

Future Health And Social Care Association C.I.C. Bunbury Road

Inspection report

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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 inspection took place on 30 January 2017 and was unannounced. This is the first time we have inspected this service since it was registered in May 2016.

Bunbury Road is a respite service offering accommodation and support for a maximum of five people with mental health support needs. At the time of our inspection, there were three people using the service. There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us that they felt safe using the service. Staff we spoke with were aware of people's support needs and contacted people's community health teams if they identified any risks or concerns. Staff we spoke with were aware of safeguarding procedures and were undergoing training in this area.

People were protected by safe recruitment practices at the service. People told us that they were happy with the support they received from staff to manage their medicines. We found however that people's medicines records were not always accurate and staff had not received training in this area to ensure safe and consistent practice. Staff took appropriate action if they had concerns about how people managed their medicines.

People told us that staff understood their needs well and staff we spoke with demonstrated awareness of the support people required. Staff told us that they received supervision and records showed that staff were undertaking training to further develop their knowledge in their roles.

People made their own decisions about their activities and routines, this was respected and encouraged by staff. People were supported to prepare meals and to seek healthcare support as and when necessary. People attended care reviews that were held at the service with staff and community healthcare teams.

People told us that staff were supportive and caring. People had the privacy they needed and staff demonstrated how they treated people with care and respect.

People were able to share feedback about the service and were provided with information to help them to become familiar with the service and local area. People were able to raise concerns and complaints at the service, the registered manager told us that no complaints had been received.

People spoke positively about the service and staff told us they felt supported in their roles. Systems to monitor the quality and safety of the service were not always applied effectively. The registered manager had recognised some areas of improvement that we had identified during our visit and described ways that they intended to drive improvement at the service.

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 were satisfied with the support they received to take their medicines, however medicines management processes did not ensure that safe practice was consistent.

People told us they felt safe and we found that staff were aware of people's support needs.

People were protected by safe recruitment practices.

People were happy with the support they received to safely take their medicines, although records did not always reflect the appropriate support people received.

Is the service effective?

Good 

The service was mostly effective.

Staff told us they felt supported in their roles and that they received supervision, staff training was being updated.

People made their own choices and decisions, this was encouraged by staff.

People were offered support as required with meal preparation and to access healthcare support.

Is the service caring?

Good 

The service was caring.

People were involved in discussions about their support needs.

People were treated with dignity and respect and told us that staff were supportive.

Is the service responsive?

Good 

The service was responsive.

People received support that was responsive to their needs.
People engaged in their chosen routines and activities.

People were supported by clear processes to make a complaint if they wished to do so.

Is the service well-led?

The service was not consistently well-led.

Systems to monitor the quality and safety of the service were not always effective and records were not always robust.

Staff had not always been supported to receive training in their roles which had been considered mandatory by the registered provider.

There was a registered manager who had recognised and addressed some areas of improvement for the service. People and staff spoke positively about the service provided.

Requires Improvement 

Bunbury Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 January 2017 and was unannounced. The inspection was conducted by one inspector. As part of our inspection, we reviewed the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur at the service, including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection.

Before the inspection, the registered manager 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. In the PIR the provider had described systems that were in place to support the running of the service and outlined areas of improvement that they had identified, this including training needs for staff and improvements to processes for maintaining oversight of the service. At our inspection, we identified that the registered manager had made progress in some aspects of these areas and that further improvement was required.

During our inspection visit, we spoke with two people using the service, two staff members and the registered manager. We sampled two people's care records and records maintained by the service about risk management and support planning. Following our inspection visit, we spoke with another staff member and sampled three staff files and records provided to us by the registered provider in relation to staffing and quality assurance. We also spoke with the early intervention service which works closely with the service to arrange people's respite placements and support at the service.

Is the service safe?

Our findings

People who used the service received support and prompts to take their medicines. One person told us, "[Staff] remind me of when I need to take my tablets." Another person we spoke with confirmed that they were supported by staff and received their medicines on time. A staff member we spoke with described how they had supported one person to seek appropriate healthcare support when they had refused to take their medicines. People's medicines were restocked by community healthcare professionals visiting the service who had prescribed medicines and ensured that people received the correct dosage.

