Avery Homes Derby Limited

Derby Heights

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 and was unannounced.

Derby Height is a modern purpose-built residential care service in the village of Littleover on the outskirts of Derby. The service has 74 beds and specialises in the care of older people, some of whom are living with dementia, mental health conditions, physical disabilities and sensory impairments. The service provides spacious accommodation for people and has its own secluded gardens and patio areas. At the time of our inspection there were 53 people living at the service.

At the time of our inspection the service did not have a registered manager in post. However an interim manager was in charge of the service, and shortly after our inspection visit a registered manager was appointed and 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.

People said the staff were caring and kind. They told us they felt the staff knew them personally, understood how best to support them, and took a personal interest in them. Staff told us that good staffing levels and an established staff team enabled them to provide continuity of care.

During our inspection visit we saw staff continually consulting with people and asking them for their choices and preferences. Staff told us they encouraged people, and relatives where appropriate, to get involved in drawing up care plans and reviewing them. This helped to ensure that people were involved in their own care and support. Staff followed the principles of the Mental Capacity Act and understood the need for people to consent to their care.

People said the service was safe with friendly and caring staff. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew how to report any concerns they might have both within the service and to outside agencies.

People told us staff protected them from accidents and incidents. The premises were designed to support independence and minimize risk with wide corridors and doorways, handrails, level non-slip flooring, and access to secure communal areas and gardens.

Most of the people we spoke with were satisfied with the staffing levels at the service. Staff told us they had enough time to meet people's needs and also spend time talking and socialising with them. During our inspection visit call bells were answered promptly and people assisted in a timely manner. People told us they had their medicines when they needed them.

People and relatives told us the staff were well-trained and knowledgeable. They said the staff knew how to

do their jobs, spoke respectfully to them, and that it was hard to find any fault with them or their care. Records showed that staff had extensive general and specialised training to help ensure they could meet people's individual needs.

People said they liked the meals served and enjoyed the company at mealtimes. The food served was well-presented and plentiful. People chose their meals from the day's menu, which was varied, or ordered an alternative from the kitchen if they wanted something different. If people needed discreet assistance with their meals staff provided this. The atmosphere at lunchtime was relaxed and sociable and the dining rooms well-staffed.

Local GPs ran a weekly surgery at the service and people and relatives said this was convenient for those who preferred not to travel to their medical appointments. Relatives said staff took their family members to medical appointments if they were unable to accompany them themselves.
People's medical needs were assessed when they first came to the service and care plans put in place to help ensure these were met.

People told us staff provided them with personalised and responsive care. Care plans set out people's needs so staff knew how best to meet them. Some care plans for people living with dementia were in need of improvement.

The service's activity programme was designed to support people's well-being and have a positive impact on ther physical, social, and psychological health. There was a good range of activities on offer including singalongs, weekly visits to a local church, visiting entertainers, coffee mornings, and trips out.

People told us they would speak out if they had any concerns or complaints about the service. They said they were confident that staff would listen to them. Records showed that staff responded positively to any complaints made and make improvements where necessary.

The service had a welcoming and homely atmosphere. The managers and staff were warm, friendly, and approachable. People, relatives and staff all commented on the high-quality of the premises which were non-institutional and immaculately clean and fresh throughout. The provider and management carried out quality audits to ensure the service was providing a good standard of care and support.

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 felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks and remain safe at the service.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as individuals.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People mostly received personalised care that met their needs. Improvements were needed to care plans for people living with

dementia.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to and staff listened to them and took action to make improvements.

Is the service well-led?

Good

The service was well-led.

The service had an open and friendly culture and people and relatives were involved in the way it was run.

The provider, management and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

Derby Heights

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 2016 and was unannounced.

The inspection team consisted of an 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. Our expert by experience had experience of dementia care.

We reviewed the 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 reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with six people using the service and three relatives. We also spoke with the manager, the area manager, the receptionist, a team leader, two seniors, and three care workers. We observed people being supported in communal areas.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records.

Good

Is the service safe?

