Summerfield Rest Home Limited

Summerfield Rest Home

Inspection report

10-12 Park Road East
Sutton-on-Sea
Mablethorpe
Lincolnshire
LN12 2NL

Tel: 01507441969

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 23 February 2017.

Summerfield Rest Home can provide accommodation and personal care for 35 older people and people who live with dementia. There were 18 people living in the service at the time of our inspection.

The service was run by a company who was the registered provider. There was a registered manager in post. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

Suitable steps had not always been taken to avoid preventable accidents. Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. Medicines were safely managed and there were enough staff on duty. Background checks had been completed before new staff were appointed.

Some areas of the accommodation were not well decorated or maintained. Although staff knew how to care for people in the right way they had not received all of the training and guidance the registered persons said they needed. People enjoyed their meals and were assisted to eat and drink enough. Staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. However, when this was not possible the registered persons had not taken all of the necessary steps to ensure that people only received care that promoted their best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Although people's right to privacy was not fully promoted, staff treated people with kindness and compassion. Confidential information was kept private.

People had not been fully supported to pursue their hobbies and positive outcomes were not always achieved for people who lived with dementia. However, people had been consulted about the help they wanted to receive and they had been given all of the practical assistance they needed. There was a system for quickly and fairly resolving complaints.

Quality checks had not always effectively resolved problems in the running of the service and people had not fully benefited from staff acting upon good practice guidance. However, people had been consulted about the development of their home and the service was run in an open and inclusive way. Good team work was promoted and staff were supported to speak out if they had any concerns.

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 consistently safe.

People had not always been protected from the risk of avoidable accidents.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Medicines were safely managed.

There were enough staff on duty.

Background checks had been completed before new staff were employed.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not well decorated and maintained.

Staff knew how to care for people in the right way but they had not received all of the necessary training and guidance.

Care was not always provided in a way that ensured people's best interests were fully promoted.

People had been assisted to eat and drink enough.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People's right to privacy was not fully promoted.

Staff were caring, kind and compassionate.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not fully helped to pursue their hobbies and interests.

Staff did not always promote positive outcomes for people who lived with dementia.

People had been consulted about the practical assistance they wanted to receive and this had been provided in the right way.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People had not always benefited from staff acting upon good practice guidance.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Summerfield Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons were 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 23 February 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 11 people who lived in the service and with two relatives. We also spoke with three care workers, a senior care worker, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

After our inspection visit we spoke by telephone with a further two relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm happy enough here. It's okay and I get on well with the staff." Another person who lived with dementia and who had special communication needs gave a 'thumbs-up' sign when asked about this matter. All of the relatives with whom we spoke said they were confident that their family members were safe in the service. One of them said, "The place is homely and not posh but the staff are very caring and that's why I chose this place."

However, we found that there were shortfalls in some of the arrangements that had been made to prevent people from experiencing avoidable accidents. We noted that some radiators both in bedrooms and in hallways had not been fitted with guards. They were very hot and we could not touch them for more than a few seconds. In addition, we found that some of the carpets laid in communal areas and in bedrooms were worn and uneven, Another shortfall involved an automatic ceiling light that was fitted in a dark landing. The unit kept switching on and off and as such unexpectedly left the area without any illumination. In addition to these problems, we also noticed that ramps were used at several locations to change the level of the floor. There were no signs to alert people either to the presence of these ramps or to a sharp step leading into the conservatory. We saw one person having to regain their balance when walking on one of the ramps and another person catching their foot on the step. These trip hazards increased the risk that people would fall and injure themselves.

A further problem was that some of the windows located on the first floor were not fitted with suitable safety latches to prevent them from opening too far. Other windows had latches that were broken. This increased the risk that people would be injured or would fall when opening the windows concerned. We raised our concerns about the prevention of avoidable accidents with the registered manager. They assured us that steps would immediately be taken to address each of the defects we had noted.

However, staff had identified other possible risks that could lead to people having accidents. An example of this was people being provided with equipment such as walking frames, raised toilet seats and bannister rails. In addition, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

People were confident about the way in which staff helped them to manage their medicines. One of them remarked, "The staff always help me with my tablets and I suppose they must get them in for me. I'm happy to leave it all to them." We found that there were reliable arrangements for ordering, administering and

disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

However, we found that an improvement needed to be made in the medicines store room because a shelf used to store medical appliances could not be kept suitably clean. This was because a patch of wall next to the shelf was damp and bits of plaster were falling off onto some of the appliances. We raised our concerns with the registered manager who told us that the maintenance manager would quickly fit an impervious and cleanable surface to the area of wall in question.

