

# Lifeways Community Care Limited

# Kingdom House

## Inspection report

Woodhouse Mill  
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Sheffield  
South Yorkshire  
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Tel: 01142880696

Date of inspection visit:  
15 December 2016

Date of publication:  
06 March 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This was an announced inspection which took place on 15 December 2016. We gave the service 48 hours' notice of the inspection because the location provides a re-ablement and respite service for people who may often be out during the day; we needed to be sure that the manager, staff and people who used the service would be available to speak with us. The service was last inspected in November 2015 when we found it was meeting all the outcomes we inspected.

Kingdom house is a re-ablement and respite facility designed for adults with learning disabilities, those on the autistic spectrum, physical and sensory impairments, mental health issues and complex needs. The service can accommodate eight people. Seven people were living there at the time of our inspection. The service did not have a registered manager in place at the time of 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 2008 and associated Regulations about how the service is run. The registered manager had left in April 2016. However the acting manager had made an application to be registered with the Care Quality Commission and was awaiting the outcome of the application.

During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Our check of medicine records identified that medicines were not always safely managed and recorded. Medicines were not securely stored in a fridge and fridge temperatures were not being checked on a daily basis as per manufacturers guidance. Medicine bottles in use had no recorded date of opening. There was also a bag of medicines stored in the medicines cupboard that stated "use before the end of December." However there was not accounted for or recorded in the daily MAR sheets. This meant that people accessing the service may not be protected against the risks associated with the effective management of medicines. Suitable arrangements for the service and maintenance of fire extinguishers had not been completed, electrical items we checked showed that only two electrical items had a record of a portable appliance test and these indicated that they needed retesting by November 2016. Water temperature records we looked at showed that the temperatures exceeded the required safe limit on six occasions, two occasions being the showers used for personal care and bathing were not within the acceptable range. However no immediate and appropriate action was taken to address these concerns. This potentially placed people at risk of scalding.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken by the acting manager and the senior team to make sure full and safe procedures were adhered to. However findings from the checks and audits were not always acted upon.

The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People were treated with dignity and respect throughout our inspection. Staff were aware of people's differing cultural and religious needs.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs.

Our observations provided evidence that the service was caring. The staff we spoke with had a clear

understanding of the differing needs of people staying at the home and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

People's physical health needs were monitored and referrals were made when needed to health professionals.

People were supported to access a range of community based leisure activities such as bowling, boxing, drama and shopping.

## 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.  
Staff knew how to recognise and respond to abuse correctly.  
People told us they felt safe.  
People's medicines were not always safely stored, managed and recorded.  
Staffing was determined by the placing authority as people received one to one support. We found enough skilled and experienced care staff to meet people's care needs.

### Is the service effective?

Good 

The service was effective.  
Staff were trained to enable them to meet people's needs in a person-centred way.  
People were supported to have access to appropriate healthcare services.  
Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and its Code of Practice. People who used the service had given informed consent to their care and support.

### Is the service caring?

Good 

The service was caring.  
People who used the service were treated with kindness and received support, which was tailored to meet their needs and preferences.  
Staff interacted well with people and provided them with them support they needed.  
People were treated well by caring staff who respected their privacy and dignity. Staff were aware of people's differing cultural and religious needs.  
People were involved in planning their care and people's privacy, dignity

### Is the service responsive?

Good 

The service was responsive.  
Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.  
People told us they enjoyed the activities available to them in the

home and, outside the home.  
There was a comprehensive complaints' policy, which the acting manager told us was explained to everyone who received a service.

**Is the service well-led?**

The service was not always well led.  
The service did not have a registered manager in post. However they had an acting manager who had made an application to register with CQC.  
There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken by the acting manager and the senior team to make sure full and safe procedures were adhered to. However findings from the checks and audits were not always acted upon.

**Requires Improvement** 

# Kingdom House

## Detailed findings

### Background to this inspection

This was an announced inspection which took place on 15 December 2016. We gave the service 48 hours' notice of the inspection because the location provides a re-ablement and respite service for people who may often be out during the day; we needed to be sure that the manager, staff and people who used the service would be available to speak with us. The service was last inspected in November 2015 when we found it was meeting all the outcomes we inspected.

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There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken by the acting manager and the senior team to make sure full and safe procedures were adhered to. However findings from the checks and audits were not always acted upon. The support plans were centred on people's individual needs and contained information about their preferences, backgrounds and interests. People were treated with dignity and respect throughout our inspection. Staff were aware of people's differing cultural and religious needs.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs.

Our observations provided evidence that the service was caring. The staff we spoke with had a clear understanding of the differing needs of people staying at the home and we saw they responded to people in a caring, sensitive, patient and understanding professional manner.

People's physical health needs were monitored and referrals were made when needed to health professionals.