Our findings

People said the service was safe with friendly and caring staff. One person told us, "Nobody upsets me." A relative said, "I have never seen anything that worried me upstairs or downstairs. If I did, I would take my [family member] out." Another relative commented, "The quality of care makes this place safe. I can't think of anything [of concern]. I've never seen staff being rough." A further relative told us, "I have never heard of or seen any abusive behaviour by staff."

Information about safeguarding and whistleblowing was displayed on noticeboards at the service so people, relatives, and staff would know who to contact if they had any concerns. The provider operated a confidential whistleblowing telephone line which anyone using or visiting the service could use. The telephone number for this was displayed in the staff room and reception area so people had easy access to it.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew how to report any concerns they might have both within the service and to outside agencies. All the staff we spoke to were aware of their safeguarding responsibilities and how to protect people. One staff member told us, "If we see anything at all that looks like someone has been harmed we go straight to the manager or the person in charge and tell them. Then they report it to social services. All the staff understand this."

We looked at how staff had managed safeguarding concerns. This had mostly been done safely and appropriately, but records showed that on one occasion staff had failed to follow the provider's safeguarding procedure. This was when bruising was seen on a person. Care staff noted the bruising and took photographs of it but took no further action. After a visiting professional queried this management took steps to improve safeguarding awareness at the service. This included re-training staff and carrying out 'safeguarding supervisions' when staff member's competency was checked. At this inspection we found lessons had been learnt and staff were knowledgeable about their safeguarding responsibilities and had clear written guidance to follow.

People told us staff protected them from accidents and incidents. One person said, "Yes I am safe here. I've had no falls. The staff are very good and can't do enough for you." A relative told us their family member had had a few falls at night when they first moved in but staff had placed an alarm mat by their bed. This meant they could go to the person's assistance if they got up in the night. Since then the person had had no further falls because staff were available to support them.

Records showed that each person had a 'safety' section in their care plans. This included risk assessments for daily activities, the use of safety equipment for example bedrails, and a clinical risk indicator tool to manage risks associated with people's medical needs. This meant staff had the information they needed to keep people safe.

The 'safety' section began with the person's view of what made them feel unsafe and why. For example, one person's stated they disliked 'feeling unsteady when walking and standing' and that they were at risk of falls.

This was addressed in their mobility care plan which stated they needed staff support when standing and walking, the use of mobility aids, and reassurance from staff. This personalised approach helped to ensure the person was supported safely in the way they wanted.

The premises were designed to support independence and minimize risk with wide corridors and doorways, handrails, level non-slip flooring, and access to secure communal areas and gardens. Hot water temperatures were controlled to prevent the risk of scalding, fire-fighting equipment was available, and emergency lighting in place. Staff were trained in health and safety, moving and handling, fire safety, responding to an emergency, and infection prevention and control. This helped to ensure staff were able to manage risks to people on a daily basis by providing them with safe care and support in a safe environment

Most people were satisfied with the staffing levels at the service. One person said, "There are enough staff to look after us." Three people said they thought more staff were needed on the first floor where people living with dementia were supported. One person said, "They could do with more staff. They are run of their feet most of the day." Another person said, "I use the call bell and the response for support varies. Usually as quick as you can. Sometimes I have to wait for half an hour."

Two relatives with family members on the first floor told us staffing levels had recently improved. One relative said, "There are enough staff now. The numbers were lower before." Another relative told us weekend staffing levels had been 'borderline' but this was no longer the case. They added, "But I never felt worried about it and have not seen anyone wait very long."

Staff told us they thought staffing levels were satisfactory. One staff member said, "They're [staffing levels] not bad. In fact they're better than in the average home and we do get time to chat to the residents." Another staff member told us, "People might have a wait for a few minutes but never any longer and if someone needs urgent assistance they always get it."

During our inspection visit there were enough staff on duty to meet people's needs. We saw people being supported in communal areas and in their own rooms. Call bells were answered promptly and people assisted in a timely manner. We discussed staffing levels with the manager and area manager and looked at staff rotas and other records. Management calculated staffing levels using a dependency tool and rotas showed staff were deployed throughout the service based on people's needs. The manager and area manager said it could be difficult to manage people's expectations with regard to staffing levels but they were not aware of any incidences where there had been a delay in people receiving safe care.

