The Dorothy Kerin Trust

Burrswood Health and Wellbeing

Inspection report

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Date of inspection visit:
14 August 2018

Date of publication:
07 February 2019

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

We inspected the service on 14 August 2018. The inspection was unannounced. Burswood Health and Wellbeing is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

Burswood Health and Wellbeing is registered to provide accommodation, nursing and personal care for 40 younger adults and older people who have physical and/or sensory adaptive needs. The service was principally designed to accommodate people on a short term basis. Some people were admitted from hospital to the service's reablement unit. This was so that they could receive physiotherapy and occupational therapy in order to become more independent before returning home. Other people were admitted from their own homes to the service's assisted living unit. This was for a variety of reasons including receiving care while their family members were away. On the day of our inspection visit there were seven people receiving care in the reablement unit and four people accommodated in the assisted living unit.

The service was run by a charitable body who described themselves as being 'Christian but welcoming people of all faiths or none'. During the inspection visit the charity was represented by their chief executive officer. The former registered manager had left the charity's employment shortly before our inspection visit. In their place the charity had appointed a new manager who was about to apply to the Care Quality Commission to become registered in their post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about the charitable body we refer to them as being, 'the registered provider'. When we speak about nurses, care staff, physiotherapists and occupational therapists as a group we refer to them as being, 'the professional staff'.

This was the first comprehensive inspection of the service using our new way of quality rating services. The service was registered on 21 January 2011 and we completed our last inspection on 11 and 26 July 2013 using our legacy inspection model.

At the present inspection we found four breaches of the regulations. The first breach was because the registered provider had failed to consistently reduce risks to people's wellbeing by providing safe care and treatment. Lessons had not always been learned when things had gone wrong as a result of which robust arrangements were not in place to suitably safeguard people from the risk of experiencing harm. The second breach was because the registered provider had failed to establish the necessary systems and processes to ensure that we were promptly told when a person not been suitably safeguarded from the risk of experiencing harm. The third breach was because the registered provider had not established reliable procedures to ensure that only trustworthy people were employed to provide care. The fourth breach was because the registered provider had not made suitable arrangements to enable the service to learn, improve

and assure its sustainability by ensuring that all regulatory requirements were met.

After our inspection visit the registered provider sent us information to show that they had addressed all the breaches of the regulations to provide people with safe care and treatment.

Our other findings were as follows: Medicines were managed safely in line with national guidance. There were enough professional staff on duty. Suitable arrangements were in place to prevent and control infection.

The registered provider had not given nurses and care staff all of the training and guidance they were said to need to consistently deliver care in the right way. People's citizenship rights under the Equality Act 2010 were respected. People were supported to eat and drink enough to have a balanced diet to promote their good health. Suitable steps had been taken to ensure that people received coordinated support when they used or moved between different services. People had been supported to access any healthcare services they needed. The accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered provider had established the necessary arrangements to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness and they were given emotional support when needed. They had also been helped to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. Confidential information was kept private.

People received person-centred care that promoted their independence. This included them having access to information that was presented to them in an accessible way. People were supported to meet their spiritual needs. They were also given interesting and innovative opportunities to pursue their hobbies and interests. The registered provider and staff recognised the importance of promoting equality and diversity. This included appropriately supporting people if they followed gay, lesbian, bisexual, transgender and intersex life-courses. Suitable arrangements were in place to resolve complaints in order to improve the quality of care. People were supported to make decisions about the care they wanted to receive at the end of their life in order to have a comfortable, dignified and pain-free death.

People who received support, their relatives and members of staff were actively engaged in developing the service. The registered provider was actively working in partnership with other agencies to support the development of joined-up care.

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 had not always received safe care and treatment so they were safeguarded from the risk of experiencing harm.

Background checks had not always been completed in the right way before nurses and care staff were appointed.

There were enough professional staff on duty to promptly give people all of the care and reablement they needed.

Medicines were safely managed in line with national guidelines.

People were protected by the prevention and control of infection.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Professional staff had not received all of the training and guidance the registered provider said that they needed.

People were supported to eat and drink enough to maintain a balanced diet.

People were assisted to receive coordinated care and to access ongoing healthcare support.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

The accommodation was designed, adapted and decorated to meet people's needs and wishes.

Is the service caring?

Good

The service was caring.

