

Avery Homes (Nelson) Limited

Darwin Court Care Centre

Inspection report

Wissage Road
Lichfield
Staffordshire
WS13 6SP

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01 March 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 1 March 2017. Darwin Court Care Centre is registered to provide accommodation and nursing care for up to 112 people. At the time of our inspection, 105 people were using the service. People lived in six separate units across four floors, which ranged from general nursing support to specific units for people who were living with dementia.

There was a registered manager in post. 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.

We had previously inspected the home on 16 and 17 March 2016, when it was under a different provider. When the new provider took over the home, the management team and staff remained the same. This was our first inspection since the location had reregistered with us. We have referred to the previous inspection within this report.

At our last inspection, we told the provider to take action to make certain improvements. When people were not able to make certain decisions, the provider had not always acted in accordance with the guidance available. People were not always treated with dignity and respect, and records relating to the care of people were not always fit for purpose. The provider sent us an action plan stating how they would address these issues.

We had also found that improvements were needed to ensure people received consistent support from staff that knew them well to enable them to carry out their roles effectively. We also reported that improvements were needed to ensure that people received care that was individual to them and responsive to their needs, and that consistency in leadership was required across the units.

At this inspection, we found that the provider had made various improvements, but further improvements were still required. We had concerns that some people did not have their drinks monitored effectively and people gave mixed feedback about the meals. People were not always at the centre of the care they received and did not always have the opportunity to participate in stimulating activities.

People were safe receiving support from staff who understood how to protect people from harm. Risks were assessed, managed and reviewed to minimise potential harm. There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place and people's medicines were managed to ensure they were protected from the risks associated with them.

Staff understood how to support people to make decisions, and when needed decisions were made in their best interests. Staff gained people's consent before support was given and when people were restricted this was done lawfully. Staff were equipped with the knowledge and skills needed to carry out their roles. People

were supported to maintain their physical health.

Staff knew people well and supported them in a dignified manner. Their privacy was respected and important relationships were maintained. People were involved with the planning of their care. They knew how to raise complaints and the provider acted on these in a timely manner.

There was effective management and leadership across the units and people's care records reflected their needs. There was a positive culture within the service and people were actively encouraged to share their experiences and provide feedback. There were systems in place to assess, monitor and review the quality of the service. The provider used this information to drive continuous improvement.

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 safe receiving support from staff who understood how to protect people from harm. Risks were assessed, managed and reviewed to minimise potential harm. There were enough staff to meet people's needs and keep them safe. The provider had safe recruitment processes in place and people's medicines were managed to ensure they were protected from the risks associated with them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some people did not have their drinks monitored effectively and people gave mixed feedback about the meals. Staff understood how to support people to make decisions, and when needed decisions were made in their best interests. Staff gained people's consent before support was given, and when people were restricted this was done lawfully. Staff were equipped with the knowledge and skills needed to carry out their roles. People were supported to maintain their physical health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring towards the people who used the service. They knew people well and supported people in a dignified manner. People's privacy was respected and important relationships were maintained.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People were not always at the centre of the care they received and did not always have the opportunity to participate in stimulating activities. People were involved with the planning of their care. They knew how to raise complaints and the provider acted on these in a timely manner.

Is the service well-led?

The service was well led.

The management and leadership across the units was more effective. Improvements had been made to ensure people's care records reflected their needs. There was a positive culture within the service and people were actively encouraged to share their experiences and provide feedback. There were systems in place to assess, monitor and review the quality of the service. The provider used this information to drive continuous improvement.

Good 

Darwin Court 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 visit took place on 1 March 2017 and was unannounced. The inspection team consisted of three inspectors and two experts 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.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also had feedback from the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We spoke with 23 people who used the service and 11 relatives and visitors. We also spoke with 13 members of care staff, one activity co-ordinator, one nurse, the deputy manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of nine people to see if they were accurate and up to date. We reviewed three staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were safe receiving support from the staff. One person told us, "I feel very safe here. The staff look after my needs very well and I think they protect me from harm." Another person commented, "I am very happy and not anxious about the care I have." One relative said, "I don't have any concerns about my relation staying here. The staff are very good and we have not encountered any safety issues." Another relative commented, "My relation can lock their door when they go to bed which makes them feel very safe."

