Brighton and Hove City Council

Brighton & Hove City Council - Craven Vale Resource Centre

Inspection report

Craven Road,
Brighton,
East Sussex,
BN2 0FE.
Tel: 01273 295772
Website:

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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Summary of findings

This was an unannounced inspection. Craven Vale Resource Centre provides personal care and support for up to 31 people. Care and support is provided to adults, but predominantly to people over 65 years of age. It provides short-term rehabilitation for a period of usually one to two weeks, but can be up to six weeks. People are supported following discharge from hospital, or to prevent admission to hospital to regain their independence and ability to return home. Short-term rehabilitation is a joint partnership between Brighton and Hove City Council and the Sussex Community NHS Trust to provide co-ordinated care. People receive care and support from social workers, social care staff, medical and nursing staff, physiotherapy and occupational therapy staff. People can also be provided with a period of respite care. The service has a high level of admissions and discharges due to the short-term nature of the service, and there are no long term placements. There were 26 people living in the service on the day of our inspection.

The service had a registered manager. 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.

People's individual care and support needs were assessed before they moved into the service and care and support plans and risk assessments were maintained and reviewed regularly. People confirmed that they had been involved, or had the opportunity to be involved, in assessments, care planning and reviews. They were aware of the rehabilitation element of the care and support provided, and that it was to help them to be more independent on their return home. They told us they had felt involved and listened to.

People were treated with respect and dignity by the staff. They were spoken with and supported in a sensitive, respectful and professional manner. Care staff always knocked on the door before entering bedrooms.

People told us they felt safe. They knew who they could talk with if they had any concerns. They felt it was somewhere where they could raise concerns and be listened to. There were systems in place to assess and manage risks and to provide safe and effective care.

People said the food was good and plentiful. Staff told us that an individual's dietary requirements formed part of their pre-admission assessment and people were regularly consulted about their food preferences. Healthcare professionals, including speech and language therapists and dieticians, had been consulted as required.

Some social activities were provided, however, the feedback was varied with some people not being aware of the activities available or people told us they would welcome more social activities to join in. People told us they had guidance and regular support from the physiotherapists, and occupational therapists. These specialists had worked with them to improve their mobility before returning home.

People had access to health care professionals as required. Pressure relieving mattresses were in place where assessments had highlighted a risk of pressure damage to the person's skin. All appointments with, or visits by, health care professionals were recorded in individual care plans. People told us their physical healthcare needs were effectively met.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staff told us they were supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. Training records were kept up-to-date, plans were in place to promote good practice and develop the knowledge and skills of staff.

Staff told us that communication throughout the service was good and included comprehensive handovers at the beginning of each shift and regular staff meetings. They confirmed that they felt valued and supported by the managers, who they described as very approachable.

People were asked to complete a satisfaction questionnaire at the end of their stay. The registered manager told us that senior staff carried out a range of internal audits, including care planning, medication, health and safety and staff training, and records confirmed this. The registered manager also told us that they operated an 'open door policy' so people who used the service, staff and visitors to the home could discuss any issues they may have.

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?

Good

The service was safe; people were protected from abuse and avoidable harm. People told us they felt safe and knew who to speak to if they had concerns.

People had individual assessments of potential risks to their health and welfare, which had been regularly reviewed.

Staff were aware of the Mental Capacity Act 2005 and how to involve appropriate people, in the decision making process if someone lacked capacity to make a decision.

There were sufficient staff numbers to meet people's personal care needs.

Recruitment practices were safe and relevant checks had been completed before staff worked unsupervised.

Medicines were stored appropriately and there were systems in place to manage medicine safely.

Is the service effective?

Good

The service was effective. People had been assessed and their care needs identified, and had then been regularly reviewed.

Staff had a good understanding of peoples care and support needs. Communication systems in the service worked well and ensured that staff were made aware of people's current care and support needs.

Health and social care staff worked well with each other to ensure people received the care, treatment and support they needed.

People were supported by staff that had the necessary skills and knowledge. Staff had up-to-date training and supervision.

People's nutritional needs were assessed and recorded. People were consulted with about their food preferences each day and were given choices to select from.

Is the service caring?

