Care Quality Commission

Doncaster Metropolitan Borough Council

Positive Step

Inspection report

Social Care Assessment unit
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Doncaster,
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Tel: 01302 734361

Date of inspection visit: 5 and 6 October 2015
Date of publication: 21/03/2016

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 5 and 6 October 2015 and was unannounced on the first day. At the last inspection February 2014 the service was judged compliant with the regulations inspected.

Positive Step, is an Adult Social Care Assessment unit, which is registered to accommodate up to 35 people. The service takes referrals from an Integrated Discharge Team at Doncaster Royal Infirmary. The units offers short term accommodation for people who require a comprehensive assessment and works towards building confidence and skills to enable people to return home, or to a more suitable placement. They contribute to the discharge pathway to reduce hospital stays and prevent delayed discharge from an acute hospital bed. Their purpose is to reduce/delay the admission to long term care and prevent re-admissions to hospital by facilitating a safe discharge with the appropriate support within the individual's home and community.

The service has a registered manager. 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 and associated Regulations about how the service is run.

The arrangements for handling and administrating medicines were safe and people received their medicines as prescribed. However, we found some of the systems to record and store medication was not sufficiently robust.

Some people we spoke with told us the service did not meet their expectations as they thought they would be involved in more rehabilitation to enable them to return home. Some people told us they were bored and would do more for themselves if they were at home.

People we spoke with told us they felt safe while staying at the unit. One person said, "I feel very safe here, staff have helped me a lot I am a lot more confident now." Staff had a clear understanding of potential abuse which helped them recognise abuse and how they would deal with situations if they arose.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to the recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

The registered manager was aware of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place and key staff had been trained. This helped to make sure people were safeguarded from excessive or unnecessary restrictions being place on them.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. The registered manager told us that a GP holds a weekly surgery at the service and staff could also easily access the occupational therapist as there were two full time staff based at the home.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people staying at the unit. Staff were aware of people's nutritional needs and made sure they supported people to have a balanced diet, with choices of a good variety of food and drink. Most people we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

We found the unit had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Staff demonstrated good distraction techniques when managing one person who displayed behaviours that may challenge others.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

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?

Requires improvement

The service required some improvements to make it safe.

Medicines were stored and administered safely. However, we found some of the systems to record and store medication was not sufficiently robust because we found errors in relation to homely remedies and medicines that should have been returned/destroyed by the service.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard people from abuse.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support. There were robust recruitment systems in place to ensure the right staff were employed

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. The registered manager demonstrated a good awareness of their role in protecting people's rights and recording decisions made in their best interest.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people staying in the unit. We observed people being given choices of what to eat and what time to eat

Is the service caring?

Good

The service was caring.

People told us they were happy with the support they received. We saw staff had a warm rapport with the people they cared for. Relatives spoke positively about the staff at all levels and were happy with the care.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they stayed at the unit.

Is the service responsive?

Requires improvement

The service requires some improvement to make it responsive.

We found that peoples' needs were thoroughly assessed prior to them staying at the service. A relative told us they had been consulted about the care of their relative before and during their stay at the service.

Summary of findings

Communication with relatives was very good through weekly multi-disciplinary meetings. One family member we spoke with told us that staff always notified them about any changes to their relatives care.

Relatives told us the registered manager was approachable and would respond to any questions they had about their relatives care and treatment.

Some people told us they did not feel they were as independent as they wanted to be. People told us they were not assisted to do exercises to aid rehabilitation and families were not involved in care reviews when future plans for discharge or long term care were discussed.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The systems that were in place for monitoring quality were mostly effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were regularly asked for their views. Weekly meetings were used to ensure continued involvement by people staying at the unit.

Accidents and incidents were monitored monthly by the registered manager to ensure any triggers or trends were identified.

Positive Step

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 5 and 6 October 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a pharmacist inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 30 people using the service. We spoke with the registered manager, the deputy manager and assistant manager. We also spoke with two senior support workers and three support workers and the cook. An occupational therapist and a social worker were based at the assessment unit and we spoke with them about their roles and responsibilities at the service. We also spoke with seven people who used the service and seven visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

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

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also looked on the NHS Choices web site to gather further information about the service. We also spoke with the local council quality assurance officer who also undertakes periodic visits to the home. They told us they had confidence in the registered manager to lead the staff at the service.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and supported at the service. One person said, "Staff support me to stay safe, I like it here." Relatives told us they had no concerns about the way their family members were treated. One relative said, "If I leave I don't wonder if [my family member] is going to be alright. I know they'll look into her as she hasn't any ability to press a button or anything like that."

