Roseberry Care Centres GB Limited

Moorend Place

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

Summary of findings

Overall summary

This inspection took place on 30 August 2017. This was an unannounced inspection which meant the staff and registered provider did not know we would be visiting. The service was last inspected on 16 April 2015.

Moorend Place is a nursing home that provides care for up to 58 older people. It is a purpose built care service. At the time of our inspection 53 people were living at the service.

There was a registered manager at the service. 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 told us they felt 'safe'. Safeguarding procedures to protect people from abuse were robust and staff understood how to safeguard people they supported.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

The service had appropriate arrangements in place to manage medicines safely so people were protected from the risks associated with medicines.

People and relatives did not have any concerns about the staffing levels at the service. We saw there were sufficient staff to provide support to people living at the service.

The recruitment systems were designed to make sure new staff were only employed if they were suitable to work at the service.

We noticed that some staff had been working at the service for a significant amount of time with no further Disclosure and Barring Service (DBS) checks recorded. We recommend the registered provider considers requesting staff to complete an annual self-declaration relating to criminal convictions incurred since their previous criminal record check was provided.

During the inspection we did not find any concerns about infection control. The service was clean and smelt fresh.

People we spoke with told us they were satisfied with the quality of care they received. Their comments included: "I can't fault it [care]," "They [staff] do their very best. I'm quite satisfied with the care given," "Quite nice, big enough, it's like a home from home," "It is brilliant" and "It's like one big family."

All the relatives we spoke with were satisfied with the quality of care their family member received. Some of

the relatives also told us they would recommend the service. Their comments included: "Such care taken, such concern shown, the staff are always smiling" and "Yes, I would recommend it, it's well run and supervised."

Some of the people and relatives we spoke with described how well staff supported people living at the service who became anxious or agitated. One relative said, "The staff are wonderful with them; they deal with them [people] calmly, professionally and affectionately." A nurse we spoke with described how staff optimised engagement and distraction when people became anxious or worried.

All the people we spoke with made positive comments about the quality of the food at the service. People also told us there were snacks and drinks available between mealtimes.

Staff told us they felt supported and told us there was a good team working at the service. Staff had received appropriate supervision and appraisals to enable them to carry out the duties they were employed to perform.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and the policies and systems in the service supported this practice.

Staff enjoyed working at the service. They knew people well and were able to describe people's individual likes and dislikes.

People were treated with dignity and respect and their privacy was protected. All the people we spoke with made positive comments about the staff. Their comments included: "I can't fault them [staff], they are great," "They [staff] have time to chat and ask if things are okay" and "The staff are always smiling."

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

We saw the service promoted people's wellbeing by taking account of their needs including activities within the service. We received positive comments about the activities worker and we saw how well they interacted with people. We saw the service would benefit from having an additional activities worker to support people to further participate and engage in more personalised and smaller group activities. Following the inspection the registered manager informed us that an additional activities worker would be recruited for the service.

We saw there was a robust process in place to respond to concerns or complaints by people who used the service, their representative or by staff.

People and relatives we spoke with told us the service was well managed and made positive comments about the registered manager.

The service had a robust quality assurance system in place and records showed that identified problems were addressed promptly. As a result the quality of the service was continuously improving.

Resident and relatives meetings took place so people had opportunities to feedback about the service and suggest improvements. This showed the registered provider actively sought out the views of people to

continuously improve the service.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduces the risks to people and helps the service to continually improve.

We saw evidence that regular checks were undertaken of the premises and equipment. We saw any actions identified to improve the safety of the service were completed.

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 told us they felt 'safe'. Safeguarding procedures were robust and staff understood how to safeguard people they supported.

Medicines with managed safely at the service.

There were thorough recruitment procedures in place so people were cared for by suitably qualified staff who had been assessed as safe to work with people.

People and relatives we spoke with did not raise any concerns about staffing levels at the service. We saw there were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People we spoke with told us they were satisfied with the quality of care they had received.

Relatives we spoke with told us they were satisfied with the quality of care their family member had been provided and that they were fully involved in their care planning.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff received induction and refresher training to maintain and update their skills. Staff were supported to deliver care and treatment safely and to an appropriate standard.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with made positive comments about the staff.

People we spoke with told us they were treated with dignity and respect.

We saw that people responded well to staff and they looked at ease and were confident with staff.

There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

Is the service responsive?

Good

The service was responsive.

