Cornwall Council

Tregarne and Chy Koes Respite Service

Inspection report

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Date of inspection visit:
21 November 2017

Date of publication:
11 January 2018

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 comprehensive inspection took place on 21 November 2017 and was announced.

Tregarne and Chy Koes is a residential home that provides respite personal care and support to younger adults and older people for up to 15 people. Tregarne and Chy Koes are two separate units. At the time of our inspection two people were receiving respite care at Chy Koes and five people were receiving respite care at Tregarne. People used the service for various short term periods to provide respite for them and their families who were their main carers.

Tregarne and Chy Koes is situated close to the centre of the town of St Austell with all amenities being a walk or short drive away. The service provides single room accommodation for up to 15 adults with a learning disability and or physical disability who need assistance with personal care. Up to ten people can be accommodated at Tregarne and up to five people at Chy Koes. Occupancy levels vary each week due to the nature of the service. The service is a purpose built home on one site but included two separate buildings. There are range of aids and adaptations in place to support people with a range of disabilities which impact on their mobility and movement. Each person has their own room which have en-suite facilities including bathing facilities. There are additional toilets located in both services.

There was a registered manager in place. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staffing levels were based around the needs of people using the service. Due to fluctuating occupancy levels, staffing the service needed to be flexible. Staff were responding to this and proposed changes in staffing shift patterns were currently in consultation with the provider and unions.

Staff had been recruited safely, received on-going training relevant to their role and supported by the registered manager and team leaders. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who used the respite service.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

People's rights were protected by staff who under stood the Mental Capacity Act and how this applied to

their role. Nobody we spoke with said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

Care records were generally organised, detailed, personalised and comprehensive care records were regularly updated and reviewed with involvement from people and their families. However, both units used their own recording system. The registered manager is working towards unifying both systems to ensure continuity. Care and support plans included person centred daily observation records that identified the care and support interventions that had been provided around care and support for the person being supported.

We observed positive exchanges between staff and people who used the respite service. There was a culture on promoting dignity, respect and independence for people. People told us staff treated them as individuals and delivered person centred care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Accidents and incidents were being recorded and reported and any lessons learned were shared with staff. The service learned by any mistakes and used this as an opportunity to raise standards. There was a culture of openness and honesty and staff felt able to raise concerns or suggestions.

People told us they had choices of meals and there were always alternatives if they didn't want what was on offer. One person said, "Meals are OK but I sometimes like to go out and sometimes bring back things I like. It's good to have the choice" A staff member told us, "We do a lot of themes like the recent Halloween and we do meals around that."

There were a range of quality assurance arrangements at the service in order to raise standards and drive improvements. For example, audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. However people told us that the organisation did not always keep them informed of changes occurring in a timely way. We have made a recommendation about this.

The registered manager and team leaders engaged with all stakeholders of the service. Six monthly surveys were presented in a format that could easily be understood by people with learning disabilities. In addition to surveys people were asked for feedback after each visit. The results of the most recent survey had been positive.

There was a system in place for receiving and investigating complaints. People we spoke with had been given information on how to make a complaint and felt confident any concerns raised would be dealt with to their satisfaction.

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 supported by staff who knew how to recognise and report signs of abuse or mistreatment.

People were supported safely with their medicines.

People were supported by staff who had been safely recruited.

People had a range of risk assessments in place covering various aspects of their daily lives.

Is the service effective?

Good

The service was effective.

People were supported by staff who had undergone training to carry out their role effectively.

People were supported to access health and social care professionals as required.

People were supported to have enough to eat and drink.

Staff worked within the principles of the Mental Capacity Act (MCA).

Is the service caring?

Good

The service was caring.

People were supported to maintain their independence in their home and in the community.

People's support was personalised to their individual needs.

Staff understood how to ensure people's human rights were protected ensuring they did not experience discrimination in any form.

Is the service responsive?

Good

The service was responsive.

The service was responsive to people's needs. Care was planned and delivered to meet people's individual needs.

The service was flexible and adaptable to meet changes in people's needs and requirements.

There were systems in place for receiving and handling complaints.

Is the service well-led?

Requires Improvement

The service was mainly well led.

People told us they were not always informed in a timely way of changes in the service which may affect them.

There was a clear management structure within the service with regular oversight by senior management.

Staff told us they were able to put their views across to their manager, and felt they were listened to.

There were systems in place to gain people's views and took action in response to people's feedback.

The registered manager monitored the quality of the service.

Tregarne and Chy Koes Respite Service

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

Tregarne and Chy Koes is a 'care home'. People in care homes receive accommodation and nursing care as single under one contractual agreement. CQC regulates both the premises and care provided. We looked at both during this inspection.

