Anchor Trust

# Sycamore Court Nursing and Residential Care Home

**Inspection report**

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## Ratings

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|---|---|
| **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 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection. Sycamore Court Nursing and Residential Care Home provides accommodation and nursing care for up to 40 people, who have nursing needs, including frailty and mobility issues, as well as those in all stages of dementia. There were 35 people living at the home on the day of our inspection.

# Summary of findings

There has not been a registered manager in post since June 2014 but reasonable steps in a timely manner have been taken. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider. During this inspection, the senior district manager confirmed that an application would be submitted to CQC and they were currently providing additional support to the newly appointed home manager. They also told us that continuity of care and support was provided by the care manager (a qualified nurse and clinical lead), who, at the time of the inspection, had been working at Sycamore Court for eight months..

People's individual care and support needs were assessed before they moved into the service and detailed and comprehensive care plans and risk assessments were maintained and reviewed regularly. People and their relatives confirmed that they had been involved, or had the opportunity to be involved, in assessments, care planning and reviews.

People were treated with respect and dignity by the staff. They were being spoken with and supported in a sensitive, respectful and professional manner. We saw that care workers always knocked on the door before entering bedrooms.

People told us they felt safe. Relatives we spoke with said they felt confident and reassured that their loved ones were safe and a family friend, who regularly visited the home, told us they were “100% sure” that their friend was safe. There were systems in place to assess and manage risks and to provide safe and effective care.

The care manager told us that an individual’s dietary requirements formed part of their pre-admission assessment and people were regularly consulted regarding their food preferences. Menus and people's individual nutritional requirements were regularly discussed during residents' meetings. Healthcare professionals, including speech and language therapists and dieticians, had been consulted as required.

People were provided with choices such as whether they wished to join in with an activity and they told us their choices were respected. The activities coordinator told us that people had the opportunity to take part in a range of social and recreational activities, reflecting their interests and preferences, both in and outside the service.

People were registered with local GPs and had access to other health care professionals, including practice nurses and physiotherapists, as required. Pressure relieving mattresses were in place where assessments had highlighted a risk of pressure damage to the person’s skin. All appointments with, or visits by, health care professionals were recorded in individual care plans. People told us their physical healthcare needs were effectively met by the home. One person said “If you’re feeling unwell, they are quick to arrange a doctor to come in.”

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up to date plans were in place to promote good practice and develop the knowledge and skills of staff.

Staff told us that communication throughout the home was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable. However they also told us that they had not received formal supervision for several months.

As well as regular residents and relatives’ meetings and satisfaction questionnaires, the manager told us they frequently carried out a range of internal audits, including care planning, medication and staff training. The manager also told us that they operated an 'open door policy' so people who used the service, staff and visitors to the home could discuss any issues they may have.

# 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?**

Good

The service was safe. People were protected from abuse and avoidable harm. All of the people that we spoke with told us that they felt safe living at Sycamore Court.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly.

There were sufficient staff numbers to meet people's personal care needs. Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people, such as relatives and professionals, in the decision making process if someone lacked mental capacity to make a decision.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards. We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards.

**Is the service effective?**

Good

The service was effective. People's care, treatment and support was based on good practice guidance.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The staff worked effectively with healthcare professionals and were pro-active in referring people for further diagnosis and treatment.

**Is the service caring?**

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

Communication between staff and people was good. Staff were cheerful and caring towards people and their relatives and spoke with them in a kind, sensitive and respectful manner.

Staff worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

People were treated as individuals. We saw people were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

# Summary of findings

**Is the service responsive?**

Good

The service was responsive. It was organised to meet people's changing needs. The views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision. This included satisfaction surveys and regular resident and family meetings..

People's individual care and support needs were regularly assessed and monitored to ensure that any changes were accurately reflected in the care and treatment they received.

A complaints procedure was in place and people told us they knew how to make a complaint if necessary.

People were protected from social isolation by staff being aware of individual interests and preferences and ensuring that activities reflected personal choices.

**Is the service well-led?**

Good

The service was well-led. Although, at the time of the inspection, there was no registered manager in post, reasonable steps to provide management cover had been taken. The leadership and management assured the delivery of quality personalised care, which supported learning and promoted a caring and inclusive culture.

Effective systems were in place to gather the views of people using the service and their relatives, including regular 'residents and family' meetings.

There was a staffing structure which gave clear lines of accountability and responsibility. There was always a trained nurse on duty who took a lead role in ensuring people's clinical needs were met. Staff were supported to question practice. Staff told us the management and leadership of the home had improved was approachable and very supportive.

