Middlesbrough Borough Council

Middlesbrough Intermediate Care Centre

Inspection report

Homerton Road
Pallister Park
Middlesbrough
Cleveland
TS3 8PN

Tel: 01642513120
Website: www.middlesbrough.gov.uk

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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?	Requires Improvement

Summary of findings

Overall summary

We inspected Middlesbrough Intermediate Care on 9 December 2015 and 7 January 2016. The first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting. We informed the registered provider of the second day of our inspection on 7 January 2016.

Middlesbrough Intermediate Care Centre (MICC) Residential Service provides assessment and rehabilitation services for a maximum number of 23 people to promote their daily living skills and independence. People are referred to the centre by the hospital or their GP and generally stay for up to six weeks. Some people stay longer if their progress with rehabilitation requires more time. Intensive therapy led rehabilitation is provided by care staff, physiotherapists and occupational therapists with the aim that people who use the service return to independent living.

The service had a registered manager in place. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. Staff we spoke with were able to describe how they ensured the welfare of vulnerable people was protected through the organisation's whistle blowing [telling someone] and safeguarding procedures.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Staff were aware of how to keep people safe; however risk assessments contained limited information. This meant that staff did not always have the written guidance they needed to keep people safe.

We saw that staff had received supervision on a regular basis and an annual appraisal.

Staff had been trained and had the skills and knowledge to provide support to the people they supported. The registered manager had identified any gaps in training and was arranging for training to take place. People told us that there were enough staff on duty to meet people's needs.

The registered manager told us that all people who used the service would need to have capacity. The service did not cater for people with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood their obligations with respect to gaining consent and ensuring people had choice. People and their relatives told us they were involved in discussions about their care.

The service did not have a high turnover of staff. Most staff had worked at the service for many years with

the last person to be recruited in 2010. The registered manager was able to talk us through the safe recruitment and selection procedures they would follow if they were to recruit any new staff.

Appropriate systems were in place for the management of medicines so that people received their medicines safely. However the main room in which medicines were stored was on occasions too warm.

There were positive interactions between people and staff. We saw that staff treated people with dignity and respect. Staff were attentive, respectful and patient with people. Observation of the staff showed that they knew people very well and were aware of their individual rehabilitation plan. People told us that they were happy and felt very well cared for.

We saw that people were provided with a choice of food and drinks which helped to ensure that their nutritional needs were met. People were supported as part of their rehabilitation plan to prepare and cook their own meals. People were weighed and nutritional screening had taken place.

People were supported to maintain good health and had access to healthcare professionals and services. People received the support they needed from physiotherapists and occupational therapists within the service. Where needed, referrals were made to a dietician or speech and language therapy. Staff at the service spoke with health and social care professionals during people's stay and on discharge to ensure appropriate care and support was received when they went home.

People's care plans were written in a way to describe their care, support and rehabilitation they needed, however some of these were brief and could be more person centred. Meetings took place regularly to review people's progress and new goals were set. People told us they were involved in all aspects of their care and rehabilitation.

People's independence was encouraged and staff encouraged and supported people to access the community as part their rehabilitation.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

Audits were taking place to ensure the service was run in the best interest of people however some of the auditing was infrequent and records were not always kept. Senior management visited the service on a regular basis as part of quality monitoring, however records of this visit or actions needed were not kept. ?? breach

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.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. This meant there were systems in place to protect people from the risk of harm and abuse.

The service did not have a high turnover of staff. No new staff had been recruited since 2010; however the registered manager was able to talk us through recruitment checks which would be completed to help ensure suitable staff were recruited to work with people who used the service.

There were arrangements in place to ensure people received medicines in a safe way.

Is the service effective?

Good

The service was effective.

Staff received training and development, supervision and support. This helped to ensure people were cared for by knowledgeable and competent staff.

People were supported to make choices in relation to their food and drink. People were weighed and nutritionally assessed.

People were supported by staff with their rehabilitation. People had access to healthcare professionals and services.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care, support and rehabilitation was individualised to meet people's needs

Is the service responsive?

Good

The service was responsive.

People who used the service and relatives were involved in decisions about their care, support and rehabilitation. Goals were set and these were regularly reviewed. Some care records were more of a task list and required more information to ensure they were person centred.