This inspection took place on 21 November 2017 and was announced. The inspection was undertaken by one adult social care inspector.

We gave the service 72 hours' notice of the inspection visit because the service provides respite care which means there is not always staff and people using the service available during the day. We needed to be sure staff and people using the service would be available to support the inspection visit.

Tregarne and Chy Koes is situated close to the centre of the town of St Austell with all amenities being a walk or short drive away. The home provides single room accommodation for up to 15 adults living with a learning disability and or physical disability who need assistance with personal care. The service is a purpose built home with a range of aids and adaptations in place to support people with a range of disabilities which impact on their mobility and movement. Each person has their own room with adapted en-suite bathrooms. There are additional toilets located throughout the service.

Before the inspection we reviewed information we kept about the service and previous inspection reports. This included notifications of incidents. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of

concern. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

During the inspection we used a range of methods to help us make our judgements. This included talking with people using the service, interviewing staff, pathway tracking (reading people's care plans, and other records kept about them), carrying out observations of care and reviewed other records about how the service was managed.

We spoke with the registered manager, team leader, three senior support workers and four support workers.

Following the inspection we contacted four relatives of people who used the service and two people who used the service to ask for their feedback. We also contacted four professionals who were external to the service.

We looked at a range of records including four care plans, records about the operation of the medicines system, two staff personnel files, and other records about the management of the service.

Good

Is the service safe?

Our findings

People using the respite services at Tregarne and Chy Koes told us that they felt safe. Comments included, "I feel very safe here, with the staff and in the home itself" and "It's all very new and yes I do feel safe here. I come a lot and never had a problem yet." Observations made confirmed people were being respected and supported in a safe and caring environment. For example, one person was out in the community independently. This was not seen as an issue for staff and it had been recognised in the person's risk assessment. This showed there were systems in place to protect people while supporting independence.

Family members told us they confident the service would provide a safe and secure environment for their relatives and this gave them piece of mind. They said, "We know [Person] is safe and happy," "We have total trust in them to care for [Person]" and "I can relax when [Person's name] is there, knowing they are in good hands."

The nature of the service meant occupancy levels could fluctuate on a day to day basis. This was because people were booked in for short periods of a time. Because of this staffing levels were maintained to support the level of need was being met. Proposed changes to shift patterns were currently in consultation. Staff told us it had been a difficult period for them to try and adapt to changes. They said, "We work really well as a team but it has been a difficult time recently. We cover for each other and we use regular agency to cover" and "Budget cuts have been made and changes to the service so it's still viable. Changes have meant restricting the numbers of respite place's so there are always enough staff to support guests." There was no evidence the service operated on a reduced staff team. There had been occasions when a decision had been taken to close the respite unit for Chy Koes where safe staffing levels could not be guaranteed. This had occurred once recently. The planning of respite was being managed in a way so the service could plan staffing levels more effectively. People told us, "There are always enough staff to support me" and "I get the support and care I need when I'm here." Families said, "There seems to be enough staff when [Person's name] is there," "There's been a change of staff this year who seem ok" and "Some staff have been there a long time and know [Person] very well."

People were supported by staff who understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access and safeguarding was a standard agenda item at staff meetings. Staff had received training on how to recognise the various forms of abuse, which was regularly updated and refreshed. There was an open and transparent culture in which staff were encouraged to report any concerns. Staff were aware of the process to follow should they be concerned or have suspicions someone may be at risk of abuse. A staff member told us, "Protecting guests is always utmost in our minds."

The registered manager and team leader understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns management would listen and take suitable action. If the registered manager had concerns about people's welfare they liaised with external professionals as necessary, and had submitted safeguarding referrals when it was appropriate.

Staff were aware of the reporting process for any accidents or incidents. Records showed that appropriate action had been taken and where necessary changes had been made to reduce the risk of a re-occurrence of the incident. Where incidents had occurred the service had used these to make improvements and any lessons learned had been shared with staff. A staff member said; "We are all aware of the importance of mitigating risks and that's why we scrutinise any accidents and incidents." By reviewing accidents and incidents made it is less likely they would happen again in the future.

Care and support plans had risk assessments completed to identify potential risk of accidents and harm to people and staff. Risk assessments provided instructions for staff members when delivering their support. These included moving and handling assessments and safe use of equipment, the building and medical conditions. There were personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency situation which required evacuation. Staff understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Due to the service providing short breaks for people medicine procedures had been adapted to safely manage them in and out of the service on a regular basis. Medicines were only managed by staff who had received an appropriate level of training. There were examples seen of people's medicines being checked into the service on arrival and checked out again when leaving. It also showed a record of prescribed medicines being administered at the correct times. Storage facilities were suitable to ensure medicines were safe. In some instances people chose to look after and administer their own medicines. In these instances there was evidence of risk assessment and consent by the person to take responsibility. There were safe storage facilities for people to store their medicines in their rooms. Records were all accurate and up to date.

