

South Yorkshire Housing Association Limited

Wensley Street

Inspection report

142 Wensley Street
Sheffield
S4 8HN

Tel: 0114 290 0250
Website: www.syha.co.uk

Date of inspection visit: 26 & 27 February 2015.
Date of publication: 12/08/2015

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 

Overall summary

An unannounced inspection visit of Wensley Street took place on 26 and 27 February 2015.

Wensley Street is a care home which provides personal care and accommodation for thirty people with learning disabilities. The home consists of six houses; each house has five single bedrooms. There is a lounge, dining area, shared bathrooms and a kitchen within each house. There were 24 people living at Wensley Street at the time of our inspection.

The service was last inspected by the Care Quality Commission (CQC) in December 2013 and was found to

be meeting regulations relating to care and welfare of people who use services, safeguarding, safety, availability and suitability of equipment, supporting workers and assessing and monitoring the quality of service provision.

A registered manager was in place and was responsible for the management of Wensley Street and a sister home. 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 2008 and associated Regulations about how the service is run.

We observed people being supported to take their medicines in two of the three houses visited during our inspection and found that medicines were safely stored, administered and recorded.

People felt safe living at Wensley Street. Our conversations with staff, the deputy manager and the registered manager demonstrated that they were aware of local safeguarding procedures and had the necessary knowledge to ensure that vulnerable adults were safeguarded from abuse. An effective system was in place to record, analyse and identify ways of reducing risk.

We found that there were sufficient staff to meet people's needs and keep people safe. The staff team was well established, with many members of staff working at the home for ten or more years. Our review of staffing records provided evidence that an effective process was in place to ensure that employees were of good character and held the necessary checks and qualifications to work at Wensley Street. Staff were provided with a range of training to help them carry out their roles. They also received regular supervision and an annual appraisal.

People were appropriately supported to make decisions in accordance with the Mental Capacity Act, 2005 (MCA). Staff demonstrated a good understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) and how they applied in practice.

People's nutritional needs were met and people's physical health needs were monitored. Referrals were made when needed to health professionals. People's support plans included Health Action Plans and hospital passports. These are good practice documents. Health Action Plans ensure that people with learning disabilities

access a range of services to meet their health needs. Hospital Passports ensure that key information about people and their needs is documented should they need to attend hospital.

We identified some gaps and inconsistencies in the support plans of two people. The registered manager had already sought clarification about one of these shortfalls and the provider's quality assurance officer agreed to address the other shortfalls by prioritising an audit of the persons support plan.

People's support plans contained person centred information about people's individual

health and support needs and preferences. Wensley Street supported people to access a range of community resources and provided activities to meet people's differing needs and preferences.

Observations throughout our inspection demonstrated that people were supported by staff who were caring and knew people's individual needs and preferences. We saw that staff members offered and involved people in a range of day to day decisions, promoted people's independence and adapted the way they communicated to meet the needs of the person they were supporting. People were treated with dignity and respect throughout our inspection and staff were aware of people's differing cultural and religious needs.

People and staff were positive about the registered manager and the way in which she led the service. One person described the registered manager as, "A nice boss," and told us that the registered manager visited their house and the other houses at Wensley Street in order to ask them if they were happy with the service and the staff that supported them. A system was in place to continually audit the quality of care provided at Wensley Street. We saw that this incorporated a range of weekly and monthly audits relating to differing areas of the service.

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?

The service was safe.

People's medicines were safely stored, administered and recorded.

The risks associated with people's support were assessed. Risk assessments provided clear guidance to enable staff to safely support people. People were safeguarded from the risk of abuse; staff knew how to identify and report abuse and appropriate systems were in place to manage and monitor people's finances. An effective recruitment process was in place.

There were enough staff on duty to ensure people were safely supported. Staffing numbers were matched to the number and needs of people living at Wensley Street.

Good



Is the service effective?

The service was effective.

Wensley Street were meeting the requirements of the Mental Capacity Act (MCA) Deprivation of Liberty Safeguards (DoLS). Staff had received training and demonstrated a good understanding of the DoLS and the and how these applied in practice.

People's nutritional needs were met. Staff had received training to safely meet people's specific nutritional needs. Support plans contained detailed information about people's healthcare needs.

People received care that met their individual needs. Staff were qualified, skilled and knowledgeable about their roles and received appropriate support through the provision of training, supervision and appraisal of their work.

Good



Is the service caring?