Good

The service was caring. Staff involved and treated people with compassion, kindness, dignity and respect.

People were treated as individuals. We saw people were asked regularly about their individual preferences and checks were carried out to make sure they were receiving the care and support they needed.

Is the service responsive?

Requires Improvement

The service was not always responsive. Social activities were in need of further development.

Summary of findings

People's changing needs were responded to. The views of people, their relatives and other visitors were welcomed and informed changes and improvements to service provision.

People's individual care and support needs were regularly assessed and monitored to ensure people's progress towards their agreed goals were accurately reflected in the care and treatment they received.

A complaints procedure was in place and people told us they knew how to make a complaint if necessary. Complaints records we looked at showed us that where people had raised any concerns the complaints policy and procedure had been followed.

Is the service well-led?

Good

The service was well led. There was a registered manager in post, who was supported by a team of senior staff. The leadership and management promoted a caring and inclusive culture.

Staff told us the management and leadership of the service was approachable and very supportive. There was a clear vision and values for the service, which staff promoted.

Effective systems were in place to review, audit and quality assure the care and support provided. People and their relatives, and staff were able to give their feedback on the care and support provided, or make suggestions on how to improve the service.

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Detailed findings

Background to this inspection

The inspection team consisted of one inspector, a pharmacist inspector and an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This inspection took place on 22 July 2014. Before the inspection, we reviewed information we held about the service. This included previous inspection reports, complaints we have received, and information from the Clinical Commissioning Group (CCG) about the service. We also looked at our notifications. A notification is information about important events which the service is required to send us by law. Before the inspection the provider completed 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. This enabled us to ensure we were addressing potential areas of concern.

During the inspection, we spoke with 12 people individually. We spoke with the registered manager, three senior care workers, a care worker, a bank care worker and a chef. We also spoke with healthcare professionals, a registered nurse, a consultant clinical lead, a physiotherapist, and a community psychiatric nurse (CPN) who all work as part of the short-term rehabilitation service for The Sussex Downs NHS Trust.

We observed care and support provided in the communal areas, the lunchtime and teatime experience, and looked around the service including the communal areas, people's bedrooms, the main kitchen and the garden. As part of our inspection we tracked five people's care and support, and reviewed their care and support plans. We looked at menus and records of meals provided, medication administration records, the complaints log, incident and accidents records, records for the maintenance and testing of the building and equipment, policies and procedures, staff training and recruitment records. We also looked at the providers own improvement plan and monitoring checks completed, minutes of staff meetings, audits completed of the quality of the service and quality assurance audits completed by people who used the service, and quality assurance audits completed by representatives of the provider and the CCG group.

We inspected the service on 13 September 2013 when we found improvements needed to be made to records. We last inspected the service on 4 March 2014, when the service was found to have made the necessary improvements and no concerns were raised.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we

Detailed findings

have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe and well treated in Craven Vale. They knew who to speak with if they had any concerns. We saw people were comfortable with staff and frequently engaged in friendly conversation. We saw from the services records and feedback from staff that procedures were in place to ensure people's safety.

The premises were safe and well maintained. The service was a clean, spacious environment which allowed people to move around freely without risk of harm. Staff told us about the regular checks and audits which had been completed in relation to fire, health and safety and infection control. Records confirmed these checks had been completed. The security of the service had been designed to promote the safety of the people whilst also continuing to encourage and support their independence. A passenger lift enabled people to access the ground and first floor. The grounds were well maintained with clear pathways for those who used mobility aids and wheelchairs. Contingency plans were in place to respond to any emergencies, flood or fire. Staff told us they had completed training related to the safety and protection of people. There was an emergency on call rota of senior staff available for help and support.

People had individual assessments of potential risks to their health and welfare and these were reviewed regularly such as falls, nutrition and skin integrity. Where risks were identified, staff were given clear guidance about how these should be managed. People identified at risk of developing pressure ulcers had air mattresses in place to minimise the risk. The registered nurses had regularly checked and recorded the settings to ensure that they were maintained to meet people's individual assessed needs. Staff also told us if they noticed changes in people's care needs, they would report to one of the managers and a risk assessment would be reviewed or completed.

