

Leicestershire County Council

Melton Short Breaks Service

Inspection report

21 Victor Avenue
Melton Mowbray
Leicestershire
LE13 0GG

Tel: 01163055652
Website: www.leics.gov.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection visit took place on 25 May 2017 and was unannounced.

Melton Short Breaks Service is a care home that provides short term accommodation and personal care and support for up to six adults with physical and learning disabilities. At the time of our inspection four people were using the service. The service supports 42 people at various times throughout the year.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe with the support they received. Staff knew how to support people to remain safe from avoidable harm and abuse. Risks to people's well-being were not always assessed and guidance on how to mitigate risks was not always available for staff to follow. The provider's records of accidents and incidents did not always provide details of how these had occurred. Staff took the necessary action following an accident that occurred at the service. The provider had checks in place to support people to remain safe from the environment and the equipment they used.

Staffing numbers were suitable to make sure people received the support they required when they needed it. The provider was currently recruiting more staff. They were following their procedures to make sure this was undertaken safely so that only those suitable were employed.

People received their medicines when they required them. People's medicines were not always stored according to manufacturing guidelines.

People received support from staff who had received guidance and training relevant to their role. There were plans in place to refresh their knowledge so that it remained up to date.

Where there were concerns about people's ability to make decisions for themselves, the registered manager had not always undertaken assessments to determine people's level of understanding. Decisions made in a person's best interest had not always occurred in line with the Mental Capacity Act 2005 and therefore there was a risk that people's rights were not upheld.

People were satisfied with the food and drink available to them. They planned their menus for their stay at Melton Short Breaks Service. People had access to health care services to help them to remain healthy.

People were supported by staff who were kind, communicated with them well and involved them in decisions about their support wherever possible. Staff respected people's privacy and dignity. They knew

the things that mattered to people and made sure they had the information they needed to support people by contacting relevant others. People's independence was usually promoted by staff to make sure that they retained their skills.

People received support that was based on things that mattered to them. They had support plans that were being reviewed to make sure they contained up to date guidance for staff to follow. People's or their representative's contribution to the development or review of their support plan was not always documented.

People had opportunities to take part in hobbies and interests that were important to them when they had a short break.

People and their relatives knew how to make a complaint and the provider had a procedure to respond to any received.

Staff received support so that they understood their role and responsibilities.

People and their relatives had opportunities to give feedback on the quality of the service. The registered manager listened to suggestions and took action where required.

The registered manager was aware of their responsibilities although they had not submitted all of the required notification to CQC. Some checks occurred on the quality of the service. However, the range of checks occurring was not sufficient in identifying the areas that required improvement that we did when we visited.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

People felt safe and were protected from abuse by staff who knew their responsibilities for supporting them to remain safe.

Staff did not always have the guidance they required where there were risks to people's health and well-being. Staff took action when an accident occurred to help people to remain safe. The provider's accident records did not always detail how an injury had occurred.

The provider was recruiting more staff and they were checking their suitability before they supported people. People received the support they required when they needed it.

People's medicines were not always stored safely. People received the medicines they required.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

People were supported by staff who were trained and received guidance about their role.

Where there were concerns that people could not consent to their care and support, the registered manager had not always assessed this in line with legal requirements. Decisions made in a person's best interest had not always taken place.

People were satisfied with the food and drink available to them. They had access to health care services during their short break.

Is the service caring?

Good ●

The service was caring.

People received support from staff that was kind to them and respected their dignity and privacy.

Staff knew the people they supported and involved them in

decisions about their care wherever possible.

People were mostly supported to remain independent.

Is the service responsive?

Good ●

The service was responsive.

People received support that was centred on them as individuals. The provider was updating people's support plans to make sure staff had the most up to date information about people's preferences.

People's support was reviewed before they arrived for a short break.

People had access to a range of activities during their short break.

The provider had a complaints procedure that people and their relatives knew about.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

People and their relatives had opportunities to give feedback on the quality of the service.