The service was caring.

People told us that the staff were caring.

People's privacy and dignity were respected and staff were compassionate, knowledgeable and caring about the people they supported.

An advocacy service was in place to support and enable people to express their views and promote their rights.

Good



Is the service responsive?

The service was not always responsive.

We identified gaps and inconsistencies in some records which placed people at risk of inconsistent care and / or not receiving the care and support they required.

Wensley Street were committed to gathering information about people's preferences and backgrounds in order to provide person centred support. People were supported to access community resources and activities which met their individual needs.

Good



Summary of findings

Regular tenants meetings took place for people living at Wensley Street. These enabled people provide feedback about the service and raise any issues or concerns.

Is the service well-led?

The service was well-led.

People and members of staff told us that the registered manager was visible and provided opportunities for them to raise concerns, provide feedback and influence the service.

A range of checks were undertaken to monitor the quality of the service. Where improvements were needed, these were addressed in order to ensure continuous improvement.

Good



Wensley Street

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced inspection of Wensley Street on 26 and 27 February 2015. The inspection was undertaken by an adult social care inspector.

During our inspection we visited three of the six houses at Wensley Street. We used different methods to help us understand the experiences of people living at Wensley Street. We spoke with three people and also undertook

informal observations in order to see how staff interacted with people and see how care was provided. This was because some people living at Wensley Street had communication difficulties and were unable to verbally tell us about their experience of the service.

We spoke with the registered manager, the deputy manager, a team leader, two support workers and the provider's quality assurance officer who was visiting during the second day of our inspection.

We reviewed a range of records during our inspection visit, including six support plans, daily records of people's care and treatment and policies and procedures relating to the running of the service. These included quality assurance documents, medication records and staff recruitment and training records.

Is the service safe?

Our findings

We observed staff supporting people to take their medicines in two of the houses we visited and found that people's medicines were safely administered. The member of staff supporting people had a patient and caring approach and were knowledgeable about the medicines people took and how they liked to take them.

Medicines were stored in a locked medication cupboard in a locked area. We checked the medication in stock for four people and found that the MAR sheets and packs containing medication corresponded for each person.

Some people were prescribed 'as and when needed' (prn) medicines. A number of people living at Wensley Street had communication difficulties and we noted that clear plans were in place to support staff to identify when people may require these medicines. For example, one person's support plan documented the non-verbal signs and characteristics they used to express pain.

People we spoke with told us they felt safe living at Wensley Street. One person told us about a time they did not feel safe and said, "I told the staff and they sorted it out for me." We spoke with five members of staff about how they safeguarded people. Each member of staff was able to tell us about different types of abuse, the possible indicators of these and the actions they would take if they suspected that any form of abuse had taken place.

Wensley Street supported some people with their finances. We found that appropriate checks were in place to safeguard and manage people's monies. For example, from reviewing records and speaking with staff we found that Wensley Street undertook daily and weekly of people's monies. In addition to this, the external organisation which oversaw people's financial arrangements also undertook unannounced checks.

People's support plans contained risk assessments and individual plans documenting the support they needed to ensure their safety. For example, one person's support plan included a risk assessment relating to road safety and a plan documenting the fact that their safety could be compromised as a result of their trusting nature. Each risk assessment was detailed and reflected risks, strategies and

approaches individual to the person. We saw that risk assessments were regularly reviewed and updated, or created following any accidents, incidents or changes in need.

We looked at how Wensley Street managed risk. Our review of records and our conversations with members of staff and the deputy manager provided evidence that an effective system was in place to record, analyse and identify ways of reducing risk. Staff spoken with were clear about the accident and incident reporting processes in place. The deputy manager told us that they reviewed completed accident and incident forms in order to identify any recurring patterns and risks. They were knowledgeable about the number, types of accidents and incidents and the action which had been taken. For example, they told us that 50% of the people who had fallen within the two months prior to our inspection had seen health professionals within 24 hours of their fall. This was to look at factors which may have caused the fall and ways of reducing risk. The deputy manager said that the record used to document staff supervision sessions included a section to share learning from any accidents and incidents.

There were enough staff on duty to ensure people were safe. Staff spoken with during our inspection told us that staffing numbers were tailored to meet people's individual needs. Our review of the staffing rota confirmed this. Throughout our inspection the staff carried out their duties in a relaxed, unhurried manner and spent time sitting and talking with people. One member of staff was allocated to work across all of the houses and provide support when needed, for example, when people required support from two carers with their personal care needs. We noted that this member of staff responded quickly when needed.