# Sycamore Court Nursing and Residential Care Home

**Detailed findings**

## Background to this inspection

The inspection team consisted of an 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.

During the visit, we spoke with 11 people living at the home, four relatives, three nurses, five care staff, the activities coordinator, the home manager (manager), the care manager and the senior district manager. As part of the inspection process, we also spoke with a local GP and a contracts officer from the local authority.

Before the inspection, we reviewed information we held about the home including a pre-inspection report provided to us by the service. We spoke with Clincial Commissioning Groups (CCG) and the local authority safeguarding team to obtain their views on the service and the quality of care people received.

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 improvements they plan to make.

Some people with specific physical or psychological needs were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's bedrooms, and the communal areas. We also spent time looking at five people's care records.

The last inspection of this service was in September 2013, where no concerns were identified in the areas in which we looked.

# Is the service safe?

## Our findings

People told us they felt safe living at Sycamore Court Nursing and Residential Care Home. People described "feeling safe" living there. One person who had recently moved in told us "I feel safe here and you can get a doctor here more often than you would get in your own home." A relative told us, "I trust them completely to look after my mum here." A family friend who regularly visited told us they were "100% sure she is safe. She is really happy here."

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly. Risk assessments were completed when required. These covered fire safety, compliance with prescribed medicines and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. The care manager told us people's risk assessments were reviewed at least every six months or when their support needs changed. Staff also told us if they noticed changes in someone's behaviour, they would report to one of the managers and a risk assessment would be reviewed or completed. This was supported by care records, including risk assessments that we saw.

We observed one person displaying some behaviour which challenged others. Staff responded promptly and appropriately to make sure the person was reassured and safe. Staff told us they had been trained to manage behaviours that challenged them and others. They were able to describe clearly this person's behaviours, triggers and techniques they used to support them.

Staff had the training and information they needed to help ensure people were as safe as possible. They had completed training relating to safeguarding adults at risk as part of their induction and regular refresher training. Staff told us they had also completed other training related to the safety and protection of people, including health and safety, first aid and food hygiene.

Staff demonstrated an understanding on how to recognise and respond to abuse, and were aware of what to do if they suspected abuse. One member of staff said, "Oh yes, I speak my mind and wouldn't hesitate to report any concerns to the nurse in charge or the manager." Staff were also aware of the importance of disclosing concerns about poor practice or abuse and were aware of the organisation's safeguarding and whistleblowing policies. This helped ensure, as far as possible, the safety and welfare of people living in the home.

The training schedule demonstrated that staff had received training on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) Staff had a basic understanding of the MCA and DoLS. They were aware of the need to involve others in decisions when people lacked the mental capacity to make a decision for themselves. One member of staff told us: "We always try to involve families and professionals if someone is unable to make a decision for themselves." This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests.

People told us there were enough staff working to make sure they did not have to wait for care and support. The care manager told us in order to cover current staff vacancies and annual leave they always used the same agency and, wherever possible, the same staff. This helped ensure that people's assessed care and support needs could be met safely and consistently.

The manager explained the staffing levels throughout the building. They told us that on the lower ground floor dementia unit, where there were 13 people , there was a minimum of one nurse and three care workers. The manager described the staff there as a "stable team with specific experience and knowledge related to dementia awareness." This was supported by duty rotas and training records that we saw and confirmed by staff. One member of staff told us "We're a good little team down here. We've all had the training so we're confident and know what we're doing." Another member of staff told us "I just love it here, love being with the residents and wouldn't want to work anywhere else."

There were 13 people with "frailty and mobility issues," with three care workers, on the ground floor and nine people on the first floor, with two care workers. In addition there was a qualified nurse, who worked between these two floors. At night there was one nurse/team leader and three care staff on duty. The manager confirmed that staffing levels were closely monitored to ensure they reflect the dependency levels of people. They told us "We review care needs on a daily basis and I will make sure that we have sufficient staff to meet any changing needs and keep people safe."

# Is the service safe?

Everyone we spoke with said there were enough staff working on each shift. One person told us "I think there are plenty of staff here, so you never have to wait long. I always ring the bell if I want anything.  Even during the night, if I call them, the staff will come in and see what I want and put on the music for me." Another person told us "When you push the bell the staff come straight away and at night it is the same. I usually get up about 3am and press the call bell and the staff bring me in a cup of coffee." there were sufficient competent staff on duty with the right skill mix, to ensure people were safe.