Staff received support and were aware of their responsibilities.

The provider had not carried out sufficient checks on the quality of the service. They had not always identified areas that required improvement.

The registered manager understood their responsibilities but had not always submitted the required notifications to Care Quality Commission.

Melton Short Breaks Service

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 was a comprehensive inspection. The inspection visit took place on 25 May 2017 and was unannounced. The inspection was carried out by an inspector.

Before the inspection visit, we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted the health care professionals and Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service. We received feedback and took this into account when making our judgements.

We spoke with three people who used the service and with the relatives of two other people. We also spoke with the registered manager, a senior manager, a deputy manager and four support officers.

We observed care and support being provided so that we could understand people's experiences of care. We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager or provider had undertaken. We looked at three staff files to see how the provider supported and had recruited their employees.

We asked the registered manager to submit evidence to us after our visit. This was in relation to training that staff had received, health and safety checks and medicine's management. They submitted these to us by the required timescale.

Is the service safe?

Our findings

People's medicines were not always stored according to manufacturing guidelines. We saw that most people's medicines were stored in a room with no ventilation. We found that the temperature of this room was not monitored. We took the temperature and found the room to be too warm for the safe storage of people's medicines. This increased the risk that medicines may not have been as effective as they should be. The registered manager took immediate action to contact a pharmacist to gain advice. After our visit, the registered manager told us that they had moved the medicines to another room that was ventilated and that the recording of the temperature now occurred every day.

People received their medicines when they required them. One person told us, "They help me take it with water." Another person said, "Staff do it well." We saw that staff recorded when they had administered medicines and found that this was accurate. Some people took over the counter medicines. We saw that agreements were in place that had been authorised by a doctor to make sure they were safe to use with prescribed medicines. We also saw that people had 'as and when required' medicines to help with specific health conditions that they lived with. There were clear guidelines for staff to follow for the circumstances which they could be offered to people.

Staff were trained and their competency was checked to make sure they knew their responsibilities for handling people's medicines. Staff were knowledgeable about how to support people with their medicines. This was because the provider had made available to them procedures for them to follow. They knew what action to take should they make a mistake. One staff member told us, "If there was an error I'd tell the manager, ring 111 or the GP. If it was a major error I'd call for an ambulance. There is also a medicines error and incident form to complete."

We found that some risks associated with people's care and support were not always assessed. One person required assistance to move from one position to another. The registered manager had not assessed the specific risks to the person associated with the support they would require. We also saw that one person had the potential to manage their own medicines. We found that the registered manager had not assessed whether this person would be safe to manage their own medicines. One staff member confirmed, "[Person] could self-administer their own medicines but we've not really looked at it." The registered manager told us they would take action to undertake these assessments so that staff had the guidance they needed on the level of support people required.

We found that other risks to people's health and well-being were assessed and reviewed. These included risks associated with specific health conditions that people lived with as well as where people could display behaviour that could cause injury to themselves or others. Staff were knowledgeable about the guidance that had been made available to them. One staff member told us, "There are guidelines in place in the care plan. [Person] hasn't lashed out at any service user here. It's about knowing him. You need to take your time with [person]." Another staff member said, "We have everything in place for when [person] comes to stay. The room is all laid out. [Person] would become anxious if not so it's really important." We saw that staff were following the guidance when we visited.

We saw that staff completed records of any bruising or marks found on a person when they arrived at the service. We found that three of these records did not provide an explanation of how these had occurred. We discussed this with the registered manager. They told us that they would ask staff to request details from people or their representatives in the future about the circumstances of any injury so that they could determine if further investigation was required.

The provider had safe systems in place to help people to remain safe if an accident or incident occurred at the service. We saw records detailing that medical assistance had been requested for people where staff had concerns. We also saw that both accidents and near misses were analysed by the registered manager and senior staff to make sure that the required action was taken and that any changes to practice occurred where this was necessary. We found that the registered manager had contingency plans so that people would continue to receive their required support in the event of an emergency such as a fire. These plans gave guidance for staff on the type of support each person needed to remain safe.