Wensley Street is commissioned by Sheffield City Council. At the time of our inspection, the commissioners of the service were in the process of deregistering Wensley Street as a care home and re-commissioning it as a supported living service in order to provide people with more choice and control about their accommodation. A tender process inviting organisations to apply to provide the service was planned.

Members of staff told us that the above changes had resulted in some staff leaving the service. A number of staff spoken with on the day of our inspection had worked at the service for a number of years; for example a team leader and a support worker we spoke with had worked at the

Is the service safe?

service for 27 and 28 years respectively. Whilst anxious about their own employment, the staff we spoke with were clearly committed to meeting the needs of people living at Wensley Street and ensuring stability for people throughout the tender process. They told us that they tried to cover staffing shortfalls themselves in order to ensure continuity. The deputy manager said that there were nine staff vacancies at the time of our inspection and

commented that this resulted in them spending a lot of time forward planning rotas in order to ensure continuity from substantive staff and bank staff who were familiar with the service.

An effective recruitment process was in place. The four staff files reviewed reflected the provider's recruitment policy and corresponded with our conversations with members of staff. Each file contained the required information and checks.

Is the service effective?

Our findings

People we spoke with were positive about the support and care they received at Wensley Street. One person stated, “I like living here. I like the people I live with. I like the staff. I like the team leaders and the manager. It’s very nice.”

Another person commented, “The staff know how I like things to be done, like my bubble bath.”

We observed a meal time in two of the three houses visited during our inspection. One person described their meal as, “Nice,” whilst another person said that the member of staff who had prepared their meal was, “A good cook.” A third person stated, “We have nice meals here.”

The atmosphere within each house was calm, relaxed and the meal was well organised. Each meal had been home cooked. In one house people were eating a home-made curry whilst in another house the meal was toad-in-the-hole, mashed potato, gravy and vegetables.

Food and drinks were left within people’s reach and different levels of support were given when needed. For example, staff supported some people by discreetly cutting up their meals, whilst other staff members sat beside people giving one-to-one physical assistance and verbal encouragement. Appropriate aids such as plate guards and large handled cutlery were in place to promote people’s independence when eating.

A number of people living at Wensley Street had swallowing difficulties and/or specific nutritional needs. Staff had received training about how to meet these needs and were able to explain how they prepared softened diets, thickened fluids and how people should be positioned to ensure safe swallowing. Staff had also received first aid training to enable them to appropriately respond in the event of someone experiencing a choking episode. At the time of our inspection, one person had a Percutaneous Endoscopic Gastronomy (PEG) tube. This is a tube which is placed directly into the stomach, through which to receive fluids, medication and nutrition. Staff were able to explain how they administered these fluids and our review of training records confirmed that they had received training and been assessed as competent to administer these fluids.

Conversations with staff and our review of records showed that Wensley Street sought the involvement of healthcare professionals when needed. Individual house meetings

included discussions about people’s health needs and we noted that people’s support plans contained copies of the referrals made to health professionals following these meetings. Copies of assessments and guidance about how to meet any identified health needs were also contained within people’s support plan folders.

We noted that people’s support plans contained Health Action Plans, a recognised good practice document which ensures that people with learning disabilities access a range of services to meet their health needs. We also saw that each person also had a ‘hospital passport file’ which contained clear, accessible information about people’s needs should they need to be admitted to hospital.

The Mental Capacity Act, 2005 (MCA); an act which promotes and safeguards decision making within a legal framework. We spoke with the deputy manager, team leader and two support workers about the MCA and reviewed a range of records relating to it. Our conversations and observations demonstrated a clear awareness of how the MCA applied within their day to day practice. For example, throughout our inspection we saw that members of staff offered and involved people in a range of day to day decisions and adapted the way they communicated to meet the needs of the person they were supporting. Our review of records showed us that capacity assessments were undertaken when required and were followed by best interest meetings if needed. We saw that people’s relatives, staff and relevant health professionals were involved in these meetings. Our findings demonstrated that Wensley Street followed the MCA in order to make decisions, act in people’s best interests and protect people’s rights.

The Deprivation of Liberty Safeguards (DoLS) are part of the MCA and aim to ensure that people are looked after in a way which does not inappropriately restrict their freedom. The registered manager and one of the team leaders were knowledgeable about the case which had resulted in changes to the definition of a DoLS. Applications had been made for people living at Wensley Street and copies of these were within people’s support plans.