Staff knew how to recognise potential signs of abuse and were aware of how to report any concerns. One staff member told us, "If I saw anything that wasn't quite as it should be, I would inform the nurse or manager straight away. It may be that something has happened between two residents, but we still have to report it." Staff were confident to raise concerns and told us that the registered manager would take any issues seriously. We saw that when incidents had occurred, these had been referred to the local authority and we had been notified. The provider had investigated any issues and had then put actions in place to reduce the risk of these events happening again. This meant that people were protected from harm and abuse.

Risks to people were assessed, managed and reviewed. Some people were at risk of falling and one person told us, "I am able to have a shower on my own, but the staff always stay with me when I have a bath to make sure I am safe." Another person said, "The staff always make sure everyone is helped when moving about to prevent anyone falling or coming to harm." Some people needed to use equipment to help them to transfer safely. One relative told us, "The staff know what they are doing when they use the hoist." We observed staff support people when they needed to use equipment to transfer. We saw that the staff worked well together and spoke with people while this was happening. Staff worked safely and confidently while doing this and made sure that people were relaxed and happy with the transfer. We saw that staff would encourage people to get up from their chairs in a safe way, and this then enabled people to have greater independence when walking around. The records we looked at matched the way that staff supported people. We saw that risks assessments had been reviewed to ensure the information was up to date. This meant that staff had the guidance they needed to manage these risks.

Some people needed staff to help them understand potential risks. We observed staff prompt and encourage people to use their cutlery safely. For example, one person started to try to eat their meal from their knife; a staff member noticed this and encouraged them to use the fork by putting some food on this for them. After they had done this, the person was able to eat their meal independently using the correct cutlery. The staff member explained this to the person to help them understand. Some people who used the service could become upset and anxious. When this happened, we observed staff supporting them in a patient and calm manner, resulting in people becoming calmer. Staff understood how to communicate with people and distract them by talking about subjects that relaxed them. The records we looked at gave information to staff so they knew how to support people if they were upset.

Some people were at risk of developing sore skin, and we saw that their support was provided according to the recommendations made to reduce this risk. For example, people were regularly repositioned, their skin

was checked regularly, and referrals were made to the necessary professionals when needed. We saw that when people needed to use specialist mattress or cushions these were in place and maintained. People had personal evacuation plans in place and these reflected the levels of support people needed in case of an emergency. Staff were aware of how to support people in emergency situations. This demonstrated that risks to people were assessed and managed.

There were enough staff to meet people's needs and keep them safe. One person told us, "I feel safe here because I know there are staff to ask if I get stuck." Another person said, "There are usually enough staff around if you need them." One member of staff commented, "The staffing levels can vary, but we are never left short. We all work really well together, and I can't really fault this place." Another staff member told us, "The staffing has really improved and we now have far more permanent staff members. We do still need to use agency staff, but less than before. If we do, then they will be on shift with the regular ones and that helps everyone." The registered manager assessed the needs of people and then used this to determine the staffing levels required to meet people's needs. We saw that this was reviewed and altered as needed. Some people had dedicated staff support at certain times of the day, and we saw that this happened.

We checked to see how the provider recruited staff. One staff member told us, "I gave two references, including from my last employer. I had a disclosure and barring service (DBS) check from my last job but I was told I had to have a new one. I had to wait for everything to come through, and was only allowed to observe care until this happened." The DBS is a national agency that helps employers make safer recruitment decisions and prevent unsuitable people working in services. The staff records we looked at confirmed that the necessary checks had been completed prior to staff commencing their employment. This demonstrated the provider had safe recruitment processes in place.

