Middlesbrough Borough Council

# Middlesborough Intermediate Care Centre

## Inspection Report

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# Summary of findings

## Overall summary

Middlesbrough Intermediate Care Centre is an assessment and rehabilitation centre for up to 22 older people. The service has individual bedrooms over two floors. There is a flat where people can live independently knowing staff would be available in an emergency, as well as an activities room and a therapy room.

The service offered people up to six weeks assessment and rehabilitation and the overall ethos of the service was enabling people to be independent. There were 15 people resident on the day we visited and one other person was admitted on that day.

There was a registered manager working at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

We observed people who used the service smiling and chatting to each other and staff. They appeared happy and were very keen to share their experiences of the service. They told us that they had benefitted from the assessment and rehabilitation they had received and they felt that people had understood and responded to their needs. They described staff as, “Wonderful” and “Great”. The service referred to the staff as enablers. Enablers were staff who provided care and support to people who used the service

People were involved in making decisions about the care and support they needed. They worked with physiotherapists and occupational therapists to decide on the level of support they needed to enable them to reach a physical potential that would allow them to return to their own home. We saw from records and when speaking with staff that they understood peoples support needs, were enabling and encouraging and treated people with kindness and respect.

We saw that staff of all grades had the ability to communicate effectively with people. People who used the service appeared to be relaxed with staff and we observed many positive interactions between staff and people who used the service. One person told us, “I think we matter to the staff, they try their best for us.”

The activities in the service were tailored to the individual. For instance two people who used the service had told the staff that they wanted to, “Go into the garden and give it a tidy up”. They told us, “Staff said it was OK and we were given brushes and swept away leaves and soil down the pathways. We enjoyed doing it” and “I like a bet on the horses so I do that but I also like to read”.

We found that staffing levels were safe and from looking at staff rotas saw that people had support over the weekends as well as in the week.

We observed that mealtimes were calm and that people had a choice of what to eat. Drinks were available throughout the day.

We found that although the service was not designed for rehabilitation services originally it had been adapted to provide a clean, well maintained and functional accommodation which served the purpose for which it was intended because the placements were time limited with people then returning to their own homes or moving to a suitable service.

We saw that a new competency framework was been introduced to check staff skills and knowledge. This would allow staff to have clear objectives and areas for improvement. Specific competencies had also been recently introduced for the enablers which would be overseen by the therapy team. This scheme had just started and so we were unable to judge the effectiveness.

Using the questionnaires which had been completed by people who used this service the registered manager had started to change the way in which people were working. One person’s comments had led to a group of people been supported by staff to go out to a local carvery for a meal one evening.

Records showed that CQC had been notified, as required by law, of all incidents in the home that could affect the health, safety and welfare of people.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Are services safe?**

We found that this service was safe. People at this service told us that their privacy and dignity was respected and they were involved in all decisions made about their care and support. They told us that staff cared about them.

We saw that there were staff in sufficient numbers to meet the needs of people who used the service. This was confirmed by people who used the service and when we looked at staff rotas. All the staff received induction training with further training planned.

The registered manager understood the requirements of the Mental Capacity Act 2005 and associated deprivation of liberty safeguards although they had not had to put them into practice.

Staff knew how to raise a safeguarding concern and followed local council policies and procedures in order to maintain people's safety.

Medicines were managed safely and in some cases people could administer their own medicines safely because of the protocols followed in this service.

Accidents and incidents had been reported and recorded in line with the services policy and procedure. These had been analysed and actions taken to prevent a reoccurrence where possible.

**Are services effective?**

This service was effective. People who used this rehabilitation service told us that they had been consulted about the goals they would like to achieve at weekly goal planning meetings and were given the appropriate support to meet those goals.

The care and support plans we looked at were detailed and reflected the care and support requirements of the individual. If further health support was needed then the persons GP was consulted.

The service was therapy led and as such had physiotherapists, occupational therapists and enablers working towards people becoming rehabilitated and able to return to their own homes.

Staff had appropriate induction and training and were supported by senior staff and managers. The registered manager had planned further training for staff to maintain their development. The service was developing a competency based system for staff linked to supervision and appraisal.

