Oakland Court Limited

Oakland Court

Inspection report

26 Admiralty Road
Felpham
Bognor Regis
West Sussex
PO22 7DW

Tel: 01243842400
Website: www.oaklandcare.co.uk

Date of inspection visit:
09 January 2017

Date of publication:
08 February 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection carried out on 9 January 2017.

Oakland Court can provide accommodation and personal care for 37 older people. There were 34 older people living the service at the time of our inspection.

The service was run by a company. There was a registered manager in post. They were supported by the company's chief executive who regularly called to the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak both about the company and the registered manager in relation to their running of the service we refer to them as being, 'the registered persons'.

We completed an inspection of the service on 17 June 2014. This was because we had received concerning information about the care some people were receiving. We had found that there were four breaches of legal requirements. This was because the registered persons had not made suitable provision to ensure that care was consistently provided in a way that respected people's legal rights. We also found that people were not always being reliably assisted to eat and drink enough. In addition, the arrangements in place to reduce the risk of people having falls were not robust and staff had not received all of the training the registered person said they needed. Furthermore, quality checks had not always been effective in identifying and resolving problems including shortfalls in record keeping.

After our inspection the registered persons sent us an action plan. This described the improvements they intended to make in order to meet the legal requirements in relation to the breaches. We then carried out a further inspection of the service on 29 September 2014 to check that the breaches of legal requirements had been met. We found that sufficient improvements had been made to address each of the breaches.

At the present inspection we found that suitable steps had not always been taken to avoid preventable accidents and that medicines were not consistently being managed in the right way. We also found that the procedure used to recruit staff needed to be strengthened as did some of the arrangements to support two people to have enough nutrition and hydration. In addition, we noted that quality checks had not always quickly resolved problems in the running of the service.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse, including financial mistreatment. There were enough staff on duty and people were helped to receive any healthcare assistance they needed.

Staff had most of the knowledge and skills they needed to care for people in the right way and they had received most of the training and guidance they needed. The registered persons had ensured that people's

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

People were treated with kindness and compassion. Staff recognised people's right to privacy, promoted their dignity and respected confidential information.

People had been consulted about the care they wanted to receive and they had been given most of the assistance they needed. People had been helped to pursue their hobbies and interests and there was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. The service was run in an open and inclusive way, good team work was promoted and staff were supported to speak out if they had any concerns. People had benefited from staff acting upon national good practice guidance.

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.

Medicines were not always managed safely.

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

Background checks had not been fully completed before new staff were employed.

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

There were enough staff on duty.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Some of the arrangements to support two people to have enough nutrition and hydration were not robust.

Staff had most of the knowledge and skills they needed to care for people in the right way and they had received most of the training and guidance they needed.

Care was provided in a way that ensured people's legal rights were protected.

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

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted

people's dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been consulted about the care they wanted to receive and most of this had been provided in the right way.

Staff promoted positive outcomes for people who lived with dementia.

People were helped to pursue their hobbies and interests.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always led to problems being quickly resolved.

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

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

People had benefited from staff acting upon good practice guidance.

Oakland Court

Detailed findings

Background to this inspection

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

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 9 January 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with 10 people who lived in the service and with three relatives. We also spoke with a care coordinator, a lead senior care worker, five care workers, a housekeeper, the chef and the maintenance manager. In addition, we met with the registered manager and the chief executive. We observed care that was provided in communal areas and looked at the care records for six of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

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

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

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm very pleased to have found this home because it's smart and the staff are fine with me." Another person remarked, "I find the staff to be very good and they're always polite." All of the relatives with whom we spoke said they were confident that their family members were safe in the service. One of them said, "Yes, I am confident that my family member is safe here. They'd soon tell me if they had any concerns."

However, we found that some medicines were not reliably being dispensed in the right way. Records showed that in the 12 months preceding our inspection there had been a significant number of occasions when mistakes had occurred or when the use of medicines had not been correctly recorded. We noted that these problems had continued in the autumn of 2016 with one person not receiving enough of one of their medicines and another person being given too much. Records showed that the most recent incident had involved a third person not receiving one of their medicines over a protracted period of time. This mistake had resulted in them becoming unwell.