People felt safe at Melton Short Breaks Service and staff knew their responsibilities to help protect them from abuse and avoidable harm. One staff member told us, "If you catch something small, any concerns, I would report it to the manager. It stops things becoming bigger." Staff were knowledgeable about the signs and symptoms that a person could be at risk and the provider had made available to them guidance to follow should they have concerns. We saw that the registered manager took action to share information with a social worker where there were concerns about a person so that they received the support they required to remain safe.

We found that checks on the environment and the equipment people used were in place. We saw that routine maintenance occurred on the equipment people needed. We also saw that the temperature of the water supply was tested to reduce possible scald risks. Checks on the safety of the gas, electricity and fire equipment was also tested and any action required to make improvement was undertaken.

The provider had safe procedures for recruiting new staff. These included checks on prospective staff's suitability. One staff member told us, "The DBS [Disclosure and Barring Service] check gets refreshed every three years. I had to supply references from previous employers when I first started." We found that at least two references were sought for each prospective employee as well as a DBS check being carried out before staff started supporting people. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. This meant that people could be sure that only staff suitable to work in the care sector were employed.

People's relatives told us that staffing numbers seemed suitable when they had visited the service. The registered manager told us that following a recent restructure within the organisation, and staffing review, they had lost staff members. They were currently recruiting new staff and we saw that in the interim, agency staff were being used. A staff member told us, "We're well staffed. We use agency staff at the moment. We make them read the case notes so that they know people's needs. I know that new staff are coming in and they are currently going through the DBS checks." We found that people received the support they required without having to unduly wait. We also saw that staff were able to spend time with people and to support them to undertake activities that were important to them.

Is the service effective?

Our findings

The Mental Capacity Act (MCA) 2005 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. We checked whether the provider was working within the principles of the MCA.

We found that where there were concerns about a person's mental capacity to agree to their support, assessments and decisions made in their best interest were not always undertaken. One person's care records detailed that they were unable to make decisions. Their records did not detail that assessments had been undertaken to determine this. Further, any decision made in the person's best interest with relevant others had not occurred. We also saw that a person was supported with their medicines and finances whilst using the service. The provider had not determined that this person lacked the mental capacity to manage these for themselves. The registered manager recognised that these assessments were required along with decisions being made with relevant others in a person's best interest where people were assessed to lack mental capacity. This meant that there were risks that people's rights and freedom were not being upheld.

We found that there were some assessments of people's mental capacity where there were concerns about their understanding in key areas of their care and support. One person was supported to see if they understood the importance of eating well. As it was determined this person did not have the mental capacity to make this decision, a decision in their best interest had occurred with their family and support staff. We found this decision had followed the principles of the MCA.

Most staff understood their responsibilities under the MCA. One staff member told us, "You always assume capacity. Just because someone makes an unwise decision doesn't mean they cannot make decisions." Another staff member told us, "DoLS is what we have to get in place for if we use lap straps and bars on beds as we could be restraining if people can't say they want them." Some staff told us that people's parents made decisions on their behalf. We saw that these people's parents did not have the legal authority to make decisions in this way. The registered manager told us that they would look at ways to refresh the knowledge of staff.

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 hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had made applications to the 'supervisory body' (the local authority) where they were seeking to deprive some people of their liberty. We found that some of these applications had been rejected as it was found that some people had the mental capacity to make decisions for themselves. The registered manager recognised that they needed to undertake mental capacity assessments before they made DoLS applications to make sure they were acting in ways that protected people's rights.

We saw that staff asked people for their consent before undertaking support and their choices were

respected. Staff recorded consent gained from people to take photographs of them to display at the service as well as recording how they had undertaken their support to help people to make choices.

