

Hadrian Healthcare (Oulton) Limited

Oulton Manor

Inspection report

3 Wakefield Road
Oulton
Leeds
West Yorkshire
LS26 8EL

Tel: 01132828222

Website: www.hadrianhealthcare.co.uk

Date of inspection visit:

25 April 2017

26 April 2017

Date of publication:

05 July 2017

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Oulton Manor provides residential accommodation and personal care for up to 77 older people, including people living with dementia. The service was registered in April 2016. Accommodation, care and support is provided in a modern, purpose built building, over three floors. At the time of our inspection there were 76 people using the service.

This comprehensive inspection took place over two days on 25 and 26 April 2017 and was unannounced on the first day. This meant the registered provider and staff did not know we would be visiting. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC).

There was a registered manager for 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.

Staff had been recruited safely and they received training to ensure they knew how to recognise and report potential abuse. Risks to people were identified and plans put in place to help manage and minimise these from occurring. People lived in a safe, clean, well maintained environment and equipment was regularly checked. Medicines were managed safely and checks were carried out to ensure staff were competent to administer these. Sufficient numbers of staff were available to meet people's needs.

Staff were provided with a range of training and development opportunities to enable them to effectively support people's needs. People were assisted to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible; policies and systems in the service supported this practice. People's care plans reflected their preferences and needs and these were updated and regularly reviewed. The nutritional needs of people were appropriately maintained and they were able to make choices about these. People's medical needs were monitored and support and guidance was appropriately sought from a range of health care professionals.

People were included in discussions and decisions and about their care and support. Staff worked together well as a team and people were supported in a kind and compassionate manner to ensure their dignity was respected and their independence promoted.

People received their support in an individualised way that was personalised to meet their needs. People were positive about the care and support they received. People were provided with an extensive range of activities and they were encouraged to take part in opportunities for them to have meaningful social interaction. People's comments and complaints were responded to appropriately. People were consulted and their opinions and their views considered enabling the service to learn and develop.

There was an open and inclusive ethos in the service and people, their relatives and staff were positive about the way it was run. Systems were in place to ensure the quality of service delivered to people was assessed and monitored to help it to continually improve.

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 understood how to recognise and report issues of potential abuse and training had been provided to them to ensure they knew how to keep people safe from harm. Risk assessments were available to help staff support people safely.

Safer recruitment procedures had been followed to ensure people who used the service were unsuitable. Staff were deployed in sufficient numbers to make sure they were able to support people's needs.

The building was appropriately maintained to ensure people's health and wellbeing was safely promoted.

Is the service effective?

Good ●

The service was effective.

A range of training was provided to ensure staff had the skills to effectively carry out their roles.

Assessments of people's capacity to consent to making informed decisions had been appropriately carried out to ensure their legal and human rights were protected.

People who used the service were provided with a wholesome and nutritious diet.

Is the service caring?

Good ●

The service was caring.

Staff demonstrated compassion and consideration for people's needs and respected their right to make choices about their lives.

Staff responded to people's differing individual needs with kindness and sensitivity.

Staff were committed to respecting and upholding people's privacy and dignity.

Is the service responsive?

Outstanding 

The service was very responsive.

People received personalised care and support that was based around their individual preferences and needs.

People were supported to lead fulfilling lives and fully engage in an extensive range of activities and they were encouraged to follow their interests and aspirations.

People were able to talk freely with staff or the management team and their concerns or complaints were taken seriously and acted on.

People's care and support was kept under review by staff who responded promptly when people's needs changed.

Is the service well-led?

Good 

The service was well led.

People were able to share their views about the service and how it was run.

Regular checks were carried out to make sure the health and wellbeing of people who used the service were safely protected. The service was monitored by the registered manager to enable it to continually improve.

There was an open and positive culture in the service.

Oulton Manor

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 comprehensive inspection took place over two days on 25 and 26 April 2017 and was unannounced on the first day. This meant the registered provider and staff did not know we would be visiting. At the time of our inspection there were 76 people using the service.

Before the inspection we checked the information we held about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make.

As part of our pre inspection process we contacted the local Health watch and local authority safeguarding and contracting teams to obtain their views about the service. Health watch is an independent consumer group that gathers and represents the views of the public about health and social care services in England.