The registered manager said that a number of improvements had been made in response to each event. However, we noted that suitable steps had not been taken to ensure that improvements were sustained. This was because what should have been a programme of monthly audits of the medication system had only just been restarted after having not been completed for more than six months.

We noted that even when a medicines audit had been completed it had not been robust. This was because it had not clearly identified an additional problem we found in the way medicines were being stored. This problem had resulted in staff not consistently checking that medicines were kept at the right temperature so that their therapeutic effect was maintained.

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

We raised our concerns about aspects of the way in which medicines were managed with the chief executive and the registered manager. They acknowledged that effective and sustained action needed to be taken to address the shortfalls in question. The chief executive said that new and more robust checks would be completed in future to ensure that people fully benefited from using medicines in the right way.

We found that there was a shortfall in one of the arrangements that had been made to prevent people from experiencing avoidable accidents. We noted that suitable steps had not been taken to reduce the risk of people falling down a flight of stairs that led to a fire escape door. This was because there was only a flimsy barrier made out of a length of cord that was hung at waist height. However, staff had identified and addressed other possible risks that could have led to people having accidents. An example of this was some

people agreeing to have rails fitted to the side of their bed so that they could be comfortable and not have to worry about rolling out of bed. Other examples were people being provided with equipment such as walking frames, raised toilet seats and bannister rails. In addition, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

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

We looked at the way in which the registered persons had recruited two members of staff. Records showed that a number of background checks had been completed. These included checks with the Disclosure and Barring Service to show that the people concerned did not have relevant criminal convictions. However, we noted that in one case the registered persons had not obtained a suitably detailed account of the applicants' employment history. In addition and in relation to both applicants, the registered persons had not fully enquired into the reason why they had left a number of previous jobs at which they had provided personal care. These mistakes had reduced the registered persons' ability to ensure that they had obtained all of the necessary assurances about the previous good conduct of the people concerned. However, the registered manager told us that no concerns had been raised about any aspect of the performance of the members of staff in question. In addition, the chief executive said that the registered persons would immediately complete all of the remaining checks for the staff concerned. They also said that the service's recruitment procedure would be strengthened to ensure that similar oversights did not happen again.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

We found that people had been protected from the risk of financial mistreatment. This was because some people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, we noted that there were receipts to support each purchase that had been made.

People who lived in the service said that there were enough staff on duty to promptly meet their needs. One of them commented, "I'm looked after quite well here. There are always staff around when you need them. They come to check on me in my bedroom during the day and they also check on me at night." Relatives were also confident about the way the service was staffed. One of them said, "The staff are busy for sure but I don't get the impression of them being rushed and people get the attention they need."

We were told that the chief executive and the registered manager had reviewed the care each person required and had calculated how many staff were needed. On the day of our inspection visit we noted that all of the planned shifts had been filled. In addition, records showed that all shifts had been filled during the

seven days preceding our inspection. We concluded that there were enough staff on duty because we saw people promptly being given all of the care for which they asked.

Requires Improvement

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff know what they're doing well enough and give me all the help I need." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm sure that the staff here know what they need to know about the residents because people are well cared for." Another relative said, "The staff are the right people to work here because the place runs smoothly and people get all the attention they need."

However, we noted that two people had not always been given the help they needed to make sure that they were eating and drinking enough. We looked at the arrangements that had been made to support the people in question who were at risk of not eating enough to maintain a healthy body weight. In both cases this was not being done in the right way. This was because the people concerned had not been assisted to check their weight as frequently as necessary. This had reduced the service's ability to quickly identify if someone's weight was changing in a way that needed to be brought to the attention of a healthcare professional. We also looked at the arrangements made to ensure that these people were consistently drinking enough each day. Again, we found that this was not being completed in the right way. This was because some of the checks had not been completed and others had not been recorded properly. In addition, no plan had been developed to respond when the people concerned had not drunk enough to stay well. Furthermore, some staff did not fully understand why these records were being kept and they were not confident that they would be able to recognise the warning signs if a person was becoming dehydrated.

Although other care records showed that the people concerned had been harmed as a result of these oversights, lack of robust arrangements had increased the risk of people not receiving sufficient nutrition and hydration. We raised our concerns with the registered manager who said that immediate steps would be taken to address each of the problems we had noted.