We found people's care plans and risk assessments were reviewed regularly and in response to any change in needs.

Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.

Complaints were recorded and dealt with in line with organisational policy.

Is the service well-led?

Good

The service was well led.

Relatives we spoke with made positive comments about the way the service was managed. Some of the relatives also told us they would recommend the service.

The registered manager actively sought peoples and their representative views, by sending out surveys and holding regular meetings at the service.

There were planned and regular checks completed by the senior managers within the service to check the quality and safety of the service provided.

Moorend Place

Detailed findings

Background to this inspection

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

This inspection took place on 30 August 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by an adult social care inspection manager, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who had experience in caring for older people living with dementia. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example, where a person who uses the service experiences a serious injury.

We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We used a number of different methods to help us understand the experiences of people who lived at the service. We spent time observing the daily life in the service including the care and support being delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten people living at the service, twelve relatives, the registered manager, the deputy manager, a nurse, a unit manager, a senior care worker, two care workers, the administrator and the cook. We looked round different areas of the service;

the communal areas, bathrooms, toilets and with their permission where able, some people's rooms. We reviewed a range of records including the following: four people's care records, 15 people's medication administration records, six staff files and records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt 'safe' and did not have any concerns or worries. Their comments included: "Yes, very safe, they [staff] are easy to talk to they are great" and "Yes, I feel safe here." All the relatives we spoke with felt their family member was in a safe place.

Individual risk assessments were completed for people living at the service so that identifiable risks were managed effectively. We saw these were regularly reviewed and responsively when people's needs changed.

The service had a process in place to respond to and record safeguarding concerns. We saw evidence that staff had received training in safeguarding. It was clear from discussions with staff that they were fully aware of how to raise any safeguarding issues and they were confident the senior staff in the service would listen.

We found there were satisfactory arrangements in place for people who had monies managed by the service. These procedures helped to ensure people were protected from financial abuse.

Relatives or people we spoke did not have any concerns about the staffing levels at the service. People's comments included: "They [staff] come straight away, they are never far away" and "There is definitely enough [staff]." Relatives comments included: "I have never been aware of any problems you can always find them [staff] straight away," "Yes, there are enough [staff] all the time" and "You see the same faces [staff] it's rare to have agency ones." Staff we spoke with did not raise any concerns about the staffing levels at the home. Our observations during the inspection told us that people's needs were being met in a timely manner and we did not note any lengthy wait for a call bell to be responded to.

We reviewed staff recruitment records for six staff members. The records contained a range of information including the following: application, interview records, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We also saw evidence where applicable, that the nurse's Nursing and Midwifery Council (NMC) registration had been checked. This meant people were cared for by suitably qualified staff who had been assessed as safe to work with people.

We noticed that some staff had been working at the service for a significant amount of time with no further DBS checks recorded. We recommend the registered provider considers requesting staff to complete an annual self-declaration relating to criminal convictions incurred since their previous criminal record check was provided.

Medicines were managed safely at the service. We saw evidence that the competency of staff who administered medication was checked on an annual basis.

We looked at the medication administration record (MAR) charts for 15 people living at the service. We saw the MAR charts were completed and contained no gaps in signatures for the administration of medicines.

We saw some people were prescribed medicines to be given 'when required.' For example, for pain relief or for agitation. We looked to see if there were guidance to help staff decide when to administer medicines prescribed 'when required' with their medication records. For example, details of how a person communicated they were in pain. We saw examples where there was clear guidance in place to support people consistently and safely. However, we saw a few examples where this guidance was not in place. It was clear that staff knew how to support people, however this was not reflected in the documents we saw. We shared this information with the registered manager and deputy manager. They assured us they would take immediate action to put this written guidance in place.

We saw there were robust arrangements in place to ensure people received medicines at the right time. We saw the system in place for staff to regularly check people's transdermal patches were still in place would benefit from being more robust. A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. For example, a person may be prescribed a transdermal patch for pain, which is replaced every seven days. We shared this information with the registered manager and deputy manager. They assured us that a more robust system would be put in place immediately.

During the inspection we saw some people's adaptations had not been included in their personal emergency evacuation plans (PEEPs) or the service's evacuation plan. Shortly after the inspection the registered manager informed us people's PEEPs plans had been updated. The registered provider also informed us the service's evacuation procedures would take into account the use of these adaptations and they would also be covered in fire safety training.