People received person-centred care and were treated with kindness and respect.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

People's privacy, dignity and independence were promoted.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were supported to pursue their hobbies and interests.

Equality and diversity were promoted by supporting people to meet their spiritual needs and to make life-course identity choices.

Suitable provision had been made to listen and respond to people's concerns and complaints in order to improve the quality of care.

People were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered provider had not submitted a statutory notification in the right way.

A registered manager was not in post.

Suitable arrangements had not been made to enable the service to learn, improve and assure its sustainability by ensuring that all regulatory requirements were met.

People who used the service and their relatives and members of staff were actively engaged in developing the service.

The registered provider worked in partnership with other agencies to promote the delivery of joined-up care.

Burrswood Health and Wellbeing

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 registered provider was 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 used information the registered provider sent us in the Provider Information Return. This is information we require registered providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered provider had sent us. These are events that happened in the service that the registered provider is required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 14 August 2018 and the inspection was unannounced. The inspection team consisted of an inspector, two specialist professional advisors and an expert by experience. One of the specialist professional advisors was a physiotherapist and the other was a nurse. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

During the inspection we spoke with all of the people who were using the service and with two relatives. We also spoke with two nurses, three care staff, a senior physiotherapist, a physiotherapist, an occupational therapist and two housekeepers. In addition to this, we met with a member of the spiritual wellbeing team, facilities manager, maintenance manager, director of corporate services, manager and chief executive officer. We observed care that was provided in communal areas including the hydrotherapy pool and looked at the care records for seven people who used the service. We also looked at records that related to how the service was managed including accidents and incidents, staff deployment, recruitment, training and quality

assurance.

Requires Improvement

Is the service safe?

Our findings

The registered provider had not established robust systems and processes to assess, monitor and manage risks to people's safety so they were enabled to stay safe while their freedom was respected. Records showed that suitable steps had not been taken to quickly arrange for a person to receive medical assistance after they had fallen from a wheelchair. This had occurred because the person's injuries had not been properly assessed and because their reports of being in pain had been overlooked. In addition to this, the registered provider had not developed an effective system for managing and learning from incidents such as these. As a result of this oversight nurses and care staff did not have a clear procedure to follow so that the incident was immediately brought to the attention of a senior manager. These serious shortfalls resulted in the person concerned having to wait for 13 days until they were referred for medical attention. After the referral had been made the person was admitted to hospital where they received treatment for a fractured bone.

Failure to provide safe care and treatment was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, other steps had been taken to help people avoid preventable accidents. Examples of this included the service having special hoists that were necessary to enable people to transfer safely. Another example was the accommodation being fitted with a passenger lift that gave step-free access around the accommodation. Other examples were hot water being temperature controlled and radiators being fitted with guards to reduce the risk of scalds and burns. The service was equipped with a modern fire safety system that was designed to enable a fire to be quickly detected and contained so that people could be moved to safety.

We examined records of the background checks that had been completed when three members of staff had been appointed. In each case a suitably detailed statement of their employment history had not been obtained. This oversight had reduced the registered provider's ability to determine what assurances they needed to seek about the applicants' previous good conduct. Furthermore, no action had been taken even when it had been apparent that assurances needed to be sought about two of the applicants' previous periods of employment. In addition to this, the registered provider had not sought satisfactory information from the applicants about any physical or mental health conditions that may have affected their capability to work in the service.

These shortfalls had reduced the registered provider's ability to ensure that only people who could demonstrate their previous good conduct were employed to work in the service.

Failure to establish and operate effective recruitment procedures was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living in the service. One of them said, "I feel nice and safe here because the staff are just so kind." Another person remarked, "It really is top of the class here. It's peaceful and relaxed

and the staff are very helpful. They're professional but friendly at the same time and they make the place."

The registered provider had suitably established how many professional and ancillary staff needed to be on duty at each point of the day. Records showed that enough staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum figure set by the registered provider. During our inspection visit we saw that there were enough professional staff on duty because people promptly received all of the care and reablement support they needed. People told us that they received care in a timely way and they considered that sufficient professional staff were routinely on duty in the service. One of them said, "When I call for help it always comes quickly."

Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. Most people administered their own medicines. There were suitable systems and processes for nurses to follow on the limited number of occasions they were asked to dispense medicines. There was written guidance giving nurses information about factors such as a person's allergies and any special instructions about using medicines received from doctors. Nurses had received training and had been assessed by the former registered manager to be competent to safely administer medicines. We saw them administering medicines in the right way and records showed that people had been given the right medicines at the right times.

Suitable measures were in place to prevent and control infection. The registered provider had made the necessary arrangements to assess, review and monitor the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. The accommodation had a fresh atmosphere throughout. Soft furnishings, beds and bed linen had been kept in a hygienic condition. Professional and ancillary staff recognised the importance of preventing cross infection. They wore clean uniforms and regularly washed their hands using anti-bacterial soap. They also used disposable gloves and tabards when assisting people with close personal care.

Requires Improvement

Is the service effective?

Our findings

People told us that they were confident that the professional staff knew what they were doing and had their best interests at heart. One of them remarked, "I get on very well with all of the staff here because they give me all the help I need." Another person remarked, "I couldn't ask for more because the staff are always at hand whenever I've needed them and they're so willing and attentive."

However, we found that professional staff had not been fully supported to consistently provide care in line with national guidance. In their Provider Information Return the registered provider said that it was important for all professional staff to receive thorough introductory and refresher training. They also said that it was important for nurses and care staff to receive regular individual supervision to check that they had all of the knowledge and skills they needed. Nevertheless, records showed that some professional staff had not received all of the refresher training the registered provider said was necessary. There were also examples of some nurses and care staff not receiving individual supervision as regularly as was intended. This shortfall had limited the registered provider's ability to establish that the staff in question actually had the competencies they needed to care for people in the right way.

Nevertheless, we found that in practice the professional staff had the knowledge and skills they needed to consistently provide people with the practical assistance they needed. Nurses knew how to support people who lived with particular healthcare conditions. Care staff knew how to assist people who were at risk of developing sore skin and/or who needed extra help to maintain their continence. Physiotherapists and occupational therapists demonstrated to us that they were competent to devise and deliver reablement treatment plans that were designed to promote people's mobility and independence.

We raised our concerns about the shortfalls in the provision of training and guidance with the chief executive officer. They assured us that the oversights in question would quickly be put right.

We recommend that when doing this the registered provider seeks advice and guidance from a reputable source about how to establish and operate robust systems and processes to provide professional staff with suitable guidance and support.

There were systems and processes in place to assess people's needs and choices. These included establishing what assistance each person needed before they moved into the service to ensure that the necessary facilities and resources were in place. The assessments had also considered any additional provision that might need to be made to ensure that people's citizenship rights under the Equality Act 2010 were fully respected. An example of this was the manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

People told us that they enjoyed their meals. One of them remarked, "The food is perfect. I am a cook and I'm used to good food. This food tastes home-cooked rather than just restaurant food. It's proper, well-cooked food, with interesting ideas." Another person remarked, "Yes, the meals are exceptionally good although I think we get too much and then I have to leave it which feels like being wasteful." People were

supported to eat and drink enough to maintain a balanced diet. People could choose to have their meals in the dining room or they could dine in the privacy of their bedroom. The dining room was an attractive and welcoming space with the tables being neatly laid out to promote a fine-dining experience. The menu showed that there was a wide choice of dishes served at each meal time. The meals that we saw served at lunchtime were attractively presented and the portions were a reasonable size.

Records showed that there was provision for people to be offered the opportunity to have their body weight measured. This is sometimes necessary so that any significant changes can be referred to a healthcare professional who may need to prescribe a food supplement to help a person to increase and/or maintain their weight. There were also systems and processes in place to enable nurses to identify if a person needed to be referred to healthcare professionals because they were at risk of choking. This was so that nurses and care staff could receive advice about how best to support them including specially preparing their food and drinks so that they were easier to swallow.

Suitable arrangements were in place to ensure that people received effective and coordinated care when they were referred to or moved between services. These included there being arrangements for professional staff to prepare written information for each person that was likely to be useful if they needed to be admitted to hospital. Another example of this was the registered provider offering to make arrangements for people to be accompanied to hospital appointments so that important information could be passed on to healthcare professionals.