# Summary of findings

People had appropriate technology supplied such as pendants which they could use to alert staff if they needed support. They were also able to access equipment to enable them to become independent.

**Are services caring?**

We found this service to be caring. People told us that they felt that they mattered to staff. They said their privacy and dignity was respected.

We saw by speaking with staff and attending a staff handover that staff knew the people they were supporting including their preferences.

People told us that staff never entered their rooms without knocking and always asked permission before carrying out any care task. People at this service were encouraged to be as independent as possible.

People who used the service were able to speak with staff and therapists at any time to express their views about the care and support they received. They attended weekly goal planning meetings and were involved throughout the whole process of rehabilitation.

**Are services responsive to people's needs?**

This service was responsive to people's needs. People were encouraged to be involved in planning their rehabilitation. They told us that they were never rushed and could do things at their own pace.

There was a programme of activities for people to join in if they wished. This had been devised by the therapist to assist people in their rehabilitation. There were also activity sessions planned as part of a person's occupational therapy which built their skills such as food and drink preparation

People told us that they were involved in all decision making during their stay at the centre and when planning their return home they attended a review along with their relatives or supporters so that everyone was clear about what was planned.

**Are services well-led?**

This service was well led by a registered managed who was an effective role model. The registered manager maintained a positive culture in the service and we observed staff who respected people and showed care and compassion in a practical way.

# Summary of findings

The service worked with other professionals employed by the NHS to provide an effective rehabilitation service that provided people who used the service with the necessary support to return to their own home.

Complaints, comments and compliments were discussed at staff meetings and used to learn lessons. Safeguarding policies and procedures were followed when any concerns were raised. The manager was involved in the process and if necessary followed this up with individual staff.

The registered manager assessed what staff numbers were required to make sure people who used the service could be supported safely. There were additional physiotherapists, occupational therapists and an occupational therapy assistant working at this service. This helped people who used the service and staff to access advice and guidance from these professionals immediately. There were sufficient numbers of staff on duty on the day of our inspection and rotas confirmed that staffing numbers were consistent over time.

Staff were well trained and had the knowledge and skills needed to support people at this service.

Risks had been assessed and plans put in place which ensured the safety of people who used the service.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with 11 people who used the service and two relatives. People we spoke with were positive about the service and one person told us, "The place is everything you would want it to be."

People told us that they had been involved in planning their own care. One person said, "I was asked for my views." Another person said "I have been really helped here. I was involved in my care plan."

When asked if they could have access to health professionals when they wanted people told us, "I had my GP call to see me this morning. I have been his patient for a very long time" and "I can see my GP at any time, I have no concerns there." Another person told us, "When I leave here, and I will be soon because I have had a review, the community nurse is going to visit me."

Every person that we spoke with told us that staff were kind and compassionate towards them. One person said, "Wonderful, caring staff, there is not a bad one amongst them, or not that I have found." Another person said, "I can't speak too highly of the staff, I have been well looked after by them all. Nothing is too much trouble for them. I will miss them when I go home, because of their kindness and patience when it has been needed."

People we spoke with told us that they felt that staff respected their privacy and dignity. They told us, "Staff never enter my room before knocking and asking if it is OK for them to come in" and "I have to have some help with bathing but it is done in a sensitive way." One person told us, "Yes, I believe that staff do respect my privacy and dignity. I have been getting help with dressing; although I am able to do more for myself now, but they let me do it at my own pace, never hurry me. I am always asked and I choose what I want to wear, they leave me to make my own decisions."

People told us they could do what they want, when they wanted. For example one person said, "I decided that I would like a shower three to four times a week. There was no problem with this, and I have had a shower this morning." Another person said, "I have been able to have a meal in my own room when I have wanted it. Now and then I get interested in a programme on the television which I don't want to miss so I just ask for my tea in my room. Staff are quite happy to do that for me."