People told us that they were happy with the administration of their medicines. They told us the management of the medicines was good or very good. When asked if they received their medication on time one person commented, "Excellent, they're very strict about that." Medicines were stored and there were systems in place to manage medicine safely. For example, daily audits and stock checks were completed to ensure people received their medicines as prescribed. There was good support from the Doctor and pharmacists. The service was proactive in identifying and foreseeing possible medication issues in order to reduce mistakes. One care staff told us about the daily checks completed, "There's a great policy for medicines checks on each shift." People were supported to manage their own medicines. Care staff told us they had received medication training and an annual competency check had been completed to ensure they continued to follow the agreed procedures in place.

People told us they knew who to talk to if they had any concerns. Senior care staff told us they followed the local multi-agency policies and procedures for safeguarding adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding and whistleblowing procedures. They had received safeguarding training which was regularly updated. Care staff were clear about their role and responsibilities and how to identify, prevent and report abuse.

We reviewed the service's policies and procedures on the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) for people whose liberty may be being restricted. Where people did not have the capacity to make more complex decisions, there were policies and procedures in place which enabled staff to act in accordance with legal requirements. Senior staff told us and care staff confirmed that in order to understand the legislation they had completed MCA and DoLS training. Staff had the support and guidance from dedicated social workers and healthcare professionals as part of the short-term rehabilitation scheme. A healthcare professional told us they had been asked to talk with people where concerns had been identified as to people's capacity to consent to their care and treatment. They were able to give examples of where they had attended meetings which had been held to ensure people's best interest had been considered for any proposed care or treatment to be provided.

Staff told us how staffing was managed to make sure people were kept safe. They spoke positively about the introduction of a dependency scoring tool which was used to assist senior staff for all potential admissions. This enabled staff to match the staffing levels in place to people's assessed care needs with the care needs of people already in the service to ensure people's care needs could be met. When asked if there were sufficient staff the

Good

Is the service safe?

feedback from care staff was varied. Generally staff felt at times it could be very busy, but they were still able to provide the care that people needed. One care staff commented, “The staff are so good here. We all support each other.” A healthcare professional told us they had no concerns over staffing in the service, and they could always find who they wanted. However one member of staff told us, “We need more staff. The essentials are covered. But there’s no time for the nice bits like sitting and talking with people. “Another member of staff told us, “Sometimes not enough and tasks are done later. They seem to have a lot to do especially in the morning with medication, getting people up and giving breakfast.” However, people told us that although the staff were often very busy they had received all the care and support that they needed. People commented staff were available when they needed them, for example, “If a carer can't do something for me, she finds someone who can,” “They are willing to stop what they are doing and help me,” “If I ask for a cup of tea they always get it for me.” They told us when they rang the call bell for assistance the response was good or very good. People said, “They answer quickly,” “Very well,” and “If they can't respond quickly, they call on the intercom and check whether it is urgent.”

On the day of our inspection we saw there were sufficient staff on duty to meet the needs of people. Staff had time to spend talking with people and support them in an unrushed manner. A sample of the rota showed that the minimum staffing level was adhered to. Accidents and incidents records had been audited. There had been few accidents and incidents in the past six months and there were no trends or repeated accidents to indicate insufficient staff.

People were cared for by staff who had been recruited through safe procedures. Most recruitment was internal from the provider’s other services, or staff had already been working as a relief member of staff in the service covering for staff absences. The registered manager received support and information from the organisation’s personnel department. A further application form had been requested from applicants and an interview completed to update information already sought. The registered manager told us that all new staff initially “shadowed” more experienced colleagues. One care staff confirmed that when they started they had worked closely alongside more experienced colleagues. They said they had been introduced to people and their individual care needs and routines had been explained, as part of their induction programme. They also told us that they had been made to feel very welcome, supported and consequently now felt confident to do their work. They commented, “The service has a great team. They have different strengths.” Each member of staff had undergone a criminal records check before starting work, and which had been periodically reviewed and updated. The provider ensured as far as possible that they only employed staff who were suitable to work with adults at risk.

Good

Is the service effective?