Recruitment practices were safe and relevant checks had been completed before new staff started work. We looked at the recruitment and personnel records for three members of staff working at the home and found that they contained evidence that Disclosure and Barring Service (DBS) checks had been completed. We saw that the application form had been completed appropriately and in each case a minimum of two references had been received. The manager told us that all new staff initially "shadowed" more experienced colleagues, when supporting people. Staff confirmed that when they started they had worked closely alongside more experienced colleagues. They said they had been introduced to people and their individual care needs and routines had been explained, as part of their induction programme. They also told us that they had been made to feel very welcome, supported and consequently now felt confident to do their work.

# Is the service effective?

## Our findings

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. Staff worked effectively with healthcare professionals and were pro-active in referring people for diagnosis and treatment. We were told by one of the nurses that all people were registered with local GPs and had access to other health care professionals as required. It was noted in the care plans that all appointments with, or visits by health care professionals were recorded. People received any necessary medical treatment, care or advice promptly. One person told us "You can get to see a doctor quicker here and more often than you would get in your own home." A visiting GP confirmed that the service engaged professionally and proactively with the surgery and any recommendations or guidance was acted upon in people's best interests.

People's care, treatment and support reflected identified needs. People were supported by staff who had the necessary skills and knowledge to meet their assessed needs. For example there was the specific training in dementia care and awareness for staff who worked on the dementia unit. Staff were unrushed and available to spend time and support people as required. The senior district manager told us "The residents are at the centre of everything we do here and we work very hard to continually improve the service that we provide." Relatives and professionals we spoke with all said they felt there were enough staff to meet people's needs and that staff were caring, competent and knowledgeable.

Consistent care was delivered by a stable staff team who had worked together for many months and were aware of the support needs of people. The manager told us that all new staff received comprehensive induction and a foundation training programme in conjunction with Skills for Care (Common Induction Standards). We were shown a copy of the current training schedule for the service which indicated that all staff, including management, nurses and care workers had received appropriate training in all essential subjects. We saw that recent training had included dementia awareness, dignity in practice, fire safety and health and safety, safeguarding and medication.

Two care workers and a nurse told us that they felt valued and supported by the manager. One person said "I absolutely love it here. Everyone is so friendly and supportive and the residents are lovely." They confirmed that relevant training was provided on a regular and on-going basis. They also told us that morale amongst the staff had significantly improved over recent months and communication was effective and ongoing. As well as comprehensive handovers at the start of each shift, we were told that staff meetings were held regularly and covered any issues raised or best practices shared. One member of staff told us "It went through an unsettled time here, with managers coming and going, but things are much better now and I'm enjoying coming to work again."

This was supported by comments received by a contracts officer from a local Commissioning Support Unit (Adult Social Care)essentially responsible for purchasing services and resources. They told us, following a recent joint visit with NHS Brighton and Hove CCG "We felt assured by what we found and what we were told and feel that though there may have been some issues with management continuity earlier this year, this is not now the case and things appear much more settled."

People's health and social care needs were assessed and they told us staff understood and provided the care and support they needed. People's care plans were detailed and incorporated all of their identified health and personal care needs. Care plans were reviewed regularly to ensure that they accurately reflected a person's ongoing and changing needs. People told us they were involved in their individual assessments and felt that they were being listened to. One person said "The staff here know my needs". Another person said that they felt that all the staff listened to their choices and views during their assessments.

People's nutritional needs were assessed and recorded and records were accurately maintained to ensure people were protected from risks associated with nutrition and hydration. We saw that people were consulted about their food preferences each day and were given options. One person described the food as being "Very good, very tasty, there are good cooks here. Everything is cooked from scratch. The cake in the afternoon is delicious". We saw that copies of the weekly menu were displayed in the entrance hall and in the dining room.

People were consulted about their preferences. One person told us "When I moved in here I asked for a large meal every day and now I get it every day. I am also able to choose where I eat and some days, if I don't feel well, I stay in my

# Is the service effective?

room and staff bring the food down for me". Another person said they asked for and were given porridge for breakfast. They told us "I mentioned to staff that I wasn't getting enough fruit and since then I've been getting a banana with my porridge. Although I had strawberries this morning as they'd run out of bananas."

People's diverse dietary needs were being met. This was confirmed through our observations during lunchtime and from discussions with the chef, who told us "We provide a balanced and nutritious diet and always offer an alternative to the main meal. Vegetarian, diabetic and other specialist diets are catered for. I know people's individual likes and dislikes and as well as going to the residents' meetings, I will always go and see new residents to discuss their preferences. One relative told us "Mum loves her food but was a very finicky eater at home. Since coming here she eats it all and she gets a choice. She needs a bit of help now with eating but the staff here are very nice, they all know her and see she's alright."