Records showed that staff had arranged for some people who were at risk of choking to be seen by a healthcare professional. As a result of this, staff had been advised how to specially blend some people's meals so that they were easier to swallow.

People told us that they enjoyed their meals with one of them remarking, "The meals are quite good here. I always get enough and the dining room is a nice place to be with all of the tables laid out neatly." Another person remarked, "I like the little things like the cutlery being spotlessly clean and the food being nicely presented." Records showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. People chatted with each other and with staff as they dined. In addition, we saw that some people were using plates that had a high edge to make it easier for them to dine without spilling their food.

Staff told us that the care coordinator spent a lot of time in the service and regularly worked alongside them to provide care for people. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs and wishes. We also noted that all of the care workers

had either obtained or were working towards a nationally recognised qualification in the provision of care in residential settings.

Staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The chief executive said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way.

Documents showed that the registered persons considered that staff needed to regularly receive refresher training in key subjects. This was said to be so that staff knew how to safely care for people in the right way. The subjects included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. We noted that although several staff had not completed all of the required training there were plans in place to address this oversight in the near future.

We found that staff had the knowledge and skills they needed to consistently provide people with most of the care they needed. An example of this was staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was staff having the knowledge and skills they needed to help people keep their skin healthy. Staff were aware of how to identify if someone was developing sore skin and understood the importance of quickly seeking advice from an external healthcare professional if they were concerned about how well someone's treatment was progressing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager and staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why it was advisable for them to use a medicine at the correct time and on a regular basis so that it helped them to stay well. The member of staff pointed to the medicine in question and then rubbed the part of their body that related to the symptoms that the medicine was intended to relieve. We noted how the person responded positively to this information after which they were pleased to receive the medicine in question.

Records showed that the registered manager recognised the need to work with key people when a person lacked mental capacity and a decision needed to be made about their care. We saw that they had liaised with health and social care professionals and relatives to make sure that important decisions were taken in a person's best interests. An example of this was the registered manager working with care managers (social workers) and relatives to ensure that a person was offered the opportunity to live in another residential care home. This was necessary because the person had developed increased needs for support that could be met more effectively in a more specialised service.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager knew about the requirements of the Deprivation of Liberty Safeguards and recognised the importance of ensuring that people were only provided with care that protected their legal rights.

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

People said and records confirmed that they received all of the help they needed to see their doctor and other healthcare professionals. A person spoke about this and said, "The staff are on their toes and they pretty much call the doctor straight away if I'm not well. I think actually, they're a bit too keen to call for the doctor on some occasions." Relatives also commented on this matter with one of them saying, "I know that the staff have called the doctor to my family member because they tell me whenever they do so I'm kept in the loop."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "I'm very happy with how I'm looked after here and find the staff to be genuinely kind." Relatives also told us that they were confident that their family members were treated with genuine kindness. One of them said, "I like the staff and immediately you walk through the front door you just get the impression that things are right. It's not just the high quality of the accommodation although that helps of course." Another relative remarked, "I've never left here and worried about how things are. The staff are genuinely kind people and a lot of them have been here a long time because they care."

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

We saw that staff were compassionate and supported people to retain parts of their lives that were important to them before they moved in. An example of this involved a member of staff speaking with a person about one of their relatives who they did not see regularly because they did not live in the area. The member of staff encouraged the person to enjoy recalling when they were younger and regularly saw their relative more frequently.

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

Staff recognised the importance of not intruding into people's private space. People had their own bedrooms and private bathrooms. The bedrooms were laid out as bed sitting areas. This meant that they could relax and enjoy their own company if they did not want to use the communal lounges. We saw that staff had supported people to personalise their rooms with their own pictures, photographs and items of furniture. We also noted that communal toilets and bathrooms had locks on the doors and so could be secured when in use. We saw staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, when staff provided close personal care they made sure that doors were shut so that people were assisted in private.

We noted that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished to do so. A relative commented on this saying, "It's up to me where I see my family member. If I wanted to go to their bedroom to speak in private none of the staff would even think to comment on it." In addition, we noted that each person had their own telephone in their bedroom so they could make calls in private if they wanted to discuss a confidential matter.

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

Good

Is the service responsive?

