Care Plus Group (North East Lincolnshire) Limited

The Beacon Intermediate Care Unit

Inspection report

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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?	Good

Overall summary

We carried out an unannounced inspection of the service on 21 and 22 April 2015. The last inspection took place on 28 May 2013 during which we found there were no breaches in the regulations.

The Beacon Intermediate Care Unit provides short term rehabilitation to maximise the independence of people and enable them to return to living in their own home in the community. The service comprises care, therapy (occupational therapy and physiotherapy) and social work intervention that are all based in the same building. The service provides a range of facilities and equipment for up to 26 people who require rehabilitation.

The service has a new registered manager, their registration was completed on the 26 April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Although only in post since January 2015 the registered manager demonstrated clear management and leadership of the service. They were knowledgeable and inspired confidence in the staff team, and led by example. The registered manager had a proactive approach to developing a positive culture in the service.

Staff were recruited in a safe way and full employment checks were completed before they started work in the service. There were sufficient staff on duty to meet the range of care, support and treatment needs of people who used the service. Staff were well trained. They also had supervision and support systems in place to ensure their practice was monitored and they were able to develop skills and knowledge. We saw staff had completed safeguarding training and knew what to do to keep people safe from abuse or harm. There were policies and procedures for additional information and guidance.

People praised the staff for their kindness and were satisfied with the care they received. We saw staff engaged positively with people, encouraging and supporting their independence. Staff had a good knowledge and understanding of people's needs and worked together as a team.

The environment was safe, equipment was checked and maintained and risk assessments were carried out. There was evidence throughout the inspection that all efforts were made to support people's safe mobility and prevent falls.

People were supported to maintain links with the community and participate in meaningful activities that interested them and met their individual needs.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation, and whether these needed to be considered for people who lived at the service. Documentation in people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Changes to the law regarding the DoLS were understood and appropriate referrals had been made to the local authority to make sure people's legal rights were protected.

We found people's health care and nutritional needs were met. There were plenty of choices for meals and fluids and dietetic advice was obtained when required. The lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. We noted improvements had been made to the recording of people's fluid intake overnight, which the registered manager confirmed she would continue to monitor closely.

We observed the culture of the organisation was one of openness and sound values based on putting the people who used the service at the centre of what they provided. There was a quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People received their medicines as prescribed. There were arrangements in place to manage medicines safely and support people to self-administer where possible.

There were enough staff on duty to meet people's assessed needs and they were recruited in a safe way which ensured all checks were carried out prior to them starting work.

People were protected from the risk of abuse and harm as staff had completed safeguarding training and knew how to keep people safe and escalate any concerns.

Is the service effective?
The service was effective.

Good

People's care and reablement needs were well met within the service by therapy and care staff. Specialist equipment had been provided to meet people's health care needs and to promote their dignity and independence.

The registered manager made sure that any restrictions placed on people's liberty were authorised legally by the local authority. Staff gained people's consent and where people were unable to do this, decisions about their care and treatment were carried out in their best interests.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people. However, we saw some of the refresher training needed updating which was being addressed.

Is the service caring?
The service was caring.

Good

We observed staff promoted people's privacy, dignity, choice and independence. They spoke with people in a respectful way, were professional but also displayed friendly interaction with them.

Staff had developed positive and caring relationships with the people they supported.

People and their representatives were encouraged to make their views known about their care, treatment and support. People were fully supported to engage in their reablement programmes.

Is the service responsive?
The service was responsive.

Good

People's needs were assessed on admission and they had plans of care developed to guide staff in how to meet their needs. However, we also saw that care plans would benefit if they contained more personalised information about preferences to ensure a consistent approach, although most people were able to tell staff about their preferences for care.

People's individual goals were discussed and agreed on admission and reviewed prior to discharge. Reablement programmes were in place and followed to support people to achieve their personal goals.

Summary of findings

There were systems to ensure people had a smooth transition when they moved between services. Multi-disciplinary discharge planning meetings ensured relevant people had up to date information about people's needs and changes in their condition.

Is the service well-led?

Good

The service was well-led.

There was a well-defined structure of the organisation and tiers of management. Staff were aware of their roles and responsibilities.

There were systems in place to monitor the quality of the service. Accidents and incidents were monitored and trends were analysed to minimise the risks and any reoccurrence.

People told us the registered manager was supportive and approachable and they could speak to them about issues knowing they would be sorted out.