Drinks were readily available throughout the day. People had drinks provided in their rooms, in suitable drinking containers for their abilities and within reach. Where appropriate, food and fluid charts were in place and updated regularly. The inspection was held on a very hot day and we observed people in the lounge and in their rooms regularly being offered a choice of hot and cold drinks throughout the day. We saw drinks were also provided outside on garden tables and in the dining room.

Professionals we spoke with from other agencies all said their communication with the manager was effective and they had a good relationship with staff in the home. A local GP confirmed that staff at Sycamore Court were proactive in seeking medical advice or treatment and were professional and cooperative in their dealings with the surgery, "in the best interests of people at the home."

# Is the service caring?

## Our findings

People and their relatives spoke positively about the kindness and caring approach of the staff. We observed that people looked comfortable and well cared for, including with clean hair and fingernails. Staff routinely involved people in their individual care planning and treated them with compassion, kindness, dignity and respect. One person told us that staff were "friendly, kind and professional." Another person told us staff were "kind and caring." They said they were offered choices and staff knew about their preferences and daily routines. Other comments included "We are very well looked after" and "No problems, I am very happy here." Relatives and friends were able to visit at any time One relative described the staff as "always very friendly, welcoming and compassionate."

People and their families confirmed they were involved in the assessment and care planning process. This enabled the staff to identify people's care preferences. One relative told us, "I am involved in care plan reviews whenever I am able to get in." When they were admitted, people and their families were provided with information about the service, in a format that met their communication needs and their ability to understand. The information included details about the home, the facilities and support offered. The information was also available in an easy read format.

Communication between staff and people was kind, sensitive and respectful. We saw that staff were cheerful and caring towards people and their relatives. One care worker told us "Everything we do is for the residents, they are the reason we come to work – and I love coming to work." A visitor described the staff as "always very friendly, welcoming and compassionate." They told us "The staff were brilliant at getting my friend to come into the lounge. She just loves to sit watching and seeing what is going on, she doesn't take part."

We saw staff being respectful and considerate and patiently supported people individually to express their views. We observed staff speaking slowly and sensitively and involved people as far as possible in making decisions about their care, treatment and support, including which activities they wished to take part in. checks were regularly carried out to make sure people were receiving the care and support they needed. The manager confirmed they "walked the floors" daily speaking with people regarding their wellbeing and observing care practice.

People told us they were listened to and involved in planning and reviewing the care and support they received. One person described how their care plan had changed over a number of years and said they had regained a degree of independence. They told us "I'm able to do things for myself now that I haven't been able to do for years." A relative told us "We have no concerns, we're told how my [relative] is doing and if there's anything we need to know, they tell us."

As example of the caring ethos of the service, the senior district manager told us "The reason we are all here is to ensure the residents are safe and happy and their care needs are being met." The manager told us "We are an emotional team and care very much for the people living here. The care that I gave my mum, when she couldn't manage on her own, is the same care that I would expect the residents here to receive."

People's privacy and dignity were respected and promoted. People told us they felt staff respected their privacy and dignity at all times. We observed staff always knocked on bedroom doors and waited before entering. People said that staff were kind and polite and we observed that staff assisted people with their care in a sensitive and an unhurried manner. People were called by their preferred name. Staff were aware of the need to protect people's dignity whilst helping them with personal care. When moving between bathrooms and bedrooms, staff ensured that people were supported to maintain their privacy and dignity. One person who was spending the day in bed told us "Some days you just don't want to get out of bed - and the staff respect that." We were told by another person who was sitting in their room "I like to find my own way. I don't like to be pushed to do something I don't want to do. Here they leave you to make your own decisions."

Staff treated people with respect and consideration. For example, in the afternoon we sat outside listening to one person playing a trombone, and observed staff speaking quietly and sensitively to other people checking with them that they were comfortable and gently applying sun cream to their arms, as necessary. As we listened to the music, one person said to us "This place has got it all – what more could you want."

# Is the service responsive?

## Our findings

People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, best interest meetings were held with relatives, staff and other professionals, to agree the care and support needed. People told us that they were involved in the assessments and felt that they were being listened to. One person said "The staff know my needs". I was told by one person that they felt "involved" and that all the staff listened to their views during their assessments. One relative told us "During mum's last assessment the staff suggested contacting the Sussex audiology department to assist with her hearing, which should be a great help." Another relative told us they were "always invited to the assessment review" and felt "involved and listened to."

People's care, treatment and support was personalised and reflected their needs. Their individual care needs were regularly reviewed and monitored to ensure that any changes were accurately reflected in the support they received.