Our findings

People said that staff had consulted with them about the care they wanted to receive. We noted that the results of this process were recorded in an individual care plan for each person. People said that staff provided them with a wide range of assistance including washing, dressing and using the bathroom. Records confirmed that each person was receiving most of the practical assistance they needed as described in their care plan. An example of this was people being helped to reposition themselves when in bed or when seated in their armchair so that they were comfortable. Another example was the way in which staff had supported people to use aides that promoted their continence. In addition, people said and records confirmed that staff regularly checked on them during the night to make sure they were comfortable and safe in bed. Speaking about the care they received a person said, "It's good what else can you say. When you need help the staff are there." Another person remarked, "if I need help all I need to do is ring the call bell and before too long a member of staff will arrive."

We noted that staff promoted positive outcomes for people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when they would be assisted to go to their bedroom after having finished their lunch. The member of staff quietly explained to the person that they had previously said that they wanted to remain in the lounge until a relative had called to see them. The member of staff then gently confirmed with the person that this was still what they wanted to do. Shortly after this we saw the person had chosen to remain in the lounge where they were smiling and talking with one of the housekeepers. The first member of staff had known how to provide the person with the reassurance they needed.

People told us that they were satisfied with the opportunities they were given to enjoy social activities. One of them said, "There's something going on here pretty much every day. You don't have to join in if you don't want to." Records showed that people had been supported to take part in a range of social activities including things such as arts and crafts, quizzes and gentle exercises. In addition, we noted that entertainers called to the service to play music and engage people in singing along to their favourite tunes.

We noted that people's individuality was respected and promoted. We were told that a religious service would be held if people wished to meet their spiritual needs in this way. In addition, the acting manager was aware of how to support people who had English as their second language. This included being able to make use of translator services. We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. This included establishing how relatives wanted to be supported to acknowledge and celebrate their family member's life.

People and their relatives said that they would be confident speaking to the chief executive and registered manager if they had any complaints about the service. A relative said, "I've not had to complain so far as the service is professional and caring. Of course there will be minor things and these just get sorted out without things needing to get too formal."

We saw that each person who lived in the service had received a document that explained how they could make a complaint. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had received two formal complaints in the 12 months preceding our inspection. We noted that the chief executive had properly investigated the concerns in question. In addition, records showed that the chief executive had politely responded to each of the complainants explaining what had occurred and what action had been taken to help prevent the same thing from happening again.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things are ship-shape here. I've no concerns anyway." A relative gave a similar assessment when they commented, "In general I do think that the service is well run. The new manager seems to be fine and it's good that the owner can be seen about the place and they plainly like things to be right."

In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. However, we found that quality checks had not always resulted in problems being quickly put right. These included the mistakes we have described earlier in our report relating to preventing avoidable accidents, managing medicines, recruiting staff and supporting people to have enough nutrition and hydration. In addition, we noted that some of the checks of the fire safety system had not been completed in the right way. This had reduced the level of protection people could be given in the event of a fire.

However, we noted that records showed other quality checks had been completed in the right way. These included making sure that hoists and the passenger lift remained in good order and that good standards of food hygiene were maintained in the kitchen.

We raised our concerns with the chief executive about shortfalls in the completion of quality checks. They assured us that more robust audits would be introduced to address each of the issues we had identified. They said that these strengthened quality checks would quickly identify and resolve any problems that might arise in the future.

People said that they were asked for their views about their home as part of everyday life. One of them remarked, "I have a chat with the staff and they're only too pleased to help if I want something." In addition, we noted that people had been invited to suggest improvements to their home by contributing to regular house meetings and by completing an annual quality assurance questionnaire. We also noted that the registered manager had regularly met with people on an individual basis to discuss how well they considered the service was measuring up to their expectations. We saw that when people had raised issues action had been taken to address them. An example of this was changes made to how laundry was managed so that people's clothes did not become misplaced. These changes included ensuring that people were offered the opportunity to have their garments discreetly marked on the inside with name tags. They also involved staff more regularly checking to ensure that clothes had been put away in the right cupboards and chest of drawers.

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

We found that staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the right care. There was a care coordinator in charge of each shift and during out of office hours one of the registered persons' senior managers was on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

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

We noted that the chief executive had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the chief executive having joined a nationally recognised scheme that is designed to promote positive outcomes for people who use social care services. We saw that this was reflected in the way staff provided care in a way that promoted people's dignity and individuality.