St Anne's Community Services

61 Track Road

Inspection report

61 Track Road
Batley
West Yorkshire
WF17 7AB

Tel: 01924472804

Date of inspection visit:
24 June 2016

Date of publication:
22 August 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 24 June 2016. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

We last inspected the service in January 2014 and found that it was not in breach of any regulations at that time.

61 Track Road is a four bedroomed house in a residential area. The house accommodates up to four people with autism and/or learning disabilities. There is a lounge, dining room and kitchen and each person had their own individualised room. There were four people living in the home at the time of the inspection.

The home had 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.

At the time of our inspection the registered manager was also manager at two of the registered provider's other services in the area.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of the action they should take if they suspected abuse was taking place. Staff were aware of whistle blowing procedures and all said they felt confident to report any concerns without fear of recrimination. The registered provider had up to date safeguarding and whistle blowing policies in place and information on how to report any concerns was displayed within the service.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken prior to staff starting work. The checks included obtaining references from previous employers to ensure that staff were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced and checked such as fire equipment and electrical safety. The records showed that the temperature of the water as it left the boiler was not reaching the minimum recommended and this was being investigated by the registered provider.

Staff received appropriate training and demonstrated that they had the skills and knowledge to provide

support to the people they cared for. Staff also received regular supervisions and annual appraisals.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

The records we viewed showed us that people had appropriate access to health care professionals such as dentists and opticians.

We saw that people were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met. People were involved in the menu planning and shopping and staff demonstrated a good knowledge of people's dietary preferences.

During our inspection we saw people engaged with staff in a positive way. From our observations it was clear that staff knew the people who lived at the service well and we saw that they responded to their care needs accordingly.

We observed that people were encouraged to be independent and to participate in activities that were meaningful to them. People were supported to go out into the local community on a day to day basis and also went on holidays of their choice.

We looked at support plans and found that they were written in a person centred way and included information about the goals people were hoping to achieve.

The registered provider and registered manager had systems in place for monitoring and assessing the service. Action plans were produced to address any issues identified during the quality assurance process and any necessary changes were implemented.

We spoke with staff who told us they felt supported and that the registered manager was always available and approachable. The registered manager also felt suitably supported by the registered provider. Throughout our visit we saw that people who used the service and staff were comfortable and relaxed with the registered manager and each other. Staff were observed to be caring and respected people's privacy and dignity. There was a relaxed atmosphere and we saw staff interacted with each other and people who used the service in a very friendly and respectful manner.

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.

Staff we spoke with knew the different types of abuse and how to identify signs that people may be victims of such abuse. They also knew what action to take if they wanted to report anything they were concerned about.

Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work. There were sufficient skilled and experienced staff on duty to meet people's needs.

Appropriate arrangements were in place for the safe storage, management and administration of medicines.

Is the service effective?

Good

The service was effective.

People were cared for by staff who had the right skills and knowledge to care for them. Staff had received appropriate training.

Staff had received training on the Mental Capacity Act (2005) and demonstrated some knowledge of how to apply this in practice.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good

The service was caring.

People were treated with respect and their independence, privacy and dignity were respected.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

We saw staff engage with people in a way which was tailored to

ensure each individual's communication needs were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People's support plans were tailored to meet each person's individual requirements; they were written and planned proactively from the point of view of the person who received the service.

People had opportunities to take part in activities that they enjoyed. They were protected from social isolation and enabled to maintain relationships with relatives and access the local community.

The service had a complaints policy in place and complaints were investigated and documented.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported in their role and regular staff meetings were held to promote staff engagement.

Staff and people we spoke with told us the management team were very approachable.

There were effective systems in place to audit, monitor and improve the quality of the service provided.

61 Track Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24 June 2016. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service including any notifications they had sent us. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the registered manager, deputy manager and three members of staff. We spoke with the four people who used the service and with two relatives by telephone to seek their views and experiences. We reviewed the records of the four people who used the service and staff recruitment and training files for three staff. We checked records relating to the management of the service including staff rotas, staff meeting minutes, training records and quality assurance audits. We also looked at a sample of policies and procedures.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and they told us they did. A relative we spoke with said, I'm happy [person using the service] is safe, there's no faults at all."
The service had an up to date safeguarding policy in place. We saw that staff had received safeguarding training and had a good knowledge of types of abuse and signs that may indicate potential abuse. Staff were able to explain reporting procedure should they have any concerns about safeguarding issues. One member of staff told us, "The first thing to do is make the client safe, or their money safe. There is an alert form on the intranet and I know I can go to the manager, the area manager or the regional manager if I have to. I would be happy to report anything." Safeguarding alerts were correctly made to the local authority safeguarding team and Care Quality Commission where appropriate. This meant that there were safe systems to manage the risk of abuse of people.