People told us that they were supported to maintain relationships with family and friends saying, "My daughter has visited me almost every day since I have been here. Staff have made her very welcome" and "I have been able to go out, to go home with my family for the day. The staff are really supportive because that was helpful for me as I will be going back very soon, but with help that they are getting for me." One person confirmed that their relative was ready to go home but without the help of this service would not be able to do so.

People told us that they would feel confident raising a concern or making a complaint. One person said, "I can't see what anyone would have to complain about in here, but if I was concerned about anything or had a complaint, then I would speak up." Another said, "If I saw something was wrong or someone was not been treated properly, then you can believe me, I would make a complaint."

# Middlesborough Intermediate 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 of the Health and Social care Act 2008. It was also part of the first testing phase of the new inspection process the Care Quality Commission is introducing for adult social care services.

We visited Middlesbrough Intermediate Care Service on 30 April 2014. At the last inspection for this service in October 2013 the provider was not asked to make any improvements.

The inspection team consisted of a Lead Inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Prior to the inspection the provider completed a Provider Information Return (PIR). We also looked at notifications for this service, reviewed any intelligence received by CQC and looked at the risk level for this service. We were provided with a copy of the latest service review by Middlesbrough Borough Council at the inspection.

We looked at all areas of the building including individual bedrooms with people's permission. We observed some planned activities within the service, a medication round, a lunchtime period and a staff handover. We looked at records which included three people's care and support records and records relating to the management of the service including policies and procedures, maintenance records, quality assurance documentation, staff duty rosters, five staff training and supervision files and a training matrix.

We spoke with the registered manager, the operations manager, a senior physiotherapist, the administrator, the cook and two enablers. We also spoke with 11 people who used the service and two relatives.

# Are services safe?

## Our findings

People told us that their rights and dignity were respected and that they had been involved in making decisions where there were may be a risk. One person told us, "Yes, without doubt staff respect my dignity. I have been getting help with bathing but it is done in a sensitive way. I am asked what help I want. I prefer to do as much as I am able for myself, but I have problems bending down to wash my legs, and that is when I get the help I need." Another person said, "Staff always ask your permission before they do anything for you, I am a rather private person and I do prefer to make my own decisions."

The service had notified the Care Quality Commission, as required by law, about five safeguarding alerts they had made to the local authority since their last inspection. The registered manager had followed local safeguarding protocols when reporting the incidents. They had attended strategy meetings and followed the advice given at those meetings as well as using internal procedures to make sure that any staff involvement was recorded and that lessons had been learned by staff .

Following one concern about information not been passed on by an enabler going off duty resulting in someone's condition deteriorating improvements had been made by the manager to the way in which information was passed on at each shift change. They had introduced paperwork for staff to complete which outlined any changes that had been made or incidents that had occurred over the course of the shift. This document was then used as an aid when staff handed over to the next shift which we saw when we attended the staff handover. There had also been changes had been made to the way in which staff were trained and their competency checked when dealing with medication. Staff were able to tell us about these changes.

The outcomes from strategy meetings had been fed back to staff and as a result of any incidents the registered manager had arranged for all staff to receive training updates in safeguarding. Twenty seven staff had already attended training in safeguarding in 2012. To avoid any further incidents and to safeguard the people who used the service additional supervision had been arranged for staff and a new system had just been put in place whereby competency checks of staff were linked to their supervision. This meant that staff performance and development was measured and poor performance could be recognised and dealt with quickly.

When we spoke with staff they told us that they would report any concerns that they had about someone's welfare or safety to their manager. One person who used the service told us, "In a place like this I would not hesitate, I would go straight to the top (Registered Manager) and I would tell them exactly what I had seen or heard. I would not accept wrong doing to me or to anyone else." People were safe because staff and people who used the service knew what to do when they had a concern.

We inspected how medicines were managed because there had been five medication errors reported at this service since their last inspection in October 2013. We looked at how the service received, stored, administered, recorded and disposed of medicines and how controlled drugs were managed. We joined a member of staff carrying out a medicine round to observe practice. We were able to see that the service had a medicines policy and procedure which was in line with relevant regulations and guidance and that it was been followed.