Our findings

People told us they felt their care needs, preferences and choices for care and support were met. People were not all aware of their care and support plans, but they were involved in decisions about their care and were kept informed of any changes to their care and support plans or medicines. They spoke well of the rehabilitation service and how it was supporting them to go home. Comments received included, “The care is what I need,” and ”I’m happy with it.”

People were supported to have access to healthcare services and were involved in the regular review of their care needs. Care staff worked effectively and were pro-active in referring people for diagnosis and treatment. Appointments with, or visits by health care professionals were recorded. People received any necessary medical treatment, care or advice promptly.

Before someone moved into the service, a pre-admission assessment took place. This identified the care and support they required to ensure their safety. Care workers told us they received good pre-admission information. If they felt they did not have enough information to make a decision they requested further information, and they could also discuss potential admissions with the registered manager or the registered nurses on duty. People who were receiving the rehabilitation service also had a nursing assessment completed on their admission. People’s preferences and views on what they wanted from the service had been recorded. For example what they wanted to achieve to help them be as independent as possible on their return home. People had been made aware of the purpose of the rehabilitation service and signed for their agreement with the care and support to be provided.

Care plans contained clear instructions about the needs of the individual. They included information about the needs of each person relating to their communication, nutrition, and mobility. Individual risk assessments including falls, nutrition, pressure area care and manual handling had been completed. In each person’s bedroom was a summary of potential areas identified in the care plan where people would require support. There were instructions for staff on how to provide support tailored and specific to the needs of each person. The registered manager told us that care staff were being supported to complete the required paperwork and audits were being completed to monitor the quality of the completed care and support plans. Records we looked at supported this. Where appropriate, specialist advice and support had been sought and this advice was included in care plans. For example. Staff worked closely with healthcare professionals such as occupational therapists and physiotherapists to promote independence. Staff told us that the team worked well together and that communication was good between the staff teams. For example when changes had been made to peoples care and support plan as people became more independent of staff assistance. People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. This was important as the service was short term and people’s care and support needs needed to be identified and arranged ready for when they went home.

People’s care needs changed quickly as their mobility and independence improved during their rehabilitation. We saw that people’s care needs had been monitored as part of regular reviews of their progress to agreed goals. Regular team meetings were held and provided an opportunity to discuss people’s progress towards their goals. They also planned people’s discharge and any care and support packages they would need at home. Staff told us that they checked the care plans regularly to update themselves with any changes to each person’s care. They used shift handovers, written handover sheets and a communications book to share and update themselves of any changes in people’s care. We saw staff reading and updating people’s care and support plans.

People were supported by staff who had the necessary skills and knowledge. The annual staff development plan detailed the training which staff needed to complete to have the necessary skills, and which had been requested to be provided for the year. The staff had received a range of training which included moving and handling, safeguarding, infection control, health and safety, medication, first aid and food hygiene training. Detailed staff training records we looked at confirmed this. We saw evidence of further specific training for staff, for example nutrition and continence. Staff told us they received regular appraisal and supervision, and records we looked at confirmed this.

People told us the food was good. Comments received included, “'The staff are very good, and so is the food,”

Good

Is the service effective?

“Food is wonderful, really good,” and “The food is lovely.” A nutritional risk assessment was completed when people arrived. People’s weight was taken then monitored regularly. There were clear procedures in place regarding the actions to be taken if there were concerns about a person’s weight. Records confirmed that advice and support had been sought through the speech and language team (SALT) where needed. Additionally the SALT team had provided general information and guidance for care staff and catering staff to support them in their role. The records were accurately maintained to detail what people ate. Some people had food and fluid intake charts to ensure they had enough to eat and drink throughout the day. There was a four-week menu in place, which showed choices were available at each meal and further alternatives if needed. People’s likes and dislikes had been discussed as part of the admissions process. People were consulted with individually about their food preferences each day. Some individuals had specific dietary requirements either related to their health needs or their preference and these were detailed in their care plans. These were followed by the kitchen staff who also had lists of people’s dietary needs, allergies and preferences. Where people needed support they were assisted to eat and drink.