During our inspection we observed how staff interacted with people 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 cannot speak with us.

We spoke with six people who used the service, six visiting relatives, three members of care staff, two senior care staff, a member of ancillary staff, the catering manager, the maintenance manager, an activities/life style coordinator, a peripatetic nurse manager, the deputy manager, the registered manager and an operations manager who was making a regular visit to the service. We also spoke with two health professionals who were attending the service and subsequently spoke with a dementia advocate and campaigner in the local community with whom the service had developed close links.

We looked at five care files belonging to people who used the service, four staff records and a selection of documentation relating to the management and running of the service. This included staff training files and information about staff rotas, meeting minutes, incident reports, recruitment information and quality assurance audits. We also undertook a tour of the premises.

Is the service safe?

Our findings

People who used the service told us they felt safe and comfortable using the service. They told us they liked the staff and had confidence in their skills. One person told us they had used other services in the past but preferred this one, because it made them feel more secure. A visiting relative told us their mother and father were both using the service and speaking about their father commented, "He's never looked better and well, the staff are doing a really good job."

There was evidence the registered provider took their responsibilities seriously in relation to ensuring staff knew how to keep people safeguarded from harm. We were told the registered provider had produced prompt cards to remind staff of their duties for reporting potential safeguarding concerns and whistleblowing on poor practice issues. Staff files contained evidence of training that had been provided on the protection of vulnerable adults and we found safeguarding policies and procedures were available, which were aligned with the local authority's multi agency guidance on this. Staff we spoke with confirmed they were aware of their roles and responsibilities in safeguarding people who used the service. They were confident that management would take action to follow up issues and implement disciplinary measures if this was needed. We found records of safeguarding allegations were maintained, together with outcomes and actions taken to minimise issues from reoccurring. We received an anonymous concern relating to a person who had been seen walking outside in unsuitable clothing earlier in the year. We were told about planned actions to prevent this from happening again. There were plans to increase the security of the premises by creating a walled garden. The plans were to be displayed on the notice board in the service to ensure people were consulted and informed about these.

We found the service adopted a positive approach to the management of risks to ensure people were protected, whilst enabling their freedoms to be supported and respected. The registered manager told us a person centred approach to the provision of individual support was followed in all aspects of care planning and delivery. This ensured people's individual wishes and preferences were upheld. People's personal care files contained a range of assessments concerning known risks that covered a range of issues such as falls, skin integrity, moving and handling, nutrition, wellbeing and relationships with others. These also provided staff with details about how these were managed and to enable people to be protected from harm. We found people's risk assessments were reviewed and updated on a regular basis and contained information that was accurately maintained. Incidents and accidents were monitored by the registered manager and action was taken to prevent them from reoccurring.

Dependency assessments of people's needs were carried out to enable the registered manager to determine how many staff were needed. The registered manager showed us a dependency tool they used that reflected people's individual needs together with the lay out of the building. Throughout our inspection we observed there were sufficient numbers of staff available and saw they busily engaged in providing support and assistance to people who used the service. We found staff demonstrated a cheery and positive commitment to meeting people's individual needs and they told us they enjoyed working together as a team.

Staff files contained information that confirmed potential job applicants were screened before they were allowed to start work as part of the service's safer recruitment procedures. This enabled the registered provider to minimise risks and ensure staff did not pose a risk to people who used the service. We looked at the files of four members of staff and saw they contained clearances from the Disclosure and Barring Service (DBS) to ensure they were not included on an official list that barred them from working with vulnerable adults. We found employment and character references had been appropriately followed up and that checks of the job applicant's personal identity and work experience had been made to enable gaps in their employment history to be explored.

People told us they received their medicines at regular times and that staff administered these as prescribed. We saw that accurate and up to date records were maintained for medication that had been received and provided to people, together with good practice guidelines in relation to their specialist medical needs. We observed a member of staff carrying out a medication round and saw they took time to explain to people what their medication was for. Regular audits of people's medicines were carried out to ensure errors were minimised and acted upon. We found that staff responsible for providing people with their medicines had completed training in the safe use and administration of medication.