People who lived in the service said that there were enough staff on duty to promptly provide them with the care they needed. One of them commented, "I'm looked after very well here and I've no complaints at all about the care I get." Another person remarked, "The staff are busy of course but they're excellent and helpful. I never mind asking for help because they're so nice about it."

The registered manager told us that they had completed an assessment of how many staff needed to be on duty taking into account how much assistance each person needed to receive. We noted that during the week preceding our inspection all of the shifts planned on the staff roster had been filled. During our inspection we noted that staff quickly responded when people who were in the bedroom used their call bell to ring for assistance. We also saw that when people who were sitting in the lounge asked for help this was given without delay. We concluded that there were enough staff on duty because people promptly received practical assistance that met their needs and expectations.

We examined records of the background checks that the registered persons had completed before two new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that applicants could demonstrate their previous good conduct and were suitable to be employed in the service.

Requires Improvement

Is the service effective?

Our findings

People were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff really do know what they're on with, each one of them is good to me." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm absolutely sure that staff know how to care for my family member. If they didn't I can assure you my family member would never have settled in to the place in the way that they have." Another relative said, "I'm very satisfied with Summerfield for all sorts of reasons – the staff have the equipment they need and while the place isn't flashy it's welcoming and relaxed."

However, we noted that some parts of the accommodation were not well decorated or maintained. In one of the communal toilets one of the walls was damaged and had been crudely repaired with filler. Also, in this room the wash hand basin hot water tap did not have a coloured top to distinguish it from the cold tap. In addition, in this toilet and in another one there was no plug fitted to the wash hand basin. There were further defects in the two bathrooms. In one of them the base of the floor mounted hoist was rusty and in both of them some of the painted finishes on walls and some of the ceramic tiles were cracked or missing. We also noted that in various hallways some of the walls and doors were chipped. Another defect was a junction box used to power the door-bell. We found it hanging off the wall and covered with unsightly brown sticky tape. We identified each of these defects to the registered manager who assured us that each of them would quickly be addressed.

The registered manager told us that new staff needed to complete introductory training before working without direct supervision. They also acknowledged that this training needed to comply with guidance set out in the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. However, we found that the provision of this training was not well organised. This was because most of it had not been provided for two recently appointed members of staff. Nevertheless, records did show that longer serving staff had received most of the refresher training which the registered persons said they needed. This included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety.

We found that staff had the knowledge and skills they needed to consistently provide people with the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff knowing how best to help people to keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin. They also understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing. We also noted that most of the care workers had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Staff told us that the deputy manager and registered manager regularly worked alongside them to provide care for people. This enabled them to give useful feedback to staff about how well the assistance they provided was meeting people's needs and wishes. Records also showed that staff regularly met with a

senior colleague to review their performance and to plan for their professional development.

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 law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why it was advisable for them to wear their slippers. They said that this would reduce the risk of them slipping on some of the hard floors in communal areas. Another example was a member of staff gently reminding a person that they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to the medicine in question and then to a nearby clock to indicate that it was the usual time for them to accept medicines. We noted how the person responded positively to this information after which they were pleased to receive the medicine in question.

However, we found that suitable steps had not always been taken when a person lacked mental capacity and an important decision needed to be made about their care. When this occurs relatives and/or health and social care professionals who know the person well should be consulted. This is to make sure that decisions are taken in the person's best interests. We noted that two people were at risk of rolling out of bed and so had been provided with bedrails. However, the people concerned did not have the mental capacity to consent to this arrangement and records did not confirm that staff had consulted with the necessary key people. In turn, this had limited the registered persons' ability to carefully consider if the proposed arrangement would gently provide the support these people needed in the least restrictive way.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards. In addition, they had taken the necessary steps to ensure that a person who needed to remain in the service in order to be kept safe received care that protected their legal rights.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the registered manager. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People told us that they enjoyed their meals with one of them remarking, "The food is very good here and certainly I always get enough – too much on some days." We asked a person who lived with dementia and who had special communication needs about their experience of dining in the service. We saw them point towards the dining table at which they were sitting, motion as if they were using cutlery and smile.

Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people who needed help to use cutlery were discreetly assisted by staff so that they too could enjoy their meal.

We noted that there were measures in place to ensure that people had enough nutrition and hydration. People had been offered the opportunity to have their body weight regularly checked. This had helped staff to reliably identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are on the ball and get in touch with the doctor if I need to see them." Relatives also commented on this matter with one of them saying, "The staff are very conscientious about contacting the doctor for my family member and also they let me know straight away if they've done so because I want to know what's going on."

Requires Improvement

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "The staff are genuinely kind people and they're here because they care." We saw a person who lived with dementia and who had special communication needs holding hands with a member of staff and smiling. The member of staff walked slowly along one of the hallways so that the person could keep up with them and enjoy helping them put some laundry away. Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "You can just tell that the staff are kind people. They do lots of little extras, little kindnesses that they don't have to. Like doing bits of shopping for them." Another relative remarked, "Oh definitely, it's the staff who make the place. At the end of the day the building is just a shell, it's the kindness of the staff that shines through and makes the place what it is."

However, we found that suitable provision had not been made to enable staff to fully promote people's privacy. This was because none of the bedroom doors were fitted with working locks and so people could not secure their personal space if they wanted to do so. We also noted that none of the communal toilets or bathrooms had a working lock on the door. We were near to one of the toilets when they were in use. We heard that the person who was using the facility had to call out to another person who was attempting to open the door. They were doing this because they had assumed that the toilet was not occupied. Later on when we spoke with the person who had been trying to enter the bathroom. They said that the incident had embarrassed and distressed them.

Nevertheless, staff recognised the importance of not intruding into people's private space. People had their own bedrooms and private bathrooms. The bedrooms were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We saw staff knocking before going into bedrooms and making sure that doors were shut when they assisted people with close personal care.

During our inspection we saw that people were treated with respect and with kindness. Although staff were busy they made a point of speaking with people as they assisted them. We observed a lot of positive conversations that supported people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how driving cars had changed over the years with the provision of new and better roads.

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about one of their relatives who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recalling when they were younger and regularly saw their relative more frequently. Another example was the arrangements that had been made to enable a person to bring their much-loved dog with them when they first moved into the service.

We noted that there were arrangements in place to support someone if they could not easily express their wishes and did not have family or friends to assist them to make decisions about their care. These measures included the service having links to local lay advocacy groups. Lay advocates are independent of the service and who could support people to express their opinions and wishes.

We noted that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "I usually see my family member in the conservatory, but I don't have to and could go to their bedroom if I wanted." Another relative observed, "It's always very friendly, whenever I call I'm offered a cup of tea and the staff chat away to me. If I wanted to speak in private to my family member it would be no issue for the staff at all."

We saw that paper records which contained private information were stored securely. In addition, electronic records were held securely in the service's computer system. This system was password protected and so could only be accessed by authorised staff. We found that staff understood the importance of respecting confidential information and only disclosed it to people such as health and social care professionals on a need-to-know basis.

Requires Improvement

Is the service responsive?

Our findings

People said that staff had consulted with them about the practical assistance they wanted to receive. One of them said, "The staff are helping me morning, noon and night with all sorts and quite simply I couldn't manage even basic things without their help. They give that help willingly and so I don't feel like I'm being a nuisance." We noted that each person had an individual care plan that described the care they had agreed to receive and records confirmed that this practical assistance was being provided in the right way.

However, we also noted that people were not being fully supported to make choices about the hobbies and interests they would like to enjoy. We were told that the former activities manager had left the service in September 2016 and that it had not been possible to recruit a replacement. We were told that in the interim care workers were supporting people to undertake social activities when they had the time. Records showed that in practice this arrangement was not working well in that on most days most people were not being offered the chance to engage in hobbies and interests. During the course of our inspection visit, we noted that most people spent time in solitary activities such as watching television or just sitting without any apparent involvement with anyone or anything. People told us that they missed not having the regular social events that had been held by the former activities manager. One of them remarked, "It used to be much better here because we used to do games in the lounge and crafts. But now there's none of that and it can be a long day." Another person said, "I do find myself waiting for meal times to pass the time. The staff do arrange a sing-song now and then. But this isn't that often as they've got their hands full with giving us the care we need."