People received support from staff who received an induction when they started to work for the provider. This equipped staff with the knowledge they needed. We saw that this included a discussion about their role, key policies and procedures and information about conditions that people lived with. The registered manager told us that new staff would complete the Care Certificate. The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

We found that staff received training that was relevant to the people they supported so that they had the skills and knowledge they required. One staff member told us, "The training is all to do with the job role. There are a lot of yearly updates as well. I've just done some training on skin integrity. It was really useful knowing how quickly poor care can cause a problem. It made me think about checking more thoroughly and passing the knowledge onto colleagues." We saw that other training was undertaken in topic areas such as specific health conditions that people lived with, first aid and helping people to move position where their mobility was restricted. A healthcare professional complimented the approach of staff when receiving training. They told us, "I found staff engaged and keen to learn." The registered manager told us that training was planned to refresh the knowledge of staff to make sure that their skills remained up to date. This included training in equality and diversity as well as training to guide staff in providing good support to people with a learning disability.

People were satisfied with the food and drink available to them. One person told us, "The food is good. I sometimes go shopping with them. I make my own sandwiches when I want to." People were part of planning the weekly menu and spoke positively about this. One person said, "I do the food shopping with staff. We choose the meals." Staff told us about the support they provided people with to help them to choose their meals. One staff member told us, "On a Friday they use cook books and pictures to plan the menu. Then they go shopping on the Saturday if they want to be involved." We saw that people's preferences for food and drink were detailed in their support plans. We also saw that staff had recorded people's allergies so that they avoided offering specific food to people.

People were supported to maintain their health. A relative told us, "They do ring me if they are concerned. They check things out. I'd sooner it be that way rather than not hearing." We saw that people had access to healthcare professionals when they stayed at Melton Short Breaks Service and that where staff had concerns about people's health, they took appropriate action. We also saw that people had emergency grab sheets in place. These detail people's specific social and health care requirements for those who may not know their needs should a hospital visit or admission be required. We read in one person's support plan that their blood sugar levels needed to be checked daily. We saw one occasion when this did not occur. The registered manager told us that this check did not need to occur daily. They told us they would make sure the support plan was amended following the most up to date doctor's advice.

Is the service caring?

Our findings

People told us that staff supported them in ways that were kind and caring. One person said, "Staff are helpful, they are kind and listen." Another person told us, "I like all the staff. They are nice and polite." A relative commented, "[Person] talks about them [staff] and I know she laughs and jokes with them. She would say if she was concerned at all but never does." We saw that staff spoke with people in kind ways. They offered reassurance to people where this was needed and took their time to listen to what people were saying and responded in ways that were important to them. We read the daily notes that staff used to record the support they provided to people. These focused on each person, how they had spent their time and how they were that day. This showed us that staff were concerned for people's well-being.

We saw that staff worked in ways with people that protected their privacy and dignity. Staff were sensitive when talking with people about private issues and did this discreetly so that those who should not hear could not. We also saw that staff knocked on people's doors before entering. We saw that staff were respectful of people's private records. We found that these were stored securely and were not left unattended when staff were using them.

People were actively involved in decisions about their support wherever possible. Staff used a range of communication methods to make sure this occurred. One staff member told us, "There are a variety of ways we communicate including signing, using objects of reference and pictures. One person has a board with yes and no on it to help them to make a choice." We saw that pictures were available to assist people to make meal choices and the menu was written using pictures to aid people's understanding. We saw that people's communication methods were described in their support plans so that staff had the guidance they required. We observed staff following the guidance when we visited by speaking in ways that were important to people using key phrases and altering their approach where this was required. Where people may have required additional support to make a choice, information on advocacy services had been made available to them. An advocate is a trained professional who can support people to speak up for themselves.

Staff knew the people they supported. This included their life history, things that mattered to them and their hobbies and interests. Staff showed a good depth of knowledge about each person's specific support requirements and showed a genuine interest in learning about people's changing needs or preferences. Staff described how they got to know new people to the service. One staff member told us, "If there is a new person we read the information from the social worker and get information from parents and carers." Another staff member said, "I get a good handover from my colleagues and I do know people well. I can speak with other staff too if need be."