People were supported to access a range of community based leisure activities such as bowling, boxing, drama and shopping.

Robust recruitment processes and systems were in place to ensure staff members were safe to work with vulnerable people. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

## Is the service safe?

### Our findings

People who were able, told us they felt safe at the home. Some people were unable to tell us if they felt safe. Therefore we observed how they interacted with staff.

We looked at the systems in place to help ensure the safe administration of medicines. Staff had access to a medicine policy that contained guidance on how to support people with their medicines. Medicines stocks were monitored on a regular basis to help ensure people had access to the medicines they needed. The provider had recently changed the supplying pharmacy and as a result documentation had changed. Only staff members that had completed medicines training were permitted to administer medicines within the service. Competency checks were undertaken by the acting manager to ensure that staff remained competent to administer medicines.

People's medicine support needs were set out in a medicine care plan, including details of the medicines they were taking and when they should be administered. The medicine care plan also contained guidance to staff on how people should be supported with any 'as and when required' (PRN) medicines they took. For example, the plan of one person who could not always verbally communicate when they were in pain included advice to staff on when they might need their medicines.

People using the service had their own medicine administration record (MAR). A MAR is a document showing the medicines a person has been prescribed and a record of when they have been administered. People's MARs began with their photograph, which helped staff to ensure they were administering medicines to the right person. We reviewed four people's MARs and saw three out of four were accurately completed to show when people had taken their medicines. One sheet had signatures missing for one day. We discussed with the acting manager the need to keep an accurate record of medicines administered and they said they would discuss this with the staff responsible for giving medication.

Where people did not want their medicines or they had not been given for some other reason the appropriate code was used to record this. We saw that some people had not taken any of their PRN medicines during November. One Mar sheet recorded give as and when a required and should be taken four times a day. This gave staff conflicting information on the safe administration of medicines. The registered manager said people's medicines were reviewed every month and this would lead to a cancellation of the prescription by the person's GP if thought appropriate.

We reviewed the arrangements in place to store medicines at the service. Medicines that need to be refrigerated should be stored in a separate, secure fridge that is only used for medicines. The fridge should either be locked or kept in a locked medicines room. Fridge temperature should be checked and recorded daily to ensure storage is as per manufacturers guidance. We found that medicines that were to be stored in a fridge were stored in the fridge in a small kitchen area and were accessible to any of the care staff. The door to the kitchen had a key pad for access, however this meant anyone within the service had the potential to access the medicines placing people at risk and the risk of theft. We found medicines that had specific guidance about the temperature these should be stored at. However, there was no system in place for recording daily temperatures. We found two bottles of medicine that were unlabelled and unaccounted for. There were five bottles of Risperidone medicine that had been opened but no recorded date of opening. It is good practice to write the date of opening on the bottle to ensure staff know when the medicine has expired. This posed a risk to people who used the service of people receiving unsafe care and treatment. Controlled drugs were securely stored. Controlled drugs are medicines that are liable to misuse. Records



were kept of the total amount of controlled drugs stored and Mars for controlled drugs contained two signatures when administered as recommended in national guidance and required by the service's own 'safe handling of medicines' policy.

This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always managed effectively.

During the inspection general maintenance work was being undertaken. For example two lights were not working in a corridor, walls had been re-plastered and were in need of painting, toilet cistern lids were missing and wires in one of the bedrooms were hanging loosely. The provider was attending to all these matters.

Weekly health and safety checks of the building and equipment were undertaken by the team leaders. We checked required maintenance certificates were in place in areas including electrical testing and fire fighting equipment. It is a requirement that providers have operational procedures to maintain their equipment, buildings and electrical systems. The only information on electrical PAT testing was found on two plugs which indicated that retesting was required by November 2016. A further plug indicated that retesting was required by June 2014. The only evidence was found that any PAT Tests had taken place on any electrical equipment in the kitchen Dining Room downstairs was a label on the toaster indicating that it required retesting by November 2016. This meant the provider could not be sure that electrical equipment was operationally safe. We spoke to the registered manager about this and they said they would contact the electrical contractors immediately.

We also checked records of fire fighting equipment and records confirmed that these should have been retested in October 2016. This meant the provider could not be sure of the safety or efficiency of electrical equipment and fire fighting equipment..

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised the manager had notified the relevant authorities and taken action to ensure people were safe. There was also a whistleblowing policy in place. Whistleblowing is when a person tells someone they have concerns about the service they work for. Staff told us they would be confident to whistle blow. One member of staff said, "I'd be happy to whistle blow."

The provider's recruitment procedures helped to minimise risks to people who lived at the home. Applicants were required to complete an application form which detailed their employment history and experience. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with children and vulnerable adults.