People had opportunities to take part in activities. People were supported to visits local shops as part of their rehabilitation

People told us staff were approachable and they felt comfortable in speaking to staff if they felt the need to complain.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon.

Quality monitoring of the service was infrequent. Senior management visited the service on a regular basis but did not keep a record of this.

Middlesbrough 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Middlesbrough Intermediate Care on 9 December 2015 and 7 January 2016. The first day of the inspection was unannounced which meant that the staff and provider did not know that we would be visiting. We informed the registered provider of the second day of our inspection on 7 January 2016.

The inspection team consisted of one social care inspector and an expert by experience who had experience of rehabilitation. 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 the inspection we reviewed all of the information we held about the service including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We did not ask the registered provider to complete 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.

On the first day of the inspection there were 19 people who used the service and on day two there were 15 people. We spoke with 13 people who used the service and four relatives. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the service and some bedrooms.

During the visits we spoke with the registered manager, the administrator, the senior team lead, the cook, two enablers [care staff], an occupational therapist and two therapy assistants. On the first day of the inspection we sat in and listened to the handover of information on people who used the service from the early to the late shift.

During the inspection we reviewed a range of records. This included two people's care records, including care planning documentation and medication records. We also looked at five staff files, including training records and records relating to the management of the service and a variety of policies and procedures developed and implemented by the registered provider.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I could not feel more safe as I am surrounded by professionals and they seem very competent and are pleasant." Another person said, "The staff here are all professionals and constantly give advice. If I ring the call bell they respond very quickly."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse. During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that the registered manager would respond appropriately to any concerns. The registered manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

The registered manager told us safeguarding training was provided to staff every three years. We were shown a chart which informed that 100% of staff had completed this training in the last three years. The registered manager told us this training would be provided to staff again in early 2016.

One of the aims of the service was to enable and support people to regain their confidence, ability and the necessary skills to return to independent living. Staff at the service worked with people to regain these skills. Once a person was identified as suitable for the service physiotherapists, occupational therapists and /or therapy assistants and enablers [care staff] completed an assessment of the person. This assessment looked at the help and support needed to rehabilitate, such as help with personal care, mobility and medicines. The registered manager told us at this point any risks associated with care, support and rehabilitation would be highlighted. We looked at the care records of one person which identified that the person was at risk of falls. Staff were able to describe the support needed to keep the person safe, for example making sure they walked with a frame and for staff to walk near them, however this was not documented on the risk assessment or support plan. The support plan stated provide supervision but did not state the level of supervision required to ensure the safety of the person. This meant that staff were not provided with the written guidance to keep people safe. We spoke with the registered manager about the need for risk assessments to include more detail.

The registered manager told us the water temperature of baths, showers and hand wash basins were taken and recorded on a regular basis to make sure that they were within safe limits. We saw records that showed water temperatures were taken regularly and were within safe limits.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the condition of electrics in the building, fire alarm, fire extinguishers and gas safety.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed that evacuation practices had been undertaken. The most recent practice had taken place in September 2015. Tests of the fire alarm were undertaken each week to make sure that it was in safe working order.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw that a monthly analysis was undertaken on all accidents and incidents and that these were analysed to identify any patterns or trends and measures put in place to avoid re-occurrence.

The service did not have a high turnover of staff. The registered manager and staff that worked at the service had done so for some time. The newest staff member was last recruited in 2010. The registered manager told us about the council's recruitment process. Initially any vacancies were advertised internally. If there wasn't any interest the post was advertised externally. The staff recruitment process included completion of an application form, a formal interview in which a set selection of questions would be asked, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and vulnerable adults. The registered manager told us that any new staff would need to have a minimum qualification of NVQ level 2 in Care and if they were to be a team leader they would need to have an NVQ level 3 in Care.

On the first day of our inspection there were 19 people who used the service and on the second day there were 15 people. We looked at the arrangements in place to ensure safe staffing levels. During our visit we saw the staff rota. This showed that during the day and evening there were four enablers and a team leader on duty. Overnight there were two enablers and one team leader on duty. People who used the service confirmed that staff were available should they need them through the night. During our visit we observed that there were enough staff available to respond to people's needs. We saw that call bells were answered promptly. One person said, "They [staff] come quickly if you need them."

We saw that appropriate arrangements were in place for the safe management, storage, recording and administration of medicines.