We observed on one of the units one person was displaying some anxieties about being at the service. We saw staff used excellent distraction skills to defuse situations, however because the person could potentially go into other peoples bedrooms, staff had made the decision to lock bedroom doors. This meant some people would need to ask staff to unlock their bedroom if they wanted to go to their room. People we spoke with told us that they understood the reasons for the locked doors. One person said, "I don't feel frightened, you're better just leaving them alone. I don't bother staff about it, but I would if I had to." Another person said "It doesn't bother me."

There was a policy in place for the ordering, storage and administration of medicines. We saw clear and correct records of the medicines held in the stock room and in individual lockers. The stock room was appropriately secured and only accessible to authorised staff. There were safe procedures for ensuring the correct dose of oral anticoagulants (blood thinners) were administered and recorded and we saw an example of this. Medicines that were no longer required were disposed of in line with current guidance.

We looked at four medication administration records (MAR) during the visit and spoke with the support workers on all three units. Records of medicines given were clear, accurate and up to date. There was a robust procedure in place for checking medicines on discharge from hospital and senior support workers described this process to us.

We were told that staff administering medicines regularly had their competence checked and this was confirmed by one senior support worker.

A policy was in place for assessing peoples' ability to self-medicate and this was managed safely. One person told us that they would like to manage their medication themselves as that's what they did at home. However they told us they were 'not allowed'. We spoke with the registered manager about this and they told us they would look into their assessment. When we returned for the second day the registered manager told us that the person had been assessed and was managing their medications themselves.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

When we looked at medicines that were prescribed for as and when required, for example pain relief. We found a lack of information to guide staff how to safely administer when required medicines.

The registered manager told us that there was no policy for when required medicines to support their safe administration. We saw evidence of a medicine used to treat anxiety that was written on the MAR to be administered up to four times daily despite it being prescribed only twice each day. This could be confusing leading to more medicine being administered than the prescriber intended.

We found one bottle of eye drops that was out of date, which had not been marked with the date of opening. Another bottle of an iron supplement and a laxative were also open but had no date of opening recorded. This meant that staff could not be certain that the medicines were still fit for use.

There was a policy for homely remedies which stated people who used the service were entitled to purchase and administer their own medicines independently. The policy also stated medical advice should be sought with regard to any symptom, and that there was no homely remedies list. Records of these homely remedies were incomplete and it was not clear when they had been administered to people. The deputy manager told us that some of these medicines had come from people who were no longer staying at the service. Medicines prescribed to one person should not be given to other people.

Medicines which required cold storage were kept in a fridge within the medicines store room. There was a thermometer in the fridge, but this was not capable of recording maximum and minimum temperatures. Fridge temperatures had not been recorded every day as recommended in national guidance. On more than one

Requires improvement

Is the service safe?

occasion the fridge temperature had fallen outside normal range but no action had been taken. This meant there was a risk medicines kept in the fridge would not be safe to use. There was also a urine sample stored in the fridge along with the medicines. The registered manager obtained a more appropriate thermometer and removed the urine sample while we were on the premises.

This was a breach of Regulation 12 (2) (g) the proper and safe management of medicines; of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They said they would report anything straight away to the registered manager. We saw staff had received training in this subject.

The registered manager told us that they had policies and procedures to manage risks. Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. For example, we saw person centred plans included risk assessments to manage things like moving and handling and the risk of falls. There was also a comprehensive incident reporting system to ensure all accidents and incidents were investigated and action taken to prevent reoccurrence.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the unit. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. Risks associated with personal care were well managed. We saw care records included risk assessments to manage people at risk of falling. The risk was managed by obtaining equipment to alert staff if the person got up out of bed, which may result in the person falling. Routine monthly checks were completed in each of the three units to ensure they met safety standards. The registered manager told us they had an agreement with another local care home that in case of emergencies they could move people to a place of safety at that home.

We reviewed all accidents, incidents and safeguarding concerns in the service since our last inspection. We found that if any untoward incidents took place, these were investigated thoroughly, learned from, and action was taken to prevent recurrences. We found that all safeguarding concerns were reported to the appropriate professionals, including the local authority safeguarding team. The registered manager showed us a log of safeguarding incidents, which had been reported to the local safeguarding team and to the Care Quality Commission. The log included a section about lessons learned.

We found that the recruitment of staff was robust and thorough. This ensured only suitable people with the right skills were employed by the service. The registered manager told us that they had not employed any new staff for a long period of time. The registered manager told us how they would recruit new staff if required. Staff files were held centrally by the local council and the registered manager was informed when all the required checks had been received. The registered manager showed us how they ensured the right information was recorded about the staffs employment history.