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. We checked two staff files and found they had the required documentation in place including police checks and references.

People told us they had their medicines when they needed them. One person said, "I get my medicines regularly and on time." Another person told us, "I know my medicines. I brought a stock when I came in and they [the staff] dish them out." A relative said their family member had their medicines regularly. They told us they had requested a change to the time one of the medicines was given to improve their family member's sleep patterns. They staff had facilitated this after liaising with the GP and the outcome was positive.

We saw part of the lunchtime medicines round. The staff member responsible for this used a secure trolley to take medicines to people either in their rooms or in communal areas. One person invited us into their room while they received their medicines. The staff member followed the correct procedure for the safe

administration of the person's medicines. They reminded the person what the medicines were for and ensured they had a glass of water with their medicines to make them easier to swallow. They then spent a few moments talking with the person about gardening to help ensure the interaction was pleasant and relaxed for the person.

Records showed that only senior care staff who had successfully completed a safe handling of medicines course and further supervised training were authorised to give out medicines. A senior care worker told us her medicines training had been 'intensive' and she had regular competency checks to help ensure her skills remained up to date.

The senior care worker showed us the clinic where medicines were stored. These were kept at the correct temperatures in secure storage facilities. The medicines records we saw were clear and accurate. People's photos and information about allergies were on their files so staff knew who was who and any medicines people needed to avoid.

People had medicines administration records in place and PRN ('as required') protocols so staff knew when to administer their PRN medicines. However they did not have medicines care plans, so staff did not have instructions about what to do if, for example, a person refused their medicines.

We discussed this with the manager and the area manager and it was agreed that in some circumstance a medicines care plan would be beneficial for a person if they needed more personalised support to take their medicines. The manager and the regional manager said they would review people's medicines arrangements and where necessary put care plans in place. This will help to ensure that if people needed particular support with their medicines staff had written instructions on how best to provide this.

Good

Is the service effective?

Our findings

People and relatives told us the staff were well-trained and knowledgeable. One person said, 'The [staff] know how to do the job. If you want something they will come and help you." A relative told us, "The staff are always doing training."

One staff member said that following the provider's policies and procedures helped them to provide effective care. They told us, "They [the policies] wipe out the margin for error and educate you. We are constantly being educated about good practice." The staff member also said, "If you don't understand anything you can ask. Management want us to ask questions and to learn."

People and relatives said that staff knew how to do their jobs, spoke respectfully to them, and that it was hard to find any fault with them or their care. Records showed that staff training was delivered by in-house trainers, regional trainers, external training providers, the NHS and the local authority. A regional trainer undertook routine competency assessments of the in-house trainers and assisted with arranging external training.

Newly employed staff shadowed experienced staff until they were judged competent to work unsupervised. Staff received regular supervisions and their performance was assessed on an ongoing basis. Supervisions were held bi-monthly and appraisals were held annually to ensure staff had the opportunity to discuss their learning and development needs. If staff needed specialist training this was provided. For example external Parkinson's nurses provided individual training to staff and this was followed by themed supervisions to ensure staff could meet people's individual needs.

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 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. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed people were assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. They were also re-assessed if their needs changed. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care.

Information in people's care plans instructed staff how best to gain consent. One person's care plan stated, 'Staff will need to support [person] in making decisions by giving choices and the relevant information. [Person] will need time to process this due to [person living with] dementia. Staff may need to repeat things to [person] a few times.' This was an example of staff having the information they needed to follow the principles of the MCA in providing effective support to a person.

People said they liked the meals served at the service and enjoyed the company at mealtimes. One person told us, "The food's very good. We get plenty and we get a choice and there's plenty to drink." Another person said, "I enjoy meal times. I know the people here at dinner and I wouldn't desert my friends."

Relatives also made positive comments about the food and the dining experience. One relative told us, "Staff have found what [my family member] likes and they get a choice of meals. They get snacks as well if they want them." Another relative said, "[My family member] eats at a table with a group of men and enjoys the time there. They can be a bit sleepy as they get a glass of wine!"