People were supported by staff to take their medicines as prescribed, however processes were not effective to ensure that this was consistent practice. Records we sampled showed that none of the staff members working at the service had received recent medicines training. The registered manager confirmed that staff did not receive competency assessments to ensure that they were equipped to provide this support to people safely. The registered manager told us that this would be addressed and that they had arranged medicines training for all staff. One staff member we spoke with told us that they had received medicines training when they first joined the service a number of years ago. The staff member told us that they felt confident with supporting people to take their medicines because of the guidance available to them at the service. The staff member commented, "If [there are] any issues with medicines, we ring the [community health] team."

We found that medicines records were not always robust to reflect the appropriate support that people received with managing their medicines. Regular medicines audits and checks conducted by a senior staff member had failed to identify record keeping issues in this area. For example, people's medicines records did not always contain clear and up-to-date information about medicines they had been prescribed. This did not ensure that staff had consistent knowledge of the medicines that people were taking and possible side effects. In another example, there were some occasions where staff had not followed the registered provider's processes to ensure people always signed records to confirm how they had been supported to take their medicines. We discussed this with the registered manager who took action to address these issues during our inspection visit.

The registered manager told us that some people had been prescribed medication to be taken 'as and when needed'. They advised that people using the service approached staff when they required such medicines or when appropriate, staff would remind people that these medicines were available if people exhibited specific symptoms. Our discussions with the registered manager showed that there was limited guidance available to staff as to how and when people might benefit from the use of such medicines or what the symptoms might be that would lead staff to prompt people. The registered manager assured us that they would review and clarify their medicines management processes and obtain guidance for staff about the use of such medicines with the involvement of people's community health teams. We found that a senior staff member and the registered manager demonstrated awareness of the medicines that people took and why medicines had been prescribed to help people to remain well.

People we spoke with told us that they felt safe at the service. One person commented, "I feel safe here, it's

good here." This person showed that they were comfortable around the staff member supporting them. Some guidance was available at the service to help make people and staff aware of how they could raise concerns. Additional guidance that was kept in a locked office had not been made accessible to people, visitors and staff as planned by the registered manager. The registered manager assured us that they would display this guidance to provide further clarity for people and staff about how to identify signs of abuse and how to report such concerns.

Staff we spoke with were able to describe some of the types of abuse that people were at risk of and described appropriate action they would take to raise any such concerns in line with the registered provider's processes to help protect people. Staff had access to information about how they contact managers at the service or community health professionals if they identified risks in relation to people they supported. Staff we spoke with confirmed this and one staff member commented, "[There are] lots of [managers] I can contact," if they had any concerns about people's safety. Records we sampled showed that only one staff member working for the service had received safeguarding training at the time of our inspection. The registered manager confirmed that most staff had not received safeguarding training and that staff were in the process of completing this training, which had become mandatory for all staff. This training would help to ensure that all staff could recognise signs and indicators that people were at risk of abuse and to ensure that staff were aware of procedures to follow to protect people if they had any such suspicions.

There was a referrals process in place for staff and community health teams to assess the suitability of the service for people and to ensure that people's needs would be safely managed during their stay. Records we sampled showed that people had discussed their risks and support needs with staff. Following these discussions, we saw that people had developed brief risk assessments and action plans with staff about their planned outcomes and goals. The registered manager told us that where applicable they had raised queries with people's community healthcare professionals and requested more detail about people's needs and risks in order to share more information and guidance with the staff group. This would help to ensure that staff knew how to support people to keep safe and well.

Staff we spoke with demonstrated awareness of people's risks and support needs. Staff told us that they would inform their manager and people's healthcare teams if they identified risks and concerns in relation to people's health and support needs. Staff described how they would recognise indicators that people were unwell and that they knew who to contact in these circumstances. One staff member provided an example of how they had promptly done so on an occasion where one person had become unwell. Records we sampled showed that people had agreed to a number of conditions for their time at the service, which included refraining from specific behaviours to help support their safety and recovery. A staff member told us that regular safety checks were conducted in people's bedrooms to ensure their safety. The staff member explained, "We check for appliances, anything that is faulty... [checking for] anything that could be a hazard or any harmful materials."

