

## Minstead Training Trust Limited

# Minstead Training Trust

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Minstead Training Trust provides various services to people with a learning disability including a residential service, day centre opportunities and a respite service. The aim of the service is to provide people with a positive opportunity to learn and develop the skills necessary to become more independent whilst receiving care and support in a safe learning environment. People using the service are referred to as 'Students' and so we have used this terminology throughout our report. At the time of our inspection eight people were using the residential element of the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff provided new opportunities and experiences for people and supported them to constantly reflect on what they had achieved and look at what they would like to do in the future. For example, some people were being supported to start the process of applying for work or college placements. Other people were learning skills to be more independent.

People lived in a safe and comfortable environment. They were able to take risks and were supported to make decisions which reflected their preferences and individual needs. The staff worked in an extremely person centred way, by responding to the person's individual communication needs to make sure the care and support they were provided was right for each person. This included the way in which they responded to risks, making sure people felt safe and had the support they needed in any given situation. This meant that each person had a bespoke service which was developed with them and changed to reflect the changes taking place in their lives, confidence and abilities. This was confirmed by the relatives and professionals who we spoke with, who felt the person centred approach was a particularly positive feature of the service.

Each person had a plan of social, leisure and educational activities which were tailor made for them and considered how they wanted to live their lives as well as their emotional and health needs. The staff worked very closely with a team of healthcare consultants to make sure support was planned in an appropriate and individualised way. This meant that all the decisions about people's care and support were well thought out and included the perspectives of different professionals. They had regular and comprehensive discussions to review each person's support plans to make sure they always considered their holistic needs. They monitored how people reacted and felt about each situation they were exposed to so that care could be adjusted to ensure it met the person's need. People were involved in planning their own care and making decisions. For people who could not express how they felt verbally, the staff made sure they had opportunities to express themselves in the way they could and that this was understood and acted upon.

Staff were provided with opportunities to develop their skills and career. Individual staff abilities and interests were valued and incorporated into the way the service worked. All of the staff were able to

contribute their ideas at all levels of the organisation from planning individual people's care to being part of developing new ways of working and procedures. The staff gave extremely positive feedback about working for the provider and the opportunities they felt they had been given.

The systems for monitoring and improving the service were an intrinsic part of the way the service worked. The staff continually monitored individual care, feedback from people using the service and information about them was used to reflect on and improve practice. Records were well thought out, clear and organised. The way in which records were used was seen by all the staff as an important part of quality assurance. Whilst the records were extremely detailed, time spent creating and updating these did not detract from the care provided to each person.

The culture of the service was open, transparent and progressive. All the staff were committed to continuous improvement of the service, individual care and looking at the provider as a whole. People using the service, their representatives and the staff felt valued and important representatives of the organisation. The staff felt ownership of and followed the aims and objectives of the organisation. People using the service and their representatives gave very positive feedback about their experiences. The staff regularly consulted relatives and external professionals to ask for their opinions. Relatives and professionals told us how they felt the service was outstanding.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Staff had undertaken training in safeguarding adults. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

### Is the service effective?

Good ●

The service was effective. Staff had received robust training and on-going development to support them in their role. They had received an effective induction and strong on-going development that related to people's needs.

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). People's freedom was not unlawfully restricted as the provider had good checks in place to assess and monitor people's capacity to make decisions. The provider had effective arrangements in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at meetings.

### Is the service caring?

Good ●

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us Minstead Lodge provided good care. Care plans were personalised and provided detail about people's hobbies and interests.

### Is the service responsive?

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly assessed and regularly reviewed.

People were consistently supported to achieve their goals and aspirations. Relatives and healthcare professionals told us Minstead Lodge provided an outstanding platform to support students with their learning and development.

Robust arrangements were in place for people, relatives and healthcare professionals to provide feedback.

**Outstanding** 

### Is the service well-led?

The service was well-led. The registered manager and the provider had strong relationships with healthcare professionals. Professionals described the management as outstanding role models for the care industry.

The management and board of Minstead Lodge were proactive in challenging decisions made by external organisations when there was a possible negative impact on people they supported.

