Alphonsus Services Limited

Kathleen House

Inspection report

59-61 Addison Road
Brierley Hill
West Midlands
DY5 3RR

Tel: 0138470187

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 15, 16 and 17 March 2016 and was unannounced. Kathleen house is registered to provide accommodation to a maximum of 15 people who require personal care. The service has three bungalows and five people can be accommodated in each bungalow. At the time of our inspection there were 11 people living at the service permanently and three people were using the service for respite. The service currently provides a respite service to 51 people that live in the community. People visit the home for a short stay, enabling relatives and carers to have a break from their caring role. People who use the service had a range of needs which included learning disabilities, physical disabilities, autistic spectrum disorder and dementia.

At our last inspection in August 2014 the provider was not meeting one regulation that we assessed relating to consent to care and treatment. We told the provider to take action. Following that inspection the provider sent us an action plan which highlighted the action they would take to improve. Our inspection findings confirmed that improvements had been made and were on-going to ensure that people that lacked capacity had assessments undertaken in relation to their capacity to make decisions about their care.

There was a registered manager in post and she was present during our inspection. 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 and associated Regulations about how the service is run.

Systems for updating care records and risk assessments were not effective to ensure risks were managed appropriately, and to ensure staff had the guidance about how to provide support to people.

Relatives told us they thought their family member was safe.

The recruitment procedures in place were not robust to ensure all required information was obtained before people commenced employment.

Staff were knowledgeable about how to protect people from harm. People received their medicines when they needed them.

When people were unable to consent we found that mental capacity assessments had not been completed for all of these people. However the registered manager was in the process of completing these. We saw that people's consent was sought before staff provided support. The provider had considered when people were being restricted and Deprivation of Liberty Safeguarding (DoLs) applications were being submitted.

Staff knew people well and interacted with them in a kind and compassionate manner.

People had opportunities to engage in activities they enjoyed.

Not all of the people who used the service had a personalised plan of care detailing their needs and preferences to guide staff on how they wanted to be supported.

Feedback was being sought from relatives about the service provided to their family member.

Quality assurance systems were not always effective and had not identified the shortfalls we found during this inspection.

The registered manager had failed to meet the requirements of their registration with the Care Quality Commission as we found a number of incidents that had occurred within the service that had not been reported as required. However these have now been sent to us following the inspection.

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 was not always safe.

People's changing needs in terms of risk were not assessed and reviewed in a timely manner.

Staff had received training about the various forms of abuse that people may experience and how they should protect them.

People received their medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective

Where people lacked capacity the registered manager was in the process of completing assessments.

People's consent was being sought before support was given.

Staff had completed training to ensure they had the skills to support people.

People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

We observed that people's dignity was not always maintained.

We observed staff knew people well and interacted with them in a kind and compassionate manner.

Is the service responsive?

Good

The service was responsive

Staff knew how to meet people's needs.

Relatives were actively involved in people's care.

People and relatives knew how to raise complaints or concerns and felt listened to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality assurance systems were not effective and did not identify the shortfalls in the service.

Staff understood their roles and responsibilities and were given support by the management team.

Kathleen House

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 15, 16 and 17 March 2016 and was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. The service was under review by the local authority through their senior strategy process. At the time of our inspection due to concerns, the local authority had suspended the provider from accepting any new admissions to the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with five people, one relative, six staff, the deputy manager and the registered manager. We spoke with four relatives to gain feedback about the care their family member received. We looked at the care records and medicine records for six people. We also looked at accident and incident records, complaints and five staff files for training and recruitment, and records related to the quality monitoring systems. In addition we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. Some people were unable to speak with us due to their complex needs.

Requires Improvement

Is the service safe?

