West Sussex County Council

Marjorie Cobby House

Inspection report

St Peters Crescent
Selsey
West Sussex
PO20 0NA

Tel: 01243602632
Website: www.westsussex.gov.uk

Date of inspection visit:
29 February 2016

Date of publication:
22 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 February 2016 and was unannounced.

Marjorie Cobby House provides accommodation for up to 34 people who require personal care for short stays or rehabilitation. There were 13 people living on site at the time of our visit.

The registered provider of Marjorie Cobby House is West Sussex County Council. Marjorie Cobby House provides assessment and rehabilitation services to people to promote their daily living skills and independence.

People are referred to the service by the hospital, GP or local authority 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 or to residential services that can offer long term support.

The service is spread over two floors. Only the ground floor was in use at the time of our visit. On the ground floor, bedrooms were single occupancy and all bedrooms had ensuite bathrooms. Each bedroom had a lockable drawer for the storage of personal items. There was one large dining area, which connected to a conservatory, used for activities. In the dining room was a large refrigerator with a transparent door so that people could see in without having to open it and get cold, which was well stocked with fruit, yoghurts and jellies, different choices of squash and juice for people to help themselves to. There was a hairdresser's room which was well equipped and there were three lounges on the ground floor.

At the time of our visit there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present throughout our visit.

We found that staff worked positively with community professionals such as learning disability nurses, social workers, dieticians, physiotherapists and speech and language therapists to ensure that people's needs were met.

We found that people were protected against avoidable harm and abuse. Good systems were in place for reporting accidents and incidents and we found that the service was responsive to people's individual needs.

Staff completed an induction course based on nationally recognised standards and spent time working with

experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Records showed that the provider's required staff training was up to date. This training was refreshed regularly to enable and ensure staff had retained and updated the skills and knowledge required to support people effectively. Staff told us that they felt supported and had received training to enable them to understand about the needs of the people they care for. People and their relatives felt the staff had the skills and knowledge to support people well.

There were sufficient numbers of staff on duty to keep people safe and to meet people's needs. Staff recruitment procedures ensured only those staff suitable to work in a care setting was employed.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff had completed safe management of medicines training and had their competency assessed annually by the senior staff. Staff were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

People who used the service expressed satisfaction with their care and felt confident that staff understood their needs. Staff treated people with kindness, respect and dignity, and supported people to maintain their privacy and independence. People made choices about who visited them at the service. This helped people maintain personal relationships with people that were important to them.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). We found that the service was working within the principles of the MCA 2005, 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 at the time of our visit were not subject to DoLS.

People were supported to maintain a healthy balanced diet through the provision of nutritious food and drink by staff who understood their dietary preferences that met their likes and dislikes. We observed communal mealtimes where people ate together. Where people had been identified to be at risk of choking staff supported them discreetly to minimise such risks, while protecting them from harm and promoting their dignity.

We looked at care records and found good standards of person centred care planning. Records showed that people who lived at the service were assessed against risk on an individual basis. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes.

People, who used the service, and their relatives, were given the opportunity to share their views about how the service was run through monthly meetings and feedback surveys.

We found that the service was responsive to people's individual needs. The good level of person centred care meant that people could lead independent lifestyles, maintain relationships and be fully involved in the local community. People were encouraged to maintain their interests and hobbies and staff supported their personal preferences.

Quality assurance procedures identified where the service needed to make improvements and where issues had been identified the provider took action to continuously improve the service.

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.

There were systems in place to protect people from the risk of harm and abuse.

Sufficient numbers of staff were provided to meet people's needs.

People received their medicines safely.

Is the service effective?

Good

The service was effective.

People's health needs were addressed.

People received the support they required in relation to eating and drinking.

Staff had completed sufficient induction and relevant training to meet the needs of people at the service.

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

The service had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures and staff were provided with training. The legislation had been followed to ensure people's consent was lawfully obtained and their rights protected.

Is the service caring?

Good

The service was caring.

People were supported by caring staff who respected their privacy and dignity. People were treated with kindness and compassion.

Staff took time to speak and listen to people. Staff acknowledged people's privacy.

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 decision's about their care, support and rehabilitation. Goals were set and these were regularly reviewed. People received care which was personalised and responsive to their needs.

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?

Good

The service was well-led.

The provider sought the views of people, relatives, staff and professionals regarding the quality of the service and to check if improvements needed to be made.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns.

There were a number of systems for checking and auditing the safety and quality of the service.

Marjorie Cobby House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 February 2016 and was unannounced.

One inspector undertook this inspection.

Before the inspection, the provider completed 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 any improvements they plan to make. We reviewed this and other information we held about the service, including previous inspection reports and notifications of significant events the provider sent to us. A notification is information about important events which the provider is required to tell the Care Quality Commission about by law. We used all this information to decide which areas to focus on during the inspection.