Health and safety checks were conducted at the home to ensure that the environment was safe and comfortable for people using the service. The community health team professionals we spoke with told us that people were supported in safe, suitable premises. Records we sampled showed that maintenance issues were promptly addressed. Fire procedures for the service were regularly practiced by staff and routinely discussed during meetings with people using the service to help keep people safe in the event of a fire. There were systems in place for reporting and recording incidents at the service, the registered manager confirmed that no incidents had occurred.

People using the service were often supported by staff working alone. There was an on-call system in place

for staff to contact managers if they had any queries or concerns. Recent staffing records we sampled showed that people were often supported by bank staff. Bank staff had been employed by the registered provider to cover shifts in the absence of permanent staff, for example due to sickness or annual leave. The registered manager told us that they tried to ensure that people were supported by the same bank staff where possible so that people were familiar with staff. The registered manager told us that some bank staff members worked as permanent staff at other services under the registered provider which meant that they had a clear understanding of their responsibilities. Records we sampled showed that most bank staff had worked at the service on a number of occasions and during our inspection visit, we observed that a bank staff member received a handover and that they were familiar with the processes at the service. The registered manager told us that there had been a recent increase in the use of bank staff or staff working additional hours to accommodate low staffing levels at the service. The registered manager confirmed that they had recruitment plans in place to address this for the longer term.

People were protected by safe recruitment processes at the service. The registered manager told us that suitable assessments and checks were conducted before staff commenced in their roles, and records we sampled of a more recently recruited staff member confirmed this. This included checks through the Disclosure and Barring Service to assess whether the staff member was of good character and suitable.

Is the service effective?

Our findings

People we spoke with told us that they felt supported by staff and that staff understood their needs. Staff were able to describe the circumstances around which people used the service and how they supported people accordingly. The community health team professionals we spoke with told us that they had regular contact with the service about people's ongoing needs.

Staff we spoke with told us that they felt supported in their roles and that they felt that they had received the training and guidance they needed. One staff member told us, "I have 100% support in my role." The registered manager and staff we spoke with told us that staff received regular supervision to aid their development. The registered manager showed us a record to reflect that a spot check had recently been conducted during the night to ensure that processes were being followed correctly by staff. The registered manager told us that they had plans to continue spot checks to help monitor staff performance. Staff meetings were occasionally held where staff were reminded about the requirements of their roles in addition to updates about people's needs and the running of the service. The registered manager told us that during staff meetings, they had shared information for staff to read in relation to safeguarding practices, mental health needs and the code of conduct for their roles.

Systems were in place for staff to share key information and updates about people's support needs. For example, staff participated in handovers at the beginning of every shift from which they received key updates about each person using the service. Staff also referred to a service communication book, which staff routinely updated to reflect the support they provided to people and any service updates. A staff member told us, "We are kept up to date. We have an in-depth handover and a communication book, it is very well explained and not done in a rush, we take time to do the handover even if it means going home late."

A senior staff member told us that they had worked at the service for a number of years and that they were regularly on duty at the service. The staff member told us that they had routinely received core training for their role, such as safeguarding training and training in safe infection prevention and control. Records we sampled confirmed that the staff member had received this training and that they were undergoing refresher training in safe moving and handling practice and health and safety. The staff member told us that they received sufficient support and training for their role. We found however that training had not been provided for all staff as planned by the registered provider. For example, records showed that three staff members (approximately half of the staff group) had been supported to update basic training for their roles in areas including health and safety, fire safety and infection control. However, records we sampled showed that other training had not been provided or updated for several years, for example, medicines training, and we saw that only one staff member had received mental health awareness training several years ago to help develop their understanding of the needs of people using the service. The registered manager had identified this issue and informed us through the PIR that they were in the process of refreshing training for staff and reviewing the training that staff required for their roles on an ongoing basis. The registered manager told us that they had prioritised organising training for staff in safeguarding, medicines management and mental health awareness due to the responsibilities of their roles and the needs of people using the service.