We noted that shortfalls in the arrangements to provide hobbies and interests also reduced the service's ability to promote positive outcomes for people who lived with dementia. An example of this occurred when we saw a person becoming distressed when this could have been avoided. The person concerned walked around the conservatory and lounge, approaching people and being disappointed when they did not wish to spend time with them. After 10 minutes the person expressed their anxiety by re-arranging their clothes in a way that resulted in them receiving further expressions of disapproval from other people nearby them. Eventually, after about 20 minutes a member of staff became available to engage the person in a social activity. Soon after this we saw the person smiling, relaxed and settled. Later on a relative remarked to us about the event and said, "The person does need a bit more input, otherwise they get a bit distracted and unhappy. What you saw today happens quite frequently."

We raised our concerns with the registered manager. They said that the registered persons would re-double their efforts to recruit a new activities manager. They also assured us that in the interim additional resources would be made available so that existing staff could provide people with more regular support to enjoy hobbies and interest.

We noted that in other ways people's individuality was respected. We were told that arrangements would be made if people wished to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language. This included being able to make use of translator services who could assist and befriend them by using their

first language.

We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People and their relatives said that they would be confident speaking to the registered manager if they had any complaints about the service. A relative said, "I've not had any complaints at all so far which is saying something isn't it. If there's a minor suggestion I want to make I just have a chat with the staff who are helpful. It's almost like a big family here."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had received one complaint in the 12 months preceding our inspection. Records also showed that the matter had been suitably investigated and resolved to the satisfaction of the complainant.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things run pretty smoothly here and it's the next best thing to home." Most of the relatives also said that the service was well run. One of them remarked, "I think that it's an extremely well run service. It's professional but like a family at the same time."

The registered manager said that there were robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included suitable audits of the delivery of care and the management of medicines. They also included checking that fire safety equipment, the passenger lift and hoists remained in good working order. However, we noted that other quality checks had not always been effective in quickly putting problems right. In more detail, we found that each of the problems we have described earlier in our report had not been addressed. These included the mistakes relating to preventing avoidable accidents, complying with the Mental Capacity Act 2005, promoting privacy, offering social activities and generally maintaining the accommodation. In addition, we found that other checks were not always ensuring that people were comfortable in their home. An example of this was four people complaining to us that they felt cold. We noted that the accommodation was uncomfortably cool and when we checked some the radiators at 1.00pm all of them were cold. We were told that the central heating system did not switch on until 2.00pm. Although we asked for it to be switched on straight away this was not done and so people had to wait for the set time to arrive before they could be comfortably warm again.

We raised our concerns with the registered manager. They assured us that the registered persons' quality checks would immediately be strengthened in response to each of the shortfalls we had identified.

We noted that the registered persons had not provided all of the necessary leadership to enable people to fully benefit from staff acting upon good practice guidance. An example of this shortfall was staff not having subscribed to nationally recognised schemes that are designed to promote positive outcomes for people who live with dementia. We saw that this shortfall was reflected in oversights in the way some care was provided for these people. These included little being done to assist people to locate their bedrooms by using pictures and photographs to make each door different. This increased the risk that people would mistakenly go into the wrong room and indeed we saw this happening on several occasions during the course of our inspection visit.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I like having a chat with the staff and I can tell them anything I want to." In addition, records showed that people had been invited to meet with a member of staff twice a year to review how well the service was meeting their needs and expectations. We also noted that relatives and health and social care professionals had been invited to complete an annual quality assurance questionnaire. This was so that they had the opportunity to suggest improvements to the running of the service. We saw that when people had suggested improvements action had been taken to introduce them. An example of this was revisions that had been made to the menu to ensure that it more fully reflected people's preferences.

People and their relatives said that they knew who the registered manager and the deputy manager were and that they were helpful. During our inspection visit we saw both of them talking with people who lived in the service and with staff. We noted that they had a thorough knowledge of the care each person was receiving. In addition, both of them knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We found that staff were provided with the leadership they needed to develop good team working practices so that people received safe care. There was always a senior person on duty and in charge of each shift during the day and the evening. In addition, during out-of-office hours either the registered manager or the deputy manager were on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift. At these meetings developments in each person's care were noted and reviewed. In addition, there were staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and relaxed approach to running the service. Staff said that they were well supported by the registered manager and deputy manager. They were confident that they could speak to them if they had any concerns about another staff member. Staff told us that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.