Equipment and energy sources had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. Slings were designated to people and where shared records showed staff knew which sling was appropriate for the person due to identifying size and weight. We observed equipment was clean and stored appropriately.

People were cared for in a clean and hygienic environment. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine; There were regular checks in place on cleanliness, use of personal protective equipment such as aprons and gloves. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed.

Good

Is the service effective?

Our findings

People received effective care because the service had a clear and consistent care planning system which ensured people's individual needs, aspirations and goals were met. This ensured people experienced positive outcomes. Families told us, "The staff know what [Person] wants," "I have every confidence with all the staff. They are wonderful and know what they are doing" and "[Person's name] keyworker has been there for several years."

Staff received continuous and on-going training to carry out their role with regular updates taking place, so they were familiar with current good practice and guidance. Specific training was available to staff where certain conditions required specific knowledge in how to manage a health event. For example, autism, epilepsy and clinical nutrition. The registered manager and staff told us access to training within the local authority had changed and the service was sourcing other training options. Staff said they did a lot more E-Learning [Involves use of a computer or electronic device to provide training or learning material], which they said, "It is a learning tool but not all of us are as confident as others when using computers."

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. The registered manager and staff had received training on the MCA. There was also a policy on the MCA which was accessible to staff. Staff were knowledgeable about how the Act applied to their role and what restrictive practice meant. Some people who used the service lacked capacity to make decisions about. Staff were aware of what this meant for the people they supported. Staff had attended best interest meetings where decisions were being made on behalf of people who lacked capacity.

The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff told us they asked people for their consent before delivering care or support and they respected people's choice to refuse care. People we spoke with confirmed staff asked for their agreement before they provided any care or support.

Care plans had relevant information documented on how best to support people during their stay at Tregarne and Chy Koes respite service. The service had identified any specific training or equipment needed to support people during their stay. For example, additional night time checks for a person whose risk of epilepsy episodes were a potential hazard, and bed rails to support a person to move independently during the night. Changes noted in people's needs through the service's on going assessment had been recorded and specialist advice sought from professionals where required. For example, a referral had been made to a speech and language therapist to complete a swallowing assessment following concerns identified around one person's eating and drinking.

People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records showed where other health professionals had been contacted or visited. A relative told us, "We have six monthly meetings to keep the care plan updated, and if we need a more detailed update, that is done at the annual meeting."

There was a planned menu options in place in both units of Tregarne and Chy Koes. However these were flexible in order to meet the needs and choices of people using the service. Some people had main meals at various day centres and chose more of a snack in the evening, some people preferred a main meal in the evening and this was delivered as requested. One person told us they liked to go out and purchase their own food if they saw something they 'fancied' when out. There was evidence in peoples care plans that nutrition and hydration was taken seriously. For example the service was acting on health advice to support a person who required a soft diet. There was a list for staff to identify suitable foods which were suitable for soft diets, allergies and coeliac disease. This demonstrated the service took account of people's wishes, choices and dietary needs when decisions were being made about meals and meal planning.

In order to support people to make choices, where written language was limited there were menus in a pictorial format to support them to make their own informed choice. One person told us, "We look at the menu on the wall, which gives a choice of meals." Where people needed support to eat a family member told us, "They cut up [Person's name] food in the kitchen so they don't feel singled out while at the table." This showed staff understood and respected people's needs.

Tregarne and Chy Koes are two individual buildings which are situated in one location. The grounds and gardens are shared. They are adapted to allow access to people with mobility needs and equipment however the upper garden area is only accessible for people with full mobility. Tregarne has ten individual rooms to support people. Chy Koes has five individual rooms. There were a range of aids and adaptations for people who required support in moving around the service. For example, adapted bathrooms and toilets. All rooms were en-suite, some with track hoists to an adjoining bathroom, so people required the least restrictive intervention when being supported with personal care. Staff had received the necessary training to enable them to use the hoists safely.

There was a sensory room in Tregarne. A sensory room is a therapy space for people with limited communication ability, designed to develop a person's sense, usually through special lighting, music and objects. Staff told us this was well used but had limitations in respect of access due to its position. There was a current review of how to make it more accessible including the use of a track hoist or the change of door access. This would mean more people would be able to take advantage of the resource.