Our findings

We reviewed people's care records and found that not everyone had an updated risk assessment to guide and instruct staff on how to provide safe support. For example we saw that one person required two staff for support with their personal care. We saw that clear guidance was not in place for staff to follow when supporting this person to ensure they were supported safely. An assessment had not been undertaken to assess if this person required equipment to assist staff when supporting this person to ensure any risks had been identified and reduced. Staff we spoke with told us it was becoming difficult when supporting this person as their needs had changed and they were unsure how to support them safely.

We found that one person was at high risk of developing pressures sores due to their fragile skin. We saw that a district nurse had assessed this person and made recommendations about their care. However an updated risk assessment and care plan had not been completed to include this information. Staff we spoke with were unsure about the frequency this person should be supported and told us they were not fully aware of the district nurse recommendations. We saw that the person had equipment in place such as a cushion and mattress to protect their skin as recommended by the District Nurse.

We saw that staff did not follow the Speech and Language Therapist (SALT) recommendations for one person, when assisting them to eat a meal. We reviewed a person's care records and saw that in order to reduce the risk of the person choking they should be supported to eat a meal with a specific size of cutlery. However we saw staff using the incorrect size of cutlery when supporting this person to eat their meal.

We looked at the recruitment records and saw that robust recruitment procedures were not in place. We saw that there were gaps in people's employment which had not been explained prior to the staff member commencing employment. We were advised that improvements were being made to address this and further information was being obtained from the staff. The staff we spoke with told us they had provided all other recruitment information prior to commencing employment. One staff member told us, "I had to provide references and other information before I started working here". When we looked at the records we saw that staff had references in place and had completed a Disclosure and Barring Service (DBS) check. This check is carried out to ensure staff were suitable to work with people.

We saw that staff supported people with behaviours that challenge. The staff we spoke with were aware of the risks associated with people's behaviours and they were able to tell us how they responded and supported people.

Relatives we spoke with told us they had no concerns about the staffing levels. One relative did say, "The staff do seem to be rushed at weekends, but there is always at least one staff member available in the communal areas". People we spoke with told us they thought the staffing levels were okay. One person said, "There is enough staff but at times we only have one staff member in our bungalow as they have to help elsewhere so this means we are not always able to do the activities we want". The staff we spoke with told us there were not always enough staff to meet people's needs in certain bungalows. A staff member said, "It can be difficult at times when we have people in for respite who require a lot of support as there is only two

staff on duty in each bungalow. This means we have to wait for someone to come from another bungalow to supervise people in the communal areas while we undertake personal care tasks". We spent time in the communal areas and saw that people that needed support were responded to as quickly as possible by staff. However some people required more attention than others, and sometimes people had to wait approximately 10 minutes before staff was able to assist with personal care. We saw that the senior on duty was based in one bungalow and they had to leave this bungalow with one staff member supporting five people while they administered medication to the people in the other two bungalows. We found that the registered manager did not use a dependency tool to assess how staffing levels were determined in line with the needs of the people that lived there permanently, and the needs of the people that used the service for respite.

We reviewed the procedures in place for managing people's finances. We checked the money held for 10 people. We found one person had a discrepancy where the money held did not correspond with the finance records in place. This was looked into by the deputy manager and we were advised this was error and the money was reimbursed. We saw that records of transactions were not signed by two staff in order to confirm that the records and balances were correct. We saw that people's finances were audited on a regular basis and this discrepancy would have been identified.

People we spoke with told us they felt safe. One person said, "I feel safe here as there are staff here all of the time, and I know they will help me", another person told us, "Yes I feel safe here, the staff help me stay safe". A relative we spoke with told us, "I have no concerns about the safety of my family member, know they are safe here". We saw that some staff had recently completed safeguarding training provided by the local authority. The staff we spoke with was aware of their responsibilities for protecting people from the risk of abuse and the action they must take if they suspected someone was at risk. They were aware of the procedures for reporting any incidents they had witnessed. A staff member told us, "If I saw anything where people are at risk or have been abused I would report it straight away". Another staff member told us, "I am confident to report any issues I see or hear about where people are placed at risk". All staff we spoke with was aware of the external agencies they could contact if they had any concerns about people's safety.

