

NORTH LINCOLNSHIRE COUNCIL

ADULT SERVICES CABINET MEMBER

INTERMEDIATE CARE CENTRE INSPECTION OUTCOME

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To inform the Cabinet Member of the outcome of the Care Quality Commission (CQC) inspection of the Intermediate Care Centre.
- 1.2 The unannounced inspection took place on 16 December 2015 under the Care Standards Act 2000
- 1.3 The service was given an overall rating of Good and was judged as Good in all five areas inspected.

2. BACKGROUND INFORMATION

- 2.1 North Lincolnshire Council is a brand new purpose built, Intermediate Care Centre. The service provides short term residential rehabilitation services for up to 30 people at a time. This is the first inspection.
- 2.2 The Centre assists people to recover their independence and confidence to return home. The service contributes to facilitating timely hospital discharge, and preventing unnecessary admission to hospital and to long-term care.
- 2.3 The Care Quality Commission (CQC) is the national regulator for health and social care services. This is a new inspection regime and the inspection is carried out by asking the following five questions.
 - Is the service safe?
 - Is it effective?
 - Is it caring?
 - Is it responsive?
 - and is it well led?
- 2.4 The overall outcome awarded at inspection can be one of four judgements, inadequate, requires improvement, good and outstanding.

- 2.5 At the time of the inspection the Inspector spoke to residents, families, staff, reviewed case files, training and recruitment records and looked at policy documents.

3. OPTIONS FOR CONSIDERATION

- 3.1 The CQC unannounced inspection took place on 16 December 2015, under the Care Standards Act 2000.

4. SUMMARY OF THE KEY INSPECTION FINDINGS

- 4.1 The service was judged as **GOOD** in all five inspected areas.

Safe: there is the right level of staff who are well trained in their safeguarding responsibilities and in meeting the right levels of need of the residents.

Effective: care is provided in partnership with primary and community care services. The inspectors found evidence that the principles of the Mental Capacity Act are being followed and consent to participate in rehabilitation is sought prior to moving into the service.

Caring: inspectors saw staff promote choice dignity and respect. Residents have bespoke individual support plans to meet their specific needs.

Responsive: due to the multidisciplinary working and as there was evidence of resident participation in service improvements and

Well led: as the manager listened to staff, and quality assured the service and understood their responsibilities to report to the regulator.

5. ANALYSIS OF OPTIONS

- 5.1 This report is for information and there are no options for consideration

6. RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)

- 6.1 Financial – N/A

- 6.2 Staffing - N/A

7. OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)

- 7.1 N/A

8. OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED

- 8.1 The report is publically available and will be published on the council website and made available to relevant stakeholders
- 8.2 People who used the service and their relatives told the inspector they felt they were safe and trusted the staff. One person who used the service said, "It has been great here, the staff are brilliant. They make you laugh and cheer you up." A relative told us, "I was pleased when he [member of their family] came here, he refused to eat in hospital. Since he's been here staff have been brilliant, I'm very grateful, he is so well looked after, he is a completely different person... I feel he is definitely safe."
- 8.3 People were asked about the level of staffing to meet their needs: one person commented, "I sometimes need to ask for support at night, but staff are very good. If I need anything I just press the buzzer and staff are here."
- 8.4 People who used the service said they felt staff were well trained and able to do their jobs. One person who had attended a review of their support and said, "Staff got me walking again, it was lovely. They arranged for me to practice transferring to a car with assistance."
- 8.5 A relative told the inspector, "Every single member of staff has been incredible, they are friendly, hardworking and dedicated and their kindness has been overwhelming, nothing has been too much trouble."

9. RECOMMENDATIONS

- 9.1 That the Cabinet Member receives the Inspection Report for North Lincolnshire Council Intermediate Care Centre.
- 9.2 The Cabinet Member may wish to write to the Registered Manager regarding the outcome of their inspection.

DIRECTOR OF PEOPLE

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Date: 7 March 2016

Background Papers used in the preparation of this report:

North Lincolnshire Council Intermediate Care Centre Inspection Report, CQC

North Lincolnshire Council

North Lincolnshire Council Intermediate Care Centre

Inspection summary

CQC carried out an inspection of this care service on 16 December 2015. This is a summary of what we found.

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

This unannounced inspection was carried out by one adult social care inspector over one day on 16 December 2015. This was the first inspection of North Lincolnshire Council Intermediate Care Centre since it was registered in March 2015.