The atmosphere was relaxed in the dining room and people were chatting throughout the meal. Staff assisted people in a respectful way encouraging when needed, but promoting independence whenever possible. Equipment to assist people to eat independently was available. Some people had chosen to eat their meal in their own room. Drinks and snacks were easily available for people to have throughout the day and night. This had ensured flexibility to meet people’s individual dietary needs. The day of the inspection was a very hot day. During the afternoon iced lollies were taken around to help keep people cool.

Good

Is the service caring?

Our findings

People told us they had caring and positive relationships with the staff. They stated they were satisfied with the care and support they received. People commented, “Staff work very, very hard,” ”It’s lovely here,” “They really care from the heart,” and “People are calm and friendly.”

We observed that staff provided care in a kind, compassionate and sensitive way. Staff responded to people in a polite way, giving them time to say what they were saying freely and always asking what they wanted to do and giving choices. We saw that there was a close and supporting relationship between staff and people. People looked comfortable and well cared for. One person told us, “I'm finding it most relaxing here, they look after my every need.” Another person told us about the care provided, “Absolutely. So polite, very, very good, transfer me from the bed to the wheelchair very carefully.” One person who could not wash their back had a back-scrub fixed behind the shower seat so that they could clean their back themselves. People confirmed they were involved in the care planning process. They felt they were listened to and involved in the planning and reviewing the care and support they received.

People told us the care provided was personal and met their needs. People were addressed according to their preference and this was mostly their first name. One person told us, “One taught me how to use my mobile.” People’s personal histories were recorded in their care files. Background information about people’s past can help staff gain an understanding of how the past has impacted on who the person is today. Staff spoke about the people they supported fondly. Staff demonstrated a good understanding of people’s individual needs and preferences. Staff were able to tell us how they could meet people’s different cultural and religious needs if this was needed. For example how specific dietary needs could and had been arranged to meet individual preferences.

One care staff told us, “We are a good establishment. People ask to come back.” Staff spoke positively about the standard of care provided and the approach of the staff working in the service. They said that health and social care staff worked well together. One care staff told us, “The service has a great team. They have different strengths.” They talked about a stable, caring and committed staff group with a low turnover of staff.

People were supported to be independent. We saw them decide where they wanted to be, what they wanted to do, and deciding when to spend time alone and when they wanted to chat with other people or the staff. People were involved in making day to day decisions about their lives. For example we saw people deciding what they wanted to eat for their meal.

People had their own bedroom and ensuite facility with a television for comfort and privacy. They had been able to bring in personal items from home to make their stay more comfortable. They had the opportunity to take advantage of the communal areas for social interaction. People had their care provided in a professional and discreet way. People told us staff respected their privacy and treated them with dignity and respect. They told us of ways that staff had ensured their privacy and dignity. People commented, “They usually shut the door,” “Put my cream on gently, with gloves on,” “Someone will always close the toilet door behind my relative as she can't do it for herself,” “They are always very respectful,” Care staff told us how they were mindful of people’s privacy and dignity when supporting them with personal care. One member of staff described how they were able to use a towel to assist with covering the person while providing personal care.

Requires Improvement

Is the service responsive?

Our findings

The frequency of social activities provided was not meeting all the people's individual needs. People were involved in making decisions about their care wherever possible. If people could not contribute to their care plan, best interest meetings were held with relatives, staff and other professionals, to agree the care and support needed. People told us that they were involved in the assessments and review of their care needs, and felt that they were being listened to. During our discussions with staff we found that they knew people and their individual needs and it was evident to us that they knew them well.

People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and would know who they could speak with. They knew how to make a complaint, but this had not been necessary. No one had needed to raise any concerns during their stay. One person told us, "I don't think that the word complain applies here." The views of people, their relatives and other visitors were welcomed to inform changes and improvements to service provision needed. The registered manager told us that in addition to the compliments and complaints procedure, they operated an 'open door' policy and people, their relatives and any other visitors were able to raise any issues or concerns they may have. Complaints records we looked at showed us that where people had raised any concerns the complaints policy and procedure had been followed. From looking at the records we could see that people had been responded to in good time.