If people needed assistance with their meals staff provided this. One relative told us their family member needed help to eat. They said staff supported them while at the same time encouraging them to eat independently. At lunchtime we saw lunch being served in one of the service's two dining rooms. Staff sat with people, provided discreet support as necessary, socialised, and encouraged people to eat at their own pace.

The food served was well-presented and plentiful. People chose their meals from the day's menu, which was varied, or ordered an alternative from the kitchen if they wanted something different. Hot and cold drinks were available at mealtimes and throughout the day. Some people had wine with their meal. The atmosphere was relaxed and sociable and the dining room well-staffed. Some people chose to eat in their rooms and staff took their meals to them on trays.

Records showed that people's dietary and hydration needs were assessed when they came to the service. If people were at risk of malnutrition staff used MUST (a malnutrition universal screening tool) to estimate what their ideal weight should be and put an additional care plan in place for their nutritional needs. They also sought specialist advice form dieticians and the SALT (speech and language therapy) team where necessary. These measures helped to ensure staff provided effective support to people at risk of malnutrition or dehydration.

Local GPs ran a weekly surgery at the service and people and relatives said this was convenient for those who preferred not to travel to their medical appointments. Relatives told us staff ensured their family members saw healthcare professionals promptly when they needed to. These included nurses, opticians, dentists, audiologists, physiotherapists, and psychiatrists. They said staff took their family members to medical appointments if they were unable to accompany them themselves.

People and relatives said that if anyone needed urgent medical assistance this was provided. One relative told us, "The staff get a doctor very speedily. They also phone me if [my family member] needs a doctor and ask if I want to come down."

People's medical needs were assessed when they first came to the service and care plans put in place to help ensure these were met. For example, one person was admitted to the service with a range of health conditions. Records instructed staff on how best to support the person to manage these in conjunction with community healthcare professionals. Staff were also made aware of the symptoms of the person's medical conditions and whether or not they would be able to tell staff if they felt unwell. This helped to ensure that

staff could meet the person's medical needs effectively.

Good

Is the service caring?

Our findings

All the people we spoke with said the staff were caring and kind. One person told us, "Staff take an interest in me and they know me. They treat me well." Another person said, "The staff are gentle and careful. If they weren't, they wouldn't last long."

Relatives also made many positive comments about the staff. One relative said, "The staff are always pleasant. I'd give them eight to nine out of ten". Another relative told us, "Staff are patient with residents. They try to make people relax. They might stroke someone's arm. They listen carefully." A further relative said, "Nothing is too much trouble for the staff. I am very impressed with the place."

One relative gave us an example of the caring nature of the staff. They told us, "I was sitting with my [family member] one evening and a carer came over. [My family member] was very confused and took her hand and said [they] loved her. The carer took [their] hand and put it in mine and said 'we all love you too'. So, she didn't reject [my family member] but also included me."

People told us they felt the staff knew them personally, understood how best to support them, and took a personal interest in them. Each person had a keyworker to oversee their care and ensure it was of a good standard. A relative said, "The staff are hard to fault. They are very client-centred." Another relative told us, "My [family member's] life story is written up. It has [their] interests so staff know what [they] like to talk about."

Records showed that people's choices and preferences were recorded in their notes. For example, one person's care plan stated, '[Person] likes time on [their] own on at [their] request and spending time with [their] family and friends.' Staff told they facilitated this by supporting the person to go to their room when they requested time alone. They also told us the person did not like unexpected visitors. Their care plan stated, '[Person] likes to be informed daily if [they] have any visitors.' This helped to ensure the person was supported in the way they wanted to be.

People and relatives said staff encouraged people to do as much as possible for themselves so as to remain independent. One person told us, "I am independent and can wash and dress myself. But I need help with getting my socks on." A staff member said, "When we're supporting people we don't take over. We ask them what they would like to do for themselves and what they need help with. This keeps them independent."

Staff told us that good staffing levels and an established staff team enabled them to provide continuity of care. One staff member said, "We have time within our working day to sit with the residents and chat to them." Another care worker told us, "We have low staff turnover and each resident has a keyworker who can build a relationship with their resident."