We spoke with four people who used the service and two of their relatives. We spoke to visiting professionals including two social workers, an occupational therapist, dietician and two physiotherapists.

We looked at three people's care plans and risk management plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training, recruitment records and staffing rotas.

We spoke with the management team, including the registered manager, assistant manager, admission and discharge officer, two senior support workers and two support staff.

Marjorie Cobby House chair weekly multi-disciplinary team (MDT) meetings to discuss the rehabilitation needs of each person. This meeting is chaired by the admission and discharge officer and attended by multiple professionals such as dietician, occupational health therapist, physiotherapist and social workers.

We observed part of this meeting to see how the needs of people were identified, shared and responded to.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

The service was last inspected on 15 September 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "They [staff] seem very competent." Another person said, "I do feel very safe." A relative said, "It's cracking here, they meet [name] every need, I know she's safe."
A social worker said, "This service has recently really improved. The service challenges referrals to ensure they can meet people's needs. For example people who may have diabetes, those referral's will normally only be met if the person can self-manage."

Staff had completed the provider's required safeguarding training and had access to guidance to help them identify abuse and respond appropriately if it occurred. Staff were able to explain their role and responsibility to protect people. The provider's training schedule and staff files confirmed that staff safeguarding training was up to date. Staff were aware of the provider's policies to protect people, and were able to describe the procedure to raise concerns internally and externally when required. Posters in the service reminded staff of their responsibility to protect people from abuse. People were protected from abuse because staff were trained and understood the actions required to keep people safe.

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 had been identified as suitable for the service physiotherapists, occupational therapists and /or enablers [care staff] completed an assessment of the person. This assessment looked at the help and support each person needed to be rehabilitated, 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, they made sure the person walked with a frame and staff were expected to walk near them. This was documented on the risk assessment and support plan. We observed this in practice. When necessary, the falls prevention team were referred to, who assisted with the risk assessment and ordered appropriate equipment, such a sensor mat. The sensor mat alerts staff when the person is mobile so they may provide support to reduce the risk of a fall. Another person was at risk of choking, which was identified in their care plan and risk assessment. Staff were expected to ensure food was cut up and make sure the person was not left alone during meal times. We observed staff support this person safely in accordance with their risk assessments and care plans. This meant risks affecting people's health and welfare were understood and managed safely by staff.

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 this had been done to protect people from the risk of scalding.

We looked at records which confirmed checks of the building, equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly.

We 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 fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly by the provider's maintenance engineer to ensure they were in good working order.

We looked at the arrangements in place for managing accidents and incidents. We saw that a monthly analysis was undertaken and that these were analysed to identify any patterns or trends so that measures could be put in place to avoid recurrence.

Daily staffing needs were analysed by the registered manager. This ensured there were always sufficient numbers of staff, with the necessary experience and skills, to support people safely. Staff told us there was always enough staff to respond immediately when people required support, which we observed in practice. If more staff were needed, due to unforeseen circumstances such as staff illness, generally permanent staff volunteered to cover the shortfall. The registered manager told us, on occasions, the use of agency had been needed and wherever possible they used the same staff, to ensure consistency of care. The agency provided the service with a profile of the agency worker which detailed their training, photo identification and skills. This ensured that suitably qualified staff were used to cover shifts. Rotas confirmed there was always staff deployed to meet people's needs safely. During our visit we observed that there was enough staff available to respond to people's needs. We saw that call bells were answered promptly.

Staff had undergone pre- employment checks as part of their recruitment, which were documented in their records. These included the provision of suitable references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Prospective staff underwent a practical assessment and role related interview before being appointed. People were safe as they were cared for by sufficient staff whose suitability for their role had been assessed by the provider.

People's medicines were managed safely in accordance with current legislation and guidance. People received their medicines safely. Staff who administered them had completed safe management of medicines training and had their competency assessed annually by the registered manager. Staff told us about people's different medicines and why they were prescribed, together with any potential side effects. People's preferred method of taking their medicines, and any risks associated with their medicines, were documented. We looked through everyone's medication administration records (MAR).They included a picture of each person, any known allergies and any special administration instructions. The MAR forms were appropriately completed and records confirmed that people received their medicines as prescribed. Where people took medicines 'As required' there was guidance for staff about their use. These are medicines which people take only when needed.
The provider had a protocol in place for the safe use of homely remedies. These are 'over the counter' medicines to treat minor illnesses like headaches and colds.
Medicines were stored safely and securely. Temperatures of the storage facilities were checked and recorded daily to ensure that medicines remained effective.

Good

Is the service effective?