We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. We saw a reference to confirm that a satisfactory Disclosure and Barring Service (DBS) check had been undertaken. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Through our observations and discussions with people who used the service, relatives and staff members, we found there were enough staff with the right experience to meet the needs of the people staying at the unit. The registered manager showed us the rotas which were consistent with the staff on duty. She told us the staffing levels where flexible to support people who used the service. Because the service was set up to support people to go home following a stay in hospital the service also provides additional support from two occupational therapists. We spoke with one of them and they told us that they carried out home visits to assess if people were able to return home safely. A domestic kitchen was also used to assess people's abilities prior to going home.

Good

Is the service effective?

Our findings

The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. Some staff had attended a 'Rehabilitation and Re-enablement' validated course. The course helped staff to understand how to enable people to be as independent as they could be. We observed staff encouraging people to serve themselves at lunch time from tureens of vegetables; however staff were on hand to assist if needed. They did this in a kindly, non-patronising and patient manner and at the persons own pace. The support workers were constantly talking to the people encouraging and reassuring them.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest guidance from the 'Food standards agency.' This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide.

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. We saw that people had several choices of hot and cold drinks, including squash and water. The majority of the people were able to eat their meals independently, where people needed support, this was done discreetly by staff. People we spoke with gave a mixed response when asked about the meals some comments included, "Alright, can't grumble, you get a choice." And "Mostly good, once or twice a bit off." And, "I wouldn't say it was good (food). It isn't a place I'd recommend to anyone." And, "The food's alright sometimes, just a bit same lots of sandwiches."

We looked at the care records belonging to four people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. Relatives and people who we spoke with told us they were asked about what they thought they needed to enable them to return home after their assessment period at the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We were informed that a DoLS application had been sent to the supervisory body for their consideration. We observed staff putting into practise when managing a person who displayed behaviours that may challenge others. This was done in the least restrictive way while ensuring their safety and rights.

We looked at completed mental capacity assessments and documents completed for best interest decisions. This enabled them to demonstrate who had been involved in making decisions on behalf of people who lacked capacity, for example family, GP and social worker. The registered manager told us that weekly multi-disciplinary meetings helped to make decisions about best interest meetings. Because the service has two social workers and two occupational therapist based at the service it made it easy to arrange such meetings.

The staff we spoke with were clear and had received training about their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests.

Records we looked at confirmed staff were trained to a good standard. Managers and support staff had obtained nationally recognised care certificates. The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific

Good

Is the service effective?

training such as, equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Annual appraisals were also in place.

Staff confirmed to us that they received regular supervision on an individual and group basis, which they felt supported them in their roles. Staff told us the registered manager was always approachable if they required some advice or needed to discuss something.

We saw that the control and prevention of infection was managed well. We saw evidence that care staff had been trained in infection control. They were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. We saw that care staff wore personal protective equipment (PPE) when delivering personal care and practised good hand hygiene. One relative we spoke with told us the home was always "Warm, welcoming and always clean."

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. People were treated with respect and their dignity was maintained throughout. One relative we spoke with said, “I think they are marvellous.” People told us, “I think it’s great, if you want anything they are always there.” Another person said, “I don’t know how they do it, they need a lot of patience, they are very good. They are very attentive, they have a lot to put up with but they never refuse anyone any help.”

We observed staff talking to visitors about the care of their family member. One relative told us they had looked after their [family member] for the last 8 years and was having difficulty coming to terms with the fact that they were now unable to do this. They said that staff were, “Fantastic, so helpful. Not only are they very good with my [family member] but they are really caring for me. If I go to them and ask them they are very good at telling me what’s going on. If I’m here at mealtimes they feed me. If I ring up, and I do a lot, sometimes only a short time after I’ve left, they are ok, they don’t say, “Oh he’s rung up again” I apologise and they say “don’t worry, ring anytime.”

We observed staff interacting with people in a positive encouraging way. We saw staff assisting people to the dining rooms using appropriate equipment and speaking to them throughout.

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. For example, We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

People were given choice about where and how they spent their time. However, we observed on one unit bedroom doors were locked and people were restricted when wanting to go to their room for a rest. We discussed this with the registered manager who told us the locked doors was only temporary because one person was entering people’s bedrooms without their permission. When we returned on the second day the registered manager told us that the person would be returning to hospital because they were unsuitable for the assessment unit. She told us that this would resolve the situation and bedroom doors would be left open.

Relatives and visitors to the home told us that there were some restrictions to the times when they visited the unit. This was to enable support staff and occupational therapists to assess people’s ability to return home. One relative said, “I come every day at different times and there has never been a problem. Staff always greets me in a friendly manner and offers me refreshments.”