Staff were also aware of the registered provider's whistle blowing policy and told us they would be confident to report any concerns without fear of recrimination. One staff member said, "I would go to [registered manager] or [deputy manager] first but I would whistle blow if I had to, I know I can ring safeguarding as I've had to do it in another service, I've never had to do it here." The registered provider had a whistleblowing policy that had recently been reviewed and updated and clearly described the ways that staff could raise concerns, including a dedicated email address specifically for whistle blowing concerns.

People had individual risk assessments in place which included areas such as injury from using electrical equipment and scalds from taps. These documents contained a good level of detail such as warning signs, triggers and recommended interventions. People's risk assessments were reviewed monthly and necessary changes implemented. This meant that the service monitored risks to people and took appropriate steps to minimise them.

All of the people using the service required support with their medicines and staff all had up to date medicines training, however staff competency checks had not been undertaken regularly. Following our feedback regarding this the registered manager confirmed to us that she had undertaken competency checks on two staff the morning after our inspection and had already scheduled others.

Medicines were stored safely and records were correctly maintained. The temperature of the room in which the medicines were stored was checked daily as per NICE guidelines 'Managing Medicines in Care Homes' and was consistently within the recommended range. We looked at people's medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. The MARs we reviewed had been completed correctly to show when people's medicines had been administered. Medicine stock checks were undertaken at handover each day and a monthly audit was conducted by the registered manager. Stock levels were all found to be correct on the day of our inspection.

Some people managed products that had been specially prescribed, such as shampoo and bath products themselves. We saw that self-medication declarations had been completed for this and the products were

securely stored within the individual's bedroom.

Clear protocols were in place for medicines prescribed to be taken 'as required' (PRN). One PRN protocol we looked at described how 'other intervention' should be attempted before deciding whether medication was needed. At feedback we discussed what these other interventions would be and, whilst information relating to this was on the person's support file, the registered manager agreed that adding further information to the PRN protocol would make it clearer for staff. Following our visit we received confirmation that this had been done.

We looked at three staff files and saw that safe recruitment processes and pre-employment checks were in place. Documentation we saw showed there were no unexplained gaps in employment history, identification had been checked and references had been received. Disclosure and Barring Service (DBS) checks had also been undertaken for all staff prior to commencing employment and further checks were conducted every three years. The DBS carries out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The service was staffed to meet the identified needs of the people living there. People often went out during the day, to day centres for example, and the staffing levels within the service were adjusted to reflect this. The registered manager told us, "We only need one member of staff on a Thursday as there is only one person at home."

The service normally employed five support staff but at the time of our visit one staff member was on long term sickness absence. The service was also recruiting for a part time vacancy. We asked the registered manager how they were covering the gaps in the rota and we were told that staff were working some extra shifts, there was a good team of bank staff and that when necessary agency staff were used to ensure adequate staffing levels. We discussed the use of agency staff and asked how the service ensured the people who were sent by the agency were safely recruited and correctly trained. We were told that the registered provider regularly used the same agency and that the service had a good relationship with them. The registered provider only work with agencies that are members of a particular recruitment group in an effort to ensure that they are reputable and undertake all of the appropriate checks on staff. The registered manager told us that the agency sent the same staff whenever possible and they were therefore able to build a relationship with people using the service, they said, "[agency staff member] is the one who normally comes and fits in really well, the guys (people using the service) often ask for him."

We saw that accidents and incidents were recorded correctly on a three part form. One copy of the form was held on the individual's file, one was sent to the registered provider and one was kept on an accidents and incidents file so that analysis of accidents across the service was easier to undertake. This meant that there was an effective monitoring system in place that would identify any trends or action needed and thereby keep people safe from the risk of accidents. There had only been a small number of accidents recorded at the time of our visit and therefore no patterns or trends had been identified.

We saw that the registered provider had undertaken the necessary environmental checks and risk assessments. We saw documentation to show that relevant checks had been carried out on the fire alarm, fire extinguishers and the premises had a current gas safety certificate. There had also been up to date portable appliance testing (PAT) of electrical equipment. There were risk assessments in place for areas such as control of substances hazardous to health (COSHH) and food hygiene and we saw these were all reviewed annually.