The Beacon Intermediate Care Unit

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 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 21 and 22 April 2015 and was unannounced.

The inspection was completed by an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

During the inspection we observed how staff interacted with people who used the service. We spoke with ten people who were using the service and four relatives. We had discussions with the nominated individual, the service lead, the registered manager, an assistant practitioner, care officer, care worker, cook, social worker, discharge planning co-ordinator, physiotherapist and occupational therapy instructor.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as four prescription and administration sheets.

We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held, in order to make important decisions on their behalf.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, the staff rotas, minutes of meetings with staff, survey results, quality assurance audits and maintenance of equipment records. We completed a tour of the building.

Good

Is the service safe?

Our findings

People told us they felt The Beacon was a safe place to be and they felt safe with the staff who provided care and treatment to them. One person told us, "Yes, I have definitely been safe here." Another person said, "Everywhere here is very safe, the staff help me to walk with my frame. They all treat us very well." A further person said, "I know my limitations, I can move around with my frame or in a wheelchair, but there is always someone with me." One person's relative told us, "They are very conscientious about safety here, they monitor people whenever they mobilise. The staff are all kind and courteous, I am confident my mother is safe from ill treatment."

People who used the service mostly told us there were enough staff to meet their needs and requests for assistance were responded to promptly. One person told us, "If I want anything I just press the bell, they [staff] are in here within a couple of seconds. There is always someone around and about." Another person said, "I've been told to use the button to call staff if I need them, when I do call them they come quickly, especially at night." Some people we spoke with commented about staff workload, staffing shortages and having to wait at times for the bell to be answered. Their comments included, "The staff work very hard, but there's not enough. Sometimes you have to wait" and "I can't go to the toilet on my own. Sometimes I have to wait because they are short staffed."

Relatives told us, "Yes, there are plenty of staff, they are fantastic", "Staff are very attentive and respond quickly to any requests for support" and "The staff are as prompt as they can be."

Despite the mixed comments we received from some people who used the service about the staffing, observations during the inspection over both days showed there were enough staff to meet people's needs and keep them safe. There were 26 people using the service at the time of the inspection. Levels of eight care staff in the morning and eight in the afternoon, with a care officer and assistant practitioner were provided. Staff were attentive to people's needs and requests for assistance were responded to promptly. Call bells were answered in a timely manner. The registered manager told us they were currently recruiting additional staff, but the home staff or agency staff were being used to cover any current shortfalls. Checks on the rotas confirmed this. Staff we spoke with confirmed there was sufficient staff available to meet people's needs. The registered manager gave assurance they would take note of people's comments about delays with staff responding to call bells and monitor the response times.

There was a range of other staff employed by the service. These included physiotherapists, occupational therapists, social worker, admission and discharge planning co-ordinator, administrator, catering staff and domestic workers. This meant an effective staff team were available to facilitate people's treatment programmes, provide holistic care and support a practical discharge plan.

The registered manager told us staff recruitment was underway due to some gaps in staffing currently filled by agency staff, following changes to the registration of the service. Recruitment files checked showed us staff were only employed after appropriate checks had been carried out from the disclosure and barring service and references received.

The service had policies and procedures which covered how to safeguard vulnerable people from abuse and how to 'whistle blow' if necessary. We saw safeguarding training was considered essential by the registered provider and all staff completed this course. The training records and discussions with staff confirmed this. Staff were able to describe the different types of abuse, the signs and symptoms of abuse and how they would manage these situations in order to keep people safe. Staff told us they found the registered manager approachable and felt they could go to them with any concerns and trusted them to undertake the appropriate investigation and keep people safe.

Risk assessments were completed when people had individual needs that potentially posed a risk. These included: moving and handling, falls, malnutrition, medicines, skin integrity and the risk of pressure damage, and the use of bedrails. We reviewed the assessments for people identified as being at risk of developing pressure sores and saw they provided staff with detailed information on preventative measures, monitoring, and escalation procedures. Where people were deemed at high risk of developing skin damage, we saw monitoring charts for re-positioning people at regular intervals had been completed. Risk assessments for people identified as being at risk of falling detailed whether specialist equipment, such as sensor cushions and sensor mats had been

Good

Is the service safe?

provided. This alerted staff that the person may need assistance with mobility or supervision. During the inspection we observed staff respond to alarms from this assistive technology to check people were safe.