We saw that people had brought their medications in to the centre when they were admitted. These had been checked in by two members of staff who counted and listed them on to a medication administration record (MAR) before both staff signing each record. When staff needed further medication it was prescribed by the persons GP and then the service used a local pharmacy to dispense medications.

We accompanied staff when they carried out a medicine round and observed their practice. We saw that that people had their medication administered appropriately and safely by staff.

Staff showed us the Controlled Drugs (CD) cabinet and we carried out a random stock check against the controlled drugs register which confirmed that the register was completed correctly. The keys to the CD cabinet were kept separately from other keys which meant that only certain staff had access to those keys minimising any risk of unauthorised use.

The registered manager told us that they were introducing lockable drugs cupboards to everyone's room in order that people can maintain their independence further and to

# Are services safe?

reduce the risk of errors by staff who would administer from these cupboards. The registered manager told us that all of the enabling staff were trained in the safe administration of medication and some had had competency checks by more senior staff to make sure that their practice was safe. Staff told us that they had been observed at least three to four times to identify any good or poor practice. We saw that the observations had been recorded. This meant that staff who dealt with medication were competent and could therefore safely support people to become confident in managing their own medicines using this system.

There were corporate policies in place for Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DOLS). The registered manager had completed training in this subject and staff had some training during their induction.The registered manager had identified that further training was required and as part of their development plan for staff had arranged for further training in MCA and DOLS.

The registered manager told us that the service seldom admitted people who were unable to make informed choices as they had made a decision not to do so. The registered manager told us that they were aware of the requirements of the MCA 2005 and DOLS and if necessary would be able to make an application. While no applications had been submitted, proper policies and procedures were in place. The manager understood when an application should be made.

We saw that accidents and incidents had been reported and recorded. There were records of actions that had been taken. Some data had been collected about falls in the service from incident reports and this information was analysed to identify trends. The service review carried out by Middlesbrough Borough Council contracting department had identified in their report dated September 2013 that the analysis needed to be completed and in the follow up visit carried out in January 2014 it had been identified as been ‘Up to date and completed”.

# Are services effective?

(for example, treatment is effective)

## Our findings

It was breakfast time when we arrived to inspect this service and people who were more able were getting breakfast for themselves and for those who were less able. They called this the 'Breakfast club' and it demonstrated the balance between protection and freedom very well. People were encouraged to help themselves where they could in preparation for their return home. People who could had prepared cereals and toast and they served it to those that were less able.

We also observed a member of staff who used encouragement and reassurance when helping a person to leave a dining room table and use their walking aid. The member of staff only gave support if needed and the person left the dining room unaided. We saw that staff knew about the capabilities of people and were supporting them to take informed risks. The impact of this was that people who used the service were regaining their confidence. One person told us, "They helped me get my confidence back."

People told us that they had been involved in planning their care and support. Some had been involved in reviews of their support to assess what the next steps in their rehabilitation would be. One person said, "I am only here for another couple of weeks. We agreed I need physio to get me fully back on my feet and able to help myself. I am doing very well. The occupational therapist has been to my home and has arranged a rail to be put next to the steps." Another said, "I was asked for my views. They have helped me get my confidence back. I have been able to do a bit of gardening. I didn't think I would be able to do it again."

When we looked at people's care and support plans we could see that they were very individualised and reflected people's current needs. There was a full assessment of the person's current situation and abilities by the therapy team. The therapist then supported the person to set goals. It was clear that people had been involved in setting goals throughout their therapy. The therapists confirmed that they worked closely with the enablers to help people achieve their goals. One person told us, "I have being really helped here".

Some people required technological support in the form of telecare items such as an alert pendant or seizure monitor. Telecare is a means of providing support and assistance at a distance using information and communication technology. These items helped to alert staff whenever people required support. For instance if someone fell they could press the alert pendant which they would wear around their neck and someone would respond to that alert. This meant that people had minimal assistance unless it was really needed allowing them to be as independent as possible while minimising risks.