We found the environment was clean, bright, purpose built and well maintained. A full time member of maintenance staff was employed who acted as the fire and health and safety champion for the service. They showed us a variety of regular checks and audits of equipment and the environment they carried, out to ensure people who used the service were kept safe from harm. We found that equipment was appropriately serviced with contracts in place with suppliers, together with up to date certificates for utilities such as gas and electricity. Personal emergency evacuation plans (PEEP's) were contained in people's personal care records and a business continuity plan was available for use in emergency situations, such as flooding or outbreaks of infectious disease. The member of maintenance staff advised they were an accredited City and Guilds trainer and told us about fire and health and safety fire training they had provided to staff. The member of maintenance staff told us they enjoyed their work and that the registered provider maintained high standards and was very good at providing funds and equipment when it was needed.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the care and support provided by staff and felt their quality of life had improved since they moved into the service. They told us they felt staff were well trained and able to do their jobs.

There was evidence the registered provider maintained a strong commitment to supporting staff and promoted a culture of learning and development. The registered manager advised staff were trained to deliver individualised, effective care that was centred on the needs of people who used the service. They told us, "Staff who do not hold formal care qualifications complete the Care Certificate and are encouraged to undertake external qualifications." The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. We found the registered provider had also signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services.

We saw individual staff training records had been developed and that a training and development plan was available for the service as a whole. The registered manager confirmed they monitored these plans to ensure staff training needs were appropriately updated and refreshed. The deputy manager told us staff training consisted of a combination of both practical and on line 'e learning', which covered a range of topics considered mandatory by the registered provider, together with others based on the specialist conditions of people who used the service.

We found new staff completed an induction to the service at the commencement of their employment together with a period of shadowing more experienced staff to help them get to know people who used the service and gain an understanding of what was expected of them. Staff and records confirmed they had regular professional supervision sessions with senior staff to ensure their work could be monitored and enable them to receive direction and guidance. We were told about skills appraisals that were due to be coming up to enable staff to develop their careers.

People told us staff ensured their health and wellbeing was positively promoted. The service maintained close links with community healthcare professionals, such as the local district nursing team, who ran regular weekly clinics in the service and attended weekly meetings with staff to ensure clear communication was maintained about people's needs. On the first day of our inspection a person was taken to hospital following concerns over deterioration in their health status. We were told this involved following a local initiative known as the 'Red Bag Scheme' where by important information is sent with people to hospital with the aim of improving communication and treatment for them.

We were told the local GP and district nurses had initially raised concerns that some people's needs may not have always been met in an effective manner. Visiting district nurses explained this was no longer an issue and had been resolved. District nursing staff told us that liaison with them had improved following the development of weekly meetings and one commented, "[Registered manager's name] really wants to work

together with other professionals." We found the district nurses had provided additional training for staff on people's pressure care management and that staff record keeping had improved, with the appointment of a staff care planning champion to provide support on the provision of person centred care.

We observed people appeared very comfortable with staff who they told us supported and involved them in making decisions about their lives. We found staff demonstrated an appropriate understanding of their duty to promote and uphold people's human rights. We saw staff engaged with people in a cheerful and respectful manner and obtained their consent before carrying out interventions, to ensure people were in agreement with how this 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 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found the registered provider had followed the requirements of the DoLS, training on this element of practice had been provided to ensure staff understood that people had the right to make their own decisions, whenever this was possible. Applications for DoLS authorisations had been appropriately submitted when required and policies and procedures on the MCA and Deprivation of Liberty Safeguards were available to help guide staff about this. People's care records demonstrated people and their relatives and representatives had been included in reviews and decisions about their care and support. People's care files contained assessments of their capacity for making decisions about their support, together with evidence of best interest meetings, when they were unable to make informed decisions about this.

People who used the service and their relatives told us they very much enjoyed their meals and we saw the registered provider took pride in the quality of the provision delivered in this respect. People told us, "We can have choices and we enjoy what we get, today we are having fresh salmon, barbequed pork or egg and chips." We were told the chef was a member of the National Association of Care Catering and that the registered provider had won this organisation's care home chef of the year for three of the past four years. We observed the lunch meal time experience of people was calm, pleasant and relaxed. We saw that dining tables were laid with clean linen, condiments, cutlery and serviettes and saw staff providing sensitive assistance to people with eating meals in a friendly and an unhurried manner when this was required.