People told us they received support to take their medicines and they received their medicines when they needed them. Two people told us they were learning to dispense their own medicines in preparation for going home. Systems were in place that ensured staff consistently managed medicines in a safe way. A dedicated team of care officers had responsibility to support people with their medicines. They confirmed they had received up to date medication training, which gave them the knowledge and skills to ensure they administered people's medicines safely. Records showed competency checks were carried out to monitor their practice and knowledge.

The service had two designated treatment rooms where stocks of some medicines were stored. There was a controlled drugs cupboard and a fridge for medicines that required more specialised storage arrangements. We observed a care officer administering the lunchtime medicines. They engaged with people well asking their consent before administering medicines, enquiring if they required pain relief and provided the support the person needed to take their medicines. We checked the medicines being administered against people's records which confirmed that they were receiving their medicines as prescribed by their GP.

Where possible, people who used the service were encouraged and supported to take responsibility for their own medicines in preparation for them returning to their own home. Medicines were stored in people's rooms in a locked cupboard. Self-medication assessments were completed shortly after admission and staff offered different levels of support depending on people's individual needs. A system of checks was in place to ensure people were managing their medicines safely. We looked at a selection of these records which showed people's progress with self-medication had been regularly assessed and reviewed. Arrangements for supplying people with medicines to take home were comprehensive and safe.

We found the environment safe and secure. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm log book showed that regular testing of alarm and emergency lighting systems were in place, and certificates confirmed that routine servicing and inspection of equipment was being carried out by external contractors. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people. All staff had received fire warden training.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the care, support and treatment they received. They said they felt comfortable discussing health needs with staff and received advice and information about their treatment programmes. People also told us they enjoyed the meals provided to them. People's comments included: "The staff here know what they're doing. I can't fault them", "I've made such progress since I've been here; very good support", "The food has been lovely. There's always enough of it", "The meals are brilliant and I'm really picky about my food."

Relatives we spoke with told us, "It's an excellent service" and "The home is very good, they keep us well informed about her progress and any changes. They have everything geared up and in place to support people's independence and get them back home; it's fantastic."

We found people's health care needs were met. Assessments were completed by care and therapy staff on admission and individual rehabilitation programmes were developed. Plans of care were formulated to meet assessed needs and to decide whether specific equipment or referrals to other health professionals were required. We saw records of referrals made to the Speech and Language Therapy team [SALT] and dietetic services. Records showed people were supported to attend GP and outpatient appointments and maintain contact with any health and social care professionals already involved in their care and treatment.

We found people's nutritional needs were met. The assessment on admission identified whether people had any issues which would affect their nutritional intake. For example, whether there were concerns with loss of appetite, swallowing difficulties and whether any special diet was required. Information about people's dietary needs were passed to the kitchen staff. We looked at menus and spoke to the cook on duty. The menus ran over a three week period and the cook said they spoke to people about the contents of them and added dishes when suggestions were made. They checked the day before to see what choice people wanted for the meals at lunch and tea time and provided alternatives where people requested this.

People's weights were monitored on admission and at regular intervals during their stay at the service. People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on a food and fluid intake monitoring charts. We found these monitoring records were well completed by staff during the day; however night staff had not completed records for people's fluid intake. We mentioned this to the registered manager to address and found improvements had been made on the second day of the inspection. The registered manager confirmed they would monitor the completion of these records closely and follow up any shortfalls with individual members of staff.

We observed the lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. A breakfast club was held most mornings to support people's enablement programmes and provide more social interaction. The chef had also completed a pilot study in November 2014 for a tea-time club to support people to prepare their own meals. This would promote more independence at home and in some cases, reduce the need for commissioned services when discharged. The chef reported the pilot work had been successful and the programme was scheduled to start soon. The registered manager described their plans for providing self-service 'snack and hydration stations' on each unit where people would be supported to help themselves; this would also promote a more independent and self-care model of care for people who used the service.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered manager and social worker were aware of DoLS criteria and knew how to submit an application to the local authority when required. Records showed there were no people subject to a DoLS, although authorisations had been granted for people who had now moved from the service. The registered manager confirmed an application for one person was completed and submitted during the inspection.

We saw staff worked within the Mental Capacity Act 2005 (MCA) code of practice. Discussions with staff and records showed us assessments of capacity were completed, and

Good

Is the service effective?

when the assessment indicated the person did not have capacity, best interest meetings were held with relevant people in attendance to assist the decision making process on the person's behalf.