On the day of the inspection we saw there were care staff in sufficient numbers to keep people safe and the use of staff was effective. People that lived at Kingdom House were supported on a one to one basis or a two to one basis; this was determined by the placing authority. People we spoke with told us they were able to go out when they wanted and staff were available to support this. Staff we spoke with confirmed that there was enough staff on duty.

People's care and support plans contained clear information about identified risks and how risks should be managed. For example, supporting people to access the community. We saw that a plan of care had been developed to manage any identified risks in the least restrictive way. This meant that people could be supported with activities with reduced risks to themselves or to the people who supported them.

The manager also told us about a "formulation and intervention team" they had support from within the service to develop positive behaviour interventions. The acting manager told us the "formulation and intervention team" provide support to the care staff with training and developing strategies and support for managing behaviour that others might find challenging.

Accidents and incidents were recorded and investigated to see if improvements were needed to keep people safe and lessons learnt. People's care plans contained a record of any accidents and incidents they were involved in, and evidence that appropriate action had been taken to reduce the risk of them happening again.

The service was clean and tidy. Staff said they received all of the equipment needed to keep the premises clean. Throughout the inspection we saw staff using personal protective equipment (PPE) where appropriate to assist with infection control.

## Is the service effective?

### Our findings

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. Newly recruited staff completed an induction programme. This consisted of an introduction to the service's policies and procedures, fire safety training, shadowing a more experienced member of staff and three days of training based on the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected. One member of staff told us about their induction process. They said, "Induction was brilliant. I was shown around, did fire safety and went through the policies and procedures."

Staff received mandatory training in a number of areas, including first aid, moving and handling, infection control, fire training and equality and diversity. Mandatory training is training the registered provider thinks is necessary to support people safely. This training was refreshed annually to ensure staff were aware of the latest best practice. The acting manager monitored staff training on a chart. This showed staff had completed mandatory training. Where there were gaps in training plans were in place to ensure staff received it.

The manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). The DoLS requires providers to submit applications to a 'Supervisory Body' for authority to do so.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us there were six DoLS authorisations in place for people living at the home and they had made the necessary notifications to CQC.

We saw evidence of these referrals and associated paperwork. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation.

People were supported to maintain good health, had access to healthcare services and received on going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. Care plans contained records of visits from GPs, district nurses, Speech and Language Therapists, immunologists and other professionals. This meant people were supported to access the healthcare they required when they needed it.

We spoke with staff about supervision and appraisal. Supervisions ensure that staff receive regular support and guidance and appraisals enable staff to discuss any personal and professional development needs. Our review of the provider's supervision records identified that supervision for support workers was occurring

less frequently than the providers six to eight weekly timescale. Staff told us they felt supported by the acting manager and the senior and they were not concerned by these shortfalls.

Staff told us in the absence of the registered manager support was given by the senior support workers and they would ask them if they required some advice or needed to discuss something about their roles and responsibilities.

Staff told us they worked well as a team and were well supported. The registered manager told us that during supervisions he discussed training requirements with staff to ensure they kept their knowledge up to date to meet people's needs

People's nutritional needs had been assessed and people's needs in relation to nutrition were documented in their plans of care. We saw people's likes, dislikes and any allergies had also been recorded. We saw people choosing what they wanted to eat and people ate at the times they preferred. We saw there was a good choice of food available in the service and there were snacks and fresh fruit available for if required. People told us the food was very good.

## Is the service caring?

### Our findings

People who used the service we spoke with said they liked living at Kingdom House. One person said, "The staff are excellent, it took a bit of getting use to the rules when I was first here but it is good." Other comments included, "The staff are helping me to move on" and "We can go out when and if we want to, I am going to meadowhall tomorrow." One staff member told us "People really do care here, nobody's here for the money."

Staff treated people with dignity and respect. We spent time in communal areas with people who used the service and staff. We found it was very inclusive and people were talking, laughing and joking together. From conversations we heard between people and staff it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. It was a very pleasant atmosphere and it was clear everyone was enjoying themselves. People were talking about activities and developing a visual timetable.

Throughout the inspection we saw staff speaking respectfully with people, taking the time to approach them and speak with them directly if they indicated that they would like support. We saw care workers knock on doors before they entered and always asked people they were supporting before they did anything to assist with care needs.

People had free movement around the home and could choose where to sit and spend their recreational time. The premises were spacious and allowed people to spend time on their own if they wished. There were also large grounds which enabled people to go outside if they wished. We saw a number of people during the day accessing the outside.

From speaking to staff and people they supported it was evident they had compassion and respect for people. Staff we spoke to told us it was important to make sure that people who used the service were treated with dignity. There had been dignity champions but staff had left and these were in the process of being developed again by the new manager. Champions would ensure people were respected and had their rights and wishes considered.

People were supported to maintain family relationships and friendships. People's support plans included information about those who were important to them.