Our findings

People and their relatives felt the staff had the skills and knowledge to support people well.
People who used the service told us staff were very skilled at what they did. One person said, "I choose when I go to bed, what clothes I wear. I can't fault any of them [staff]." Another person told us, "They [staff] do anything to help you, this gives me confidence."
A relative we spoke with said, "At last she [person who used the service] is walking properly. She lost her confidence due to a fall. At last she has got the help she needs and will be able to return home with me soon."

Staff completed an induction course called the Care Certificate induction. The Care Certificate is a nationally recognised set of learning outcomes, competences and standards of care that are expected. Staff 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 spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively.

Records showed that the provider's mandatory training for staff was up to date, including topics such as safeguarding people from abuse, moving and handling, health and safety, fire safety, food hygiene and infection control. This ensured staff understood how to meet people's support and care needs. Training was refreshed regularly to enable staff to retain and update the skills and knowledge required to support people effectively. Where necessary the provider had provided further staff training to meet the specific needs of the people they supported, including re-enablement, person centred planning, communication and managing behaviours positively.
Staff told us that they felt supported and had received training to enable them to understand and deliver effective care to meet the needs of the people accommodated.

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.

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 at the time of our visit had capacity to consent to their placement and were not subject to any DoLS.

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 all staff received training on the MCA. The training records we sampled reflected this.

People told us they liked the food. One person said, "Food is quite nice, it's the kind of food I like." Another person told us, "Food is better than what it was."
A relative told us, "I visit four times a week, I eat here, food is nice, no complaints."
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.
At breakfast time and lunchtime we heard staff say to people, "Do you want to make it [drink] or shall we do it", "would you like sugar?" and "would you like me to take your plate now?". Staff engaged in conversation during meal times, music played in the background and the atmosphere felt very positive, warm and friendly.
During the inspection we spoke with the cook and looked at the information available to them with reference to people's nutrition needs, likes and dislikes. The cook 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. The cook told us food was suitable for people who lived with diabetes and, if needed, any other dietary requirements could be catered for. Staff told us they did have other foods such as cooked meats for salad, sandwiches and ingredients to make cakes. There was also a plentiful supply of fruit.

In the dining room was a large refrigerator with a transparent door so that people could see in without having to open it and get cold. This was well stocked with fruit, yoghurts and jellies, different choices of squash and juice for people to help themselves to.
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 what they wanted to eat.

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 evidence that people were weighed at regular intervals and appropriate action taken to support people who had been assessed as being at risk of malnutrition. For example where people had been identified as have smaller appetites, advice had been sought from dieticians and a support plan had been implemented to ensure staff were offering smaller dishes throughout the day that offered higher calorie food.

The registered manager and staff told us they worked very closely together within the service and with other healthcare professionals to support each person in their rehabilitation. Each week a multi-disciplinary team (MDT) meeting was held to discuss the rehabilitation needs of each person. This meeting was chaired by the admission and discharge officer and attended by multiple professionals such as dietician, occupational health therapist, physiotherapists and social workers. We observed part of this meeting to see how the needs of people were identified, shared and responded to. We saw that professionals discussed each individual's level of support needed, how they were improving, or if there had been any deterioration. Action plans were formalised with agreed timescales. We observed this information then cascaded to the support staff through the senior staff. 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.

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, I agreed with what support I now need." Another person told us, "The staff were so nice, they explained things to me."
A relative we spoke with said, "Staff are kind and caring, our daughter and son are always welcomed to visit."
A social worker told us, "The care staff are very caring." A physiotherapist told us, "The staff are very caring; they deliver the support we recommend in a dignified way."

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 regime. Staff 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 their emotional issues by discussing with people their worries about managing at home. We saw one staff member 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. We saw this encouragement 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 with them. 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 had expressed a wish to go home earlier than planned for personal reasons. Staff understood and were keen to support this; they were quick to identify that additional help would be needed initially for the person to manage their medicines. The staff disclosed this to senior staff. We observed that they then ensured the information was cascaded to the admission and discharge officer to raise at the multi-disciplinary team meeting. We saw the professionals explored how this could work and the risks associated with this. The social worker agreed to talk to the person and suggest some options that were safe.

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. For example it was important to some people to call their relatives at certain times of the day, visit particular shops to purchase their personal items, have their belongings arranged in a certain way, as they would at home and we found staff knew this information and supported people well.

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 staff member told us, "It's a very positive home." Another staff member told us, "Every day is different. New people coming in. I love having time to talk to people. I live at home on my own; it's like being part of a family. I am challenged. It stretches my ability in a good way."

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 also saw that people were able to go to their rooms at any time during the day. 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 in the morning when they wanted and decided what time they went to bed. One person decided they didn't want anything on the menu and asked for something different. The person made a suggestion about what they wanted and we observed that this was catered for. Another person who liked to get up in the morning early told us, "I'm an early riser, 6.30am.They [staff] know this and always offer me a drink."