The service had a business contingency plan in place that covered emergency procedure in the event of things such as fire, flood, loss of utilities and extreme weather. This file also included contact details for services such as gas, electricity, water and NHS helpline information. We saw best practice guidance from the provider stated fire drills should take place at least every six months. We saw records that indicated these were actually taking place every three months.
This meant that people would receive appropriate support in emergency situations.

The service had been undertaking checks of water temperature internally until April 2016. The responsibility for this had been outsourced by the registered provider and since May 2016 an external company was contracted to check water temperatures and disinfect showerheads. We saw that the temperature of the water from the boiler had been reported as too low, and with temperatures recorded as 54°C in February 2016, 46°C in May 2016 and 46°C in June 2016. The report clearly indicated that the temperature of the water leaving the boiler needed to be 60°C. We spoke to the provider's maintenance manager about this and we were told that the company who had undertaken the checks had told the registered provider that all other temperatures taken were satisfactory for legionella control but it is not clear how this could be the case if the temperature of the water leaving the boiler was too low. The report we were shown did not have any indication of what temperatures had been recorded at each outlet. It was suggested that the temperature of the water as it left the boiler had not been measured correctly but there was no evidence of any action being taken to address this prior to our visit. We were told that a meeting with the company who were undertaking the checks was scheduled in the near future and that this would be looked into further. We were subsequently informed that temperatures had been adjusted and reassured that there had been no risk to health due to the lower temperatures because the service operated from a combination boiler that delivered hot water on demand rather than it being stored in a tank.

The service was clean and tidy and we saw personal protection equipment [PPE] was available to staff.

Good

Is the service effective?

Our findings

Relatives told us they were happy that staff had the right skills and knowledge. One relative said, "[Staff member] understands [person's] needs really well."
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We checked whether the service was working within the principles of the MCA and applying the DoLS appropriately. At the time of our visit none of the people who used the service were being deprived of their liberty.

Staff had received training on the MCA and were able to demonstrate an understanding of the basic principles and explained how they supported people with decision making and when best interest decisions would be needed. We saw signed consent within people's records for things such as support with medicines, finances, sharing of information and photographs. Staff we spoke with told us how they obtained consent when supporting people on a day to day basis. One staff member said, "I ask people for their consent. I always ask them before I do anything, it's their choice."

The registered manager told us that staff had received all of their mandatory training, for example health and safety, safeguarding, food hygiene and emergency aid. Mandatory training is training that the provider thinks is necessary to support people safely. We saw the training matrix which indicated all training was up do date and in line with the frequency set out in the registered provider's training policy. This stated refresher training was to be undertaken between one and three years depending on the course. Additional training was also delivered to meet the specific needs of the people using the service. We saw staff training records that showed training in alcohol awareness, anxiety awareness, health issues in learning disability and dietary management of diabetes. Staff were all scheduled to attend positive behavioural support training as part of their continuing professional development. One staff member said, "The training is good. I like that there is a mixture of physical, face to face training and online, it's nice to have the balance between both. [Registered manager] is very good, if you see any training out there that you think will benefit you they will try to get you on it." Another staff member said, "Training is usually all up to date. They have supported

me to do my NVQ3 and because [person using the service] uses Makaton I asked for training and they have paid for that for me."

New staff underwent an induction process that included several training modules and were then 'doubled up' on shifts so that they could shadow more experienced staff.

Staff had one to one supervision sessions five times a year and an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The registered manager told us that single item review meetings could also be held in between the scheduled supervision sessions to discuss things such as change in working hours or changes in the needs of a person using the service. We saw records from staff supervision meetings that confirmed they were taking place as scheduled and staff told us they were happy with the process. This meant that the service had procedures in place to monitor and support staff performance.

We saw evidence that people had regular appointments with healthcare professionals such as psychiatrists, chiropodists, dentists and opticians. Each person had a hospital passport held on their personal file. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

People were weighed monthly and their weight was monitored for any significant changes. One person using the service had quite a low weight and staff told us they kept a particularly close eye on this for any fluctuation and would call a GP if they were concerned. People's dietary requirements, personal and cultural preferences were all well catered for and people using the service were involved in preparing menus and shopping for food. We saw that staff had worked with people to produce a magnetic picture menu board that was designed to help and encourage people to make healthier choices when deciding on the weekly menu. This meant that the service ensured people's healthy nutrition and hydration.

The service had a domestic kitchen that was kept clean and tidy. Fridge and freezer temperatures were taken and opening and closing checks were done daily to ensure good standards of hygiene.