During our inspection we observed staff wore gloves and aprons where required and we saw these were readily accessible throughout the service. Hand cleanser was available in communal corridors. Relatives and people we spoke with did not express any concerns about the cleanliness of the service. Relatives comments included: "Fine, smells nice" and "Faultless only the occasional odour." We did not find any concerns relating to infection control during our visit.

We saw the registered provider had a process in place for staff to record accidents and untoward occurrences. The registered manager told us they regularly monitored the occurrences to identify any trends and prevent recurrences where possible. The accidents and untoward occurrences were also reported to the registered provider and senior managers reviewed these records to ensure appropriate action had been taken.

We saw evidence that regular checks were undertaken of the premises and equipment. For example, checks on hoist equipment and the lift. We saw any actions identified to improve the safety of the service were completed.

Good

Is the service effective?

Our findings

People we spoke with told us they were satisfied with the quality of care they had received. People's comments included: "I can't fault it [care]," "They [staff] do their very best. I'm quite satisfied with the care given," "Quite nice, big enough, it's like a home from home," "It is brilliant" and "It's like one big family." People told us they received care and treatment from external healthcare professionals when required.

In people's records we found evidence of involvement from other professionals such as doctors, opticians, tissue viability nurses, and speech and language therapists. In one person's records we saw a referral by their GP to the memory clinic had been recommended, but this had not been followed up by staff. Memory clinics are specialist centres that perform further diagnosis and memory tests, and provide support to people with dementia. We spoke with the registered manager, they told us this had been an oversight. They told us they would speak with the person's GP and request a referral to be completed.

All the relatives we spoke with were satisfied with the quality of care their family member had received. Some of the relatives also told us they would recommend the service. Their comments included: "Yes, it's good effective care, all good," "Such care taken, such concern shown, the staff are always smiling" and "Yes, I would recommend it, it's well run and supervised."

Some of the people we spoke with described how well staff supported people living at the service who became anxious or agitated. People's comments included: "If I see it, I see them [staff] calm them down" and "They [staff] never raise their voices, they are kind to them [people]." One relative said "The staff are wonderful with them [people]; they deal with them [people] calmly professionally and affectionately." A nurse we spoke with described how staff optimised engagement and distraction when people became anxious or worried.

Throughout the inspection there was a calm and friendly atmosphere within the service. Some of the relatives we spoke with made positive comments about the internal and external environment. One relative said, "Nice, it's improving all the time, the garden is lovely." We saw the service had dementia friendly signage in place to help people living with dementia to navigate through the home. We saw that additional visual prompts such as memory boxes and pictures may help some people to remember where their room was. We shared this feedback with the registered manager.

We saw that equipment was available in different areas of the service for staff to access easily to support people who could not mobilise independently.

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. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment

when this is in their best interests and legally authorised under the Mental Capacity Act. 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 service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered provider was complying with any conditions applied to an authorisation.

People we spoke with told us staff sought their consent and explained what they were going to do prior to supporting them. One person described what was good about the service "The freedom, my own room and quite a few activities." This showed people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We spoke with the cook and they provided us with details of people who had allergies or required a specialist diet. There was a process in place to obtain people's preferences at mealtimes where able. Staff were aware of the people who needed a specialised diet and/or soft diet. This told us that people's preferences and dietary needs were being met. People we spoke with told us they were regularly weighed. We saw that people's nutritional needs were monitored and actions taken where required.

We observed the meal time arrangements at lunch time on both floors of the service. People could choose to eat their meals in the dining room or in their room. We saw staff provided support to those people who needed assistance to eat. We saw people were actively eating and enjoying their meal. All the people we spoke with during the inspection made positive comments about the quality of the food at the service. People also told us there were snacks and drinks available between mealtimes. Their comments included: "[kitchen staff] make the best cup of tea anywhere," "Fantastic, plenty to eat" and "There are drinks and snacks all the time."

Most of the relatives we spoke with made positive comments about the quality of the food. Their comments included: "Perfectly normal healthy balanced, [family member] eats everything, there is a good portion size," "Meals are wonderful" and "I've had one or two they are good; the meat is always tender and there is a good portion size."

People and relatives we spoke with felt staff were well trained. Staff underwent an induction and shadowing period prior to commencing work, and had regular updates to their training to ensure they had the skills and knowledge to carry out their roles. Care staff spoken with confirmed staff received a thorough induction. One staff member commented: "We work in pairs, new staff work with seniors and get good training. We show them how we work."