There were a range of lounge and dining areas people could choose from. In addition if people wanted a quiet space there were enough communal spaces available for them to be on their own.

Good

Is the service caring?

Our findings

People were mainly engaged with day time activities before arriving at Tregarne later in the afternoon. Two people were using the respite service at Chy Koes on the day of the inspection. People told us they felt well cared for and families were happy about the level of care their relatives received when taking short breaks at Tregarne. Comments included, "I can't tell you how good the staff are here. Just amazing," "I am happy with the level of care I receive. The staff are very good" and "I have a good rapport with all the staff." Families told us, "[Person's name] engages very well with them there," "[Person's name] has made friends there and it's brilliant" and "The staff are all lovely."

There was a clear rapport between all staff with people using the service. Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner. They were assisted by staff in a patient, respectful and friendly way. One person said, "We have a laugh all the time. I love coming here because it's so relaxing." People's welfare was being checked on regularly. For example when people came back from various day centres and activities staff asked them about their day and what they had enjoyed most. They also asked what they wanted to do that evening. This demonstrated the empathic and caring approach, while giving people every opportunity to make their own decisions.

The registered manager clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if they were in an anxious state of mood. This showed the registered manager understood the care and support people needed.

An equality, diversity and human rights approach to supporting people was well embedded at the service. For example assessments took account of people's gender, sexuality and right to make decisions. Staff spoke respectfully of previously supporting a person transitioning their gender, also where a person requested specific gender support. It demonstrated staff had a good understanding of protecting and respecting people's human rights. They were able to describe the importance of promoting each individual's uniqueness and there was a sensitive and caring approach observed throughout our inspection visit. A staff member told us, "It is so important for us not to judge people and the training supports us with this."

There was access to advocacy services should people require their independent guidance and support. The service had information details for people and their families if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The routines within the service were very flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time wherever they chose including their own rooms. People were going about their own routines without any restrictions throughout the inspection. People using the service were independent and in most cases required only prompting and overview in respect of personal care. The registered manager talked about how this was done in a respectful and

confidential way so people privacy and dignity was upheld. A relative told us, "They preserve [Person's] dignity very well"

Good

Is the service responsive?

Our findings

People using the respite services at Tregarne and Chy Koes and their families told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make take part in a range of activities and events, Comments included, "They [staff] are always there when I need support with anything," "They ask if it's ok to take [person] out, and they try to get them to do different things" and "They offer loads of activities, such as bowling, cinema, swimming, meals out, shopping, picnics and all sorts."

Care records seen were person centred and continually updated. For example following each stay there was a review of risk and any changes updated at the point of the following admission so that staff had the current information to be able to respond to people's individual needs. Any changes were recorded on the master copy used by staff and on the computer system so that information was available to all those people who required it.

Families told us they had been involved in reviews and felt confident staff listened to their views as the main carers. Other people using the service at Chy Koes told us they were involved in their reviews and were encouraged to be part of their care planning and review. One person said, "I'm very much involved in my care plans and reviews. There are updates everytime I stay here." This demonstrated people were listened to and their contributions responded to so they received the care and support they needed, when they needed it. Staff were clearly knowledgeable about the support people in their care required. They gave examples of where changes had occurred and how they were responding to those changes. People's care plans reflected these examples.

Care plans contained information about people's backgrounds, preferences, and support needs. Care plans were regularly reviewed and showed they had been updated where changes had occurred. For example where health appointments had identified the need for regular checks and observations by the registered manager. Each person's care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

The service used a variety of ways to establish and maintain effective communication and meet the support needs of people with a disability, impairment or sensory loss. Care plans identified the specific methods of communication for each person so it was individual and tailored to meet individual needs. The service used a range of pictorial signs to communicate with people who were none verbal. For example clear signage throughout the service to support people to navigate around the home, pictorial communication cards to support communication about, food and activities. Some people had their own hand held electronic tablets which had programmes to support them when communicating. All care plans were in easy read format to support people to understand aspects of their care and how support would be delivered to them. A communication passport was used in some instances. These supported staff to identify types of body movement which would indicate a certain mood pattern and would help staff to respond to people at a time and in a way which was accepted by them. This showed the service had taken steps to meet people's

information and communication needs complying with the Accessible Information Standard.

The approach to supporting people with activities varied slightly in Tregarne and Chy Koes. This was due to the range of needs of people being supported. One person told us they liked to go out independently as they did at home. They said, "I go out most days when I'm here it's quite easy to get into town." Most people using the service at Tregarne spent the day at a day centre where they had been involved with a range of activities. On return to Tregarne people had access and support to a range of games and activities which met people's individual needs. For example using the sensory room, having a range of DVD's and being supported by staff to make their evening meal.