Relatives and healthcare professionals told us Minstead Lodge had an open door policy and they could access help, support and advice at any level in management.

**Outstanding** 

# Minstead Training Trust

## **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 checked 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 9 November 2016. It was unannounced and carried out by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with the registered manager, the chief executive officer, the head of care and four members of staff. We obtained feedback from three relatives, four healthcare professionals and five people using the service.

We pathway tracked three people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, three staff recruitment records, feedback questionnaires from relatives, various policies and procedures and observed interactions between staff and people.

We last inspected the home on 14 May 2014 where no concerns were identified.

# Is the service safe?

## Our findings

Relatives and healthcare professionals consistently told us the service provided was safe. One relative said: "I have nothing to worry about; Minstead has plenty of staff around to look after people". A healthcare professional said: "People have good risk assessment in place and I'm sure they are reviewed regularly". One person said: "They make sure I turn the cooker off and they help me to keep my money safe".

Systems were in place to identify risks to protect people from harm. Each person's support plan had a number of risk assessments completed which were specific to their needs and also to the environment of the service. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. Staff described how they monitored and reviewed the risks people faced. One member of staff said: "Keyworkers meet with students once a week and we go through their care plans and review them and update them if needed".

A member of staff explained that some students were autistic and could feel anxious and unsafe if their daily routine was disrupted, or the plan for the day was not followed. This could lead to them displaying behaviour which had a negative impact on them. Staff were fully aware of this and consistently followed the robust plans in place to minimise the risk of this happening. They had insight into how people displayed they were feeling anxious and unsafe and could recognise when this was happening. They had access to information about what could trigger this behaviour, what to do if the behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently.

Arrangements were in place to assess wider risk and respond to emergencies. The registered manager operated an out of hours on-call facility which people and staff could ring for any support and guidance needed. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Each person had a personal evacuation plan in place should they need to leave their residence in an emergency. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Staff had access to information about who to call and what action to take in an emergency.

Systems to recognise and report suspected abuse were in place in a suitable format and were accessible. People and relatives could raise concerns directly with staff in the service, or by contacting the local authority face to face, by email or telephone. Support was available 24 hours a day. There were prompts displayed in the service to provide information and promote the profile of safeguarding to people and staff. Information was displayed in formats using plain English, large print, pictures and symbols, which reminded people and staff of what to look for and how to report it. Staff had completed training in safeguarding and had an excellent understanding of their roles and responsibilities. They described the types of abuse they might come across and how they would raise concerns to appropriate staff. Staff were confident that any concerns around abuse would be acted upon, no matter how small and had confidence that management

would respond appropriately. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly.

Thorough planning took place in respect to allocating staff to work in Minstead Lodge. This was to ensure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Staff confirmed there was flexibility in the staffing levels, and adjustments were made, so staff could work individually with people when needed, or provide additional help when people were ill or taking part in social events. The chief executive officer said: "We went through a period where we were recruiting staff but it didn't impact on the service people received because we used some agency and help from volunteers". Our own observations confirmed there were sufficient numbers of staff deployed to keep people safe.

Safe recruitment practices were followed when they employed new staff. All records we checked held the required documentation. DBS (Disclosure and Barring Service) checks had been carried out by the provider to ensure that potential new staff had no record of offences that could affect their suitability to work within the care sector. A DBS check lists spent and unspent convictions, cautions, reprimands, final warnings plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. Comprehensive records were in place to detail the character and competency of new staff. Gaps in employment history were investigated and previous social care employers were asked to provide references. Staff were not allowed to work until all relevant documents were in place.

People received their medicines safely. The provider had lead roles for staff who took on additional responsibility to obtain guidance in respect of medication and health and safety. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks of the MAR to ensure people had received their medicines as prescribed. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed. Staff told us they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. Medicines were stored appropriately and securely and in line with legal requirements. Medicines were ordered appropriately and robust stock control ensured that medicines which were out of date or no longer needed were disposed of safely. The head of care told us that although medicines were stored safely, there was work on-going to make the recording more robust.