People were actively involved in making decisions about their care and support. Every care plan began with a section called 'Residents Choices and Preferences' which set out how people wanted their care and support provided, for example. '[Person] likes to have showers in the morning but not every day so they

need to be asked so they can decide for themselves whether they want one or not.'

Relatives told us they were involved in their family member's care if their family member wanted this. One relative said they looked at their family member's care plan every two weeks and were involved when it was reviewed. Another relative told us, "When I visit I go straight to the team leader and get a short daily debrief about my [family member]." This helped them keep up-to-date with their family member's progress.

During our inspection visit we saw staff continually consulting with people and asking them for their choices and preferences. Staff told us they encouraged people, and relatives where appropriate, to get involved in drawing up care plans and reviewing them. This helped to ensure that people were involved in their own care and support.

People and relatives told us the staff respected and promoted people's privacy and dignity. One person said, "Staff always knock on the door before coming in." A relative told us, "The residents are treated with great courtesy. They are always well-dressed and presentable. People's personal hygiene is excellent. There is never any bad smell. Carers knock before entering. For personal needs like bathing and toileting they close curtains and doors. They explain what they are going to do."

People's preferences with regards to the gender of the staff supporting them were respected these. One person told us, "They asked me if I wanted a male carer for help with showers but I didn't mind." Another person said they preferred to be bathed by a member of staff the same gender as themselves and this was respected. Other people said they did not mind whether staff were male or female but understood they had a choice if they wanted one.

At the time of our inspection the people using the service were not widely culturally diverse. However the manager and area manager told us people from varied cultural backgrounds were welcome at the service and different cultural needs would be met on an individual basis

People's care plans set out their preferences with regard to their appearance and clothing. For example, one person's stated they liked 'to look smart and be clean and presentable' and 'choose [their] own clothes to wear which [they] like to match'. The person's daily notes showed that the person was encouraged to choose their own outfits and to carry out some of their own personal care to maintain their dignity and independence.

Good

Is the service responsive?

Our findings

People told us staff provided them with personalised and responsive care. One person said, "The staff know my needs." Another person told us, "The staff know me better than I know myself. They help me with everyday things like getting up, having a wash, and getting dressed. I can do some things for myself but they help with everything else."

Records showed staff carried out pre-admission assessments to establish people's needs prior to them coming to the service. Care plans were compiled from the assessments so staff could provide responsive care and support. Care plans were reviewed and evaluated each month using a 'resident of the day' system. This meant that each day one person's care and support needs were reviewed. During the review their views, and the views of their relatives, were taken into account and change make to their care plans as necessary.

Most of the care plans we saw were of a good standard and clearly set out people's needs and how staff were to meet them. However, some care plans for people living with dementia were in need of improvement.

One person was recorded as being at risk of feeling 'confused and disorientated to where I am and what is happening'. Their mental health care plan told staff to provide the person with 'guidance and explanation' when this happened. However, it did not explain what sort of guidance and information staff needed to give the person. For example, was it appropriate to remind this person they were in residential care, or might this upset them further? These details were necessary in order for staff to provide responsive care and support.

Another person's records stated they could be verbally challenging at times and on occasions make inappropriate comments to staff. Their care plan instructed staff to use 'use distraction techniques' when this happened, but did explain what these were for the person in question. The person was also recorded as raising their voice and verbalising distressing thoughts. The care plan stated 'staff to reassure [person] when they shout out' but did not say how. This meant staff did not have written personalised information on how best to distract and reassure this person when they became distressed.

Also person's records stated, '[Person] occasionally mobilises [themselves] to the front door to ask to go home or go outside.' However, the person had no care plan for this and there were no instructions to staff on how to respond when the person asked to leave the premises. In order to provide reassurance to the person, and continuity of care, a care plan should have been in place for staff to follow.

During out inspection visit we found a lack of clarity amongst management and staff about whether or not the service catered for people living with dementia whose behaviour can challenge the service. We were initially told the service did not cater for this service user group. However, during the inspection visit it emerged there were a small number of people in this category and care staff and a relative confirmed this. We saw that staff managed these people's needs skilfully and effectively. This was despite people's care plans not always containing the information staff needed to safely reassure and support them.

