card games and we're going to play some later today." The service had large accessible gardens and people had been involved in planting some areas of the garden. The service also kept chickens and staff told us about people helping to tend the chickens and to collect the eggs.

A new team leader had been recruited and they told us they were going to have an overview of activities and develop these to ensure they were tailored to individuals. They described the importance of establishing people's past interests and lifestyles and said this would form a part of the activity plans to "encourage people to do the things they used to do." They told us a reminiscence room was being created and that people who used the service were identifying items which would evoke memories and discussions. They told us they knew some people liked to cook and there were plans to start using the training kitchen to support people to continue this hobby.

The unit manager described a person who liked to watch television but their first language was not English and so the use of the television was limited. The unit manager told us that the service had funded a television package for the person so they could watch it in their preferred language. Records showed that people were given regular opportunities to take part in activities. There were three different organisations who visited every month to involve people in doing armchair exercises and a monthly visit from an entertainer. Some people had been to two local fairs recently and for a meal at a pub afterwards and there had been a seaside themed event with fish and chips.

People knew what to do if they had any concerns. The people and relatives we spoke with told us they would speak to the unit or registered manager if they had a problem or concern. They told us they felt they would be listened to. One relative told us, "I have absolutely no complaints but I would know who to talk to if I wasn't happy." There was a complaints procedure displayed in the service so that people would know how to raise concerns if they needed to. The complaints process was also discussed at meetings held for people who used the service and people were asked if they had any concerns.

The provider used a centralised complaints system at their head office and any complaints were entered onto the database and followed through to ensure they were dealt with in line with the organisation's complaints policy. There had been one complaint made in the last two years and we saw this had been investigated and action taken to address the complaint and reduce the risk of any more complaints of that nature. Staff were aware of how to respond to complaints and understood the importance of recording any concerns and passing them to the registered manager.

Good

Is the service well-led?

Our findings

People described feeling happy and content with the service overall. One person told us, "I'm very happy." A relative told us, "My relative gets the best care imaginable here. I can't praise them enough." We saw relatives had commented positively in a recent survey with one saying, 'I believe the team are always striving improve and maintain standards.'

There was a registered manager in post. The registered manager was also responsible for the management of other services operated by Nottingham City Council and so only worked in Cherry Trees Resource Centre on certain days. There was a team leader and other members of the management team working in the service on a daily basis with the registered manager overseeing the running of the service. People we spoke with knew who the registered manager and the rest of the management team were and commented positively on them. One relative told us, "[Unit manager] is wonderful. I can't praise them enough. [Unit manager] really does care about everyone here and does a brilliant job." We found the management team were clear about their responsibilities and they had notified us of significant events in the service.

A team leader described the importance of people feeling a part of the local community and told us about a local school who had been into the service to sing to people. They said that it had been a lovely event with cakes and mulled wine and afterwards the children had stayed and chatted with people. They told us there were plans for another school to visit nearer Christmas. Local places of worship also visited the home and gave a service to people who wished to attend.

People who used the service, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who used the service so the provider could capture their views and get their suggestions and choices. We saw the minutes of the last two meetings and noted that people had been given the opportunity to have their say. A 'carer's forum' had also been set up to enable relatives to meet with the unit and registered manager and have a say about the quality of the service. We saw that feedback forms were sent to people who used the service, their relatives and staff each year. The results of these were analysed and shared with people and a 'You said, we did' response was put in place along with an action plan. For example, one relative had made some suggestions about the evening meal and this had been discussed with the cook who implemented changes to the menu.

The registered manager recognised the value of capturing people's compliments about the service and we saw there had been a lot of compliments received. Recent comments received from relatives were, 'Thank you to all the staff for the wonderful care given to my [relation]' and 'It was very special to me to know [relation] was in such safe hands, being so well looked after by such lovely people.'

People lived in an open and inclusive service. Staff we spoke with told us they felt the service was well run and said that the registered manager and unit manager were good leaders. One newly recruited member of staff told us they felt the management team were all approachable and said, "They made me really welcome." Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Staff were also given the opportunity to have a say about the service during regular staff

meetings and the opportunity to complete a survey every year. We observed staff working well as a team. They were efficient, communicated well with each other and looked happy in their work.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager and unit manager undertook audits including the cleanliness and safety of the service, the equipment used and medicines.

A senior manager from Nottingham City Council visited the service on a regular basis to undertake themed audits in areas such as nutrition, safeguarding and dignity. If there were any areas for improvement an action plan was given to the registered manager. Managers from other Nottingham City Council services also carried out a regular audit of the service to assess the quality and to provide improvement ideas.