Each member of staff was able to describe their role and the role of others at Wensley Street. We found that staff had had received an induction to enable them to get to know the roles and responsibilities of their job role and undertake key mandatory training courses such as fire

Is the service effective?

safety. This also included a period of shadowing established members of staff in each house in order to meet and get to know the needs of people living at Wensley Street.

Our conversations with staff and our review of records provided evidence that staff were qualified for their roles and received on-going training to update their skills and knowledge. The providers training records showed that staff had received a range of training courses relevant to their roles and the needs of people living at Wensley Street. For example, we saw that training had been provided in understanding autism, manual handling, health and safety and safeguarding adults.

We spoke with staff about supervision and appraisal. Supervisions ensure that staff receive regular support and

guidance. Our conversations with staff and our review of the provider's supervision records showed us that staff received regular supervision. We also saw that 'ad-hoc' supervisions took place should staff request support and guidance about a particular issue, or should their supervisor need to speak with them about particular issues relating to their practice. For example, we saw that ad-hoc supervision had been arranged with staff following medication errors being identified.

Appraisals enable staff to discuss any personal and professional development needs. Our review of records showed us that all the staff that had worked at Wensley Street for a year or more received an annual appraisal.

Is the service caring?

Our findings

When asked if the staff were caring, one person replied, “Yes, they make me smile.” When speaking about their keyworker, another person told us, “She cares about me, she’s a good one.”

Staff spoke in a fond and caring way about people and told us that they enjoyed working at Wensley Street. One member of staff commented, “I love my job and my tenants.” We saw that support workers and other members of staff spoke kindly with people and greeted them warmly. For example, on starting their shift, we observed one member of staff spend time speaking with each person in the room. They leant down to gain eye contact with each person, warmly greeted them, asked how people were and asked questions about what they had done during the day and their interests. From the questions asked, it was evident that the staff member knew people well.

Our conversations with staff and our observations of them provided evidence that they were knowledgeable about privacy, dignity and respect and were able to put this into practice when supporting people. For example we saw staff discretely wiping people’s mouths and hands when eating, knocking on people’s doors before entering their rooms and discretely altering people’s clothing when hoisting them in order to protect their dignity. We found that people’s support plans also contained information about respecting people’s dignity and privacy. For instance, the support plan for a person who had a PEG tube documented the need for them to be taken to their bedroom in order to ensure their privacy and dignity when using the tube to administer medicines or nutrition.

We found that the staff at Wensley Street were knowledgeable and respectful of people’s differing cultural and religious needs. Members of staff told us that halal foods were obtained and that separate utensils were used when preparing these foods. They also told us that people were supported to access churches and mosques to practice their faith and that a vicar visited Wensley Street each month and held an accessible service for people. We noted that people’s support plans contained information about their spiritual and religious needs. For example, one person’s support plan documented that they liked to watch church services on the television every Sunday morning. Our review of training records showed us that staff had received training about equality and diversity.

A number of people living at Wensley Street had communication difficulties. We saw that the staff were aware of the different ways people communicated and took this into account when speaking with people. For example, one person communicated using Makaton, a recognised communication system which uses signs and symbols to help people communicate. We observed two members of staff supporting this person and noted that they were skilled in the use of Makaton and appropriately used it to inform, consult and involve the person concerned in the support they were providing.

Throughout our inspection we saw that the staff consulted and explained any care or support they provided to people. For example, when administering medicines we observed one member of staff explain what the medicine was for and the importance of taking it. We also noted that the staff did not rush people and gave people time to respond to information and/or any choices presented to them. Our observations also demonstrated that the staff were aware of how people communicated their needs and adapted the way they communicated to meet the needs of the person they were supporting. People’s support plans also contained information about how to present information and choices. For instance, when presenting information about decisions, one person’s care plan stated, “You need to provide me with all the facts, look at me when speaking to me and check that I have heard and understood what is being said.”

Our observations, conversations with staff and our review of records provided evidence of the way in which Wensley Street promoted people’s independence. During our inspection we observed staff encouraging people to do things for themselves and participate in the running of the home. For example, in one of the houses we visited, we saw that people doing different tasks prior to and following their evening meal. In another house we observed a member of staff dispensing a person’s medication into a pot and then encouraging them to count the number of tablets to check that they were correct. The person was then encouraged to tip the contents of the pot into their mouth. The member of staff supporting this person explained that this was part of supporting this person to be more independent with their medicines, stating that the person’s medication had previously been given to them on a spoon. We heard staff saying, “That’s right,” “You can do it,” when encouraging people with tasks and then saying, “Well done,” on completing tasks.