People told us they knew how to make a complaint but this had not been necessary. The manager told us people's complaints were resolved as soon as possible, although they said that no formal complaints had been received since the previous inspection and the provider's formal complaints procedure had not been used. People told us if they had any issues they would speak to the manager and something was always done. They told us, "They always do their best." We asked one relative if she had needed to make a complaint. They told us their brother had raised a concern with the office when their mum moved in. It related to an incident when a care worker had not helped their mum to eat when she needed them to. When they went to the office it was resolved straight away. They said they felt confident that if they had to complain again, it would be resolved just as effectively as the last time.

The views of people, their relatives and other visitors were welcomed and informed of changes and improvements to service provision. The manager told us that in addition to the complaints procedure, they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns they may have. Other formal systems of obtaining feedback included regular residents and family meetings and annual satisfaction surveys. We saw minutes of recent meetings and were shown responses from recent surveys, which showed satisfaction with the care and support provided. We also spoke with relatives who confirmed they had attended meetings and completed questionnaires regarding their views on the service.

There were various activities available within the home and the local community and the service employed an activities co-ordinator. A programme of social activities was displayed in the entrance hall next to the lounge. We spoke with five people about their interests and they all said that the activities co-ordinator had been to see them and asked them individually what they enjoyed doing and what activities they wanted. One person who had been living at the home for a number of years spoke about the changes in staff and activities. They told us "The activities co-ordinator came to see me and I told her what I like doing, where we used to go out and different things we did. Now we have new evening activities." A visitor told us that, prior to moving in, their friend had been attending a day centre. They said "She was very keen to continue going there and the activities co-ordinator here has helped to organise a taxi so she can still get there."

People were also protected from social isolation. One person who had recently moved in spoke of being "encouraged by the activities co-ordinator to go to the activity room or sit out in the garden" – both of which they enjoyed. In the lounge we observed several people having their nails manicured and chatting with the staff while this was being done. One person who liked to help with the refreshments was going round 'taking orders' and getting people their drinks.

# Is the service well-led?

## Our findings

People told us the home was friendly and management were always visible and approachable. One visitor we spoke with described the staff as “always very friendly, welcoming and compassionate.” A relative told us “The manager is usually around when I come in and seems very friendly and approachable.” We saw that the manager maintained a high profile throughout the home and that communication between staff was productive, open and friendly

The service requires improvement as there is currently no registered manager in position. The previous registered manager was promoted within the organisation and left the service in June this year. Since then management cover has been provided by a senior district manager and the existing care manager. A home manager has now been appointed, however there has yet to be an application submitted to register a manager with CQC.

The management of the organisation assured the delivery of personalised care and promoted an open and inclusive culture. People, their family and friends told us they were asked for their views about the service. They said they felt “informed.” and also confirmed they were involved in care plan reviews.

Effective systems were in place to gather the views of people and their relatives, including regular ‘residents and family’ meetings. We were told by relatives that they had been invited to previous meetings and wherever possible had tried to attend. They said they were always made very welcome at these meetings and consequently felt “more involved.” One relative said they found these meetings very useful and had been made aware of the impending change in ownership and had been reassured this would not affect her mum.The manager confirmed the next meeting was planned for a Saturday, to enable as many people as possible to attend. People told us this was helpful and said that previous meetings held during the week had not been particularly well attended, due mainly to people’s work commitments.

People told us the home was friendly and management were always visible and approachable. One visitor we spoke with described the staff as “always very friendly, welcoming and compassionate.”. We observed that staff were very supportive of each other, both physically and emotionally, in the care they provided to people. One nurse told us about the ‘employee of the month award’ that recognised exceptional practice. It was presented by the manager to a nominated member of staff who had “gone the extra mile.”

Staff told us they felt valued and supported by the manager and they understood and were confident of their individual roles and responsibilities. Staff were supported to question practice and they told us they would report any concerns to the manager. Staff told us the management and leadership of the home was approachable and very supportive.” One care worker told us “It has been a bit unsettled here but we’ve got some stability back now. People seem much happier with this new manager – and listened to, so let’s just hope they’ll be staying.” During our visit we observed staff approaching members of the management team openly for direction and advice and saw there was a relaxed atmosphere.

Although staff told us they felt well supported in their role, we found that there were inconsistencies in the provision of formal supervision. One member of staff told us “I can’t remember the last time I had supervision – but it was months ago.” We discussed this issue with the manager who confirmed that formal supervision sessions had “slipped over recent months.” However they told us that all staff were supported on an ongoing basis through regular staff meetings and comprehensive handovers at the start of each shift. They also told us that having identified shortfalls in staff supervision, they had now put in place a programme of scheduled supervision dates for all staff. We saw a schedule of supervision sessions to support this..