North Lincolnshire Council Intermediate Care Centre is a rehabilitation and re-ablement service registered to provide personal care to up to 30 people and is based in the village of Winterton, near Scunthorpe. The average stay is 28 days and people who use the service are provided with input from a range of disciplines, including physiotherapy, occupational therapy and nursing. The service provides rehabilitation for people who have experienced a change of circumstances and require a period of intensive rehabilitation. The service is designed to assist people to regain the skills and abilities they need to return home. The service aims to contribute to preventing unnecessary admission to hospital, and facilitating timely hospital discharge, and preventing avoidable admission of people to long-term care. At the time of our inspection there were 29 people using the service.

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.

A range of recruitment checks were carried out before staff were allowed to start work to ensure people who used the service were protected from harm. Safeguarding training was provided to staff to ensure they knew how to recognise and report potential abuse. Staff were available in

sufficient numbers to meet the support needs of people who used the service. Staff were provided with a range of training to enable them to effectively carry out their roles. Supervision and support systems were in place to enable staff performance to be monitored and they were able to develop skills.

Comments from people who used the service confirmed they were treated with kindness and consideration and satisfied with the support they received. We observed staff engaged positively with people and provided support to enable their confidence and skills to be developed. Staff demonstrated a good understanding of working with people's individual strengths and needs and supported them to maintain links with the community and participate in activities to enable their independence to be promoted. People were supported to make decisions about the support they received by staff who followed the principles of the Mental Capacity Act 2005 and understood the need to gain consent from people before support was delivered. People were provided with a range of nourishing meals with support obtained when required to ensure their nutritional needs were supported.

People were provided with an environment that was safe and aids and equipment were regularly checked to ensure it was appropriately maintained. A range of assessments were carried out of known risks to ensure people were protected from potential harm.

The organisational culture was open and based on values that put people who used the service at the centre of decisions about them. Quality monitoring systems were in place to ensure checks of the service were made and enable people to provide feedback and help the service to develop.

You can ask your care service for the full report, or find it on our website at www.cqc.org.uk or by telephoning 03000 616161

North Lincolnshire Council

North Lincolnshire Council Intermediate Care Centre

Inspection report

42 DeLacy Way
Winterton
Scunthorpe
Tel: 01724 298444
Website: www.northlincs.gov.uk

Date of inspection visit: 16 December 2015
Date of publication: This is auto-populated when the report is published

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

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Summary of findings

facilitating timely hospital discharge, and preventing avoidable admission of people to long-term care. At the time of our inspection there were 29 people using the service.

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A range of recruitment checks were carried out before staff were allowed to start work to ensure people who used the service were protected from harm. Safeguarding training was provided to staff to ensure they knew how to recognise and report potential abuse. Staff were available in sufficient numbers to meet the support needs of people who used the service. Staff were provided with a range of training to enable them to effectively carry out their roles. Supervision and support systems were in place to enable staff performance to be monitored and they were able to develop skills.

Comments from people who used the service confirmed they were treated with kindness and consideration and satisfied with the support they received. We observed

staff engaged positively with people and provided support to enable their confidence and skills to be developed. Staff demonstrated a good understanding of working with people's individual strengths and needs and supported them to maintain links with the community and participate in activities to enable their independence to be promoted. People were supported to make decisions about the support they received by staff who followed the principles of the Mental Capacity Act 2005 and understood the need to gain consent from people before support was delivered. People were provided with a range of nourishing meals with support obtained when required to ensure their nutritional needs were supported.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from potential abuse by staff that had been trained to recognise the signs of potential abuse and knew how to safeguard people from harm

People's needs were met by suitable numbers of adequately trained and experienced staff who had been recruited safely.

Accidents and incidents were investigated, analysed and action taken to help prevent their re-occurring in the future.

Good



Is the service effective?

The service was effective.

Staff completed a range of training effectively which enabled them to support people's needs.

People received support from a range of professionals to ensure their needs were met in an effective multidisciplinary way.

People's consent was gained before support was provided. The principles of the Mental Capacity Act were followed.

People were provided with a range of nutritious meals to ensure their dietary needs were appropriately supported.

Good



Is the service caring?

The service was caring.

We observed staff promoting people's privacy, choice and independence.

Staff understood people's preferences and needs and treated them with dignity and respect.

Staff involved people in making decisions about their needs and provided empathic support to enable them to undertake their individual programmes of re-ablement and rehabilitation.