People we spoke with told us they received their medicine when they needed it. One person said, "The staff give my tablets and they make sure I take them". All of the relatives we spoke with told us they had no concerns about the way their family member received their medicines. A relative told us, "My family member has their medicines as the GP has prescribed. I have no concerns". We looked at the medicine administration records for people and saw that staff had signed to confirm people had their medicines. We checked the balances for some people's medicines and these were accurate with the record of what medicines had been administered.

Staff we spoke with and records we looked at confirmed that staff had received medication training which included an observation of their competency to ensure they practiced in a safe manner. We saw that information was not in place for some people about how to support them to take their medicines for example by using a spoon. The staff we spoke with was aware of people's specific needs. We were advised by the registered manager that this information would be updated in people's care records to ensure staff had this written guidance to refer to. We observed staff administering medicines and saw that they did it in a safe way.

We found medication that had to be stored at a particular temperature was stored in the fridge. However we found that the temperature of the fridge had not been consistently recorded every day to ensure the temperature was at the level required for storing the medication. We saw that when the temperature was recorded it was within the required level.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in August 2014 we assessed that the regulation related to gaining consent to care and treatment was not being meet. We found during this inspection that some progress had been made and capacity assessments had been completed for some people. However these still had not been completed for all of the people who lacked capacity to make decisions about their daily lives. The registered manager was able to demonstrate that she was working on these and hoped to ensure that an assessment would be completed for those people in the next few weeks.

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 decision 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).

We saw that the registered manager had made applications for all of the people who used this service to the supervisory body. However the registered manager had been advised that the wrong forms had been used and therefore she had to resubmit these. We saw evidence to support that the registered manager was in the process of doing this. We observed that one person was seated in a chair with a strap fitted to prevent them from falling out. We also saw that a sensory mat was being used in their bedroom to reduce the risk of falls. We found that a risk assessment had not been completed, a best interest meeting had not been held and there was no information contained in their care plan to demonstrate why these restrictions had been put in place. We raised this with the registered manager who said that they were unaware that a strap was being used on this person's chair. We saw that the registered manager removed this strap following our discussion. The registered manager acknowledged that this person's care plan did not reflect the action that had been taken in their best interests to reduce risk to their wellbeing and advised that this would be addressed.

We found that some staff had received training in the (MCA) and (DoLS). Although the staff that we spoke with needed prompting they did have a basic knowledge about this legislation. They also told us about the importance of seeking people's consent before providing support. We observed staff explaining their actions and looking for gestures and signs from people to support their consent to the support being offered.

People we spoke with told us they were happy with the food provided and that choices were available. One person said, "I like my food and I can have what I want". Relatives we spoke with were happy with the food their family member received. We found that referrals had been made to the Speech and Language Therapist (SALT) service when concerns had been identified about someone being at risk of choking. We saw that information that had been provided by SALT was contained in people's files. Staff we spoke with was aware of people's specific dietary requirements and we saw that they were following the recommendations for most of the people they supported.

We saw that staff were consistently checking whether people needed a drink, and these were offered regularly and appropriate support was provided. We saw that people had the required adapted cutlery and equipment to enable them to be independent when eating their meal. We saw that staff had completed monitoring records of people's food and fluid intake to ensure people had enough to eat and drink in accordance with their support plan. Staff we spoke with knew which people were nutritionally at risk. We saw that healthy eating was promoted and one person told us about how the staff had helped them to devise their own menu as they wanted to lose weight. One relative we spoke with said, "The staff have helped my family member to lose weight which is good as they were overweight before so we are really happy about this".