People received their medicines as prescribed. One person told us, "The staff are very good and make sure I have my tablets every day. They always remember." Another person said, "The staff will always tell me what my tablets are for as I can forget." We observed people being given their medicines and staff would attend to each person individually and wait with them to ensure they had taken them. People were told what they were having and offered a drink. Some people could be reluctant to take their medicines. We saw that when this happened there was a protocol in place to give staff guidance for how this should be managed. This had been agreed by the doctor and staff were aware that people's medicines could only be given covertly as a last resort. The records we looked at showed that in this situation, relatives had been consulted with this decision.

Some people needed to have their medicines 'as required' rather than every day. We saw that people were asked if they needed any medicines to manage their pain. When people were not able to request their medicines verbally, we saw that people's records described the signs that staff should look out for that would indicate these 'as required' medicines were needed. Staff recorded when people had received their medicines and the records we checked were completed fully and up to date. Medicines were stored securely to ensure that only authorised people could have access to them. When medicines needed to be stored in a refrigerator, this was done and staff monitored the temperature to ensure the medicines were stored according to the manufacturer's instructions. This demonstrated that people's medicines were managed safely.

Is the service effective?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure they were following the principles and guidance of the Mental Capacity Act 2005 (MCA). The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. At this inspection, we found that the necessary improvements had been made.

When people lacked the capacity to make decisions about their care and support, we saw that this had been assessed. The assessments were decision specific and also detailed why these were in a person's best interests. We also saw that people important to these individuals had been consulted within the process. Staff were able to show an understanding about the MCA and how this impacted on their roles. One member of staff told us, "There are people who aren't able to make anything more than simple decisions about their care. Maybe they can choose an item of clothing they want to wear. But anything more complicated, like about their medicines is too difficult. But we know this is important for them to keep them well." When people were able to make decisions about their support, their consent was gained. One person told us, "They are all very respectful and ask before doing anything." We observed staff consulting with people when they were being supported to eat their food. For example, one staff member asked a person, "Would you like to try some bacon now." 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 Deprivation of Liberty Safeguards (DoLS). We saw that when needed, applications to deprive people of their liberty had been made. This demonstrated the provider was working in accordance with the principles of the MCA.

Our previous inspection also found that people did not consistently receive support from staff that knew them well to enable them to carry out their roles effectively. During this inspection, we found that the provider had taken note of our comments and had made improvements. One person said, "We do get to see the same carers more now than before. It helps as we get more consistency in our care." One staff member told us, "Now we have more permanent staff, it has meant that the staff team has been able to get to know far more about the people we support." We saw that staff knew about support people needed. For example, the type of equipment that was needed to transfer people.

However, we found that further improvements were required to ensure that people maintained a balanced diet. We observed that some people were not supported or encouraged to drink. They also needed to have their drinks monitored to ensure they had enough during the day. When their fluid chart was completed, we saw that this information did not match what had happened, and therefore the information recorded was not accurate. We also observed that some people did not have easy access to drinks and would have to wait until the drinks trolley came round at set times. On one unit, we heard people asking when it would be time to have a drink. Staff responded to people saying that it would be soon. However, people had to wait and

continued to ask for a drink, indicating that they may be thirsty. We saw that people could not help themselves to cold drinks when they wished. This meant we could not be confident that concerns about people's fluid intake would be acted upon and that people may not have been supported to have their nutritional needs met.

People also gave us mixed feedback about the meals they had. One person told us, "There is a choice, but it's not the best. They seem to have funny combinations and things I've never heard of." Another person said, "Some of the meals are not very appealing; I have my family bring meals in for me and they warm them up in the microwave; I would find it hard if they weren't able to do this to support me." On one unit we saw that there was a menu displayed on the wall, but this was not in a user-friendly format; the typeface used was quite small and would not have been easy for people to read, and there were no pictures to enable people to recognise the meals more easily. This meant it would be difficult for some people to make choices about their meals. Other people gave us more positive feedback. One person told us, "I had a lovely breakfast this morning." And one relative told us, "There is always an alternative; they do try to cater for everyone."