Good



Is the service responsive?

The service was responsive.

People's support was reviewed in a multidisciplinary approach to ensure they received treatment and support that met their needs.

There was a policy in place to ensure people's concerns and complaints were listened to and addressed and where possible resolved.

Good



Is the service well-led?

The service was well led.

The registered manager understood their responsibilities to report notifiable incidents as required.

Good



Summary of findings

Staff told us the registered manager listened to them and was approachable and supportive that they were valued by the service.

A quality assurance system was in place that consisted of audits, checks and feedback from people who used the service.

North Lincolnshire Council Intermediate Care Centre

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 unannounced inspection was carried out by an adult social care inspector and took place on 16 December 2015.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This asks them to give key information about the service, what the service does well and improvements they plan to make. As part of our inspection we asked the local authority quality performance and safeguarding teams for their views and whether they had any concerns about the service. They told us the service worked with them to resolve any issues. We also looked at the information we hold about the registered provider.

During our inspection we observed how staff interacted with people who used the service and their relatives. We used the Short Observational Framework for Inspection (SOFI) in the communal areas of the service. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with eight people who used the service, nine relatives, two members of auxiliary care staff, two members of nursing staff, an occupational therapist, a physiotherapist, catering and ancillary staff, a duty care co-ordinator, the registered manager and a community based social care professional who was visiting.

We looked at four care files belonging to people who used the service, three staff records and a selection of documentation relating to the management and running of the service. This included staff training files, staff rotas, meeting minutes, maintenance records, recruitment information and quality assurance audits that were carried out. We also undertook a tour of the building.

Is the service safe?

Our findings

People who used the service and their relatives told us they felt they were safe and trusted the staff. One person who used the service told us, "It has been great here, the staff are brilliant. They make you laugh and cheer you up, I had an operation on my spine which left me with a loss of feeling and weakness. I fell out of bed in another care home, but I definitely feel safe here." A relative told us, "I was pleased when he [member of their family] came here, he refused to eat in hospital. Since he's been here staff have been brilliant, I'm very grateful, he is so well looked after, he is a completely different person. The nurses look at his legs on a daily basis and dress his wounds. It's great to see him, I feel he is definitely safe."

There were a range of health and social care staff based in the service to enable people's needs to met in an integrated way and ensure a multi-disciplinary approach could be provided. This included a GP who was contracted with the service, nursing, physiotherapy and occupational therapy staff, together with care coordinators, social care staff, catering and domestic staff, administrative support and access to social services community based professionals when required. This ensured a programme of care and support could be developed to meet people's needs and facilitate their return to the community in a planned and holistic way.

People told us there were enough staff available to meet their needs. One person commented, "I sometimes need to ask for support at night, but staff are very good. If I need anything I just press the buzzer and staff are here." The duty care co-ordinator told us staffing levels were monitored and assessed by the registered manager on an on-going basis according to people's individual needs. This ensured the correct skill mix of staff was available to meet the individual dependencies of people who used the service. We observed people's requests for support were responded to by care staff in a prompt and courteous manner and that call bells were answered quickly and in a timely manner.

We found new staff were recruited safely, with a range of checks undertaken before they were allowed to start work in the service. This ensured job applicants did not pose an identified risk to people who used the service. We found staff pre-employment checks included obtaining clearance from the Disclosure and Barring Service (DBS) and

confirmation they were not included on an official list that barred them from working with vulnerable people. We saw that references were followed up and that checks of staff personal identity and past work experience were carried out, before offers of employment were made.

Staff told us about safeguarding training they had received to ensure people who used the service were protected from harm. We found a range of safeguarding courses were provided to ensure staff were able to recognise and report potential issues of abuse. Staff who we spoke with were familiar with different forms of abuse and were clear about their roles and responsibilities in this regard. Staff told us they understood their duty to 'blow the whistle' about concerns or incidents of poor practice. They said they would raise concerns with the registered manager and were very confident appropriate action would be taken when needed. Policies and protocols were available to help guide staff when reporting potential safeguarding concerns, together with evidence the service worked closely with the local authority safeguarding team to ensure potential issues were investigated and resolved.