Staff we spoke with told us they felt supported. We saw there was a robust system in place to ensure staff received regular supervision and an annual appraisal. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Good

Is the service caring?

Our findings

All the people we spoke with made positive comments about the staff. Their comments included: "They treat me like family, friendly with respect," "I can't fault them they are great," "They [staff] have time to chat and ask if things are okay" and "The staff are always smiling."

Throughout the inspection we observed staff giving care and assistance to people. We saw staff, whatever their role, took time to stop and speak with people living at the service.

People we spoke with told us they were treated with dignity and respect. Their comments included: "They [staff] always knock on the door" and "They respect my privacy and dignity by closing the doors and curtains." Relatives we spoke with also described how staff maintained people's privacy. Their comments included: "We go out (whilst their family member is being supported with personal care) and they [staff] close the doors and the curtains" and "They [staff] close the doors and curtains and I vacate the room." This showed people's privacy was maintained.

Relatives told us there was a welcoming atmosphere at the service and staff were always smiling. All the relatives made positive comments about the staff working at the service. One relative described how a care worker came in on their day off to support their family member to go to a dental visit so they wouldn't be worried about the appointment. Relatives comments included: "They [staff] seem to be lovely, caring and concerned, always looking for ways to improve things," "You are greeted with kisses like an extended family, there is formality and barriers, but just enough," "They [staff] are kind to everybody living at the service" and "One thing really outstanding is how kind the staff are."

Staff promoted people to be as independent as possible and to make choices for themselves. This was reflected in the feedback received from people and relatives. People's comments included: "They [staff] let me do as much as I can" and "I do what I want to, I'm the gaffer."

Staff we spoke with told us they enjoyed working at the service. Their comments included: "I love it here, we work well together" and "Yes of course. I can say hand on heart that they [people] get the love and attention they deserve here. Everyone is treated with respect and dignity."

In people's individual care records we saw there was an affection care plan. This provided an understanding to staff on the degree of human contact that could be tolerated for the person. This increased knowledge allowed staff to feel confident, that the needs of those people's dislike or fear of intrusion on personal space was respected. We saw that an ethos existed within the service that valued therapeutic touch by staff. For example, providing reassurance by holding a person's hand. The result was a friendly welcoming atmosphere, which worked well with those who had varying degrees of brain changes in dementia.

In the reception area and in the service's café we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, Alzheimer's Society and the provider's complaints procedure. An advocate is a person who would support and speak up for a person

who doesn't have any family members or friends that can act on their behalf.

Some of the care staff we spoke with described how they ensured people had a comfortable and dignified death. One staff member commented: "End of life care is a big part of me; I listen to the persons wishes, provide a loving environment and make sure they are well cared for." Some of the relatives we spoke with told us they had been fully engaged in their family member's end of life care planning.

Good

Is the service responsive?

Our findings

Some people we spoke with were more actively involved in their care planning than others. People's comments included: "If I didn't like something I would just tell them [staff]"and "I am involved in my care plan, I ask questions." People's care records showed they had a written plan in place with details of their planned care. We saw personal preferences were reflected throughout their care plan. We saw some people's care plans would benefit from containing more details of their life story. A life story book could also be created for them to look at. We shared this feedback with the registered manager. Life story work can help encourage better communication and an understanding of the person's needs and wishes. This can inform their care and ensure that it is provided in a positive and person centred way.

There was a record of the relatives and representatives who had been involved in the planning of people's care. People's care plans and risk assessments were reviewed regularly and in response to a change in needs. Relatives we spoke with told us they were fully involved in their family member's care planning. Their comments included: "Yes, I am involved in the care plan," and "We are taken through the plan regularly." Relatives also told us staff contacted them if there were any changes in their family member's wellbeing. Their comments included: "They [staff] phone me up if there is anything I should know," and "They [staff] phone up for the slightest thing, I can't fault them for information."

The service had a written and verbal process in place for the staff handover between shifts. The written documentation gave an overview of the care provided on the previous shift and people's health needs and wellbeing. This helped staff to identify and respond effectively to people's changing needs.

Shortly after our arrival at the service, a nurse on duty identified that one person's wellbeing had deteriorated and contacted the ambulance service. The nurse told us they knew the person really well and had noticed a change in their wellbeing and needed a rapid response. We saw that a staff member accompanied the person to hospital. The deputy manager organised for an additional member of staff to come on duty to maintain staffing levels. We noticed a copy of all the transfer communication provided to the ambulance service was not retained. If time is permitting it can be helpful to keep a copy of the information provided for future reference. We shared this information with the nurse on duty.