The registered manager told us that staff were supported to complete an induction when they first joined the service. The registered manager told us that the induction process involved staff shadowing an experienced staff member and receiving practical information about the service and policies and procedures for staff to follow in their roles. The registered manager told us that they did not provide staff with Care Certificate training, a set of minimum care standards for new staff to cover as part of their induction, because there were no staff working at the service who were new to working in health and care support settings.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

One staff member we spoke with did not demonstrate clear awareness of the principles of the MCA although they confirmed that they supported people to make their own decisions. The staff member commented, "We can prompt people to do things but it is their choice." The registered manager demonstrated some understanding in this area and told us that they had accessed some MCA guidance to share with the staff team whilst they sourced training in this area for all staff.

Staff demonstrated that they were aware of people's routines and preferences in respect of daily living activities and people were encouraged to engage in their chosen routines and activities. Staff told us that they would inform the community health team if they identified any concerns around this to help people to stay well. People using the service made their own choices about what they wanted to do for their daily routines and activities. The registered manager and staff we spoke with confirmed that people using the service were able to make their own decisions and left the service to go into the community as and when they wished to do so. For example, one person was at college during the time of our visit and another person had arranged to reside at their own home for a short period of time.

People using the service prepared and arranged their own meals independently. People had access to the kitchen area at all times to prepare meals, drinks and snacks as they wished. We saw that some recipes for healthy meals options had been made available to people using the service. Staff we spoke with told us that they supported people with these tasks where they felt that people would benefit from some help. One person confirmed that staff assisted them with cooking and cleaning tasks at the service and commented, "[Staff] tell me how to do it." A staff member told us, "People are very independent and [prepare meals] themselves, if there's anyone who needed support, definitely I would [provide support]". Another staff member told us that they supported people who were less independent with cooking tasks, in order to ensure their health and safety using the kitchen. Our discussions with staff and our review of records showed that staff had monitored one person's food and drink intake over time, where this had been identified as necessary for monitoring by community healthcare professionals to help this person to remain well.

People attended meetings at the service with staff and community healthcare professionals to review and monitor their ongoing support needs. People using the service sought healthcare support if they were unwell and staff had access to the contact details of people's healthcare professionals if people required assistance to access such support. People were made aware of additional local healthcare services they could access if they needed to during their time at the service. Records we sampled showed that one person

was comfortable discussing their symptoms with staff and that staff had encouraged ways to help the person become well on this occasion. A staff member we spoke with described supportive steps they would take in order to encourage people to access healthcare support as required to promote good health. People were supported to maintain good health and seek support when needed.

Is the service caring?

Our findings

One person we spoke with told us that staff were kind and caring and commented, "[Staff] help me with anything, they're very kind." This person told us that they felt that staff listened to them and knew them well. Another person told us, "There are very nice staff, they're always there for me when I need them and someone to talk to."

People were supported by staff who showed interest and concern for people's wellbeing. Records we sampled reflected the action a staff member had taken when they had identified that a person using the service was feeling worried. On this occasion, the staff member told us that they had spent time listening to the person's concerns and reassuring them. The staff member told us that where necessary, they informed people's community health professionals if people showed signs of worry or distress to help people remain well.

Staff told us that they encouraged people to discuss any concerns or worries they had with their community healthcare professionals and with staff during their stay. A staff member we spoke with described an occasion where they had encouraged one person to express their feelings and to ask staff for help. The staff member told us that this person showed that they felt more comfortable after this reassurance. The staff member commented, "We encourage people to talk to staff as much as possible and to share their feelings... Sometimes people don't want to express themselves and will do so when they're more familiar with staff." Another staff member told us, "One person is shy but we're trying to work around her [routine] and we are encouraging her to interact with people and staff." Where people had left the service to go into the community or have short stays at their own homes, staff contacted people to check that they were well and noted when people were due to return to the service. People were made to feel comfortable and welcome during their time at the service.

People were involved in planning their care and support for their time at the service through reviews with staff and their community health teams. A staff member told us that one person was supported by their community health teams to access an interpreter or advocacy support for these meetings as often as possible. Staff we spoke with described others ways that they supported this person to communicate and express their needs and preferences during their time at the service. Records we sampled showed that meetings for people using the service were held on a monthly basis to provide people with the opportunity to share feedback, raise queries and receive information about the service. Details about the local area and support organisations were available to people, as well as a guide about the service and how they could share feedback and suggestions about the support they received.