There was evidence the service adopted a philosophy of positive risk taking whilst supporting people to keep safe from harm. The registered manager told us, "The service is delivered in a non-discriminatory fashion while respecting each service user's right to independence, privacy, dignity, fulfilment, and rights to make informed choices and to take risks." People's care files contained assessments about known risks, together with guidance for staff on how to enable people to be as independent as possible, whilst helping them to be protected from harm. We saw that people's risk assessments were updated and reviewed on a regular basis, but noted the recording in one of the four files we looked at had not been consistently documented and that some assessments had not been fully completed. The duty care co-ordinator told us this person had been admitted to the service the week previously and that they would ensure this care file would updated correctly. We saw that accidents and incidents were recorded and investigated to enable action to be taken and prevent them from reoccurring if possible.

We found people who used the service were encouraged to take responsibility for managing their own medicines, in preparation for their return home. Staff responsible for assisting people with their medicines received training on this aspect of their role, with checks of their skills carried

Is the service safe?

out to ensure they were competent to support people safely. We observed staff engaged sensitively when assisting people with their medicines and we saw that assessments were completed of people's medication needs. There was a system in place to ensure people were managing their medicines safely, which included medication audits to ensure errors were minimised and potential issues quickly addressed. We found a minor recording error on the medication administration record belonging to one person who used the service. We spoke with the duty care co-ordinator about this and gained their assurance this matter would be addressed as a matter of priority.

We found the building had been opened earlier on in the year and was purpose built to ensure people were provided with an environment that safely met their needs. Environmental risk assessments and fire safety records were maintained with contingency plans in place for use in emergencies situations and ensure people who used the service were protected from harm. There was evidence fire safety training was provided to staff and that regular testing of the fire alarm and emergency lighting systems took place, with routine servicing of equipment carried out.

Is the service effective?

Our findings

People who used the service told us they felt staff were well trained and able to do their jobs. One person told us they had attended a review of their support and said, “Staff got me walking again, it was lovely. They arranged for me to practice transferring to a car with assistance.” They told us they were due to go on a home visit before being discharged from the service to ensure potential issues were highlighted and addressed. Another person told us, “Staff were brilliant, they got me to agree to work on a physio plan and got me going again.” One person who lived on their own commented, “ I’m not sure if I am ready to go home to my bungalow yet, but staff talk to you about how you are doing. I’m sure they will help me get back when I am ready.”

People who used the service and their relatives told us they enjoyed the meals and that the quality of the food served was good. One person told us, “The food is lovely, we can have choices and the puddings are great.” Another person said, “The meals are very good, they are better than I cook at home.”

People’s care records contained evidence of a range of assessments about their health and personal care needs that were carried out by social care and specialist multidisciplinary staff based in the service following their admission. We saw individual programmes of rehabilitation or plans of support had been developed from these to assist and enable people to develop and regain their skills. We found people’s support focussed on their personal strengths with goal setting for areas where people’s abilities could be developed. Where people’s assessments highlighted support in relation to their health and individual medical needs, nursing staff based in the service and GP contracted medical staff had been accessed and were involved. People told us they were supported to attend medical appointments and maintain contact with health and social care professionals who were involved with their on-going care and treatment. People told us about weekly multidisciplinary ‘progress meetings’ that were held to evaluate their individual programmes of rehabilitation and enable further plans of support to be developed, for example; trial home visits or referrals for specialist home care support to enable people’s discharge from the service to be effectively arranged.

We found evidence people’s individual nutrition and hydration needs were checked during their initial ‘meet and greet’ visit and whether any specialist support was required in relation to this aspect of their lives. There was evidence people’s weight was monitored during their stay when required and details about their individual dietary needs and preferences was passed to catering staff in the service. We observed people were provided with a choice of nourishing and healthy home cooked meals from a four weekly menu, which the cook told us was added to and amended following particular requests. We saw that people were provided with their meals in a bright and airy well lit dining area that had a cheerful, friendly and relaxed atmosphere. Some people told us they attended a ‘breakfast club’ that took place to enable their independence to be maximised with support using items of assistive technology.

People who used the service told us that staff communicated with them well and involved them in decisions about their support. People told us that staff explained things clearly to enable them to make choices. People’s care files contained evidence of their involvement and participation in decisions about their support and we observed staff communicated with them in a courteous and considerate manner to ensure they were in agreement and consented to interventions carried out. We found staff responsible for providing support to people were knowledgeable and confident in their skills and that consent for the provision of people’s support was discussed and agreed during their initial ‘meet and greet’ visit meeting. Staff confirmed they were aware of the principles of The Mental Capacity Act 2005 and understood the requirement and importance of gaining consent and agreement from people about support that was delivered.