We saw the service promoted people's wellbeing by taking account of their needs including daytime activities. There was one activities worker employed at the service and they were providing a range of activities on the day of the inspection. People we spoke with made positive comments about the activities worker. One person commented: "She [activities worker] tries as hard as she can to get us involved guessing sounds, playing bingo." During the inspection we saw a small group of people completing a crafting activity. We saw the success of the activity relied on the activities worker, who smoothly encouraged engagement by all in the group. Laughter could be heard as the group interacted.

Relatives we spoke with made positive comments about the service's activities. Their comments included: "I've seen them [staff] they do their best, gardening, Easter things and the 4 of July," "She [activities worker] comes in for one to one sessions with crosswords and quizzes" and "The activity girl comes in for a chat,

doing her nails, reminiscing writing down old tales." Although, we received positive feedback about the activities provided, we saw the service would benefit from having an additional activities worker to support people to further participate and engage in activities. We spoke with the registered manager; they told us they had received the same feedback from relatives. They had shared this information with the registered provider and this was being considered. Following the inspection the registered manager informed us that an additional activities worker would be recruited for the service.

The service held a coffee morning every Friday in the service's café. Some of the relatives we spoke with regularly came to the coffee mornings and expressed how much they and their family members enjoyed them.

People and relatives feedback received during the inspection showed that staff actively sought their views and listened to them. One person commented: "Basically, they come in and ask if I have any problems."

The complaints process was displayed in the reception area. People and relatives told us concerns and complaints were always taken seriously, explored thoroughly and responded to in good time. One relative commented: "I told them about laundry problems and they sorted them out."

Good

Is the service well-led?

Our findings

The manager of the service had been registered with the Care Quality Commission since December 2014. We saw there was clear leadership in place at the service and that there was a proactive attitude to continually improve the quality of life for people living at Moorend Place. People we spoke with told us the registered manager was friendly and approachable. Their comments included: "Yes, she is nice, very good; anyone can go to her and talk to her" and "Yes, she is easy to talk to, she asks me if I'm okay." Some of the people we spoke with also told us they would recommend people come and live at the service. One person commented: "Yes, I would recommend it, its well run and supervised."

Relatives we spoke with knew who the registered manager was and knew they could ask to speak with them if they had any concerns. All the relatives we spoke with made positive comments about how the service was run and the senior managers. There comments included: "Yes, I believe so, extremely well run," "The management is really friendly and really approachable" and "I rarely speak to her [registered manager], but I know who she is, she is approachable."

The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. There was a process in place to ensure incidents were monitored to identify any trends and prevent recurrences where possible.

There were planned and regular checks completed by the senior managers within the service to check the quality and safety of the service provided. One staff member commented: "The managers make regular checks on us, we are observed doing our work and they check our paperwork. We don't mind, its part of what they do."

We saw evidence that the regional operations manager regularly visited the service to check the quality and safety of the service provided. Some of the key objectives of these visits were to check resident care, dining experience and medicines management. The registered manager was then provided with an action plan to complete for any shortfalls or concerns noted. These actions were reviewed at the next visit.

We saw there were regular staff meetings held at the service. We saw that a range of topics were discussed at meetings. For example, people's meal time experience and the staff rota. These meetings can help services to improve the quality of support provided and to underline vision and values.

A staff survey had been completed by the registered provider in April 2017 and the results were displayed in the reception area. We saw the service had received positive feedback from staff working at the service. Staff we spoke with made positive comments about the staff team working at the service. One staff member told us it was easy to get the care right because everyone wanted the best for the people living at the service. Staff comments included: "Great team of staff here, all get on, we sort things out and do the right thing," and "The [manager] always thanks staff for the work they do and praises good work."

Relatives and resident meetings took place so people had opportunities to feedback about the service and

suggest improvements. Some people we spoke with told us they attended the meetings. One person commented: "They do listen and if they can they do things differently." People living at the service had completed a satisfaction survey at the beginning of the year. We saw the results of this survey was displayed in the reception area. Where shortfalls or concerns had been raised these had been taken on board and actioned. For example, action had been taken about missing items of clothing. This showed the registered manager actively sought peoples and their representative views to continuously improve the service.