People felt that staff had the knowledge and skills needed to carry out their roles. One person said, "The staff do know what they are doing. They all seem very competent." One relative told us, "The staff appear to be well trained and have a good understanding and knowledge of people's needs." When staff started working at the service, they completed an induction programme. One staff member commented, "When I started there was a full weeks training to do; I have learnt a lot since I came here." Another staff member said, "The induction covered a lot of different subjects, and then after that I shadowed more experienced staff for a week. It was really helpful to get to know the residents. The senior staff then assessed my competencies before I could work alone." Staff completed the national Care Certificate which sets out common induction standards for social care staff and was introducing it for new employees. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff also received ongoing training to develop their skills. One staff member told us, "The training we are given is good as it's done face to face and there is a lot of interaction involved." Another staff member commented, "I hadn't used a hoist in my last job and wasn't that confident in using it. So I had additional training and feel 100% confident now. I went in the hoist as I wanted to feel how people did." Staff were supported in their roles and received regular supervision sessions. One staff member told us, "We are given time to spend discussing our work and anything that we need help with. We can also talk about any problems or things that we think could be done better." This demonstrated that staff were supported to carry out their roles effectively.

People were supported to maintain their health and have access to healthcare services when needed. One person said, "I have seen the doctor, chiropodist and dentist. The staff are good and will call them for me if I need to see them." Another person told us, "I couldn't walk when I came in here, but I'm back on my feet now, so I'm grateful to them for that." Relatives we spoke with told us they were kept informed about any changes in their relations health needs. One relative commented, "The staff will always give me a ring, or update me when I visit. They are good at keeping me informed." We saw that people had been referred to a variety of health professionals to ensure that their healthcare needs were met.

Is the service caring?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure that staff supported people in a consistently respectful and caring manner. We also found that there was a lack of consistency from staff to ensure people were listened to and involved in making decisions about their care. During this inspection, we found that the provider had taken note of our comments and had made the necessary improvements.

People felt that they were supported by staff who were kind and caring towards them. One person told us, "The staff are wonderful; so kind and friendly." Another person said, "The staff are very kind and helpful." A third person commented, "I'd be lost without them; they brighten my day." We observed caring interactions between the staff and people who used the service. For example, on one unit some people had chosen to have a lie in. When they went into the dining area, the staff welcomed them warmly and greeted people individually. We also saw staff reassure and comfort people when they became upset or anxious. This then resulted in people being less distressed and would then speak with staff about their previous occupations.

We observed staff offer to change people's seating positions so they could then have a view out of the window and this then encouraged them to have a conversation about the weather. Staff knew people well, and we heard them chatting with people about their relations who had visited and family members who lived overseas. We saw that many of the interactions with people were not purely in relation to their care. For example, staff shared funny stories with people and actively sought to engage with them at different times. This demonstrated that positive relationships had been developed between people who used the service and staff.

People were given choices about their day-to-day care and support. One person told us, "I can come and go as I please; I get up when I want and go to bed when I want." We observed people making choices about where they wanted to sit, and if they wanted to stand up and go for a walk. We saw the staff would go with people when needed to ensure they were safe. People would guide staff by the hand to indicate where they wanted to go and staff would follow this. Staff offered choices to people with regards to how they wanted their lunchtime meal served, and when people found it difficult to choose, staff took them to the hot trolley to assist them in deciding.

Staff supported people in a dignified way. For example, we observed staff wipe people's mouths after eating and this was done in a gentle and kind manner. We saw staff adjust people's clothing so they were covered up suitably. People were supported to retain their independence. One person told us, "I would like to sit here, but the staff encourage me to walk. Sometimes I don't want to, but I know they are doing it for the right reasons." Staff would knock on people's bedroom doors prior to entering and would ensure that doors were shut when they were being supported. One person told us, "I was concerned when I first came here, so now I have a key to my room so I can lock it and my things are secure." This meant that people's privacy was respected.

We saw and people confirmed that family members and friends were able to visit the service. One person said, "My family come quite often, it's never been a problem." One relative told us, "Family and friends are made to feel very welcome. The café downstairs is a big help." Another relative commented, "I'm here every day and have never been made to feel awkward about that. In fact they all look out for me and ask how I am doing." This meant that people were encouraged to maintain relationships that were important to them.