One person wanted to mobilise, sit and stand independently, dress themselves safely and independently and be able to make drinks and heat food in the kitchen. The therapist had set an action plan which outlined what that person needed to do to achieve the goals they had agreed. The senior physiotherapist we spoke with told us that people may have some therapy up to four times a day. This helped people to receive appropriate and skilled support in order to meet their specific goals.

A system of support around medication was in place for people who used the service. It was described as Stage 1, 2 and 3. This meant that a person had medication administered by staff at Stage 1. Staff supported people to administer their own medication and checked that they could read the instructions and open the boxes at Stage 2. Medicines were kept in lockable cupboards but staff held the key at this stage. Stage 3 was when people were able to administer their own medication from lockable drugs cupboards which were available in their room with no staff assistance although this was still monitored by staff. This meant that by the time people were leaving the service they were confident when taking their medication and this reduced the risk of them making errors.

Information was faxed to the persons GP on the first day of admission. We saw receipts of the fax transmissions in the persons care and support file. This made the GP practice aware of the person's location. We also saw records stating that GP's had visited people in the service when they had required some medical intervention. One person told us, "I had my GP to see me this morning" and another person said, "The nurse gives me an injection to help me." People told us that they were confident they would be able to access health care professionals whenever it was necessary. The operations manager told us that if people needed additional healthcare support a request for a referral would be made through their GP.

We looked at staffing levels at this service and found that there were enough staff on duty to make sure that people

# Are services effective?

## (for example, treatment is effective)

were well supported. The manager worked Monday to Friday. On the day we visited there was a registered manager, an operations manager who acted as a link between the registered manager and enablers, two enablers on each floor, a receptionist, two cleaners, a cook, one physiotherapist, one occupational therapist and an occupational therapy assistant. The number of staff was consistent on the rota and staff told us that if they were short of staff the manager would arrange for bank staff who were employed by Middlesbrough Borough Council to work at the service. The registered manager confirmed that they were able to request additional staff according to the needs of the people who used the service

Staff had the necessary experience, skills and knowledge required to this service. We saw the training matrix for the service and could see that people had attended mandatory training such as fire safety and safeguarding as well as more specialist training such as stroke awareness

We saw records which confirmed that staff received regular supervision. The discussions were linked to previous supervisions and had actions to be completed. The supervision document was signed by both the staff member and the supervisor. We also saw that one person had taken part in an appraisal and this had been linked to a competency based framework. This looked at the person's strengths, training and development needs, performance assessment and set objectives. This was in the process of been introduced for all staff to develop and support good practice.

We joined people in the dining rooms at lunch time. There were two dining rooms which were spacious allowing room for wheelchairs to be easily pushed amongst the tables. The tables were set and had condiments available. Drinks were offered to people throughout the meal. There was a two course hot meal available with a choice of two types of meat. The food was served from a hot trolley in the dining room and people could choose at the point of service what they wanted to eat. There were snacks and drinks available throughout the day. One person said, "The food is good and plenty of it".

People could eat in their own rooms if they wished. One person told us, "I have been able to have a meal in my own room when I have wanted it. Now and then I get interested in a programme on the television which I don't want to miss so I just ask for my tea in my room. Staff are quite happy to do that for me."

When we looked in people's records we could see that they had completed a preference form which included their food and drink likes and dislikes. The manager told us that this form helped her to plan menus. A screening tool was completed on admission which meant that where there was a risk of malnutrition identified it could be acted upon quickly. We saw from the care files that we looked at that no referrals to professionals such as dieticians had been required but we were told by staff that referrals would be made through the GP if they were necessary.

We spoke with the cook who explained that there were four week menus planned. The service used professionally pre prepared meals which could be simply cooked on the premises. The nutritional values had been worked out by the suppliers and each food stuff was labelled. As the people who used the service changed rapidly the menus could be changed according to their requirements. The cook could tell us about people's dietary needs and how that food should be presented.

The cooks were trained in food hygiene and safety. They had a kitchen cleaning schedule which was followed. We could see that the kitchen was clean, tidy and organised. The kitchen had received a rating of 5 from the local council's environmental health officer which indicated that they were meeting the food safety standards required.