Staff supported people to be independent with their medicines. When people were admitted they were assessed to make sure they were able to self-administer their medicines safely. Following this assessment there were three possible outcomes which were medicines would be given by staff or staff would provide oversight and prompts or people would be independent with their medicines.

At the time of the inspection there were people at different stages and who required different levels of support from staff. We saw that people's care records contained information about the help they needed with their medicines and the medicines they were prescribed.

Most people were admitted from hospital or home with a fourteen day supply of their medicines. After this time staff at the service ordered a further supply to ensure continuity of treatment. On discharge home people received a minimum of seven days' supply of their medicines.

We checked three peoples' medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and a recording of when they have been administered. We found this was fully completed, contained required entries and was signed. There was information available to

staff on what each prescribed medication was for and potential side effects. The registered manager told us and we saw records to confirm that annual checks on staff responsible for supporting people with their medicines were completed. This showed us there were systems in place to ensure medicines were managed safely.

During the inspection one person who used the service explained to us about how they had been assessed to administer their own medicines safely. They also explained how staff made regular checks on them to ensure they were administering their medicines as prescribed and safely. They told us, "It is checked regularly to ensure everything is in order."

We saw that regular temperature checks were made on the main room in which some medicines were stored, however on some occasions the temperature was too high at 25 and 26 degrees Celsius. Storing medicines in too high a temperature can decrease their effectiveness. The room did not feel too warm and it was thought that maybe the thermometer was too close to the back of the fridge which generated some heat. The thermometer was removed to a different place and staff said they would carefully monitor this and take action if the room remained too warm.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff were very skilled at what they did. One person said, "They are all professionals and can give good advice. They give you confidence." A relative we spoke with said, "At last she [person who used the service] is walking properly. She used to shuffle but now she is lifting her feet. At last she has got the help she needs."

We looked at a chart which detailed training that staff had undertaken. The registered manager told us senior staff completed a three day course in first aid and that for all senior staff this was up to date. Other staff completed emergency aid and 79% of staff had received this training. Infection control training was every two years and 100% of staff had completed this training. Fire safety was every two years and 92% of staff had completed this. Moving and handling training was also every two years and only 50 % of staff had completed this training. However, the registered manager and staff pointed out to us that they worked with physiotherapists on a daily basis who showed them correct handling techniques for each individual person who used the service. Safeguarding was every three years and 100% of staff had completed this. Food hygiene was every three years and 71% of staff had completed this training. We saw that 100% of staff had received updated medicine training in the last year. The registered manager told us that where gaps in training had been identified this had been pointed out to the registered provider and that updates were to be provided.

The registered manager told us any new staff would complete the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. They told us how new staff would read the care plans of all people who used the service, read policies and procedures and would shadow experienced staff until they felt confident and competent.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision and an annual appraisal Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision and appraisals had taken place. A staff member we spoke told us the registered manager wanted to support staff with career development and training. They said, "She [the registered manager] wants to see the best in everyone."

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. The registered manager told us that all people who used the service would need to have capacity. The service did not cater for people with advanced dementia as they would not benefit from the service provided. Staff we spoke with understood their obligations with respect to gaining consent and ensuring people had choice. People and their relatives told us they were involved in discussions about their care.

The registered manager told us senior staff were to receive training on the Mental Capacity Act 2005 in the near future and then they would cascade this training to other staff.

During the inspection we spoke with the cook. They told us all food was prepared off site. All food coming into the service was ready prepared and only required reheating in the main kitchen area. They told us generally they had a four week menu plan; however this could change as people were discharged and new people came into the service as they tried to serve what people liked. They told us all food was gluten free and suitable for diabetics and if needed any other dietary requirements could be catered for. They told us they did have other foods such as cooked meats for salad and sandwiches and ingredients to make cakes. There was also a plentiful supply of fruit.

We observed the meal time of people who used the service. We saw that people were given a choice of two meals. Staff encouraged people to make their own decisions about they wanted to eat. We noted there was a language barrier for one person who used the service. However this did not cause a problem as staff took over two plates of food so the person could make the choice about what they would prefer to eat. People told us they liked the food. One person said, "Lunch was lovely today." We saw that portion size varied according to choice and that when people had finished they were asked if they would like some more.