Most people were supported to maintain their independence skills. We found that one person may have been able to manage their own medicines. Staff had not looked into this possibility with the person and instead undertook the task on their behalf. The registered manager told us they would review this. Other people were supported to be independent. One person described how they accessed the local area independently. They told us, "I have a job. I go when I am here [Melton Short Breaks Service]. I walk there myself and home afterwards." Another person said, "I do my own pack-up. I don't need help from staff." We

found that staff knew how to help people to maintain their skills. One staff member told us, "One person is able to run their own bath and can wash themselves. They will ask staff to do it but they don't need it. I tell [person] we are here to support you to do what you can for yourself." We saw in people's care records that staff had guidance about what each person could do for themselves and what support they required. The registered manager told us that people's support plans were being reviewed to make sure they included the most up to date guidance for staff when looking to promote people's independence.

Is the service responsive?

Our findings

People told us that they received care and support that was focused on them as individuals. One person said, "I can choose when I go to bed. I just tell them I'm off." A relative commented, "I do feel they know [person]. They cater for [person's] likes." Staff told us that they were able to offer support to people that responded to their individual needs. One staff member said, "This is real person-centred care. It's where things are done properly. There are the resources we need to be good carers. At no point do I go home with concerns. We've got the time to sit with people to chat and to reassure them when they need it." We saw that people were able to bring in personal items when they had a short break to help them to feel at home. We also saw that key information, such as how to complain was displayed. Pictures were used to aid people's understanding of information where there were communication differences. In these ways people could be sure that they would receive support that met their preferences and support requirements.

We saw that staff completed pre-stay phone calls before a person arrived at Melton Short Breaks Service. This was to establish with people or their loved ones if their care and support needs had changed since their last stay. The call also asked about things that were important for the person during the upcoming stay including a consideration about any routines that needed to be maintained.

The pre-stay call helped staff members to update each person's support plan so that staff had the most up to date guidance of how people wanted to be supported. The registered manager told us that some historical information in people's support plans was being reviewed to make sure it was still relevant. We saw examples of a new style of support plan that was focused on people's preferences, routines that were important to them and contained information about things that mattered to each person. One staff member told us, "The support plans are currently being updated at present. The new ones have a lot more information in them. For example, knowing that someone has sugar in their drink matters. It's the little things that are important." We found that staff demonstrated a good understanding of the information within people's support plans and they offered their support in ways that people responded to well.

Although we saw that reviews of people's support needs occurred, it was not always documented how people had contributed to this process. Two people told us that they could not recall seeing their support plan and were unsure if they were included in the review of their support. The registered manager told us that they would make improvements to their recording to show how people both were included in their reviews and how they offered support to help them to contribute to their support plans.

Relatives told us that they had been involved in their family member's review of their support needs. One relative said, "They go through it every year. I feel involved. They did make a change to it and they told me about it." Staff told us how they supported people to be included in reviewing their support requirements. One staff member said, "We do try and involve and include the service user and their family in care planning at least once a year and invite health professionals as well if needed. We discuss everything. What's working, what's not, the activities and the choices people make. Six months later we do an informal check to make sure things are still working."

We found that when people had a short break, there were opportunities to undertake hobbies and interests that were important to them. One person told us, "We go anywhere. We go to the cinema or anywhere." Another said, "There are day trips to Skegness or a theme park." A relative commented, "[Person] loves going to the cinema or theatre and they do it. [Person] likes going to the park and to listen to the bandstand and they take [person]." We saw that people's support plans contained guidance for staff about people's interests and we read many examples of how people had been supported to undertake these.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "If I am not happy I can speak with any staff." Another person said, "If I had a problem I would go to the keyworker and she would help me." A relative described how the provider responded to a complaint they had made. They told us, "They dealt with the complaint well. They reminded staff and things were dealt with quickly." We saw that the provider had a complaints procedure that was displayed for people and their visitors so that they knew the procedure to follow. We found that the provider had not received a complaint in the last twelve months. The registered manager told us that any that were received would be used as an opportunity to learn and to make changes to their delivery of care and support should it be required.