Feedback from people, and relatives confirmed that people's healthcare needs were identified and met appropriately. One person said, "The staff take me to my appointments and make sure I have my eyes, and teeth checked and visit the doctors when I need to". A relative we spoke with told us, "The staff generally make sure my family member's healthcare needs are met. I have had to raise an issue recently about the length of time it has taken for an appointment to be made but it has been done now". Another relative told us, "The staff always provide feedback to me about any appointment's they take my family member to". We heard from a relative that one person had an issue with their foot care and we spoke with the deputy manager about this who confirmed that no action had as yet been taken. We also saw from the records we looked at that a person used to wear glasses, but these had broken. The deputy manager confirmed that no action had been taken to arrange for this person to have their eyes retested so that a new pair could be provided if these were required. We were advised by the registered manager that action would be taken to address these issues.

We found that health action plans were in place for people. This is an easy read document which is used to highlight people's health care needs and how they should be supported when accessing health care services. The person is able to take this document to all appointments to enable information to be recorded in one place. We found that the record's we reviewed varied in the amount of detail that had been recorded. Therefore it was not clear in some people's health action plans what medical intervention people had received and when. For example visits from GP or district nurses, and opticians. We saw letters in people's files which demonstrated that people were receiving support in respect of their specific health care need and information in people's well-being logs about routine appointments. We saw that the opticians had visited the service during our inspection and some people had a routine eye check.

We spoke with staff about how they were supported to develop their skills to meet people's needs. Staff told us they were provided with training which they felt had equipped them to perform their role effectively. A staff member told us, "I have received training and I do think this has given me the skills for my role, but I would like training in specific areas such as dementia and challenging behaviour to improve my knowledge". All of the relatives we spoke with told us the staff appeared to have the skills and knowledge for their role. One relative said, "The staff seem to know what they are doing, and I think they know how to look after my relative". Discussions with staff and our observations supported that staff understood people's care needs and how these should be met.

One newly recruited member of staff told us, "When I started I worked alongside experienced staff members to get to know the routines and people's needs. I have read care plans and completed the provider's internal induction process. I have completed some training which I think has given me the skills for my role". The registered manager confirmed that the Care Certificate has been introduced and that new staff would be working towards this. The Care Certificate is a set of standards designed to assist staff to gain the skills and knowledge they need to provide people's care. We saw from the training records that there were gaps in staff training. The service was supporting people with dementia, but not all of the staff team had received

training. The registered manager advised that she was sourcing training for staff to attend in all core areas. We were advised that training had been planned in relation to working with people with behaviours that challenge. This will ensure staff have the skills and knowledge when supporting people with these needs.

All of the staff we spoke with told us they had access to supervision with a senior member of staff, and an annual appraisal. One member of staff told us, "I have supervision and an appraisal where my performance is discussed and any issues I may have". Another member of staff told us, "I have had supervision previously but it has been a while since I have had one, but I can ask for support and advice if I need it". We saw that staff member's performance was discussed as part of the supervision process. Where issues had been identified we saw that action had been taken to support staff members to improve their performance.

Requires Improvement

Is the service caring?

Our findings

We observed that people's dignity was not maintained at all times. For example we observed one staff member supporting three people at the same time to eat their meal. This meant people did not receive their meal in a dignified manner.

People told us that they thought the staff were caring and met their needs as they wanted them to be met. One person said, "The staff know me well and provide me with the support I need. They are gentle when they support me with my personal care". Another person told us, "The staff are friendly, kind and help me when I need them to". The relatives we spoke with were happy with the support provided. One relative told us, "I am happy with the care my family member receives. The staff are caring and gentle when they provide support, I think they do a good job". Another relative told us, "My family member is happy here, and when I visit they seem comfortable with the staff who know them well. The staff provide support to my family member to ensure their needs are met. I am happy with the care provided".

We observed staff interactions with people and saw they were attentive, caring and had a friendly approach towards them. Staff we spoke with knew people well and this was demonstrated through the interactions we observed. We saw staff provide support to relieve people's distress and discomfort. For example we saw that a staff member rubbed a person's back when they were coughing, and another staff member sat with a person and held their hand. We observed friendly banter between staff and people when they were sharing a joke. We saw a person give a staff member a hug before they went out for the day, which demonstrated they felt comfortable with this level of contact.