# Are services caring?

## Our findings

We spoke with 11 people about their experiences of this service. They all told us that staff were kind and compassionate towards them. People also told us that their privacy and dignity was respected. One person said, “Staff never enter my room before knocking and asking if it is OK for them to come in. Staff have always been polite to me since I came in.”

One person told us,” I have been here three weeks; the place is everything you would want it to be. The food is good and plenty of it; staff are friendly, pleasant and helpful. I don’t think you could find a better place than this. I want to go home, obviously, but I can’t fault the help I get her.” Another person said, “I can’t speak too highly of the staff, I have been well looked after by them all. Nothing is too much trouble for them; I will miss them when I go home, because of the kindness and patience when it has been needed.”

Some people told us that the staff listened to what they said and that they felt that they mattered to staff. One person said, “I think we matter a lot to staff, they try their best for us”. Another person said, “I told the activities person that I was interested in artwork. They listened to me and supported me in doing some felt work and drawing horses; I love horses. She has been really kind and helpful.”

We spoke with one relative who told us that they had been involved in the decision making around their relative returning home. We observed staff talking with this person and their relative to explain what was going to happen following the persons return home. The relative confirmed that staff were helpful and polite and encouraged involvement.

We observed throughout the day that staff were smiling and friendly toward people. They showed patience and kindness when support was needed but used humour to communicate with people too. People who used the service told us when describing an activity, “It was good fun, we had a good laugh” and another person said when referring to a member of staff, “She is cheerful and willing to give you her time”. One person said, “Wonderful, caring staff.”

We saw that at the assessment stage the person’s wellbeing was considered and this continued throughout the time that the person was involved with the service. People were enabled to reach their potential as far as possible and then the community reablement service took over to maintain support until that person was safe and settled at home.

The therapists based at the service were involved with the persons return home and in one person’s file we saw evidence in the therapy notes that one person was having adaptations made to their home in preparation for their discharge. The person had been involved in identifying areas of difficulty. This helped to support the person and make sure that the person was as safe as possible on discharge.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

We saw from looking at care and support files that people had been involved in planning their rehabilitation. They had set goals in discussion with therapists and were involved at each stage of therapy. When we spoke with the senior physiotherapist they confirmed this.

The physiotherapists were employed by the NHS but were based at the Middlesbrough Intermediate Care Centre. They told us that weekly goal planning meetings were held with therapists, enablers and the registered manager. They told us that most people do get home following their stay at this service. They said that they created exercise programmes for people and support them in this up to four times a day whilst the occupational therapists concentrate on building skills with people and making adaptations which supported them. This support enabled most of the people who used the service to continue to live in their own homes.

People told us that they were involved in all the decisions about their care and could make choices if it was necessary. One person told us, "I decided I would like to shower three to four times a week. There was no problem with this" and "I like to look decent. I have plenty of clothes here and at home. I decide what I want to wear and staff take it out of the wardrobe for me."

We saw posters telling people how they could complain if they wished in the reception area and in the terms and conditions given to people on admission. There was a complaints log and a corporate complaints policy in place. People told us, " I can't see that anyone would have anything to complain about in here, but if I was concerned about anything or had a complaint, then I would speak up" and "I am not a complainer by nature but if I was worried about something that was not right, then I would tell somebody about it."

The service was therapy led by professionals who were employed by the NHS. Their feedback to us about the service was positive. They told us that they worked closely with the staff working at the service and communication was good. They held joint goal setting meetings weekly and attended reviews with enablers to gauge people's progress. The fact that the therapy team was based in this service meant that they were quickly accessible to people who used the service and staff.

The manager told us in the PIR that "Therapists and keyworkers had identified that social activities are a necessity for emotional wellbeing and to prevent social exclusion." On arrival at the service we saw that following breakfast people had already decided that they were going to bake. Later in the morning one person told us, "I enjoy baking and today I have helped to bake a tray of chocolate crisp cakes. I used both milk and white chocolate to make them". Another person said, "I enjoy making things. I have cut out some little animals in both material and felt and sewn them together, today it has been a dog with a bone." This meant that people were involved in personalised activities and encouraged to maintained their interests and hobbies.