People were supported to maintain their independence and were prompted by staff as necessary to fulfil their activities of daily living and routines. The registered manager told us, "The team will support people as necessary, yet people are encouraged to be independent." We saw that people were provided with details of local amenities on their arrival to the service to help make people familiar with the area.

People were treated with dignity and respect and we saw that staff spoke about people with care and

respect. A staff member told us, "When talking to people [using the service], we must be very respectful... very polite. The organisation has zero tolerance and it is not acceptable [to fail to show] people respect and dignity." People's care records were written respectfully to reflect the routines people followed and the support provided to them by staff.

People were given the privacy they needed, we found that staff promoted this in practice. Our discussions with staff showed that they respected people's privacy and one staff member we spoke with talked about maintaining people's confidentiality and approaching personal subject matters with people discretely. Another staff member told us: "We respect people's confidentiality. Anything you discuss [with people using the service], you don't discuss it with another party. You give medicines to one person at a time." People were able to lock their own bedroom doors at the service to protect their privacy. Staff monitored people's use of their bedroom door locks and had a spare key to people's bedrooms doors in order to promote safety whilst ensuring people had privacy.

Is the service responsive?

Our findings

People we spoke with told us that they received support in line with their needs and choices. One person told us, "It's a nice place, I like it," and commented that they were happy with their routine at the service. We observed that another person was content in a communal area of the service whilst they used their mobile phone and did some writing. This person invited us to see their bedroom and we saw that this was warm and comfortable with space to write and to read books by their bedside. A staff member told us that they had supported one person to access information about joining a college in a nearby area to support this person with their future plans. People we spoke with showed that they valued their time at the service to focus on plans or activities that were important to them.

Staff we spoke with were aware of people's support needs and goals. One staff member told us, "We give the support needed, with prompting, healthy habits, [giving people] independence and someone to talk to." The staff member showed us some garden decorations that people using the service had made with staff and commented, "It's only little differences but it helps people with their mental health." Another staff member told us, "I enjoy my role, looking after clients, putting a smile on their faces and seeing them discharged back into the community."

People's care plans contained details of their support needs where such information was made available by their community health teams to guide staff. People's community health teams assessed the suitability of the service with staff before people joined the service, to ensure that people's needs could be met. The community health team members we spoke with confirmed this and told us that the referrals process was followed well.

People attended care reviews with staff at the service and community health professionals to discuss their support needs and progress, for example in relation to their daily routines and medicines management. People who used the service were also invited to complete 'recovery star' templates to help identify people's needs and sense of wellbeing. Records we sampled showed that this process had helped people to express their goals and plans during their stay at the service. One person's records we sampled showed that they had been involved in reviewing and monitoring their progress regularly with staff, and that the person had noted improvements in how they were feeling over the time that they had stayed at the service.

People were supported to maintain their religious practices during their time at the service. Records we sampled showed that staff were aware of people's religious and cultural needs. A staff member told us, "Everyone has their own religion and beliefs. We must respect our differences and keep professional boundaries, but we can signpost if people want information." The staff member provided an example of an occasion where they had informed a person's community healthcare team so that the person could be supported to learn more about a religion in which they had expressed interest.

People we spoke with told us that they would feel able to raise complaints or concerns at the service. One person told us, "I would feel comfortable complaining." Guidance was available to help make people aware of how to make a complaint, a suggestion or a compliment about the service. Meetings were held on a

monthly basis to provide people with a further opportunity to share their feedback and raise any queries or concerns. Staff we spoke with demonstrated openness and transparency to supporting people to make complaints if they wished to do so and explained how they would guide people through this process. The registered manager informed us that the service had received no complaints.

Is the service well-led?