We observed the way staff interacted with people and saw they were patient and did not rush people when asking them questions. Records that we looked at contained some information about people's communication needs and preferences to assist staff when providing support. Discussions with staff and our observations demonstrated that staff followed these.

People were encouraged by staff to remain as independent as possible. One person told us, "The staff always encourage me to do what I can for myself as they say they want me to remain independent". A relative told us, "The staff help my family member, but they also encourage them to do as much for themselves as they can". Our observations supported this and we saw that staff encouraged people to help themselves to drinks or snacks.

Staff we spoke with told us that where people lacked the capacity to verbally express their decisions they tried to give them choices. A staff member told us, "It is important to offer choices and encourage people to make their own decisions. I bring people two drinks and see if they indicate which one they would prefer and show people two choices of clothing". We observed that staff made efforts to promote people's involvement to make choices.

Relatives told us that they were able to visit their family member when they wanted to and there were no restrictions on visiting times. One relative told us, "I visit when I want and I am always welcomed into the

home by staff with a smile".

We found that staff were aware of the local advocacy services and they told us about the occasions when advocate services had been used. For example when a person has said they wanted to live elsewhere. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed, independent choices about decisions that affect their lives.

Good

Is the service responsive?

Our findings

People told us they were asked for their views about their care and they knew that a care record was in place. One person said, "I have a plan of care which tells the staff all about me. I am involved when this is reviewed". Relatives we spoke with also confirmed they had contributed to people's care records and provided information on behalf of people in relation to their likes, dislikes and past histories. One relative told us, "I was asked lots of questions about my family members life and their interests and preferences, which I think was good as it showed they was interested in my family member". Staff we spoke with knew people's needs well and we saw that their needs were met despite the lack of written guidance to underpin the care that was delivered.

Relatives that we spoke with told us they were involved in the assessment that was completed before their family member had moved into the home or started using the service for respite. We reviewed an assessment for a person who had recently moved into the home and found that the information recorded was brief in respect of their support needs. We saw that the compatibility of this person's needs was not taken into account as part of this assessment to ensure their needs were compatible with the needs of the people already living or using the service for respite. We saw records of regular incidents that had occurred between this person and another person when they had moved into the home. Therefore people's individual needs should be taken into consideration to ensure their needs can be met safely without impacting on the rights and wellbeing of people who live at the home.

People we spoke with told us they were satisfied with the activities provided. One person said, "We do go out, but I would like to go out more but it all depends on the staffing. We sometimes visit the same places so it would be nice to go somewhere different". Another person told us, "I think we do enough activities. I don't get bored as I have many hobbies. I have been on holiday which I really enjoyed." We found that some people attended day centres or educational facilities during the week. The staff had access to a vehicle which they used to take people out. We heard that people were taken out bowling, shopping, and for a meal. People were also supported to visit family. We saw that people who did not go out were supported to engage in activities within the home. We saw staff talking to people about their past lives, and playing a variety of games that people enjoyed. One person enjoyed watching films and we saw that these were provided for them to watch.

Information about people's cultural and spiritual needs was recorded in the care records. We saw that people's specific needs and wishes were respected and met by staff. For example we saw that one person was supported to listen to music that reflected their culture. One person told us, "I enjoy going to church and I attend every week without fail".