People told us the staff asked for their consent before they provided any care or treatment. We saw people were asked for their consent and the staff acted in accordance with their wishes. For example, one person did not want to have their dressing assessment and they agreed to reschedule for the following day. This showed that people's consent was sought and assistance was not provided until the person had agreed to it.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly noted on the front of the care file.

We saw staff received training which was relevant to their role and equipped them to meet the needs of the people who used the service. The training included: moving and handling; health and safety; safeguarding vulnerable adults from abuse; fire; infection prevention and control; dignity and rights; medicines management; dementia care; MCA 2005; nutrition; information governance; equality and diversity; pressure damage prevention and falls prevention.

We found some of the refresher courses required updating for staff. The registered manager confirmed this was largely due to delays with the training provider which had been identified and was being followed up with individual staff to ensure any outstanding courses were scheduled. Records confirmed 35 staff had achieved a nationally recognised qualification in care or appropriate to their role.

Staff confirmed they had appraisal and supervision meetings and could approach the registered manager or senior staff for support on a daily basis. Checks on the supervision records showed discussions included topics such as training, performance and the importance of the six C's; care, compassion, competence, communication, courage and commitment, which are the values of Compassion in Practice, a national strategy for nursing and care staff.

The building was on ground level with wheelchair access to all outside areas. There was a range of communal rooms inside the building which responded to the varying needs of people who used the service. For example, there were dining and lounge areas on each of the four units, a therapy kitchen and therapy gym. There were bariatric facilities on one unit for people with problems associated with their weight and or size. The service had a range of equipment to meet the care and rehabilitation needs of the people who used the service to ensure their independence was maximised.

Good

Is the service caring?

Our findings

People who used the service told us staff were kind and caring and treated them with respect. They also told us they were kept informed and were involved in planning their care and making changes to it. Their comments included, "I think it's grand. The girls can't do enough for you", "There's never any rush. They always give you time to do things", "I think they treat me in a very dignified way", "The staff are lovely. They always talk nice to you. I've got no complaints", "They make me feel very dignified", "The staff are all kind and considerate. There's not one that wouldn't do anything for you", "I have total control over my care and support" and "My treatment was explained fully. I was given lots of encouragement and support from staff and could ask questions about how I was progressing." One person told us, "I was embarrassed by the males getting me undressed, but I'm used to it now." We passed this information on to the registered manager who confirmed they would ensure people's gender preference for care support was formally recorded, although discussions with staff and other people who used the service confirmed people were consulted about this on admission.

Relatives we spoke with gave us positive comments about the staff and quality of care provided. These included, "The staff treat my mother well, always very kind and respectful. They encourage her to be independent and let her do things for herself where she can. She's made good progress" and "Mum had never wanted anyone to care for her and the staff put her at ease. Nothing is too much trouble. We have been consulted and involved in all her treatment."

There were a lot of 'thank you' cards and messages from people who had used the service which indicated the kind and compassionate care people had received. We read ones received during the inspection which contained positive comments about the care and support provided. People had written, "Beacon is a wonderful place because of all the caring staff who work there" and "Thank you for making my stay such a dignified and pleasant experience as it could be."

The service had a nominated member of staff to act as 'dignity champion' and we saw a notice board in the main reception area displaying information for staff, relatives and people who used the service. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred and are willing to try to do something to achieve this. This member of staff took a lead on promoting dignity and ensuring people received effective and compassionate care at all times. Staff told us dignity and privacy was always discussed in both team and general staff meetings. The administrator informed us the staff had completed dignity training and additional workshops had been held to promote dignity in the service and support staff with positive approaches.

Staff spoken with had a good understanding about promoting people's choice, dignity and respect, and why this was important. For example, staff told us by offering people choices of meals, clothes to wear, and activities available, helped them to maintain their self-respect and independence. One person who used the service told us, "We can make our own choices about what we do and the staff help us with this. The exercise programmes can be very tiring but that's why we're here." Staff were respectful when talking with people calling them by their preferred names and spoke discretely about their personal care needs.

We observed positive interactions between staff and the people they supported. All people who used the service were admitted for short stay reablement support. In discussions with staff it was clear they had a good understanding of people's needs, their wishes and preferences. One member of staff told us, "We have time to sit and talk to people and get to know their needs. They get to know us and trust us better, which helps them to settle and relax more." We overheard staff spoke to people in a polite and friendly way and encouraged their independence where possible. We often saw staff approach people and ask if they wanted to have a walk and then supported them with this. We found staff were organised and ensured people were comfortable and had their needs met.

