Pressbeau Limited

New Meppershall Care Home

Inspection report

79 Shefford Road
Meppershall
Bedfordshire
SG17 5LL

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17 May 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 17 May 2016 and was unannounced.

Prior to this inspection we had received concerns in relation to the staff working in the home and the care people were receiving. We had also received concerns regarding the environment and the management of the service.

New Meppershall Care Home provides accommodation and nursing care for up to 44 people with a variety of social and physical needs, some of whom may be living with dementia. At the time of our inspection there were 38 people living at the service.

Although the service previously had a registered manager, they have since left the service but not cancelled their registration. A new manager has been appointed and intends on completing their registration. 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 absence of a registered manager for seven months was taken into account when making the judgements in the report.

People felt safe in the service. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

There were personalised risk assessments in place that offered robust guidance to staff on how individual risks to people could be minimised. Medicines were managed safely and audits completed.

There were sufficient numbers of staff on duty to meet people's needs and promote their safety at all times. Safe recruitment processes were in place and had been followed to ensure that staff were suitable for the role they had been appointed to prior to commencing work.

Staff were trained and had the skills and knowledge to provide the care and support required by people. New members of staff received a comprehensive induction.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards were met.

People were supported to make choices in relation to their food and drink and a varied menu was offered. People's health care needs were being met and they received support from health and medical professionals when required.

Staff were kind, caring and respectful. People's privacy and dignity was promoted throughout their care. People received relevant information regarding the services available.

People's needs had been assessed and care plans took account of their individual needs, preferences and choices. Care plans and risk assessments had been regularly reviewed to ensure that they were reflective of people's current needs.

Staff knew people's needs and preferences and provided encouragement when supporting them. People were encouraged to participate in a wide range of activities.

The management team were approachable and staff felt supported in their roles. People and staff knew who to raise concerns with and there was clear line of accountability amongst senior staff. Staff were aware of the vision and values of the provider and the overall development of the service. The manager completed quality monitoring audits and it was clear how these were used to drive improvements in 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 safeguard people from the risk of harm and staff had an understanding of how to use these processes.

Personalised risk assessments were in place which assessed and identified the actions to be taken to reduce the risk of harm to people.

There were sufficient members of staff on duty at all times and safe recruitment processes were followed.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were trained and had the skills and knowledge to provide the care and support required by people. New members of staff received a comprehensive induction.

People were asked to give consent to the care and support they received.

People were supported to meet their health needs and had access to a range of health and medical professionals.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and respectful.

People's privacy and dignity were promoted by staff.

Staff were aware of people's needs and respected their choices.

People were provided with a wide range of information regarding

the services available to them.

Is the service responsive?

Good

The service was responsive.

Detailed care plans which reflected people's needs and preferences were in place and were consistently reviewed.

People were encouraged and supported to participate in wide range of activities.

There was an effective system to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had not been employed by the service since October 2015. The manager in post had not yet completed their registration.

Quality monitoring systems were in place and were used effectively to drive continuous improvements in the service.

There was a clear management structure of senior staff.

Staff were aware of the vision and values of the provider and the overall development of the service.

New Meppershall Care Home

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 17 May 2016 and was unannounced. The inspection was undertaken by two inspectors.

This inspection was completed as we had received concerning information. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed all the information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care people received.

During the inspection we spoke with seven people who lived at the service and three relatives to find out their views about the care provided. We also spoke to three care workers, two senior care workers, the activities coordinator, one chef and the manager of the service.

We carried out observations of the interactions between staff and the people living at the service. We reviewed the care records and risk assessments of five people who lived at the service, and also checked five medicines administration records to ensure these were reflective of people's current needs. We also looked at five staff records and the training records for all the staff employed at the service to ensure that staff training was up to date. We reviewed additional information on how the quality of the service was

monitored and managed to drive future improvement.

Good

Is the service safe?

Our findings

Prior to this inspection we had received information of concern regarding the internal environment of the service. We were told that there had been a water leak within a person's bedroom which had caused damage to the ceiling and had resulted in staining, discolouration and the growth of mould. We raised a safeguarding alert with the local authority and these concerns were shared with the provider. During this inspection we found that repairs had been carried out promptly in the identified area to minimise potential risks to people. As action had been taken, we were unable to substantiate the concerns raised.

An environmental audit had been introduced to ensure that the condition of the environment was monitored and action taken to address any concerns. The manager told us they had conducted an environmental audit since starting work at the service and had completed a maintenance schedule to address any concerns found. The manager described how repairs and improvement works were to continue in the future. We saw that repairs had been completed when identified and we observed maintenance works being completed on the day of our inspection.