Is the service responsive?

Our findings

At our previous inspection, we found that improvements were needed to ensure that people received care that was individual to them and responsive to their needs. We detailed this in our last report. During this inspection, we found that the provider had made some improvements, but further improvements were required.

People did not always receive care that was responsive to their needs. For example, during the lunchtime meal, we saw a staff member push one person's chair towards the table so they could reach their meal. However, the person was uncomfortable as their feet were then stuck under the foot plates of their neighbour's wheelchair. The person raised this with the staff member, but the staff member left the table without the situation being resolved. One person also told us, "Sometimes I will be put to bed when I'm not ready to go. Some of the staff say that I keep asking for things, and tell me that I have to wait. I know I do ask, but that's because I need something, and I'm not able to sort it out myself. I sometimes think they feel that I'm just being a nuisance." This demonstrated that people did not always receive the support they needed or that was personal to them.

We found that people had variable opportunities to engage in activities that were stimulating and they enjoyed. One person told us, "They do organise events that people can go to, and those are enjoyable. But it's only for a short while. It's the rest of the time that can be an issue. Apart from watching the television, there is little to do on the unit." Another person said, "I like talking to people, but there aren't many here that I can have a conversation with. I can get bored and lonely." A third person commented, "It's a boring place; there's nothing to do. No music, just the television that's always on." We saw that even though the units had various activities such as games that people could take part in, these were often kept in a cupboard that people were not able to see. This meant that people could not use visual clues and prompts to enable them to pick up a game or activity they would enjoy. We observed staff engaging with people when they sat with them and one staff member commented, "It would be good if we could do more things with people; it can be hard sometimes to think of new ideas, and some people find it hard to just sit and have a chat."

The registered manager told us about plans they had to increase the opportunities for people, particularly those living with dementia. They told us, "We are looking at how we can use some of the outside space for people; there are a number who would benefit from getting outside more." We also saw that the spring newsletter had requested for donations to be given for 'rummage boxes'. These are activity boxes that give people access to items that will stimulate them and also offer opportunities for conversations. People told us how the activities co-ordinators worked hard to arrange things for people, and one person said, "There are a lot of people who live here, so it's better now that there are three of them." We observed a music session that had been organised, and saw that the people who attended enjoyed this and joined in with the activity. One staff member told us, "There is a varied programme of events, from baking to music and movement. We also have sessions from the Pets as Therapy team which people find very rewarding." They added, "As part of the National Activity Providers Association, we will be taking part in the sing a long challenge for red nose day." One relative told us, "The staff encourage people to take part in the activities; and when the weather is good they will take people onto the roof garden which is really nice."

People contributed to the planning and reviewing of their support. One person said, "They asked me what I liked and what I needed when I came here and they've done that again recently." One relative told us, "We had quite a long discussion with them before we chose this home to make sure they could meet our relations needs. We then went through everything that they require." Another relative said, "We are both very involved with the planning of my relations care. They will talk to my relation about it and come back again to talk with me, so we can come up with a plan that we all agree with." We saw that people's care records were individual to them and were reviewed and updated when needed.

People knew how to raise any issues of concern or complaints. One person told us, "If I had any concerns I would speak with the nurses or carers." Another person commented, "I believe the manager is willing to listen to any concerns or problems I had." One relative told us, "If we have asked for anything they have always been very willing to accommodate." Another relative said, "We did have to discuss some things when our relation first came here, and now things have got better." Staff told us they were updated about any concerns or complaints made. We saw the provider had a complaints policy in place that was displayed in the reception area. They had responded to any concerns in a timely manner and used information to learn and make improvements. We saw the registered manager had completed an analysis of the complaints received. This showed the themes identified and the actions then taken.

Is the service well-led?

Our findings

At our previous inspection, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure that people's care records reflected the support they required. At this inspection, we found that the necessary improvements had been made. The care records we looked at had been updated and we saw that the information was personal to people and included details about their histories, preferences and things that were important to them. One staff member told us, "The care plans are a lot better now, more organised and we know where to find the information we need." Another staff member said, "I will look at the care plans to find out information or to answer any queries I have. I now know that the information is right and reflects what people need."