Specialist equipment had been obtained to help people eat their meals and saw this included use of different coloured plates for people with visual impairments or living with dementia to help them identify their food. We saw staff showing people different choices of what was available to eat and were told the service was introducing pictorial menus to help people choose their meals. We observed the chef checking how people enjoyed their meals and were told people were consulted about suggestions for future menus at monthly meetings. We found there was provision of supplementary fortified foods and that records were maintained to enable people's nutritional intake to be monitored, together with referrals to specialists for support with things like swallowing or special diets when this was required.

There was evidence the registered provider had considered the specialist needs of people living with dementia in the design and layout of the building. This involved the use of contrasting colours and specialist signage to help people orientate themselves around. We saw bedroom and furnishings were dementia

friendly and suitable for people who used the service.

Is the service caring?

Our findings

We found that staff had positive relationships with people who used the service and understood their needs well. People and their relatives told us that care staff were very caring and kind. One person said, "I can't imagine I could be anywhere better" whilst a relative said, "I am more than happy with the support [Name] has got." Another relative who was visiting and taking part in the life of the home commented, "I am really happy with everything, can't you tell!"

We found staff took an interest in the people who used the service and showed a positive regard for what was important and mattered to them. We saw staff engaged with people in a cheerful and friendly manner and provided reassurance and encouragement when this was required to help maximise people's independence. We saw staff getting down to people's eye level when talking with them, to ensure they were understood. One member of staff told us, "We try to be inclusive and do not segregate people. The residents are our main priority, this is their home and we work in their home environment."

People told us they were encouraged to express their views and feel part of the community. Relatives told us they were able to visit freely and be involved in the life of the service.

We observed care staff displayed kindness and consideration for people's needs to ensure their personal wellbeing was promoted. We saw care staff demonstrated compassion for people and engaged with them courteously to ensure their privacy and personal dignity was respected. We observed people were able to spend time in their own rooms when required and that staff respected their wishes. People were able to bring personal belongings and items of furniture with them to help personalise their rooms and help them feel at home. Staff had decorated the Zimmer frame of a person with a visual impairment in bright colours to help them to recognise it and make it easier to find.

Staff interacted with people who used the service in a helpful way and involved them in making choices and decisions about their lives. The registered manager told us, "All of the staff undertake equality and diversity and dignity training. This supports the person centred care ethos of the service and enables staff to fully understand and meet people's needs and aspirations."

Staff confirmed information on diversity was included for discussion in staff meetings and supervision sessions, to ensure they had an understanding of the importance of upholding people's human rights. The registered manager told us staff were encouraged to participate in handovers and reviews to ensure they were aware of people's needs and views.

People's care records contained information about their preferences and wishes to help staff support their personal aspirations. People's care records contained evidence that they or their relatives had been involved in assessments and reviews of their support to ensure it continued to meet their needs. Staff told us about their keyworker responsibilities which helped them get to know about people's needs and liaise with their relatives.

We found individual staff had been appointed to act as champions of different aspects of the service in order to promote people's needs. The dementia champion had obtained a nationally recognised qualification in dementia and ensured staff upheld people's preferences and wishes and provided information on good practice issues about this. We were told the dementia champion was committed to ensuring people lived a fulfilled and person centred life and that staff and people's families had information about the different forms of dementia and their differing needs together with the impact of these. The registered manager told us they hoped to extend this role further to support relatives of people living with dementia in order to cultivate a consistent approach and common understanding.

Information was available about the use of advocacy services to help people have access to independent sources of advice when this was required. We found that personal details about people were securely maintained and we observed care staff respected people's confidentiality and did not disclose information to people that did not need to know. The registered manager confirmed they were aware of their duties under the data protection act and that electronic records were password protected.

Is the service responsive?

Our findings

People who used the service and their relatives confirmed they were involved in decisions about their care and support to ensure it was personalised and tailored to meeting their individual needs. People told us they were very happy with the way their care and support was delivered and confident any concerns or complaints would be appropriately addressed. One person told us, "I would first speak to the staff and if they didn't get things sorted, I would speak with [Registered manager] and they would make sure things are done."

We observed information was on display advising people on how to raise a complaint if this was required. We were told copies of this were provided to people when they first started using the service. We were advised the registered manager met with people within 48 hours with an initial response to any concerns that were raised. We found if people remained dissatisfied with the registered manager's reply, they could request their concerns to be escalated and an operations manager would provide a timescale for a formal investigation response to be made.