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 be as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called

Is the service effective?

the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had prepared their staff to understand the requirements of the Mental Capacity Act and the specific requirements of the DoLS, but had not yet needed to make any applications for this to ensure people were only deprived of the liberties lawfully, in line with current legislation. We were told a person who had been assessed as having capacity for their making their own decisions been previously reported as missing to the police, following them not returning to the service from a visit to a local pub. We saw a safeguarding alert had been sent to the safeguarding team and Care Quality Commission about this matter but were told the investigation about this had not yet been completed.

There was a training and induction programme in place to enable staff to be clear about what was expected of them and be equipped with the skills needed to perform their roles. We found staff training was supported by the corporate training department of the registered provider and saw that a wide range of mandatory and specialist courses were delivered to enable staff to carry out their work.

An induction programme for new staff to complete was in place that was based around the requirements of the Care Certificate. (The Care Certificate is a nationally recognised qualification that ensures workers have the same

introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care.) Staff files contained evidence of regular meetings with senior staff, to enable their performance to be monitored and skills to be appraised, together with a variety of training certificates for courses they had completed.

We saw staff uptake of training was monitored by the registered manager to ensure their skills were refreshed when required and a programme was in place to encourage staff to undertake nationally recognised qualifications that were linked to a nationally recognised scheme. We found staff had undertaken a diploma course in rehabilitation and re enablement that had been developed in partnership with a local university to ensure staff were able to effectively meet people's needs.

We observed care staff demonstrated consideration and empathy and had a good understanding and working knowledge of the issues faced by people who used the service. Care staff were positive about the training they received and were confident and knowledgeable in their skills.

The building was purpose built and had good wheelchair access to its facilities. There was a range of specialist equipment available, including items of assistive technology to help people's re-ablement and rehabilitation needs to be developed and enable their independence to be effectively promoted.

Is the service caring?

Our findings

People who used the service and their relatives told us the staff treated them with kindness and had consideration for their needs. They told us staff involved them in decisions and worked in partnership with them to reach individual goals and set targets with them that were realistic and achievable. One person told us staff were patient and often reminded them to take a gradual approach to their rehabilitation and use equipment and aids to help them to develop their independence. One person said, “Staff are caring and always helpful, they talk to me about things to help me regain my confidence and get back walking again.” Another commented, “I don’t know what I would have done without them. Staff are brilliant and encourage you to be independent.”

A relative told us, “Every single member of staff has been incredible, they are friendly, hardworking and dedicated and their kindness has been overwhelming, nothing has been too much trouble.”

We observed care staff treated people with kindness and compassion and provided sensitive encouragement and reassurance to ensure their personal wishes and feelings were respected. We found care staff demonstrated a positive regard for what mattered to people and what was important to them to ensure their dignity was promoted. We saw care staff listening carefully to people and taking time to explain things to help them to understand. There was evidence information about the service was provided to people to ensure they were able to make informed decisions about using the service.

Staff told us about training they had completed that helped them to understand the importance of providing support that promoted people’s individual needs. We found this was related to the registered providers ‘back to basics’ initiative and the ‘good care campaign’ with elements of training on empowerment, maintaining confidentiality, privacy, individual choice, personal fulfilment and respect.

We observed interactions between staff and people who used the service were empathic and positive. People told us staff adopted a sensitive and encouraging approach and were, “Bright and cheerful, with always a smile on their faces.” They told us that staff were kind and provided emotional support where this was required.”

There was evidence in people’s care files of discussions about their choices and personal likes and dislikes in order to help staff work with them on developing their individual strengths. People told us about their involvement in reviews and decisions about their plans of support.

We observed people’s wishes for privacy were upheld and that they were able to spend time in their own rooms when this was required. We found that people’s personal choices about their support were promoted by staff, such as decisions about what time they wanted to go to bed, or which clothes they wanted to wear. Staff who we spoke with demonstrated a good awareness about the importance of maintaining people’s confidentiality and we saw that information about their needs was securely stored.

Is the service responsive?

Our findings

People who used the service and their relatives were all very positive about the service that was delivered. One person said, "You can't fault the place." Another told us, "It's wonderful; the staff are brilliant and kind." People told us staff included them in discussions about their support and listened and respected their wishes. One person told us, "Staff are so helpful, nothing is too much trouble, they really do a great job."