People told us that their bedrooms and the communal areas were cleaned to a good standard and our observations confirmed this. One person told us, "The home is lovely, very well kept." A member of staff told us, "We take pride in our work. The condition of the home is people's first impression." We found that communal areas including toilets and bathrooms had been cleaned and contained supplies of soap and handtowels. Housekeeping staff had access to sufficient equipment and materials required to complete tasks and a schedule was in place to ensure all areas of the service were cleaned regularly. Care staff had access to a good supply of protective equipment for the task they were carrying out, for example, disposable gloves and aprons when assisting people with personal care. We observed that they wore these when required and items were promptly and appropriately once used. Records we viewed confirmed that cleaning tasks had been completed in accordance with the schedule in place. The training plan for the service confirmed that all staff had undertaken training in infection control procedures. This meant people were protected from the risk of acquired infections.

People said that they felt safe and secure living at the service. One person said, "I wasn't doing so well [at home] before I came here and had accidents. Now it's so much better." Another person told us, "I feel at home here, it's a lovely place." They went on to explain how by feeling at home they felt safe and secure. Relatives we spoke to confirmed they had no concerns about the service, the conduct of staff or their ability to provide care safely to their relative.

People were safeguarded from the risk of harm by knowledgeable staff. All the members of staff we spoke with told us they had received training on safeguarding procedures and demonstrated a good understanding of these processes. They were able to explain to us the types of concerns they would raise and were also aware of reporting to the local authority or other agencies. One member of staff said, "I don't have any concerns about people but know what to do if I did." Another member of staff said, "I would speak to the nurse in charge if I felt that I needed to report something of concern." Training records for staff confirmed that they had undergone training in safeguarding people from the possible risk of harm. There

was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed in the entrance hallway. Records showed that appropriate referrals had been made to the local authority where required.

Personalised risk assessments and management plans were in place for each person who lived in the service. These plans addressed identified hazards they may face and included any actions that staff should take to reduce the risk of harm. The manager told us that risk assessments were reviewed monthly to ensure that the level of risk to people was still appropriate for them, taking into account any changes in people's needs. This included identified support regarding nutrition and hydration, continence care, falls and mobility. For some people, these also identified specific support with regards to their skin integrity and pressure care. Detailed steps that staff should take and the equipment to use to keep people safe were recorded including the involvement of the district nurses, where required.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of ways. These included looking at people's care plans and their risk assessments and by talking about people's needs at staff handovers and during team meetings. One member of staff told us, "Handover is really important for information sharing. We talk about how everyone is and any issues that have come up. It means the right care can be continued throughout the day." A member of staff who had recently started working at the service told us, "I shadowed other staff before working the shift myself. I read the care plans and then got to learn how to work with people by following more experienced staff." Handover records were a written report for each person and included any changes in need, any incidents that had occurred and highlighted any concerns with regards to their health and well-being. This meant people received continuity of their care and staff were provided with up to date information.

A record of all incidents and accidents was held, with evidence that these had been analysed by the manager and appropriate action had been taken to reduce the risk of recurrence. Where required, people's risk assessments were updated to reflect any changes to their care as a result of these so they continued to have care that was appropriate for them.

The manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments, housekeeping and infection control, the maintenance and inspection of mobility equipment and the security of the building. People living at the service had Personal Emergency Evacuation Plans (PEEP's). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the service if there was a fire. The service also had an emergency 'grab bag' prepared by the front exit should the home need to be evacuated in an emergency.

There was enough staff to meet people's needs. One member of staff told us, "There's enough staff. We have busier times during the day but by working together we make sure everyone is well cared for." We observed that staff were available to meet the needs of people living in the service when required or requested and calls bells were answered promptly. The manager used a dependency tool to assess the level of need of all the people living in the service and the support they required. This was reviewed on a monthly basis to determine staffing levels for the coming month prior to completing the staff rota and took into account any changes to people's needs or any new admissions to the service. We reviewed past rotas and found that there was consistently the required number of staff on duty as determined by the dependency tool.

We looked at the recruitment files for five staff including one care worker that had recently started work at the service. The provider had effective systems in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants previous experience, and

Disclosure and Barring Service (DBS) reports for all staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We found that robust recruitment and selection procedures were in place and were followed consistently. Relevant pre-employment checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

People we spoke with confirmed they received their medicines as prescribed. One person told us, "No problems there, I used to get myself so confused at home." There were effective processes in place for the management and administration of people's medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed five records relating to how people's medicines were managed and they had been completed properly.

Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturer's guidelines. A senior member of staff explained to us how regular audits of medicines were carried out so that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time. We observed one senior member of staff administering medicines at lunchtime and they demonstrated safe practices. We carried out a reconciliation of the medicines held for two people against the records and found this to be correct.

Good

Is the service effective?

Our findings

People told us that they thought that staff were well trained and had the skills required to care for them. One person said, "They all do well and know what they're up to." A relative told us, "They look after [Name of Person] really well and can do everything he needs." Our observations of staff interacting with people confirmed that they knew and understood people's needs and used their knowledge to deliver care appropriately.

There was an induction period for new members of staff and an ongoing training programme in place for all staff, which gave them the skills they required for their roles. One member of staff told us, "I'd never done this work before but I'm really enjoying it and the training has been really good." Another member of staff told us, "I've completed a lot of training since starting here. I really have learnt a lot." Staff explained the variety of training courses they attended or completed online and were positive about how this supported them to carry out their role and responsibilities. The registered manager explained to us that part of the induction training was the completion of the Care Certificate. This was supported by the records we checked.

Staff also told us that they felt supported in their roles and received supervision, formally and informally. One member of staff told us, "I haven't had supervision with the new manager yet but before, it was always about how we are doing and our future plans. A time to talk about what we are enjoying in our work, and where we need more support." Some staff we spoke with confirmed that they had received an appraisal. Records showed that, prior to the manager starting work in the service, supervisions had been lacking for some members of staff for a period of four months. However the manager had taken action and staff had either received supervision or a meeting was planned in the coming weeks. We saw that annual appraisals had taken place or were planned in line with the provider policy.

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.

People's capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. Authorisations of deprivation of liberty were in place for people who lived at the service as they could

not leave unaccompanied and were under continuous supervision. During our inspection we saw a senior member of staff completing an application for a person who had recently moved to the service.

People told us that staff sought their consent before they provided them with care or support. One person told us, "The staff always check with me that I'm ready to receive their help. I only need a little help with some things but they always ask me." Members of staff told us that they always asked for people's permission before providing them with care. One member of staff told us, "I always ask people if they want any help and, if so, it is ok for me to provide that help." Our observations confirmed that staff obtained people's consent before assisting them with personal care or supporting them to transfer. Where people refused, we saw that their decisions were respected. We saw evidence in care records that people, or a relative on their behalf where appropriate, had agreed with and given written consent to the content of their care plan.

People told us that they had a good variety of food at mealtimes and were complimentary about the meals that were provided at the service. One person told us, "The food is lovely; we get a good choice and just the right amount." Another person told us, "It's very nice, there's always something I like on the menu." There was a four weekly menu programme in place which had been completed considering the likes and preferences of people. The menu we viewed offered people a variety of meals, in line with their dietary preferences with regular alternative meals available.

We observed the lunchtime meal in both dining areas and found that the meal time was relaxed. Where people required specific equipment or assistance to eat their meals we saw that this was provided and in a way that enhanced the mealtime for the person. We observed staff encouraging people to eat at their own pace and chatting with people in a relaxed manner. We observed that people were provided with regular drinks of their choice.

People had been asked for their likes and dislikes in respect of food and drink prior to moving to the service during the pre-admission assessment. We spoke with the cook who told us that all food was prepared at the service and people were given at least two choices for each of the meals, with snacks available throughout the day. Members of kitchen staff were notified of people's dietary requirements and were informed of any changes. There was no-one living at the service at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. One person did require some changes to the menu in place due to food intolerance. The cook was able to explain how the changes were made whilst still enabling the person to have the same menu choices by using alternative ingredients. Members of care staff were aware of people's dietary needs and this information was documented in the care plans and risk assessments. Records held in the kitchen detailed people's preferences and specific dietary needs such as allergies or consistency requirements for example, a soft or pureed diet.

People were supported to maintain their health and well-being and were assisted to access healthcare services, if needed. One person told us, "I'm feeling so much better now. I've been seeing the nurse and the doctor regularly since I moved in." Records confirmed that people had been seen by a variety of healthcare professionals including the GP and district nurses. Referrals had also been made to other professionals, such as dietitians and physiotherapists.

Good

Is the service caring?