Good

Is the service well-led?

Our findings

All the people and relatives we spoke with said the service had a welcoming and homely atmosphere. They praised the staff and said they went out of their way to provide high quality care. One person said, "I am extremely happy here. Nothing is too much trouble for the staff." Another person said, "There are some dedicated staff who are a godsend."

Relatives said they were always made welcome at the service. One relative told us, "The staff are very approachable. They call out 'Hello, How are you?' when I visit." Another relative said, "People are very easy to talk to here. I would recommend this place."

Relatives said they could come to the service any time they wanted to see their family members. One relative told is, "I come daily and am free to come anytime. I've come at night as well. The staff are brilliant with me." Another relative said staff brought them tea and cake when they visited and made them feel at home.

All the managers and staff we met were warm, friendly, and approachable. The person on reception was kind and helpful to visitors and knowledgeable about the service. She provided a good introduction to what the service offered and an informative tour of the premises.

People, relatives and staff all commented on the high quality of the premises. One person said, "This home looks like a five star hotel and the care is five stars too." A relative told us, "The layout of the place is very good." A staff member said, "The quality and design of the premises makes it easier for us to care for the residents. The décor is excellent and the doorways and corridors are wide enough for wheelchairs."

The premises were clean and fresh throughout. The service had an extensive range of facilities including a cinema, hairdressing salon, and a range of treatment rooms. Lounge spaces and dining rooms on both floors were well-furnished and comfortable. The décor was non-institutional and gave the premises the appearance of a high-quality hotel. We did feel that more sensory stimuli and dementia-friendly signage might benefit the people being supported on the first floor of the premises. We discussed this with management who agree to look into this and consult people and relatives to get their views on the environment.

Information about the service was readily available which showed a commitment to transparency and a culture of openness. In the reception area a list of the day's meals and activities were on display along with information about making complaints, meeting minutes, advocacy, and a questionnaire so people could comment of the service. People and relatives received the provider's corporate newsletter, 'The Daily Sparkle', and 'Derby Heights', the service's own in-house newsletter. These were used to keep people and relatives up-to-date with what was happening at the service. A relative told us, "Verbal communication is very good. There is also a written newsletter that gets circulated to all relatives by e-mail."

People and relatives had a range of opportunities to have their say in the running of the service. One person

told us, "We get a chance to raise issues and play our part. This place has exceeded all my expectations." A relative said, "The residents committee meets every three months. Relatives are asked for feedback and, with residents, plan what activities would be useful. We minute discussions. An example of change was that the previous catering was not liked. It ended up with a new chef being recruited with a new team."

Minutes showed the residents committee well well-attended. The agenda was chosen by the people using the service and focused on meals, trips out, staffing levels, and activities. A relative told us management had made improvements to the service as a result of feedback from these meetings.

People and relatives told us they knew who the current manager of the service was. They said she was 'very approachable', 'a good listener', and 'trusted'. One relative said, "I know who the manager is. She is actually an acting manager and is covering. She has ensured we didn't suffer from the previous manager leaving. She is very approachable." We saw the manager walking round the premises several times during out inspection visit talking with people, relatives and staff and checking the service was running smoothly.

Staff told us they were well-supported by management and had opportunities to comment on how the service was run. One staff member said, "We have monthly staff meetings that ask our views. We also have individual floor meetings and handovers every morning and evening. I have monthly supervisions and review observations of my medication practice." Staff told us they enjoyed working at the service and that staff turnover was low because the people who worked at the service felt valued by management.

The manager said the provider's quality assurance process helped to ensure the service provided a high standard of care. Records showed management carried out a range of clinical and operational audits. These included the analysis of any accidents and incident to identify any trends and ensure appropriate action and support was given. The results of audits were used to generate action plans with clear targets for improvements where necessary. Records showed the management and staff put people and relatives at the centre of quality assessment with a view to ensuring the service was run in the way they wanted it to be.