Meetings with people who used the service were held every three months. These were chaired by the assistant practitioners from the service and a representative from the organisation's Quality and Performance Team. The minutes of these meetings showed people were consulted about topics such as: their care; staff attitude; information they received; first impressions; concerns and complaints; dignity and respect. Action plans were developed to

Good

Is the service caring?

support improvements; for example we saw new name badges had been provided when people had commented they couldn't always remember staff names. People who used the service and their relatives were provided with a range of information about the service. We saw notice boards in the entrance area which provided information about how to keep safe, results from audits and surveys, how to make a complaint, and how to access advocacy services.

Good

Is the service responsive?

Our findings

People who used the service told us they received personalised care and felt it was focussed on their individual needs. They told us they were able to more in terms of mobility than when they arrived. They said staff supported them to keep in contact with their families and they felt confident and comfortable to raise concerns if required. Comments included, "The care and treatment I have received is second to none. My whole experience from being in hospital to coming here is very positive, no concerns about anything", "I know that all the staff are supporting me to reach my goal of going home. The care staff and therapists encourage me to push myself a little bit more each day" and "Staff made me feel very welcome they introduced me to other residents."

We found visiting times were posted in the entrance area; families and friends were given information about this when the person was admitted. Relatives and people spoken with during the inspection confirmed their understanding of the need for specific visiting arrangements to facilitate the reablement programmes and ensure people had adequate rest.

The care files of people who used the service showed that an assessment of their needs was completed by therapy and care staff on admission; this included risk assessments. The assessment was completed in a person-centred way with the full involvement of the person. The admission process included a discussion with the person to ensure they understood the reason for the admission and their and their families' expectations. The service had introduced the, 'Outcome Star' which is a tool for supporting people's progress towards self-reliance, where people who use the service set goals and agree outcomes. Records showed each person was supported to complete personal goals on admission and these were reviewed prior to discharge. Examples of these were, 'I want to be able to finish tasks without feeling so tired', 'To be able to walk with my frame' and 'To gain better balance.' Records showed the results were monitored through the service quality assurance programme and in March 2015, 83% of people had achieved their personal goals for that month.

Plans of care and reablement programmes were produced from assessments and risk assessments. The templates for the care plans were generic and personalised with specific information. We found these could provide more detail about people's preferences for how they wished care to be provided to them. For example, one person's care plan for personal hygiene stated they 'will need support'. However, it did not indicate how much assistance was required and what the person was able to do for themselves, although people who were currently using the service were able to tell staff how they wished to be cared for and the amount of support they required. The registered manager confirmed they had identified this issue and would be working with staff to provide more personalised detail in the care plans to guide staff. Staff told us they had time to read care plans and were given updated information about people's needs in handover meetings. Despite the shortfall in some care plans it was clear staff knew people's needs very well.

People had reviews of their care undertaken in multi-disciplinary meetings. These were held daily to discuss the care, treatment and discharge planning arrangements of people who used the service. This enabled a range of health and social care professionals to review people's needs, plan care and treatment in an integrated way and manage transition between services and agencies involved with the care package. Therapy and care staff told us the meetings worked well. Records showed discharge planning commenced from admission to the service and involved home assessment visits to ensure the person could manage everyday activities and to check if any adjustments to the home environment or equipment was needed.

The registered provider used an electronic record system which enabled information to be shared amongst health professionals in different agencies when the person provided consent to this. The system meant other health professionals involved would be able to access the information when planning care and treatment. GPs who were linked to the system were able to access the information regarding their patient's stay at the service. Therapy and care staff provided information for a discharge record when people went home or moved to another service. This provided an up to date account of the person's progress with their reablement programme, changes of note to their condition and to their medicines.

We saw the service worked closely with local hospital and community services regarding the referral system for people to access The Beacon Intermediate Care Unit. The senior staff and therapy teams expressed some concerns about the amount of referrals they received for people who

Good

Is the service responsive?

did not meet the criteria for reablement support and how they were dealing with these more effectively. The registered manager confirmed the service always operated a waiting list and placements were quickly filled.