When we looked in people's care and support files we could see that activities had taken place as part of that person's therapy. For instance the occupational therapist had been building skills with a person by supervising them making food and drinks. We observed other less formal activities. People sat in groups chatting and someone had a friend visiting. The service had recognised the risk of social exclusion and had worked to ensure that people had access to activities that were relevant to them and were able to maintain relationships with friends and family.

# Are services well-led?

## Our findings

At the time of our inspection there was a registered manager in post. Another manager showed us around until the registered manager arrived. They told us that they or the operations manager provided cover for the manager if they were unavailable which meant that staff always had access to a senior member of staff for advice and guidance.

When the registered manager arrived they told us that they managed both this service and the community rehabilitation service and worked closely with the telecare technology department. This meant that the registered manager could be involved with peoples care from admission, discharge home and whilst they were receiving care at home ;therefore people had continuity throughout their rehabilitation from a positive manager who led by example.

We saw that the registered manager and staff displayed clear values when working with people who used the service. They showed respect for people when speaking with them and compassion and kindness when providing support. One person told us, "I think we really do matter to staff." We observed a culture of positivity and enabling in this service.

We observed the registered manager interacting with members of staff and saw that they engaged with staff in a positive way. Staff told us that they would be able to approach the registered manager with any concerns and that they felt well supported. All the staff understood their role and responsibilities.

There had been one complaint at this service since the last inspection. The registered manager told us in the PIR that any complaints, comments or compliments had been shared at the staff meetings so that they were discussed as a team and lessons had been learned. One complaint had been shared with the staff team so that lessons could be learned. We saw that the complaint had been addressed by the registered manager appropriately.

There was a settled staff team at this service. All the staff were on permanent contracts. One staff member had raised some concern during their supervision about staffing levels been too low at times. The registered manager told us that they had looked at this and were able to access staff already working for the council to cover holidays and sickness. They told us that staff could also be brought in if people's needs demanded higher staffing levels. This was assessed by the registered manager with input from the team. There were sufficient numbers of staff on the day of our visit. No one was rushed and staff had time to spend with people.

Staff had received an induction when they started work at the service which was completed within six weeks and staff had been well trained. We saw that as part of the induction staff were trained in Mental Capacity Act (MCA) 2005 and deprivation of liberty safeguards (DOLS) and additional training had been arranged for (MCA) and (DOLS). In addition to this 98% of staff had completed training in safeguarding vulnerable adults.

The Middlesbrough Borough Council service review had identified that the manager should, "Ensure all staff have completed mandatory training annually". The registered manager had acted upon this information, developed a training plan and we saw that the relevant training had been booked.

People who used the service had completed a questionnaire recently. Some examples of comments from the questionnaires were, "All the staff were well mannered and very helpful" and "The physiotherapy was very good and well done for enabling me to walk with one stick." The feedback showed that people were happy with the care and support they had received. There had been one comment about people who used the service not going out into the wider community. The registered manager acted on that information and people had recently been supported to go out to a local carvery one evening.

There were no relative and resident meetings at this service because people were not resident for long periods. People told us that their families had been made to feel welcome and involved and one person told us, "I have been allowed to go home with my family for a day. The staff are really supportive because this was helpful for me", showing family involvement.

Staff meetings were held regularly and we saw minutes from both residential rehabilitation team meetings and therapy team meetings. There were handovers each day where each person's care was discussed. Goal planning meetings were held each week with representatives from each team and the manager. Each persons needs were

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looked at and who needed to do what to meet their goals. This had been recorded as an action. People who used the service were consulted about their care and support and there was evidence of this in their care and support files.

There were emergency plans in place that the staff were aware of. For instance there was a fire safety policy and procedure which specified peoples roles. There was a named fire manager who was a member of staff. There was a fire risk assessment for all staff to read and an evacuation practice had taken place in October 2013. There were weekly fire alarm checks and staff had received appropriate training to ensure the safety of people who used the service.