The service was goal orientated and people took part in therapy focussed on maintaining independence, choice and control. People were visited by a variety of staff from the service, for example physiotherapists and occupational therapists on a daily basis. People told us they had guidance and regular support and worked with them to improve their mobility before returning home. They told us of the exercises they were being supported to undertake. People said, "The physio is excellent," "I went for a walk this morning," and "I went down to the kitchen and had to make a cup of tea." Another person told us about the planning that had started for their return home, and of the support that was being arranged for them.

When we asked about the activities provided the feedback was varied with some people not being aware of the activities available or they told us they would like more social interaction. Comments received included, "There is the TV and gardens, but there is nothing else to do", "I would like games and quizzes, and more social interaction", and "Nothing! We could have games and other activities." Some group social activities had been provided, for example trips out, a baking group, visits from a 'pat dog,' and quiz games. People told us they were enabled to maintain relationships with friends and relatives. Activities were not as yet meeting people's individual interests and hobbies. This is an area that requires improvement.

The garden had recently been landscaped and provided another area for people to sit and socialise. A number of people said they enjoyed sitting in the garden. We observed several groups of people in the garden happily chatting as a group or with their visitors. One person told us, "Gardens are superb, wonderful environment." We discussed this feedback with the registered manager who acknowledged this was an area they were still trying to further develop. The registered manager told us that recently the garden had been landscaped and further funding had been agreed to improve more of the garden area with raised beds to provide people with opportunities to growing of fruit and vegetables.

Good

Is the service well-led?

Our findings

The management of the organisation promoted an open and inclusive culture. People told us they were asked for their views about the service. They said they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. We observed that people were supported to be as independent as possible and work towards their agreed goals. Knowledge and information between staff groups was shared and developed in a way that encouraged people to work together collaboratively across the organisation and staff worked in an open and transparent way.

There was a clear management structure in place with identified leadership roles. The registered manager was supported by a team of experienced senior care staff who operated a duty and first point of contact system in the service.

Staff told us that they felt the service was well led and that they were well supported. Staff told us that the registered manager was very hands-on, approachable, knew the service well and would act on any issues raised with them. We were told, "I feel a sense of confidence when I speak to the registered manager. I see him go around and talk to patients," "He has an open door policy," and "He will listen to our opinions."

There was a central code of 'your rights when staying at Craven Vale' detailing the care that people should expect when living in the service. This included the right to be listened to and maintain self-respect and dignity. There was a clear set of vision and values which we saw were promoted and followed by all staff. Staff demonstrated a clear set of shared values which emphasised the importance of independence. We were told by staff, a health professional and people that there was on open culture at the service with clear lines of communication. All the feedback from people and staff was that they felt comfortable in raising issues and providing comments on the care provided. One health professional told us the communication between the staff team was good, with changes to people's care needs being followed through. They also told us there had been discussions about the care to be provided and the best way to provide this. The staff were excellent.

Staff meetings were held throughout the year. Staff told us they felt they had the opportunity to comment on and put forward ideas on how to develop the service. The registered manager told us they were well supported by the provider, through supervision and regularly met other registered managers from across the organisation. Senior staff carried out a range of internal audits, including care planning, medication, health and safety and staff training, and records confirmed this. The registered manager had regularly sent statistical information to the provider to keep them up-to-date with the service delivery. We looked at the last report which gave the provider information on staffing, incident and accidents, complaints and the maintenance of the premises. In this way the provider could see if the service was improving and in what areas the service needed further improvement.

The provider's representatives had also undertaken periodic quality assurance visits to look at the quality of the care provided. The most recent visits had been jointly undertaken with a representative of the Local Clinical Commissioning Group (CCG) responsible for commissioning these services locally. Their last report following their visit detailed where it had been found staff were working well and were it was felt further improvements could be made in relation to the required standards. We spoke with the registered manager who has told us that where actions had been highlighted these had been worked on to ensure the necessary improvements.

Systems were in place to gather the views of people and their relatives of the care provided. This was through reviews of the care provided and with the completion of quality assurance questionnaires at the end of people's stay. The registered manager told us the information was collated and discussed to look at how the information could be used to improve the service. However, the feedback was usually positive. This was confirmed in the collation of the feedback received January to March 2014. This detailed that the majority of people who responded stated they felt safe in the service, had been able to make all the choices they had wanted to, their nutritional needs had been met and they had their privacy and dignity respected.