Information provided before the inspection described planned improvements to prevent people from becoming socially isolated following admission. This issue has been highlighted and identified through service transition teams. The registered manager confirmed they were working with a local group called 'Community Collaborative' to provide activities and engage with people at The Beacon, so they may continue to participate in the activities in the community following discharge home. Records and discussions with people confirmed members of the collaborative had started visiting the service on a weekly basis to do various activities which included Tai Chi, Curling, Bingo and quizzes. People told us they enjoyed the sessions. Staff also described the importance of supporting friendships and socialising during a person's stay which we saw evidence of during the inspection.

Every person we spoke with said they felt confident they could raise concerns and that these would be resolved. There was a complaints policy and procedure and any complaints received would be dealt with by the registered manager and the registered provider's quality and performance team. Records showed the service had not received any formal complaints in the last 12 months and there were systems in place to deal with any concerns raised so shortfalls could be identified and addressed.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us the service was well managed. One person told us, "We feel the service is very good, it's well managed, the staff are excellent and we have been very fortunate to have mother there." Another person said, "I've been very pleased with all aspects of my stay, probably would not be going home so soon. It's well run and the care is very good."

The service had a well-defined organisational structure. This consisted of a Board of Directors and Council of Governors who delegated the operational management of the organisation to a Chief Executive Officer (CEO). There was a senior management team with heads of service and tiers of managers such as the Nominated Individual and registered manager, therapists, social work staff, care workers and support services.

We spoke with the registered manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. In discussions with staff and in records written about people we saw these values working in practice.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

People told us the registered manager was very approachable and was often seen around the service. Staff confirmed the registered manager demonstrated clear management and leadership of the service, and led by example. Staff said the registered manager had an open door policy, and told us she was easy to talk too, supportive and always accessible. Staff meetings were held monthly and staff told us they were encouraged to raise any concerns or suggestions for improving the service. Staff told us, "We work hard to provide a good service, it's a great place to work, we have a good team" and "There are a lot of dedicated and committed staff who put people who used the service first, it's what we do."

We found the registered manager was aware of their role and responsibilities. They confirmed they had made some changes to the day to day running of the service since their appointment in January 2015. These included the development of units and staff allocation on shifts, which staff reported was working well. The registered manager had also reorganised the office spaces on each unit so staff had areas to work without leaving the units. They also described how they had dealt with some staff conduct and performance issues having observed staff practice and how they wanted to move the service forward in those areas.

We found the organisation encouraged good practice. For example, there was a system in the organisation to nominate staff for a monthly STAR award for recognition of proactive work and 'going the extra mile.' The organisation also had gained 'ISO9001', which is a management standard accreditation scheme that focusses on the registered provider's commitment to good business and people management.

We looked at the registered provider's quality monitoring programme. We found a quarterly programme of reviews and audits was in place. The programme included areas such as: the environment, records, medicines and equipment. We found where shortfalls were identified, these were mostly addressed through effective action planning.

Records showed redecoration of two units and maintenance work had continued, although we found some improvements were required with the quality of the environmental auditing process. We found the audits had not identified improvements needed to the décor in the remaining units, however when we spoke with the nominated individual they were aware of the decorative improvements required. They confirmed they were completing the annual renewal programme and areas requiring redecoration and re-carpeting had been planned in.

We found a significant amount of new equipment had been provided in recent months, such as new wheelchairs, specialist beds, tables and pressure relieving equipment. A new air purifying system had also been installed throughout the service as part of the registered provider's infection prevention and control strategy.

The registered manager provided information to support the registered provider's clinical governance systems. Quarterly performance reports were completed which outlined areas such as: infection rates, weight monitoring,

Good

Is the service well-led?

the number of pressure ulcers, incidents and accidents, medicine errors, safeguarding referrals, notifications to CQC, complaints, length of stay figures and achievement with personal goals through the Outcome Star process.

We reviewed the results from recent surveys sent to people who used the service, the latest report showed improvement from the previous quarter with four areas of care all achieving 100%: these included, confidence and trust in staff providing care; inclusion in decisions about care; treated with dignity and respect and involvement in planning care. Other areas of care such as being listened to; timeliness of service; information and friendliness of staff had achieved the same result as the previous quarter. The overall service user satisfaction score for the most recent quarterly review was 91%.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Staff we spoke with confirmed that following incidents or accidents they had opportunities to discuss any lessons learnt and were informed of any action taken or changes in care delivery. This meant incidents were monitored and management took steps to learn from such events and put measures in place to make them less likely to happen again.