Our findings

Prior to this inspection we had received information of concern regarding the care people received and the staff working in the home. We were told that there had been incidents where staff had spoken in a disrespectful manner about people and their care needs and that inappropriate language had been used in front of people. We shared our concerns with the provider. During this inspection we observed positive interactions between staff and people that lived the service and found this to be kind, caring and respectful. Where concerns had been raised regarding the behaviour of one member of staff we saw that the manager had acted promptly, had investigated the concerns thoroughly and disciplinary action had been taken in accordance with the provider's policy. We also saw that the expected behaviour of all staff was discussed and shared at a recent team meeting.

People were positive about the staff and the care they received. One person told us, "I really like it here. All the staff are very nice and I'm kept very comfortable." Another person said, "They are all lovely here." A relative we spoke to said, "They look after [Name of Person] so well. They get him anything he wants." We saw a record of compliments that had been received by the service and comments with regards to staff were positive.

People's bedrooms were personalised and had been furnished in the way they liked. One person told us, "I have my room just as I like it and I have a lovely view of the garden." Many people had brought their own furniture, pictures and decorations with them when they came to live at the service. There were numerous areas throughout the service where people could go to spend time quietly or have privacy to meet with their family members if they wished. We also saw that there was also an outdoor area in the garden with seating and a roof terrace on the first floor for people and their relatives to spend time together outdoors.

A large section of the first floor was undergoing refurbishment and was not occupied. One area had been identified as a suitable space to have an additional dining area and the refurbishment in this area was due to be completed in the coming weeks. A further area on the first floor had been identified as a suitable space for a sensory area where staff could support people to go if they needed to relax during a period of anxiety or agitation. Plans had been developed for this to be put in place in the future.

Staff knew people well and understood their preferences. The information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared comfortable and relaxed in the company of staff and staff engaged people in friendly conversation. We observed staff interacting with people in a caring and thoughtful manner and offering reassuring touch to offer comfort to people, where appropriate.

The promotion of people's privacy and dignity was observed throughout the day. One member of staff told us, "We need to be understanding and consider how we would wish to be treated." Staff members were able to describe ways in which people's dignity was preserved such as knocking on doors before entering, making sure they offered assistance with personal care to people in a discreet manner and ensuring that doors were closed when providing personal care in bathrooms or in people's bedrooms. Staff all clearly

explained that information held about the people who lived at the service was confidential and would not be discussed outside of the service.

There were a number of information posters displayed and leaflets available within the entrance hallway which included information about the service and the provider organisation, safeguarding, the complaints procedure, fire evacuation procedure and the activities available to people. We also saw the most recent local authority inspection report was available and contact details for the Care Quality Commission. There was also information available on how to access the services of an advocate should this be required and support from charitable organisations who provide services to older people and people living with dementia.

Good

Is the service responsive?

Our findings

People, and their relatives, told us that they felt involved in deciding what care they were to receive and how this was to be given. One person told us, "I wasn't doing so well at home and ended up in hospital. My family came to look at the home and I chatted with staff who visited me on the ward about what care I needed." Records showed that pre-admission assessments were undertaken to establish whether the service could provide the care people needed. There were computerised care plans for people living on the first floor of the service and paper based records for people living on the ground floor. Both versions of the care plan followed a standard template which included information on their personal background, their individual preferences along with their interests. The plans were individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans reflected people's individual needs and had been updated regularly with changes as they occurred.

The manager spoke with us regarding a planned move of everyone's care plans and records into the computerised system in the coming months and how this would enable staff to maintain more robust care records for everyone.

People's likes, dislikes and preferences of how care what to be carried out were assessed at the time of admission and reviewed on a regular basis. Staff that we spoke with demonstrated a good knowledge of what was important to people who lived at the service and this enabled them to provide care in a way that was appropriate to the person. Each care file included individuals care plans for areas of the person's life including personal hygiene, mobility, nutrition, communication and pressure care. People's care plans were reviewed regularly which ensured their choices and views were recorded and remained relevant.

People enjoyed the activities provided at the service. One person told us, "There's always something going on. I enjoyed church again today; I haven't missed a service yet." Activities were provided by the activities coordinator with the support of the care staff on duty. The coordinator and members of staff we spoke with were able to describe the different activities that people enjoyed, for example, listening to music, playing quizzes and bingo and day trips out but explained difficulties they had in providing meaningful activities for everyone living in the service due to a vacancy in the activities staff team. This had been discussed with the manager and recruitment for an additional member of staff was underway. Photographs of recent events and activities were displayed in a photo album in the entrance hallway. We saw that the events were well received and a large number of people and their families took part. It was clear from the smiles and expressions captured in the photographs that people enjoyed them.