# Is the service effective?

## Our findings

Staff told us they were well supported and felt the training they received was robust. One member of staff said: "I had some really great training when I first joined and have had lots of support by my manager". Another member of staff said: "The training here is of a good standard, they wouldn't have it any other way". One person said: "I know the staff do training because I have seen them doing it".

Staff received appropriate training. They had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005). Staff had guidance and support when they needed it. They were confident in the management and were happy with the level of support and supervision they received. They told us that the registered manager, the head of care and the chief executive officer were nurturing and always available to discuss any issues such as their own further training needs. Records showed staff took part in frequent supervision sessions, team meetings and reviews with people. One member of staff said: "If I ever need any help there is always someone there to ask".

People's mental capacity had been assessed and taken into consideration when planning their care needs. The 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. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and when necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Five people were subject to DoLS at the time of our inspection. At the time of our inspection five people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The home was complying with the conditions applied to the authorisations. The management team knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to maintain a healthy diet. People's care plans were individualised to record the support they required with mealtimes, and where necessary additional advice and guidance was obtained from appropriate professionals. People that required support and monitoring were assisted discreetly and with understanding. People were empowered to learn about different cultures and foods, and to understand how to eat a balanced diet. People's health and social care needs were well supported, with

excellent links with external providers and professionals. People were supported to attend appointments with epilepsy nurses, neurologists, GP's, occupational therapists and visits and the dentist.

## Is the service caring?

### Our findings

People told us staff were caring. One person said: "They look after me pretty well". Another person said: "I was nervous to see you but I wanted to tell you about me. Yes they do care about me, I go and see the animals, the horse and I help clear rubbish. I go bowling, I go to the cinema and I like (Football team). Staff helped me to sort out tickets to see them play against (Football team)".

Staff had an empowering and empathetic attitude to support people and their personal development. Staff had detailed knowledge of the people they cared for. They understood when it was appropriate to offer additional support and guidance, and when people needed to assess and resolve situations for themselves with little support or gentle guidance. The attitude and motivation of staff to see people flourish was evident throughout the whole team and they genuinely put people at the heart of everything they did. This strong commitment to providing people with person centred care and support was evident in every aspect of care provided by the staff, and it was evident from care records that this attitude and the efforts staff went to was maintained at all times. A relative said: "You can see the staff promote independence really well because they teach them (People) and they encourage them to make their own decisions".

Staff showed genuine interest and concern in people's lives and their health and wellbeing. People valued their relationships with the staff team and often referred to the service as a learning family and encouraging environment. People were relaxed and confident around staff and expressed the fondness they had for each other. Staff chatted and joked with people in a friendly and informal way. Staff were highly motivated to provide the best care each person required and this was clearly visible throughout the service. Staff frequently went above and beyond the required expectations. For example staff regularly stayed on duty beyond their shift times to provide support for people as they needed it. A member of staff said: "There have been many times where staff have stayed longer to help someone in their own time. Some of the volunteers and the paid staff come along to our events and celebrations to help out because they want to and they don't get any extra pay for it".

People were supported to access advocacy services when they needed to. One person had recently been supported to access an Independent Mental Capacity Advocate (IMCA) when they needed support with a decision. We saw there was information displayed to inform people what an advocate was and how they could contact one. This was written in a format people would understand, displaying pictures and symbols. We saw that a discussion about advocacy was also on the agenda in meetings held for people. Advocates are trained professionals who support, enable and empower people to speak up.

A dignity champion was available to ensure people were treated with respect and to encourage staff to interact with people in a dignified manner. Staff were able to name the dignity values and described how they used these to ensure they supported people as individuals. We saw that the provider's values were discussed with staff members during their supervision sessions, team meetings and student meetings.

## Is the service responsive?

### Our findings

Relatives and healthcare professionals told us Minstead Lodge provided an exceptional level of care. One healthcare professional said: "It's an outstanding service; they have so much going on all the time. People learn how live as if they were on their own but with staff support". A relative said: "To go from not being able to cook or clean their room or sort their money out to now being able to do it is an incredible achievement for (Person)".