Handover books were completed at the end of each shift and the handover included a full medicine stock count and a finance check as well as information relating to individuals' care. This meant that staff were kept up to date with any changes in the day to day needs of the people using the service.

When we looked around the service we found it to be clean and well decorated. People's bedrooms had been decorated to suit their individual personality and preferences. The service felt homely and there were comfortable communal areas for people to spend time in outside of their bedrooms

Good

Is the service caring?

Our findings

The people we spoke with answered positively when we asked about the care staff delivered and whether they were happy in the service.

Relatives spoke very positively about the level of care delivered. One family member said, "Whenever I visit the staff seem great, I'm sure if [person using the service] wasn't happy we would know." Another family member told us, " [Person using the service] is happy there so I'm happy, they take good care of him."

We found that the staff created a warm, supportive environment in which people were encouraged to be independent. Staff interacted well with the people they supported and people appeared to be happy and relaxed.

Staff demonstrated excellent knowledge of the people they were caring for and were able to tell us in great detail about them, how they liked to spend their time and how they communicated. One member of staff told us, "[Person using the service] uses Makaton sometimes. [Person using the service] can tell you what they want and need and the signs to look out for that may mean they are agitated." Makaton is a language programme using signs and symbols to help people to communicate; we saw information on commonly used signs displayed around the service as a prompt for staff.

The service supported and encouraged contact with families. One person went to visit elderly relatives who were now living in care homes. They were free to decide when they made these visits and were supported by staff to do so. One relative told us that his family member made regular visits to the family home. They told us, "When [person] visits home [they are] always happy to go back which I think shows how well [they are] settled."

Family members were also welcome to visit the service at any time and we saw that people sometimes invited relatives to join them for meals. One staff member told us, "[person using the service] has fantastic interaction with their family. [Another person using the service] gets their [family member] to visit and cooks tea."

We saw compliments on file from people's relatives. They included statements such as, "I am extremely happy with the way [person using service] is treated at Track Road. [Person] seems very happy and is looking forward to [their] holiday." And, "Staff are welcoming, motivated and make fantastic efforts."

One member of staff told us, "I love my job. I love working with [people using the service] and interacting with them, it's fab. They all have great personalities and we do have some banter. No two days are ever the same."

The staff we spoke with explained how they maintained people's privacy and dignity. One member of staff said, "You just have to look at yourself and think about how you would want to be treated, it should be no

different for them. I always knock on people's door and wait to be asked before I go in." During our visit we observed people being spoken to and treated in a respectful and dignified way. We heard some good humoured 'banter' but this appeared indicative of a positive relationship between staff and people using the service and was not done in a derogatory way. This was reinforced by a relative who commented, "They all mix well together and sometimes have some sarcastic banter, all in good fun and [person using the service] enjoys it."

Staff encouraged people to be as independent as possible. One staff member told us, "We encourage independence in the simple everyday things. The best thing about working here is the care given and the empowerment we offer to people. It may not always work but we try, we really try." Another staff member said, "Sometimes their independence can be jeopardised because of health issues but we do try to get them out and about." One relative we spoke to told us how their family member went to church independently, sometimes by taxi but on other occasions choosing to walk. They said, "He always follows the same route so sometimes staff will follow him to be sure he's safe. He knows they're there, sometimes he'll turn around and wave to them. They keep an eye on him at times because he is vulnerable but they don't stop him from being independent."

We saw information on local advocacy services displayed within the service. An advocate is someone who supports a person so that their views are heard and their rights are upheld. At the time of our inspection nobody had an advocate in place. The registered manager told us that they are available but mainly used on an issue led basis for support with specific decisions and not currently needed on a more permanent basis.

We saw forward planning for end of life within people's records. 'After I die' booklets had been completed with people and clearly recorded their wishes. At the time of our inspection there was nobody on end of life care.

Good

Is the service responsive?

Our findings

A relative we spoke to told us, "It's a jolly place with nice things going on, I have no complaints."

We looked at the support plans of all of the people who used the service. We saw that they contained a good level of person centred detail, were monitored and reviewed monthly. Person centred planning is a way of helping someone to plan their life and support, focusing on what's important to the person. There were support plans in place for all aspects of daily living, for example, personal care and appearance, healthy eating, activities and family contact. We saw that support plans contained information on goals people were hoping to achieve, for example, 'I would like to go swimming', 'I would like to go on holiday' and 'I would like to invite [family member] over for lunch.' Plans were then put in place to help people achieve these goals.

Staff had all signed to indicate they had read people's support files and the people using the service had signed to say they had been involved in creating the plans and agreed with the content. Each support plan was being signed by staff weekly to indicate whether objectives were being met and explanatory notes were made where this was not the case.