People were supported to access the community and activities. Some people accessed the community independently and others were supported by staff. People told us they enjoyed the activities and that they were able to choose what they wanted to do and staff facilitated it. We saw people regularly accessing the community during our inspection. People had also had holidays, staff told us these were arranged each year for people who wanted to go.

We saw people had chosen what they wanted to bring into the home to furnish their bedrooms. They had brought their photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

Advocates help to ensure that people's views and preferences are heard. The acting manager told us about people who had used advocates in the past, and records confirmed this. People were provided with information on how staff could support them to access advocacy services in the statement of purpose guide they received when they moved into the service. This meant procedures were in place to ensure people could access advocacy services should they be needed.

People's confidentiality was respected and all personal information was kept in a locked room. Staff were

aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

We observed staff respond to people's needs. Staff were able to explain to us what was important to each person and how best to support them. One staff member told us, "Everything is person centred here; it's embedded in everything we do."

Each person had a 'one page plan' that told us what was important to the person and how best to support them. The support plans were personalised and reflected in detail people's personal choices and preferences regarding how they wished to live their daily lives. The support plans included information about daily routines, 'what people like about me', how to best communicate and how best to support the person to make a decision. Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language. Where people had limited communication ability, staff were supported to use other non-verbal communication. For example, pictorial timetables to support activities.

Support plans were regularly reviewed and updated to reflect people's changing needs. Wherever possible people were involved in the reviews.

Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community and access to community social activities such as drama, boxing, and social events.

Daily records contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal handover between shifts, when staff teams changed and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

We saw that when people were at risk, health care professional advice was obtained and the relevant advice sought. Health care professionals we spoke with told us the staff were very knowledgeable on how to meet and respond to people's needs.

Procedures were in place to investigate and respond to complaints. People were provided with guidance on how to raise complaints in the service user guide they received when they moved into the service. A complaints policy set out how issues would be investigated and the timeframe for doing so. The provider had only received three complaints in the past six months and they had responded and addressed the complaint appropriately and within the required timescales.

Formal meetings with people using the service did not take place, with the registered manager saying that they preferred to include people in decision making on a day to day basis, this included people saying how they wished to be supported. We discussed this with the manager and the need to include people wherever possible around service developments.

The service had two large communal areas which provided a relaxing and therapeutic atmosphere for people who used the service. One of the rooms was sparsely furnished because they were in the process of replacing furnishings that were old and had been damaged. We spoke to the acting manager who informed us they were in the process of ordering new furniture and a pool table. Once in place these would enhance the communal area.

## Is the service well-led?

### Our findings

The service did not have 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered Manager had left in April 2016 and the acting manager had made an application to register with CQC and they were awaiting the outcome of their application.

The acting manager told us they completed monthly audits and team leaders did weekly audits which included environment, infection control, fire safety, medication and care plans

During our inspection we found that medicines were not being stored safely and managed safely. We looked at medicines audits that had been undertaken in October and November 2016. The medicines audits had failed to identify any of the issues we found during our inspection. For example, there was two bottles of Risperidone that were not labelled or accounted for. A bag of medicine was in the medicine cupboard and a note was attached saying "to be used by end of December". Dates and times of opening medicine were not being recorded. We discussed this with the acting manager and the regional manager and they agreed to take immediate action to address these issues.

The auditing had picked up issues for instance the need for specialist training in challenging behaviour and action had been carried out to resolve the matter, however there were other areas of concern which had been identified which had not yet been actioned, which included issues around the safe management of medicines, fire safety and hot water safety within the home. For example, records showed that water temperatures were checked and on two occasions temperatures of showers used for personal care and bathing were not within the acceptable range.

However there was no record of appropriate action taken to address this issue. We discussed this with the acting manager and the regional manager and they agreed to discuss the potential risk of this with the staff team immediately and the need to take prompt and appropriate action when water temperatures were out of the required safe ranges. Another audit stated that "All electrical appliances, their plugs and leads have been visually checked during the past month, this is recorded and appropriate action has been taken." However records confirmed that electrical appliances were only tested up until November 2016.

The lack of appropriate action being taken in response to identified risk to people who use the service meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that recorded accidents and incidents were monitored by the acting manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The staff members we spoke with said communication with the acting manager and regional manager was very good and they felt supported to carry out their roles in caring for people. They said they felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well.



There were policies and procedures for staff to follow good practice. We looked at several policies and procedures which included safeguarding, whistleblowing, medicines, infection control, recruitment, moving and handling, safe use of bed rails, accident reporting and confidentiality. These were accessible for staff and provided them with guidance to undertake their role and duties.

We spoke to the acting manager about the quality assurance of the service and they told us this was done on an informal basis. The acting manager told us they were in the process of organising tenants meetings to ensure that people could be involved in day to day decisions about running the service.