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 this be needed; leaflets on advocacy were available for people to read. The registered manager showed us records of previous occasions when advocates had been used.

Good

Is the service responsive?

Our findings

On the morning of the visit we observed an exercise session, only a few people decided to participate and three other people were singing. This turned into a singing and dancing activity. Almost all people participated and appeared to enjoy the songs.
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, they do bingo here too."
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 rehab and I buy my toiletries."
Another person told us they can go out independently which they try to do each day. This was reflected in the person's activity records. We observed the person inform reception they were going out to the local shops and gave an approximate time they would be returning.
A person told us, "There is plenty to do. They are always trying to involve me in activities. I never feel bored, time just goes."

Staff told us it was part of their role to engage people in conversation, encourage people in reminiscence, set up other activities and games such as dominoes and quizzes. Staff told us they also arranged external agencies to visit the service that could provide people with useful information about what was available to them on discharge.
One example the registered manager told us about was when 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 able to taste the food so they could make choices on what food they would like to order on their return home. The registered manager was exploring this as an option to use for the service to support particular dietary needs and to offer as an alternative choice.

People we spoke with were familiar with their plan of care. People told us about their assessment process experience. One person said, "I had an assessment when I came in and the plan was agreed." Another person said, "My plan has been explained and I am very confident about my rehabilitation. Staff are helping me with my medication so I can do this on my own at home."
During our visit we reviewed the care, support and rehabilitation records of three people. Each person had an assessment which highlighted their needs. 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 to have their medication in the dining room with their breakfast. Another person preferred to have their medication in their bedroom. This helped to ensure that the care and support needs of people were delivered in the way they wanted them to be.

People and their care records were reviewed and evaluated regularly. We saw records to confirm that support staff, 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.
Staff spoke with knowledge and understanding about people's individual rehabilitation needs. We found

that any changes had been well managed. For example people who were able to stand more independently and be more mobile, had their support plans reviewed and updated. Their relatives had been informed and staff support had been reduced. People were provided with the equipment they needed such as walking frames and raised toilet seats.

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.

The registered manager told us the service had a complaints procedure, which was provided to people and their relatives. Staff were aware of this and how they would address any issues people raised in line with them. There had been six complaints since the last inspection. Complaints were clearly documented, responded to without delay and detailed the complainants' satisfaction with the action the provider had taken.

Good

Is the service well-led?

Our findings

People told us 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 said the registered manager was approachable to discuss any issues if necessary.
A social worker told us, "The manager has been incredible. Care staff and the way they are managed have changed. Carers have learnt a huge amount and now understand individuals."
Staff told us, "The manager has worked really hard at resolving issues. The service is now inclusive, staff want to go that extra mile, the manager promotes self-development and training is encouraged." Another staff member told us, "The manager is very good, patient, understanding. She explains what's happening. There's nothing I couldn't approach her or the other senior members on."

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 service. 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. 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 professionals. 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. Records demonstrated that people and their relatives were able to express their views freely. Without exception staff told us the registered manager was approachable and supportive.

The registered manager told us every person who used the service was asked to complete a survey when they were discharged from the service. We looked at completed surveys which confirmed that people and relatives had been very pleased with the service they had received. Examples of comments from those surveys included, "Communication with family, arranging hospital transport has been over and above expectation when arranging [name] to visit." Another read, "Cleanliness, food, caring staff - all very good." Another comment said, "There is a happy and friendly ambience in the building, which is maintained."

The registered manager understood their responsibilities with regard to the provider's duty of candour' procedures. 'Duty of candour' is a professional duty imposed on services to be open and honest should things go wrong. The registered manager was able to describe under what circumstances these procedures would be followed.

We reviewed staff rotas which demonstrated the registered and assistant managers worked shifts alongside

staff, which enabled them to build positive relationships with people and staff. During periods when there was unforeseen staff absence, for example due to illness, the management increased their direct support of people.

The provider had established an effective system to assess and monitor the quality of care people received and to ensure people's positive lifestyles were maintained and improved. The registered manager completed audits of medicine administration, health and safety, fire and infection control. These were used to improve the quality and safety of the service, although no outstanding issues had been identified from recent audits.

The provider's satisfaction questionnaires were completed annually and quality assurance audits were completed monthly. The annual survey of staff, people's and relatives views was sent out in January 2016 and the results had not yet been all received or analysed. The registered manager told us the results of those questionnaires would be used to improve the service where needed.

Records accurately reflected people's needs and were up to date. Other records relating to the management of the service such as audit records and health and safety maintenance records were accurate and up-to date. All records were stored securely, which protected confidential information from unauthorised access.