There was an activity schedule available in the entrance hall so people and their relatives knew the activities that were on offer or any future events that were planned. During our inspection we saw a group of people take part in a multi-faith church service which was led by three religious leaders from local churches and the activity coordinator spending time with people in their rooms offering them a manicure. We saw records of discussion with people about activities that they would like to see on the schedule in the future and the coordinator was able to explain their plans to introduce new activities and make changes to the schedules in place.

People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person we spoke to told us, "It's not home but it's good here. I have no complaints but would speak to any of the nurses if I needed to." Formal complaints that had been received in the past year were recorded. There was an investigation into each concern and the actions to be taken in response included. Each complainant had received a written response to their concern and the manager had recorded the outcome from each. There was an up to date complaints policy in place and leaflets containing the complaints procedure available in the entrance hallway.

Requires Improvement

Is the service well-led?

Our findings

The manager registered by the Care Quality Commission is no longer employed by the service but has not cancelled their registration. The registered manager left employment with the service in October 2015. Between October 2015 and April 2016, an interim manager was in post. A new manager has been appointed and had been in post for one month. The manager told us they would be commencing the process to register with CQC. The absence of a registered manager for seven months was taken into account when making the judgements in the report.

Prior to this inspection we had received information of concern regarding the management of the service. We were told that there had been a recent change in management and that the new manager was unresponsive to concerns raised by staff. We were also told that there had been incidents of inappropriate behaviour by senior staff which had not been addressed by the manager.

During this inspection we found that there was a new manager who had begun the process of making changes within the service. Since starting work at the service the manager had conducted comprehensive audits of records and processes, completed observations of staff practice and had sought feedback from people, their relatives and staff about the care provided and the service and had completed an action plan to address any issues they had found. We also found that a team meeting had been called at short notice for all staff following receipt of concerns to the manager. We saw that where concerns had been raised regarding the behaviour of staff we saw that the manager had acted promptly, had investigated the concerns thoroughly and disciplinary action had been taken in accordance with the provider's policy.

We noted that there was a calm and relaxed atmosphere within the service. People knew who the manager was and confirmed that they were visible in the service. One person told us, "The new manager has introduced herself to me. I've seen her here most days." A member of staff told us, "I love it here, every day is different." They went on to explain how they felt supported by the management and senior nurses and this had a positive impact on their work. During our inspection we saw that the manager spoke with people and staff to find out how they were and was actively involved in the running of the service. We saw that the manager was regularly approached by senior staff regarding the support and wellbeing of people living in the service and the experiences of the staff on duty and they responded in a positive, supportive manner.

Staff on duty told us that there was an open culture and they would be supported by the management team. One member of staff told us, "There has been a change in the manager but it hasn't been a huge problem. We're well supported and have been learning from the new manager where we need to improve." Another member of staff told us, "I've been impressed so far. [Manager] has come to the home with a fresh pair of eyes and is taking action to improve things." A third member of staff told us, "I think the new manager has really listened to us and given us the time to discuss changes or concerns with her." Staff were aware of their roles and responsibilities and were clear on the lines of accountability within the staff structure. They told us that the manager had consulted with them regarding changes they were making in the service and that they felt involved in decision making. Staff were clear on the visions and values of the provider organisation and the direction of the overall service development.

We found that there were a range of audits and systems in place by the provider organisation to monitor the quality of the service provided. These included reviews of care plans, medicines audits, incident and accident audit, infection control and environmental audit and complaints management. Any issues found in the audits were recorded in the action plan for the service and there was detailed information as to how they would be addressed by the manager. We also saw the manager had taken outcomes from an independent quality inspection that the provider had organised to be conducted at the service and the actions required from the most recent local authority inspection into the action plan for the service. This demonstrated how the manager used feedback from a variety of sources to drive improvements at the service.

Staff were encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. A recent team meeting had been called to address concerns that had been raised with the manager and to discuss ways in which the service could improve. Previous discussions at meetings had included activities, training, rotas, staff uniforms, security in the service and development plans. Members of staff we spoke with confirmed that they were given the opportunity to request topics for discussion.

We noted that records were stored securely within the computerised system, within the manager's office or in locked cabinets. This meant that confidential records about people and members of staff could only be accessed by those authorised to do so.