Some people were encouraged to prepare and cook their own food as part of their rehabilitation. We spoke with an occupational therapy assistant about this process. They told us how they had two kitchen areas for people who used the service one of which had gas cooking facilities and the other which had electric. People who used the service would work with the cooking facilities they were most used to. During the inspection we saw how time was allocated to support people with the preparation and cooking of their food.

We saw that people were supplied with a plentiful supply of hot and cold drinks during the inspection and those who were able, made their own. We saw staff encouraged independence. At lunchtime we heard staff say to one person. "Do you want to make it [drink] or shall we do it".

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition.

The registered manager and staff we spoke with during the inspection told us they worked very closely together within the service and with other healthcare professionals to support the person in their rehabilitation. Enablers, senior staff and occupational therapists met regularly to discuss the individual support people needed and how they were improving or if there had been any deteriorations. Staff at the service also worked closely with GP's, the district nursing service, home care agencies and social workers. If needed appropriate referrals were made to dieticians or speech and language therapists. Staff spoke with knowledge and understanding about rehabilitation and people's individual needs. We found that changes to rehabilitation and needs were well managed. People were provided with the equipment they needed such as walking frames and raised toilet seats. This meant that people were supported to maintain good

health and had access to healthcare services to aid their rehabilitation

Good

Is the service caring?

Our findings

People and relatives we spoke with during the inspection told us that they were very happy with the care and support received and the staff were extremely caring. One person said, "I have had my assessment and agreed my therapy programme. The staff were so nice and carefully explained things to me." Another person said, "Each and every one of them is very kind and considerate." A relative we spoke with said, "This is the best place I know." We asked them why and they said, "Because they care." Another relative said, "They always make you feel welcome and take time to ask you how you are."

During the inspection we spent time observing staff and people who used the service. On the day of the inspection there was a happy and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. Staff provided people with encouragement and support with their rehabilitation. Staff took time and were patient when encouraging people to walk. People were not rushed. On one occasion staff noticed that one person who used the service was tired as the result of their morning exercise. They gave the person the option of using the walking frame or wheelchair to return to their seat. This meant that staff were aware of people's limits and when they needed additional support from staff.

We saw staff took time to speak with people about their rehabilitation. Staff asked people on numerous occasions how they were feeling. Additionally apart from the physical aspects of care, staff addressed the emotional issues by discussing with people their worries about managing at home. We saw one enabler providing reassurance to the relative of a person who used the service. This person's rehabilitation had been delayed as they had been poorly during their stay at the service. The enabler spent time with the relative and provided reassurance. We saw this was well received.

We saw that staff treated people with dignity and respect. When speaking with people staff got down to eye level to communicate their needs. Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed that the staff team was committed to delivering a service that had compassion and respect for people.

At handover staff were heard to speak respectfully about people and showed genuine care about the person's rehabilitation. One person who used the service had expressed a wish to go home earlier than planned for personal reasons. Staff understood and were keen to support this and were quick to identify that additional help would be needed initially for the person to manage their medicines.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. Staff were aware of what stage people were at in terms of their rehabilitation. Staff told us they liked working at the service and enjoyed supporting people. One person said, "This is the best job to have."

We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted

to. We saw that people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure that people received care and support in the way that they wanted to.

During the inspection we saw that people made their own choices and decisions. People told us they got up on a morning when they wanted and decided what time they went to bed. One person decided not to have a meal at lunchtime and asked for a sandwich later on in the afternoon.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Staff were aware of the process and action to take should an advocate be needed and leaflets on advocacy were available for people to read.

Good

Is the service responsive?

Our findings

The service employed an occupational therapy assistant who worked 18 hours a week. They told us their role was to engage people in conversation, encourage people in reminiscence, set up other activities and games such as dominoes and to bring external agencies into the service who could provide people with useful information about what was available to them on discharge. One example given was that a catering company visited people at the service and provided information on meals that could be delivered to their door. Those people who were interested were also able to taste the food so they could make choices on what food they would like to order on their return home.

On the morning of the first day of the inspection a quiz had been planned but as only two people had decided to take part this turned into a discussion. In the afternoon some people who used the service took part in a game of dominoes. One person who used the service said, "I love a game of dominos and I think I can beat them."

One person told us as part of their rehabilitation they visited the local shops with staff, they said, "Sometimes I am taken out for a walk to the shops as part of my rehabilitation and I buy a paper. Sometimes I walk around the centre for exercise and make people cups of tea or go to the gym, and at other times I stay in my room. If I go to the gym staff have to accompany me." Another person said, "Staff walk me over to the shops as part of my exercise and that is enjoyable, although tiring. They explain how I should be walking to avoid further problems".