In one person's records there was a support plan for attending a local gardening group. This activity had been declined most weeks going back to October 2015. We discussed with the registered manager whether this support plan was still relevant if the person had made it clear they no longer wished to attend. The registered manager agreed that this needed to be changed and that support plans should be monitored to ensure they remain up to date and relevant. This had already been identified as an outstanding task and we were shown an entry in the diary to indicate that it was to be reviewed. Since our visit we have received a copy of the updated support plan that has looked at the reasons why the person had stopped attending the activity, alternative activities for them to engage in and a plan to support them back to the gardening club as and when they feel ready.

We saw that one person received one to one support from a care agency when accessing the community. During this one to one time they went on bus trips and train rides in the local area. Another person regularly attended a church service then went to visit friends. During our visit staff were working in the garden with one of the people who used the service. They were building raised planters and painting those that had already been built. Once they were completed there would be one planter for each of the people living at the service to grow flowers or vegetables if they wished.

Records showed evidence of people making their own decisions around daily activities. When people did not want to attend scheduled activities their choice not to was respected and where possible they were engaged in an alternative activity around the service or garden. We were told how people were supported to choose holiday destinations and were involved planning the trips. We spoke to one person who told us they had enjoyed a recent holiday and wanted to go to Ibiza next year. Staff told us how they supported people to make their own choices. One staff member said, "They are given choice every day. Small things like what to wear and what activities they are involved in and bigger decisions around what day centres they want to attend and where they want to go on holiday."

People were involved in house meetings. These took place every month and covered topics such as repairs and decoration of the service, fire awareness and security, for example what to do if a stranger came to the door. We were told that the deputy manager was trying to find ways to make the meetings more engaging. We saw that a fire awareness presentation had been prepared for the meeting in April 2016.

The service had an up to date complaints procedure. Two complaints had been received and we saw documentary evidence that there had been an investigation by the registered manager. In one case there were actions and outcomes recorded, however in the other instance the registered manager was able to tell us this information but it had not been recorded. We discussed this during feedback and the registered manager recognised the importance of keeping a complete record in future. Following our visit we were informed that the missing information had been added to the complaint log.

A relative we spoke to told us that a complaint they made had been investigated and addressed to their satisfaction. They said, "[Registered manager] was great about it, explained why it had happened and apologised. Things have been fine since then."

Good

Is the service well-led?

Our findings

Relatives felt the service encouraged open communication. One relative told us, "I have had to contact the manager in the past. [Registered manager] is smashing, [deputy manager] is always available too and very good. I can't fault them."

Staff felt well supported by management and colleagues. One member of staff told us, "The manager and the deputy are more than happy to help in any situation, they'll bend over backwards to be honest. The support is absolutely fantastic. Another said, "The managers are fab, approachable and easy to talk to. They have been really flexible with my hours, very supportive, I couldn't ask for more."

Staff meetings were held every four weeks and when the rotas were last amended they were done in a way that meant all staff were on duty on the days when staff meetings took place. The registered manager told us they felt it was beneficial for all staff to get information at the same time and the change to rotas had enabled that to happen. We saw minutes from the staff meetings which indicated they were happening at the stated frequency and topics discussed included health and welfare of people using the service, cleaning rotas and activities. One staff member told us, "Staff meetings are so much better now we are all on the rota. We all have a little moan and see what's going on. Staff morale is better since the meetings have been held with all of us."

Staff felt that they were involved in developing the service. One staff member told us, "I definitely have a voice. I think we all have."

One staff member told us, "[Registered manager] has improved staff morale. Two long standing members of staff retired and that had an impact on staff dynamic but it is much better now."

The registered manager told us that their main challenge was keeping up with all of the paperwork and administrative tasks. They told us, "The service does generally run along very smoothly. Staff are very capable and self-manage to a large degree."

Quality assurance checks of the service were undertaken regularly by the registered manager, for example risk assessments, medicines, finances and support files. We were informed that the registered provider had a quality and safety team who also visited the service on a monthly basis to check that audits are being conducted correctly and to carry out spot checks.

The registered manager told us they felt well supported by the registered provider. They said, "I have six weekly supervision with my line manager and if there is anything I need she's on the end of a phone. They're always there for advice. You can go to anybody in the organisation, all departments are very supportive. I've been lucky, I have been given lots of opportunities."

The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC. They managed the demands of overseeing more

than one service well by dividing their time appropriately between the services and ensuring they were easily available to staff.