Requires improvement

Is the service responsive?

Our findings

We found people who used the service received personalised care and support. They were involved in planning the support they needed. One visiting relative said, "It was fully discussed with [family member] and we have had meetings with the OT and the social worker, everything that's been happening my [family member] has been fully included." Another relative said "Oh yes, any meeting they have I sit in and so does my daughter and if we have any concerns we ask and they tell us." Another relative whose family member had been at the unit for two weeks said, "We are just getting to the stage where we are included. The social worker just said we are going to have a meeting. They want us to all sit down and go through it all." We asked them how they felt about the timing given the units four to six week target they said, "We're ok with that as we know dad hasn't been fit enough to talk about it so far." However, four other people's relatives we spoke to told us they had not been involved in any care planning although one relative knew about the process.

The registered manager told us that multi-disciplinary meetings were held each week to review people's progress. This ensures everyone included in the on-going support of the individual was able to give their opinions on their ability to return home safely. We saw examples of reports following these meetings.

Whilst it is the policy that assessment and move on should take four to six weeks this does not appear to place any pressure on people. One visiting relative told us, "When we were told it would take four to six weeks that worried us a bit but it's not as critical as that. There's no pressure, they asked us to have a look around for a care home as it was unlikely that their family member would be able to go home."

We spent time observing people and staff integrating in the lounges. Most conversations were about tasks that support staff were undertaking. We did not see much activity to confirm people were working to achieve goals set by the OT and Physiotherapists. One person said they were at the unit because "The medical team said I was ok but I'd had a lot of problems with my balance." We asked if they had Physiotherapy at the unit. They said, "I've not done physio, no. I've got my exercise sheet. I just walk actually. They say the idea is to come here to get stabilised, get out of hospital mode but I don't think it works, it doesn't seem to gel." They added, "They say they are not here to entertain us. My daughter asked them how we could get better then. We just sit here in a group and nothing happens. They say about exercise three time a week, I've been here a fortnight and I've never had them. I've seen them once on the first day I came but wasn't involved." Another person who told us they had just had a "boot" off a week ago said they had been given a list of exercises by the physio but did them on her own.

On one of the units we met and spoke with people who were expressing that they were quite bored describing the days as very long. One person said, "There's not much going on here, I look at telly, have a chat, I'm in here for rehabilitation but nothing's happening." A relative we spoke with said, "They [hospital staff and social workers] gave me the wrong impression of this place, said there'd be activities, everything [my relative] does at home. [My relative] made tea and toast at home, they can't here. I feel they are taking away his independence."

We spoke with the registered manager and deputy manager about the comments from people who used the service and their relatives. They told us that the service was still developing and they would take the comments back to everyone involved in the service to enable them to improve.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed around the unit. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered manager. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the units.

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission since 2007.

People who used the service and their relatives were actively encouraged to give feedback about the quality of the service. People told us that the Manager was approachable. One visiting relative told us she knew the managers, "Well as much as you need to know them. They are good at contacting us if there's anything you need to know." Another relative told us, "As soon as you walk in they talk to you. If I've any problems I go to see them and they explain." They gave the example of not understanding why their [family member] had been given an extra tablet to take saying, "I knew all her medication right to the last tablet before she went to hospital. I found out they gave her a tablet for her UTI (urine infection) which I didn't understand so I asked. Someone else might have said let them get on with it. They took time to explain everything. I want to be involved in everything and they are prepared to let me be involved."

Staff told us that they felt they were listened to by Management. We were given an example of this. Staff told us that until last month each unit had had a dedicated senior support worker but support workers could be allocated to any unit. Staff had felt this was not an effective way of working as they did not have chance to get to know people or build up any rapport with them. Staff told us they raised this at a staff meeting and that now support workers were allocated to one regular unit.

Staff told us they felt that management were "Supportive", "Approachable". One said, "Yes, you can go into the office at any time, it's an open office, if you have any queries we can go in." Another member of staff said, "Yes, we've got very good management, a very good group actually, that's the team of staff."

The registered manager had a clear vision of areas that they wanted to develop to make the service better. For example, developing lead roles for key staff which included dementia, dignity and end of life champions. They also wanted to develop dementia services using current best practice guidance.

The provider had effective quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the provider who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service in May 2015. They had a 50% return on the surveys sent out. Comments were mainly positive and the registered manager told us they had addressed any actions identified.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the unit. We saw evidence to show the improvements required were put into place immediately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to record and store medicines. Regulation 12(1)(2)(f)(g)