We saw comments from people and their relatives following their discharge from the service that included, "Mum has felt she has been very well cared for by all the staff and we are very pleased with the positive outcome" and "I cannot thank you enough for your kindness and thoughtfulness. You are stars, days when I wasn't so good, you cheered me up and I am sorry to leave but I shall always remember you taught me how to walk again so thank you."

Everyone we spoke with said they were satisfied with the service and had no complaints. One person told us they had been adamant they did not want to use the service at first, but decided to give it a try. They told us, "I had thought it was an old people's home but now, I wouldn't have a word said against it, the staff are fantastic."

We found a complaints policy and procedure was available for people to use to ensure their concerns were appropriately listened to and addressed. People and their visiting relatives told us they knew how to raise a complaint and were confident their concerns would be followed up. We saw evidence the registered manager had taken action to follow up the two complaints that had been received by the service during the past year and used feedback as an opportunity for learning and developing the service.

There was evidence in care files belonging to people who used the service that a range of assessments of their needs were completed by members of the multidisciplinary team and care staff following their admission, including assessments of known risks to them together with guidance for staff on how to manage these and keep people safe from harm. We saw people's assessments were completed in a person-centred way and involved discussion with them to ensure they were clear about their expectations and their wishes and feeling were understood. There was evidence people's programmes of support were developed in partnership with them and these were assessed in weekly 'progress meetings by members of the multidisciplinary team' to enable people's aims and targets to be evaluated and enable others to be set where this was required.

People who used the service told us staff had a good understanding of working with them to help them develop their confidence and sense of self-esteem in order to maximise their independence. We observed staff focussing on people's individual strengths and providing them with support and encouragement to help them meet their individual goals and targets. We saw people taking part in a programme of regular events, such as chair based activities to help them develop and regain their skills. The registered manager told us about plans to develop use of a 'Community Hub' that was based in the building to enable people to integrate and become involved in local events and reduce potential risks of social isolation following their discharge from the service. There was evidence staff from other associated services, such as the Community Support Team were involved in people's discharge from the service when required, to enable their support into the community to be developed in a planned way.

Is the service well-led?

Our findings

People who used the service and their relatives told us they had confidence in the management and were happy with the service delivered. They told us the service was organised well and that staff met their needs very well. One person told us, “My stay has been marvellous, I couldn’t have had better care.” People told us their support was arranged well and that information about the service was available to help them be informed and kept up-to-date with developments about the service. One person told us, “A brochure was available in my room that explained everything.” People told us they were listened to by staff and able to raise issues and make suggestions to help develop the service.

There was evidence that governance systems were in place together with administrative and corporate support structures to enable the aims of the service to be delivered, whilst enabling the service to learn and improve.

We observed staff worked well as a team and provided people with support in a calm and professional manner. There was evidence the service was organised in a way that enabled staff to respond to people’s needs in a planned way. The registered manager told us the service aimed to put people’s needs first. A vision and values was in place that was based on supporting people’s needs in a collaborative and integrated way to ensure they were involved and at the centre of decisions concerning their support.

The registered manager had a wealth of knowledge and experience of health and social care services and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. There was evidence the register manager had an open door policy and understood the need for involving people who used the service to enable the service to learn

and develop. We saw feedback from people was obtained following their use of the service and that an annual quality report was produced that identified future areas for development following analysis of audits that were carried out.

There was evidence the registered manager placed an importance on ensuring appropriate systems were in place to support the running of the service, together with the development of an open and inclusive staff culture that encouraged staff to question practice and ensure communication was open and constructive. Staff told us the registered manager listened to them and was fair. We saw evidence of reflective meetings of staff with members of senior staff to enable their attitudes and behaviours to be monitored and their skills to be appraised. Care staff told us regular meetings were held to enable the registered manager to provide leadership and direction and ensure they were clear about their roles and responsibilities. Staff told us they enjoyed their work and that their skills were respected. We found evidence that staff were valued by the service and put forward for such things as the as the National Care Awards.

We found systems and procedures in place to enable the quality of the service to be monitored and ensure it was well led. We saw evidence of a range of audits of different aspects of the service, together with reports on a range of key performance indicators such as incidents and accidents, staff training, complaints, medicines management, people’s care records, the environment and safety issues. This enabled trends and patterns to be analysed and help improvements to be implemented.

There was evidence the registered manager attended regular community partnership and liaison meetings to enable safe working practices to be improved and enable the service work to work with other agencies to address cross-sector priorities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.