There was transport available to maintain and use community links but some people said not all staff were able to drive so it could be limited. On the day of the inspection people were telling us there was a local community event at a social club. One person was looking forward to it but told us attending it each week depended on the staff being available to take them. We spoke with the team leader who told us that most of the time peoples were supported to attend the club, but that there had been occasions when staff had not been available to support them. However they told us in these instances people were encouraged to use transport funded by their mobility allowance.

Families told us they were happy with the level of activities available to their relatives. They said, "[Person's name] has trips out, like going to Mevagissey." "They got [Person] playing scrabble, which I was so pleased about," and "There is a sensory space there, which is great."

Tregarne and Chy Koes is a respite service and would not normally be involved in providing end of life care. We discussed this with the registered manager who told us the service would support and guide families to obtain the most appropriate healthcare professionals in such circumstances.

The service had a complaints procedure which was made available to people on their admission to Tregarne and Chy Koes. It was in a format which could be understood by people using the service and was also given to families who were the main carer. People told us they were confident their views and concerns would be listened to and acted upon. They said, "If there are any issues, they are tackled quickly" and "More than confident to say what I think. I know things would be sorted out. "Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations. Pictorial complaints slips were available to assist people if they wished to make a complaint. The people we spoke with and their relatives were happy and had no complaints about the service.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the service they or their relatives received was very good. However, people were very concerned about the changes being made to the service and how the limited information made available from the organisation was not addressing their concerns. For example one family said, "The letter that informed us of allocation changes was badly worded." People's comments were negative. They included, "They have changed the way they run by now allocating days rather than us being able to book our relative in on days to suit us" and "Our days are being cut to 'make the service fair' which we understand but we need it so much." This demonstrated that people felt anxious and concerned about the service they received and felt disengaged from the service by the way changes were being made. The registered manager and team leaders understood peoples frustrations and communicated as much information as they had available with people and their families and tried to answer the questions that they asked. People and their families felt their perception of a lack of information was due to actions at organisational rather than service level within Cornwall Council.

We recommend the organisation ensures there is a clear and transparent system in place to listen to people's views. The potential impact on changes to the service they receive and to ensure there is an open channel of communication available to people.

There was a management structure in the service which provided clear lines of responsibility and accountability. The service was a local authority organisation and consisted of a senior management team which oversaw its operation. Any decisions about the development of the service location were made at senior management level. The registered manager worked closely with the senior management team to share information about its operations and performance.

Overall staff morale was mixed due to recent changes and potential changes to shift patterns and rotas. Information was shared through the registered manager and team leaders through one to one discussions and regular meetings. Staff said they felt supported during the transition period from managers who they felt understood their anxieties. A staff member said, "It's been a difficult time for us all but the manager and team leader keep us updated. I do trust what they tell us and think they are all acting in the staff's best interests." Besides these issues, staff were observed to be positive and the atmosphere observed to be warm and supportive. Staff told us, "We all do a good job and provide a good service" and "Staff times have changed and people have struggled."

The service had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the services operational procedures including, infection control, environment, security of the building and menus. In addition there were continuous checks made on staffing levels and medicines to ensure they were safe. The culture of the service was open, caring and focused on people's individual needs.

People's views were sought following each short stay. Where necessary this is in easy read format so people were not disadvantaged in giving feedback. For example a recent survey said, "I like going out on the bus

and I like the staff," also "I like swimming and eating out." People told us they would highly recommend the service. They said, "I have recommended," "I wouldn't hesitate to recommend" and "I would absolutely recommend." Family members told us they were happy with the standard of care and support, accommodation, meals and activities organised.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included Physiotherapist and occupational therapists to ensure people had the correct equipment and aids to enable safe transfers. Speech and language therapists were also liaised with to complete swallowing assessments to ensure people were safe when eating and drinking.

The registered provider and registered manager had ensured all relevant legal requirements, including registration and safety obligations, and the submission of notifications had been complied with. The previous rating issued by CQC was displayed. The registered manager felt staff had a clear understanding of their roles and responsibilities. This was evident to us throughout the inspection. There were also policies in relation to grievance and disciplinary processes.

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There was an effective handover process between shifts so information about people's care could be shared. It meant there was consistency of care and support provided could be maintained.

The service had a whistleblowing policy so if staff had concerns they could report these without feeling there would be any unreasonable action for making valid criticisms of the service. Where concerns had been expressed about the service; for example if there had been safeguarding investigations; the registered persons have carried out, or co-operated fully with these. Suitable action has been taken where there have been investigations for example, improving how staff recorded their visit times.

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.