Our findings

The registered manager informed us through their PIR that staff training was an area of development at the service that they were addressing. We found that some staff had not been supported to receive timely refresher training for their roles which had been identified as mandatory by the registered provider, including safeguarding and medicines training. The registered manager told us that this was being addressed and we saw that some staff had recently completed training in these areas. This would help ensure that people were supported by staff who shared a consistent understanding of current, good practice guidelines. The registered manager informed us that they had reviewed the training matrix to help them to maintain oversight of the training needs for all staff who worked at the service. We found however that although they had planned to do so, the registered manager had not monitored training for bank staff who supported people at the service. The registered provider assured us that training for all staff was monitored. Staff told us that they felt supported in their roles. Staff received regular supervision and were aware of who to contact within the service and people's community health teams if they required support or had any concerns.

Where quality assurance processes were in place at the service, these were not always effective. For example, an internal audit of people's care records was conducted on a weekly basis where the senior staff member reviewed care planning, medicines management, people's use of the recovery star and their contact with the community health professionals. Some records we sampled showed that this had helped staff to identify tasks to complete and to track upcoming meetings and plans with people's community health teams. We found however that such checks and findings of regular audits of records for one person using the service, had been copied from previous audits and had not been completely correct. Audit checks of people's care records were not always completed as planned by the registered provider to support the running of the service. Records we sampled showed that where planned daily health and safety checks had been missed on three occasions, this had not been identified. We also found that medicines audits that were conducted on a weekly basis had failed to identify issues we found through our inspection. For example, audits had not identified where people's medicines records were unclear and inconsistent. Records had not been maintained or monitored to correctly reflect the dosages and medicines that were in storage and prescribed by people's community health teams.

The registered manager told us that people were asked to provide their feedback about the service at the end of their stay. We found however that this information was not stored at the service and had not been analysed to review people's views and experiences of the service they received. The registered provider told us that they reviewed and monitored this feedback to assist with planning the delivery of the service and any possible changes. Following our inspection, the registered manager shared some examples of feedback they had received and told us that the majority of feedback they had received was positive. The registered manager said that they intended to improve how they reviewed feedback to help monitor and reflect people's experience of using the service.

The registered manager informed us through their PIR that a number of support visits had been conducted to review the quality of the service provided. The registered manager was able to provide us with evidence of

a small number of occasions where quality assurance visits had been carried out. One quality audit we sampled showed that whilst not all aspects of audit had been completed, some areas of development for the service had been identified and planned. The registered manager told us through their PIR that they had introduced more regular health and safety audits. We saw that these checks had been completed to ensure the safety of the service and the registered manager told us that they had plans to improve staff knowledge in this area. We saw that it had not been identified by the registered manager or staff where some daily health and safety checks had not been recorded as completed as planned.

The registered manager was responsible for a number of services under the registered provider. The registered manager told us that they attended staff meetings at each service to help maintain oversight and to identify any needs within their staff groups. The registered manager told us that they felt supported in their role by the registered provider and that they had plans to improve this service and other services under the registered provider for which they were responsible. The registered manager told us that they were reviewing record keeping at this service and that they intended to encourage staff to always provide sufficient detail in people's care records to reflect the support that people received. The community health team members we spoke with told us that this was an area of development that they had previously identified and that this was improving. The registered manager told us that they were interested in establishing additional means of gathering feedback from staff about their roles and any support they needed. We found that staff meetings records and minutes were not always maintained or available to reflect the updates and information shared during the meetings for staff who had not attended these meetings.

A senior staff member was fulfilling managerial responsibilities in the absence of the permanent service manager at the time of our inspection. This involved supporting the running of the service and conducting audits and checks in relation to people's care records and the health and safety of the service. This staff member told us that they had often been responsible for leading shifts in the absence of the service manager over the last couple of months and that they felt comfortable with this role with support and supervision from other managers within the organisation. The service was required to issue the community health team with reports as to the running and use of the service. The registered manager told us that they had recently started working with this team. Productive discussions with one another had helped to improve how they worked together.

Our discussions with people showed that they were satisfied with the service and the support they received from staff. People spoke positively about the service and our discussions with people and staff showed that the service was responsive to people's needs and the support they required. We saw during our visit that the service had received some written compliments and messages of thanks. Staff we spoke with told us that they would recommend the service and told us that they felt that the registered manager was approachable. One staff member told us, "It is important to provide a [good] standard of care, [the registered provider] is really good at this. . . I am very proud of the organisation." The community health team members we spoke with told us that they had regular contact with staff at the service about people's needs and progress.