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people. For example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health conditions, such as epilepsy, behaviours that challenged and how to support them if they became unwell. Records showed people's changing needs were promptly identified and kept under review. For example, one document showed strategies relating to specific behaviours had been assessed regularly during a period of increased anxiety.

People had lots of opportunities to access various activities at Minstead Lodge and within the local community. A member of staff said: "Minstead Lodge gives people such a great chance to develop their skills. We have gardening, animals, charity events, cooking, great staff and we really help people to transition well once they have learned the skills to move on". One person was supported to achieve a higher level of independence with minimal support, which prepared them to become more confident and move on to a supported living service. The person concerned expressed their preference to move to a Minstead Trust supported living service. Staff supported them to complete a referral to an advocacy agency requesting an advocate to enable and empower the person to achieve their aim and to act in his best interest. The registered manager said: "Having an advocate has helped to avoid any conflict of interest and support (Person) to live where he wishes". (Person) has settled well and coped well with living in a supported living house with no sleep in staff. (The person) now has a part time paid job; he also does voluntary work at a Duck Farm".

Another person was supported to learn how to make himself a sandwich and how to cook various simple meals. They learned with support how to compile a shopping list and how to budget. Other achievements included learning how to clean and tidy their room, do their own laundry and organise their own healthcare appointments such as seeing the GP and the optician. A relative said: "They have done wonders with (Person)". The person has since moved to more independent living and is working, receiving some support and doing well.

People were encouraged and motivated to become more independent. For example, one person was at risk of having a seizure at any time, staff consistently risk assessed the various activities the person chose to be

involved in and promoted the persons development and learning despite the challenges the their health. We spoke with the person whilst they were working on the farm, clearing leaves and burning them on the fire. They said: "I help look after the geese, the horse, the donkeys and we have chickens too". A member of staff told us the person needed supervision at all times and said: "(Person) has work experience every Monday at the farm; they feed the animals and feel part of the staff team". During our discussion with the person we observed several people working on the farm completing various jobs with support and supervision from paid and voluntary staff. People were working hard, talking to each other in a positive manner and were smiling and laughing together. It was clear each person took great pride in their responsibilities and were enthusiastic to share their learning with us.

The Minstead Training Trust Student Newsletter for 2016 celebrated people's achievements and provided useful information about upcoming events. People's comments in the newsletter included; "I made a speech at the opening of the Wimborne Folk Festival" and "I have a brilliant life at Minstead, I learn a lot while I am there". Articles included success stories about how some people achieved paid and voluntary employment. It shared how two people were awarded "Man of the year" for losing weight and how one person had been enjoying their job restoring cars. One person said: "The staff really help me when I'm nervous and they believe in me".

Staff responded to people who required support with personal care. For example, one person became anxious and displayed behaviours that may have challenged others. After the incident took place the person concerned required support with personal care. A member of staff said: "The member of staff who dealt with it was brilliant, they stayed on an extra hour in their own time to help out and we managed to calm the person down". A relative told us staff were fully committed to supporting people and said staff never left someone if they needed extra care and attention.

Staff were sensitive towards people's emotional needs and they used creative methods to enhance people's social interaction. For example, one person who moved to Minstead Lodge was anxious about making friends and was at risk of isolation. The person was frightened and on occasions displayed behaviours that may have challenged others. Over a short period of time staff worked with the person with great patience and built up a positive and trusting relationship them. They suggested attending a group bowling sessions with others from Minstead Lodge and asked the person if they would like to take photographs of the activity. The person attended the event and took photographs of people bowling which were then used for the student newsletter. A member of staff said: "He has moved on now and is doing really well, he was really worried at first but he has achieved so much and he made new friends". Another member of staff said: "We combined his interest in photography with a social event to encourage him to attend and to make friends". Pictures located in people's rooms, newsletters and picture books showed people were consistently being supported to achieve their goals.

There were arrangements in place for people and relatives to provide feedback on the service. On an individual level any concerns they raised or suggestions for improving care and support were used to improve the service. People had weekly meetings with their keyworker and could also talk with volunteers from Minstead Lodge. A care manager told us that both formal and informal reviews were carried out regularly. People were also asked to provide feedback as part of the providers services quality assurance process. There were opportunities for family members to attend annual meetings with the board of trustees and senior management, there were family open days which allowed relatives the opportunity to speak with staff and share compliments or concerns. A relative said: "If I am not happy I will speak to a member of staff, they are all pretty approachable and I find the managers good".