People were supported to live healthier lives by receiving ongoing healthcare support. Records confirmed that when people did not live nearby they had been assisted to register with a local doctor. This had been done so that they could receive prompt medical attention. If necessary arrangements could also be made for people to receive assistance from other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Provision had been made to ensure that people were protected by the safeguards contained in the Mental Capacity Act 2005. This law provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The laws require that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the legislation. The authorisation 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 legislation. All of the people using the service at the time of our inspection visit had capacity to make decisions about the care and treatment they wanted to receive. They told us that when they first moved into the service suitable steps had been taken to enable them to give their informed consent to the assistance they expected to be given. This included the professional staff consulting with them, explaining information to them and answering any questions they wanted to ask. In addition to this, suitable systems and processes were in place to respond to occasions when a person lacked capacity to make certain decisions. These included consulting with healthcare professionals and with relatives who knew the person well and so who could contribute to making decisions that were in their best interests.

The registered persons had established the necessary systems and processes to quickly make applications

for DoLS authorisation if a person lacked capacity and needed to have their freedom restricted in order to keep them safe.

The accommodation was designed, adapted and decorated to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were laid out as bed sitting areas. All areas of the service were presented to a comfortable domestic standard with good quality decorative finishes and interesting pictures and ornaments. There were extensive gardens that were well maintained and that had seats for people who wanted to relax and enjoy the peaceful surroundings.

Good

Is the service caring?

Our findings

People were consistently positive about the care they received. One of them said, "The staff here can't do enough for me. In a way it's sort of like being a private clinic. I see the physiotherapist for individual assistance and then the care staff are there for everything else." Another person said, "It's more than just the staff being helpful, it's that they're so willing in whatever they do and so I never feel like I'm being a nuisance if I ask for help."

The registered provider had provided the professional staff with the resources they needed to ensure that people were treated with kindness and given emotional support when necessary. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff responding to a person who had become concerned about how well they would be able to manage when they went home. The member of staff chatted with the person and gently explained to them that the family members were making arrangements for them to receive increased assistance from a home care service. This information reassured the person who then smiled and looked forward to going home.

People's privacy, dignity and independence were respected and promoted. Professional staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be secured when the rooms were in use. We saw nurses and care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. They also covered up people as much as possible when providing personal care.

Nurses and care staff were considerate and we saw that a special effort had been made to welcome people when they first moved into the service. This had been done so that the experience was positive and not too daunting. The arrangements included inviting people to personalise their bedrooms by displaying their own photographs and ornaments. Furthermore, records showed that nurses and care staff asked newly-arrived people how they wished to be addressed and had established what times they would like to be assisted to get up and go to bed.

Another example was people being consulted about how often they wished to be checked at night and whether they wanted to have their bedroom door closed or left ajar. We observed a member of care staff sitting with a person who had just moved into the service. The member of staff chatted with them about their experience of moving in and quietly reassured them that someone would always be on hand to help them find their way around. We heard them laughing together and afterwards we saw the member of staff walking with the person as they explored their new surroundings.

People had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of them had family, friends or solicitors who could support them to express their preferences. Records showed that the manager had encouraged their involvement by liaising with them on a regular basis. In addition to this, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support

people to weigh up information, make decisions and communicate their wishes.

People told us that they could speak with relatives and meet with health and social care professionals in private if this was their wish. Records also showed that nurses and care staff had assisted people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People told us that the professional staff provided them with all of the assistance they needed. One of them said, "I do need a lot of help now with everyday tasks like getting up, washing hard- to-reach places and dressing. The staff are always on hand and I get whatever assistance I need." Another person remarked, "There's no doubt about it the care is first class and couldn't be bettered."

People received personalised care that was responsive to their needs. This included respecting their right to have information presented to them in an accessible manner taking into account any physical and/or sensory adaptive needs they may have. Records showed that professional staff had carefully consulted with each person about the care and reablement they wanted to receive and had recorded the results in an individual care and reablement plan. These plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records called 'the patient knows best' confirmed that people were receiving the care and reablement they needed as described in their individual plan. This included responding to their physical adaptive needs by promoting their mobility and independence, supporting them to maintain their personal hygiene and helping them to manage healthcare conditions.