Our previous inspection also found that improvements were required as there was a lack of consistency in leadership across the units. During this inspection, we found that the provider had taken note of our comments and had made improvements. One staff member told us, "There is a lot more structure now and we get more guidance about what is happening during the shifts." Another staff member said, "There have been a lot of changes and improvements over the past 12 months; there is more clarity." The registered manager told us how they had completed work over the past year to ensure that the leadership on each unit had improved. They said, "We have trained the senior carers to take on additional roles; this has meant the nurses have been able to provide more leadership. This has been across the units. We have also improved the communication with staff and clarity about the different responsibilities of the management team." Staff told us about the keyworker system in place on the units. One staff member said, "This works well as our role as keyworker is to liaise with the person and their family; we speak to others for reviews and feel that our views are respected."

People were positive about the management and leadership within the service. One person told us, "I have met the manager and she is very nice." Another person commented, "I believe she is willing to listen to any concerns or problems we have." One relative said, "I know the manager. She is very approachable and usually available to speak with anyone. She holds a surgery which is advertised in reception for anyone who wishes to speak to her." Another relative told us, "The home is well run; I see the manager on the unit and know where their office is if I need them."

Staff felt the home was well led and that the registered manager was approachable. One staff member said, "I find all the management team understanding, I know I can approach any of them if needed. They deal with any issues and I've never had a problem." Another staff member commented, "We can speak to the management team out of hours as they have an on call system. They also come in at weekends, so we know they are there if we need them."

Staff were supported in their roles and felt motivated and happy in their work. One staff member told us, "We all work within fantastic teams; we all work well together and support and understand each other." Another staff member said, "There have been a lot of changes, but these have been for the better. We can now see the improvements, and that has got to be a good thing for the people who live here." Staff were

able to attend meetings to discuss the home, and one staff member told us, "Everyone has an opportunity to put their point forward, and we are kept up to date about any changes happening." Staff were aware of the whistle blowing policy. This is a policy that protects staff if they need to raise concerns about poor practice, anonymously if they preferred. One staff member told us, "There is a copy of this in the office; I would use it if needed and would be happy to. It's our duty to report anything that's not right. You think about your own parents and how you would want them to be treated." This demonstrated there was an open culture within the service.

People were encouraged to give feedback about the service. We saw that the units had regular meetings arranged for the people who used the service and their relatives. We saw that information was shared with people and various actions had been put into place to respond to people's suggestions. For example, the registered manager was looking at developing pictorial menus, minutes of meetings being easily available for people to see, and inviting the head chef to the next meetings to discuss the meals. There was a 'You Said; We Did' board in reception that gave people information about the actions that had been taken following suggestions people had made. People were also asked to provide feedback about the quality of the service through satisfaction surveys that were sent to people.

People were encouraged to contribute to the development of the service. We saw that a committee meeting had met in January 2017 for people who used the service. People had asked for colourful and sensory plants to be planted on the roof terrace, and we saw that these had been ordered. We saw that people had been updated about previous issues that had been raised. For example, information about staff recruitment and a reduction in the numbers of agency staff had been shared. Staff told us they had regular meetings, and felt able to use these sessions to raise any issues with the management team. One staff member told us, "We do feel that we can contribute to these and our ideas are listened to." We saw that staff had asked if there was a way to inform people that another person who used the service had passed away. We saw that a remembrance table had been set up in the reception area. This demonstrated that the provider listened to and acted upon feedback they received.

The provider and registered manager had systems in place to assess, monitor and improve the quality of care people received. We saw that a two day audit had been completed by two regional managers, and any areas of improvement had been identified and an action plan had been put into place to address these. A weekly clinical risk meeting was also held and the information from this was used to identify any trends. We saw that the management team then initiated various actions to address these issues. The registered manager used these audits to drive continuous improvement within the service. The registered manager showed that they understood their responsibilities as a registered person. They maintained detailed records that were kept securely, and had notified us of any significant events that had occurred.