## Is the service well-led?

### Our findings

Healthcare professionals and relatives told us leadership within the service was outstanding. One relative said: "We have the backing of a very supportive board of trustees and the manager's fight for people's rights". A healthcare professional said: "If I had a son who had a learning difficulty and needed support this would be my number one choice, the staff do an incredible job and the management are first class". The chief executive officer said: "The values are at the heart of everything we do". A relative said: "The service provided here is exceptional". A member of staff commented: "I have been here for 20 years and I wouldn't want to work anywhere else". A healthcare professional said: "Minstead Lodge has an empowering culture which enables people to progress in their life". When asked if Minstead Lodge was well-managed 100% of relatives replied "Always". When asked "Do you feel that Minstead as a whole is run with the best interests of service users (People) at the heart of it?" 100% of relatives replied "Always".

The provider's mission is: "To provide training for adults with learning disabilities to enable them to develop new skills, lead fulfilled lives and achieve greater independence. We do this at a pace tailored to the individual, in an inspirational setting and with a dedicated and experienced workforce who value the potential of everyone". The provider's values include; "Putting students first, being inspirational, achieving success, behaving with integrity, valuing difference and working together".

There was a strong emphasis on community involvement with people actively supporting healthcare services in their area. Prior to Christmas last year people decided they wanted to help a nearby hospice by providing gifts to those who were unwell. Letters were sent to relatives to request donations whilst people at Minstead Lodge worked together to build a Christmas sleigh. The registered manager said: "We were bombarded with loads of donations it was amazing" and "Students visited the Hospice and presented the sleigh full of gifts, they understood the meaning of giving". In celebration of the Queens 90th birthday many people from Minstead Lodge took part in a "Clean for the Queen" campaign along with local schools, parish councils and community groups to spend a few hours cleaning and collecting rubbish in the New Forrest.

Management were positive role models and were actively involved in supporting people to achieve their goals and ambitions. For example, One person told staff they wanted to complete cycle ride for a local charity in order to raise money. Staff supported the person to organise and promote the event. The registered manager and Minstead Lodge staff took part in the ride to give encouragement. The registered manager said: "It was an amazing achievement, there were so many people at the end of it, they were all cheering and clapping their hands".

The provider challenged decisions made by external bodies on behalf of people if there was a risk that these might impact negatively upon the person. The provider had led a successful campaign with involvement and support from parents, carers, advocates, clinical commissioning groups and the NHS to challenge funding cuts. The campaign had also been supported by the local church, local specialist schools and colleges and people's friends. The campaign had involved the use of social media, attending various meetings and writing to local councillors to gain support.

The provider had systems and mechanisms in place to drive continual improvement. The board of trustees, chief executive officer and head of care, with considerable experience and specialist knowledge, monitored and supported the senior management team. An external consultant was used to conduct quality audits and fed back the findings of these to senior staff. The registered manager also conducted internal audits of medicines, support plans, infection control and the environmental risk assessments of the service. Areas for further improvement where identified were followed up at the next audit. These were monitored by senior management. The registered manager told us they were in the process of reducing the amount of duplication relating to people's care plans and daily records. They said: "We have a lot of paperwork and we need to centralise it. There are a few areas we want to improve on like medications processes". People were provided with good opportunity to give feedback about the quality of service they received. One person told us they had taken part in regular student meetings which included discussions about menu planning, finances and activities. Another person told us their weekly review with their keyworker allowed them the opportunity to raise any concerns.

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager's would support them to do this in line with the provider's policy. One staff member told us "I would phone the Police or CQC if something bad happened". Another commented "It doesn't happen here but if it did I would go straight to the top and complain". We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for those using health and social care services.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities, meaning we could check that appropriate action had been taken when required. The registered manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment. A relative said: "They are very open with us if mistakes are made. We work hard together to improve things going forward".