People were offered a number of imaginative and innovative opportunities to pursue their hobbies and interests and to enjoy taking part in a range of social activities. There was a member of the spiritual wellbeing team on duty each weekday in the service who organised a number of small group activities. One of these was called 'altered books' and involved people being invited to amend ordinary published books in order to reflect and express themselves. We saw that some people had highlighted words on a number of pages that formed a sentence which described events in their childhood that were important to them. Other people had used paints to illustrate whole pages that related to something that was significant to them. In addition to this, people were offered the opportunity to take part in poetry readings and enjoying speakers who called to the service. People were also supported to enjoy individual activities such as looking through family photographs, reading and spending time in the gardens.

The manager and the professional staff understood the importance of promoting equality and diversity. This included people being supported to meet their spiritual needs by attending a number of multi-faith religious ceremonies if they wished to do so. It also included there being suitable provision in place to support people if they adopted gay, lesbian, bisexual, transgender or intersex life-course identities. An example of this was professional staff being aware of how to help people to access social media sites that reflected and promoted their choices.

There were robust arrangements to ensure that people's complaints were listened and responded to in order to improve the quality of care. These included informing people in an accessible way about their right to make a complaint and how to go about it. There was also a procedure for the chief executive officer and the manager to follow when managing complaints. Since our last inspection the registered persons had only received a small number of formal complaints and records showed that these had been investigated properly and resolved to the satisfaction of the complainants.

The registered provider had made suitable provision to support people at the end of their life to have a comfortable, dignified and pain-free death. The manager recognised the importance of consulting with people and their relatives about how best to support a person when they approached the end of their life. A part of this involved clarifying each person's wishes about the medical care they wanted to receive and about how they wished their life to be celebrated.

Requires Improvement

Is the service well-led?

Our findings

The registered provider had not established suitably robust arrangements to ensure that we were promptly told about significant incidents that occurred in the service. As a result of this shortfall we had not been quickly informed about the incident described earlier in this report when a person had not been suitably safeguarded from the risk of experiencing harm. Registered providers are required to tell us about these and other significant events so that we can ensure that suitable steps are taken to keep people safe. In the present case, the registered provider's inaction resulted in the Care Quality Commission not being able to make enquiries and to seek appropriate assurances. These assurances would have increased the likelihood of the person concerned receiving the prompt medical attention they needed and had the right to expect.

Failure to establish robust arrangements to ensure that a statutory notification was promptly submitted to the Care Quality Commission was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The former registered manager had left the charity's employment shortly before our inspection visit. In their place the charity had appointed a new manager who was about to apply to the Care Quality Commission to become registered in their post. Together with the senior executive team they operated a number of systems and processes that were designed to enable the service to comply with regulatory requirements. However, some of these arrangements had not been sufficiently robust to enable the service to learn, innovate and ensure its sustainability. This was because quality checks had not quickly identified and resolved the shortfalls we identified. These concerned failures in the provision of safe care and treatment, recruitment of staff, delivery of training and support and in submission of statutory notifications. These oversights had reduced the registered provider's ability to ensure that people consistently received the right care.

Although the chief executive officer had introduced an action plan to address most of our concerns this was still being implemented. As a result we could not be fully assured that all of the necessary improvements would be introduced and that progress would be sustained.

Failure to establish and operate suitable systems and processes to assess, monitor and improve the quality and safety of the service provided was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, all of the people with whom we spoke considered the service to be well run. One of them told us, "I do indeed think that this place is very well run. It has to be for them to provide all these care and treatment services while at the same time keeping the place feeling like it's a country club." Another person remarked, "Things seem to run smoothly and so yes it's a sorted place." Records showed that people who lived in the service and their relatives had been invited to make suggestions about how the service could be improved. Steps had been taken to act upon any feedback that had been received. An example of this was changes that had been made to the menu so that it better reflected people's changing preferences.

There were systems and processes that were designed to help professional staff to be clear about their responsibilities. This included there being a nurse who was in charge of each shift in both the reablement unit and the assisted stay unit. Arrangements had also been made for a senior manager to be on call during out of office hours to give advice and assistance to care staff should it be needed. Professional staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. Furthermore, professional staff had been provided with new and more detailed written policies and procedures that were designed to give them up to date guidance about their respective roles.

All of the staff with whom we spoke told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the chief executive officer and the manager if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included operating efficient systems to manage vacancies in the service. The chief executive officer and manager carefully monitored occupancy levels so that new people could quickly be offered the opportunity to receive care in the service once a vacancy had arisen.