Is the service caring?

People's support plans included information about supporting their independence. For example, one person's support plan contained information about the support they needed with household skills and that they were able to identify the correct money to pay for items but needed some support to check that they had been given the correct change.

The registered manager told us and our review of minutes confirmed that people and their relatives had been kept informed about the process of Wensley Street changing from a registered care home to a supported living service and would be involved in selecting a new provider. An advocacy service had been engaged to support and enable people living at Wensley Street to express their views and

promote their rights throughout the tender process. A tenants association was in place for people living at Wensley Street. Tenants association meetings took place every three months and provided an opportunity to update people about issues affecting Wensley Street and also seek views and suggestions from people who used the service. Our review of the minutes of these meetings provided evidence that people received updates and explanations about the proposed changes and the role of the advocacy service. Where people lacked capacity to make specific decisions, we saw that their support plans detailed the need for family carers and/or advocates to be involved in these decisions.

Is the service responsive?

Our findings

We reviewed the support plans of six people and found some gaps within the records of one person who had more complex needs. A number of different charts were in place to record the differing needs of this person; these included re-positioning charts to prevent the risk of pressure areas and changes of incontinence wear. We reviewed these charts and found that they did not evidence that care was being provided as stipulated on these charts. For example, we found that the repositioning chart did not record that the person had been moved every two hours.

We spoke with two support workers about these charts. They assured us that the person was moved every two hours and did not have any pressure areas. Observations throughout our inspection demonstrated that people were supported safely by staff who knew their needs and preferences.

Whilst there was no evidence to suggest that the shortfalls identified above had negatively impacted upon this person, the records reviewed did not accurately document the support provided. This meant that the person may not be protected against the risks of receiving inconsistent care and treatment. We shared our findings to the provider's quality assurance officer who said they would arrange a review and monitoring of this person's care plan.

Shortly before our inspection, a speech and language therapist had reviewed the assistance people needed at meal times. We identified an inconsistency about the number of staff needed to safely assist one person to eat. One record stated that the person could be supported by one member of staff whilst another record stated that they required assistance from two members of staff. We discussed this further with the registered manager. They were aware of these inconsistencies and showed us an e-mail which had been sent to the speech and language therapist for confirmation about the number of staff required to safely assist this person when eating. We asked the registered manager and the provider's quality assurance officer who was visiting at the time of our inspection to clarify the support needed as soon as possible. Following our inspection, the quality assurance officer e-mailed us to confirm that further clarification had been sought and that the person's support plan had been updated to reflect this.

Staff told us that they had time to read people's support plans and felt that these reflected people's needs. One member of staff described the support plans as, "Thorough," and said, "They give a lot of information about people and tell you every little detail so you can do things right for the tenant."

Our conversation with the deputy manager and our review of support plans confirmed the above statement. The team leader told us that they sat with people and/or members of staff when updating support plans. They told us that they used person centred tools, such as talking about what made a good day and what made a bad day so they could ensure the support plan reflected the person's individual needs. We saw that these discussions were reflected in people's support plans. For example, one person's support plan referred to the good day / bad day discussion and stated that this was important to, "ensure [the person] has the opportunity to start each day as [they] chooses and have the best chance of having a good day."

The support plans at Wensley Street contained comprehensive, person centred information about people's health and support needs. The plans were easy to follow and provided detailed step-by-step descriptions of people's individual routines. Photographs and/or images were included in some plans to ensure that staff were aware of how to meet any specific needs. For example, one person's support plan included photographs of the angle which their chair should be positioned to ensure safe swallowing as well as photographs about how to prepare their medicines.

People's support plans also contained information about their preferences, likes, dislikes and the people who were important to them. We saw that staff knew this information and used it to prompt their interactions and conversations with people.

We found that Wensley Street supported people to attend a range of external day time and social activities. These included attendance at local day services and evening activities such as weekly MENCAP clubs. The deputy manager told us that communication with these services was an area that the service had recently improved in order to ensure that others involved in people's care and support received consistent information about people's needs and

Is the service responsive?

any changes to them. They felt that communication was good and said key information was shared by phone calls, communication books or by meeting with representatives from other services.