During our visit we reviewed the care, support and rehabilitation records of two people. Each person had an assessment, which highlighted their needs. Following assessment goals were set and care plans had been developed to support people with their rehabilitation and needs. Care records reviewed contained information about the person's likes, dislikes and personal choice. For example we saw that one person preferred female care staff to support them with personal hygiene and they preferred a shower to a bath. This helped to ensure that the care and support needs of people who used the service were delivered in the way they wanted them to be. We noted that some plans were brief and were more of a task list. We spoke with the registered manager in respect of this. They acknowledged that plans were based very much on a medical model as opposed to a social model. They were aware of the need to include more person centred information whilst balancing the fact that there was a high turnover of people who used the service. The registered manager told us they would work on care records to include more information.

People we spoke with were familiar with their plan of care. One person said, "I had an assessment when I came in and the plan was agreed. Here it is if you want to have a look at it."

Another person said, "My plan has been carefully explained and I am very confident about my rehabilitation. I do my exercises regularly and staff often watch me do these."

People and their care records were reviewed and evaluated regularly. We saw records to confirm that that enablers, occupational therapists and physiotherapists regularly discussed people's progress and set new

goals. This helped to ensure people received the rehabilitation needed to return home as quickly as possible.

The registered manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of the complaints procedures and how they would address any issues people raised in line with them. There have not been any complaints in the last 12 months. People we spoke with during the inspection did not raise any concerns but said they would have no hesitation in speaking with any of the staff or the registered manager if they felt the need. One person said, "I would be confident of raising an issue if I need to."

Requires Improvement

Is the service well-led?

Our findings

People felt the service was well led as staff were very focussed on what they had to do to rehabilitate people so they could return home to independent living. Additionally they felt the registered manager was approachable to discuss any issues if necessary.

The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said, "[The registered manager] is great and always there to provide guidance and support." Another staff member we spoke with said, "It's brilliant that is why I am still here." They also said, "We have got a good relationship between management and all staff."

We found there was a culture of openness and support for all individuals involved throughout the service. Staff told us they were confident of the whistleblowing procedures and would have no hesitation in following these should they have any concerns about the quality of the provision. We saw staff encompassed the values of the service when speaking about their work and these were clearly embedded in practice.

Staff told us the morale was good and that they were kept informed about matters that affected the service. One staff member said, "This is a great place to work we have a really good staff team." Staff told us they had worked at the service for many years and this was down to good leadership and the fact that they were very passionate about their work and the successes the service achieved in rehabilitating people.

Staff meetings were held on a regular basis. We saw there were separate meetings with management, care staff, therapy staff, kitchen staff and team leaders. Staff we spoke with told us they were encouraged to share their views and ideas at meetings and they felt listened to.

Staff described the registered manager as a visible presence who was available at any time should they be needed.

We asked the registered manager about the arrangements for obtaining feedback from people who used the service. They told us every person who used the service was asked to complete a survey when they were discharged from the service. We looked at surveys which informed that people and relatives had been very pleased with the service they had received.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. The registered manager was able to show us numerous checks which were carried out, however some of these were infrequent. The registered provider completed an infection prevention and control audit on an annual basis, however there was no other auditing in between. We did see that cleaning staff and the registered manager or senior team lead did a weekly walk round to check on cleanliness of the service; however records kept of this check were very brief. The registered manager told us they would

commence an audit of the service monthly.

Health and safety inspections were undertaken twice yearly. This included checking that servicing was up to date and that staff had checked the fire alarm was in working order amongst other checks. The registered manager told us they checked health and safety in between this time, however did not keep a record of this. The registered manager told us they would access a health and safety audit and complete this monthly.

A pharmacist is employed and visits the service regularly to check on medicines and other staff check MAR for gaps in administration, however they do not keep a record of any auditing.

The registered manager said that due to the fast turnover of people who used the service care record audits did not take place.

Senior management visited the service on a regular basis to speak with people who used the service and monitor the quality of the service provided; however they did not keep a record of this. This had previously been pointed out to the registered provider when we recently visited another of their services. The registered manager told us action was to be taken to ensure that quality monitoring visits were recorded in the future.