Is the service well-led?

Our findings

The provider's checks on the quality of the service were not always effective in identifying areas that required improvement that we found during our visit. We saw that there were medicine audits taking place by both support staff and the registered manager. These audits documented that the temperature of the room where medicines were stored was suitable. On the day of our visit the room was too warm. There was no routine checking and recording of the temperature by staff and the provider's audits had not identified this. We also found that a manager's medicines audit had not occurred since February 2017 but this was planned to take place monthly. We saw that there were templates to be completed by staff members relating to checking people's support plans. We found these mainly not to have been completed. The registered manager told us that the provider had visited to check the quality of the service. We found that these checks were not always comprehensive and had not identified, for example, that mental capacity assessments or risk assessments were not always in place where required. The registered manager showed us templates for a range of audits that the provider had recently issued. They told us they were confident these would help to check the quality of the service and to identify where improvements were required. They confirmed that the audits were due to be started in the next month.

We saw that other quality checks were occurring. We found that health and safety checks were in place. These identified areas that required attention and detailed action that had been taken. We also saw that people's finances were checked routinely and that the recording staff made about the support they had offered to people was checked to make sure the notes were accurate and comprehensive.

We found that the registered manager was aware of their responsibilities with Care Quality Commission (CQC). However, they had not submitted the notifications we required where they had an authorisation to deprive two people of their liberties. This was important so that we could check the service was meeting any requirements of the authorisations. The registered manager told us they would submit these to us after our visit. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.

We saw that the provider learnt from mistakes that had occurred. An example of this was that where a medicines error had been made, the registered manager had changed the practice of staff to try to prevent a reoccurrence. This had resulted in staff undertaking further checks on people's medicines when they arrived for a short break to minimise the possibility of an error. This demonstrated good leadership.

Staff felt supported by the registered manager. One staff member told us, "Any worries about anything, every single manager and colleague will make the time to help you with anything. They look after their staff unbelievably well." Another said, "My support has been great. I have regular supervisions and the team meetings are regular." Some staff felt that although they received good support generally, opportunities to meet on a one to one basis with a manager had been limited in recent months. One staff member commented, "Supervision occurs but not for a while now but there has been some changes so hopefully things will get back to normal." Staff confirmed that they had opportunities to give suggestions to the

registered manager and that these were always considered.

People and their relatives told us that they had opportunities to give feedback to the provider. One relative said, "They ask me every single time how things are. I speak to them rather than filling in a questionnaire but they do offer me one." Another told us, "They have coffee mornings once in a while and I attend and we chat about things." We saw that questionnaires had been issued to people and their responses were analysed by the registered manager. These covered questions about the quality of the service. The registered manager had taken action following the feedback received. This included sending information to people about what a support plan was as some respondents had stated that they did not know. The registered manager told us that they were looking at sharing the general results with people and their loved ones.

We found that the registered manager had built good relationships with people who used the service and their relatives and carers. This had the outcome that people and others were satisfied with the service and spoke highly of it. One person told us, "I think it's brilliant." A relative commented, "It's a really good service. Its got that welcoming feel that [person] likes. [Person] gets stressed very easily but there are no problems there. I can relax when [person] is there."

Staff were aware of their responsibilities as the provider had made available to them policies and procedures. An example of this was that staff knew the action to take should they have concerns about a colleague's working practices. One staff member told us, "If I saw a situation I wasn't happy with I'd inform the manager. If nothing was done I could go higher or then to a duty manager or even yourselves [CQC]." Staff also attended team meetings where they received feedback and guidance on their work. One staff member said, "Staff meetings are every month. They are useful for discussion and they [managers] have just changed the times so that more staff can attend."

The provider had aims and objectives for the service. These included respecting people's diverse needs as well as their dignity and privacy. We found that staff were aware of these and were working to them when we visited. This meant that there was a shared understanding of what the service strove to achieve.