We noted that staff also provided a range of internal and external activities and interactions to meet people's differing preferences and needs. For example, on the day of our inspection one person told us that they were looking forward to visiting a local pub with a member of staff for their evening meal. This person also told us that they were looking forward to going to Bullins with some of their housemates later in the year. During our inspection we observed staff sitting beside people and talking and supporting them with a range of activities. For example, one person liked to look through catalogues and we saw staff sit beside them and talk to them about the items within the catalogue. This person reacted positively to the person centred approach of the member of staff supporting them and demonstrated this by their smiles and continued engagement.

The team leader spoken with during our inspection told us that supporting people to develop and access community resources was an area which Wensley Street had improved. They said that people were regularly supported to go out for evening meals during the week and at weekends and that trips to the theatre, cinema and concerts were now

also regular occurrence. Wensley Street also had an on-site activity room and the team leader told us that this was used to host parties, quiz night and games nights. A range of day trips also took place throughout the year, these included trips to the seaside in the summer and a trip to see the Blackpool illuminations in the winter.

The team leader informed us that the on-site activities room was also used for three monthly tenants' association meetings. We reviewed the minutes of these meetings and found that they provided people with an opportunity to feedback any concerns or views about the service as well as suggest any activities and holiday ideas. People also received updates and opportunities to be involved in the service within these meetings; for example, we saw that people had been provided with an update about staffing and asked if they would be willing to participate in staff interviews within one of these meetings.

There were no complaints at the time of our inspection. A complaints process was in place and we noted that each person's support plan contained information about how to make a complaint. This information clearly expressed the provider's commitment to using complaints as an opportunity for learning and improvement. It stated, "We encourage and enable complaints to assist and create a culture where complaints are not frowned upon and should be recognised, accepted and encouraged."

Is the service well-led?

Our findings

People were positive about the registered manager. One person described the registered manager as, “A nice boss,” and told us that the registered manager visited their house and the other houses at Wensley Street in order to ask them if they were happy with the service and the staff that supported them. This person also told us that they often visited the registered manager’s office for a chat and did so during our inspection. The registered manager greeted this person warmly, asked the person how they were and how things were in their house and responded to their questions. This provided evidence of an open, transparent and person centred culture. Other interactions observed between staff and the registered manager demonstrated that the registered manager was knowledgeable and had up to date information about any issues relevant to the service and the needs of people living at Wensley Street.

Members of staff spoken with during our inspection were positive about the registered manager and the way in which she led the service. One member of staff told us that the registered manager and deputy manager were, “Around and visible.” Another member of staff described the registered manager as, “Good,” and stated, “You can go and speak to her about any issues. She deals with things straight away.”

Staff told us that the registered manager acknowledged good practice and also provided feedback about any practice they felt could be improved. One member of staff commented that, “[The registered manager] has high standards and expects the same from us. She sends memos if things aren’t done properly and will pick you up on things she sees if she needs to.”

We saw that there was a system in place to continually audit the quality of care provided at Wensley Street. We

saw that this incorporated a range of daily, weekly and monthly audits relating to different areas of the service. For example, there was a file within each house with a list of the checks and information which needed to be recorded on a daily and weekly basis. Daily checks included checks of people’s monies, call bell checks, water and fridge temperatures and the menus provided each day. A weekly health and safety check was undertaken in each house and monthly and weekly audits relating to equipment, infection control and medication were also undertaken.

The results of the above audits fed into the quality assurance checks undertaken by the provider’s quality assurance officer each month. These monthly audits also included a more in-depth audit about a specific area. For example, the second day of our inspection coincided with the provider’s quality assurance officer undertaking an audit of staff files. We reviewed the last three quality assurance visits undertaken by the provider and found that each document clearly recorded the actions required to address any identified shortfalls together with timescales. We saw that these actions were fed into the next audit and checked in order to ensure that they had been completed.

The registered manager and staff spoken with during our inspection told us that a range of staff meetings took place. These included meetings for all members of staff as well as meetings for the staff working in each house. Members of staff spoken with during our inspection felt that the registered manager and the staff team in general were good at ensuring that they received any information relevant to their role, the service and the needs of people living at Wensley Street. Our check of records evidenced that these meetings took place throughout the year. Staff told us that they were able to raise issues within these meetings and felt that that their views and contributions were listened to.