We saw that a complaints procedure was available in the service which was available in easy read to enable people to access this. People we spoke with told us, "If I had any concerns I would speak with the deputy manager or go straight to the top. I know they will listen and try and sort any issues out for me". Relatives told us they would raise any concerns they had with the registered manager. One relative said, "I have not had to complain but I have confidence any issues I raised would be addressed". Another relative told us, "I

have raised some little issues that I have and these have been addressed so far". Staff we spoke with was clear about how to direct people should they have any concerns or complaints. We reviewed the complaints that had been received and saw that they had been responded to.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to notify us about incidents that had occurred and affected people who used the service. We reviewed the notifications received from the service and we found that a number of incidents, including injuries people had sustained had not been reported. As the incidents related to allegations of abuse and injury in relation to people who used the service, the registered manager had a legal responsibility to report these in accordance with their registration with the Care Quality Commission. We spoke with the registered manager about why these incidents had not been reported but they were unable to provide us with any reason for this. However, we found that the incidents had now been referred to the local authority as required by the safeguarding procedures to protect people from harm. The registered manager confirmed that the notifications would be submitted to us retrospectively, and we have now received these.

We saw that there were systems in place to assess and monitor the quality of the service people received, but these were not always effective. The registered manager, deputy and the senior team carried out audits but these did not identify the shortfalls we found during our inspection. We saw that an analysis of falls and incidents was in place. However the action recorded to reduce the risk to people was brief. It also did not take into account some of the recommendations made following referrals to healthcare professionals that had been undertaken on behalf of people to reduce risks. We saw that a system was not in place to analyse incidents of behaviours that people had expressed and safeguarding incidents between people that lived in the service and staff. We saw that daily medication checks had been completed to check the balances of the medication in place and to ensure staff had signed for the medication. However a more detailed audit that used to be in place had not been completed for the past few months. We also found that health and safety audits that were in place had not been completed for the last few months. We saw that there were delays in repairs being addressed. For example two cookers that had been reported weeks prior due to faulty parts or risks had only just been responded to and orders submitted for these to be replaced.

We saw that effective systems were not in place to ensure that records were completed or had been updated to underpin and guide staff on the support they should provide to people. For example we found that protocols were not in place for staff to follow when supporting people with behaviours that challenge. We saw that recommendations that had been made by healthcare professions had not been incorporated in people's care records. For example one person had to have thickener in their drinks and their food had to be of a particular consistency but there care record did not reflect this. We saw that one person's needs had declined and they required support from staff with their personal care needs and assistance to eat and drink. But there care record did not reflect this. We found that some people who were prescribed 'as required' medicines did not have supporting information in place to guide staff in the signs and symptoms which might indicate people needed their medicine. However discussions with staff demonstrated that they had the knowledge about people's needs despite the lack of written guidance

We raised this with the registered manager who acknowledged that some people's care record were not up to date. We were advised that work was being undertaken to update people's care records to ensure they reflected people's needs and contained the relevant guidance for staff.

People we spoke with told us they were happy with the way the service was managed. One person said, "I think the manager is doing well, I would like to see more of her as she is always busy but she does her best". Another person said, "Yes its good here and the manager does make sure its run properly". The relatives we spoke with told us they thought the service was managed well. One relative told us, "My family member's needs are met, and I am happy with the care so it seems to be managed well". Another relative said, "From what I see when I visit the service I am satisfied with the way the service is managed".

All of the staff we spoke with confirmed they felt supported by the management team. One staff member told us, "The managers are approachable and I know I can go to them with any issues". Staff we spoke with confirmed they had regular staff meetings where they were able to discuss the service provided and people's needs. Some staff did tell us that although they raised issues or share ideas they did not always feel listened to by the management team. Communication in the home was good with daily handovers to discuss people who used the service and their wellbeing.

Staff we spoke with knew about the whistleblowing policy, and was happy to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I am confident to raise any issues to a manager or other agencies if I have any concerns".

We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by a deputy. There were seniors who worked alongside the support staff. Tasks were delegated to monitor the service and staff support systems were in place. Staff demonstrated that they understood their roles and responsibilities.

The registered manager told us that questionnaires had recently been sent out to relatives to gain feedback about the quality of the service. Feedback had not been requested from relatives last year and therefore we were unable to look at the results of this.