We looked at the record of complaints that had been raised, together with the registered provider's response to these. We saw that complaints had been investigated appropriately within specified timescales, together with actions to resolve issues where this was required.

We observed people were provided with a clean purpose built environment that was adapted to meeting their needs. This included provision of wide doors and corridors, together with bright open spaces that supported people's needs and wishes. Where people required specialist equipment, this was obtained by the registered provider. We were told for example about the provision of specialist beds that had been provided within a 24 hour period, to facilitate and enable people's transition from hospital.

There were a wide range of innovative and personalised activities provided for people to enable them to have opportunities to follow their interests and hobbies and enable them to have meaningful social interaction, which we observed were highly popular.

A full time 'Life Style Coordinator' or activity worker was employed, who we found worked creatively with both staff and external community bodies to ensure people were provided with activities that enabled them to be as independent as possible. We found the Life Style Coordinator was highly committed and enthusiastic about their work. They told us about how they had engaged in partnership with a local major high street clothing supplier to provide specialist dementia themed fashion events, using memorabilia and items of vintage stock to enable people to reminisce and help stimulate conversations over a cup of tea or a glass of sherry.

The Life Style Coordinator told us how the service had successfully used innovative assistive tracker technology to enable a person to continue participating in activities they previously enjoyed. We were told this helped promote their independence by prompting them to return to the service at a time that had been

agreed and this enabled them to attend a local dementia community café and maintain their existing friendship networks.

We saw that people who preferred not to become involved in group activities were provided with individual one to one sessions with the Life Style Coordinator. They also confirmed they worked with local community groups and encouraged schools to take part in the life of the home. They told us, "I feel like I make a difference and I love my job."

People were provided with a wide range of groups and activities including gardening and social groups. The Life Style Coordinator told us about a hen keeping project that the service was taking part in to promote people's wellbeing. This helped harness people's imagination and interests in order to help empower them and reduce social isolation. People were able to take part in the project and this had been very popular and had promoted involvement and inclusion for people, giving them responsibilities and meaningful activity to participate in.

All members of staff acted as key workers for people and were matched according to people's particular interests and aspirations. We found for example a member of maintenance staff ran a men's group to enable people to participate in activities they had previously enjoyed. We were told this included trips out that had included a recent visit to a local airfield for person who used to be in the Royal Air Force. The chef had similarly been matched with a person who had an active interest in cooking and helped them with baking cakes.

The registered manager told us, "Consideration is given to every aspect of daily living and where independence is not achievable research is undertaken and equipment identified if possible, such as audio books, iPads, laptops and web cams." This enabled people to maintain and keep in touch with their relatives who lived away.

Throughout our inspection visits we observed staff were encouraged to spend time and participate with people who used the service. We found the service operated three weekly fitness sessions run by an external gym and ball room dancing establishments. These activities were highly popular and well attended with people fully engaged. We observed large groups of animated people enjoying taking part in music and movement sessions that included hits from the Rocky Horror picture show and Michael Jackson.

A professional 'Nordoff Robins' music therapy class took place weekly, which developed musical profiles for people, based on their aims, dreams and ambitions. There was evidence this service had been fully evaluated and saw a recent report that demonstrated the positive impact of this initiative on people's quality of life, self-confidence, interaction and communication. People's comments in this report included, 'I have found my singing voice after my stroke' and 'I enjoy singing with my mum, it takes me back to before she had dementia.

We looked at the care plans for five people who used the service. These focussed on them as individuals and the support they required to maintain their independence. People's care plans were personalised to cover their holistic needs and how they were to be supported. Information was included about things that were important to people for example: likes and dislikes, family birthdays and health and communication. Information in people's care files confirmed they were encouraged to vote and be active citizens. We found people's care plans were evaluated on a regular basis and included details such as their personal goals. The registered manager told us, "People's views are sought in respect of their care priorities and how they would like their needs to be met."

Is the service well-led?

Our findings

People who used the service and their visiting relatives told us they had confidence in the registered manager and felt the service was well-led. People told us the registered manager was approachable and maintained an open door and welcomed feedback about the home.

There was evidence the ethos of the service placed importance on delivering a personalised approach and that the registered manager understood the need for involving people, their relatives and staff to help the service to learn and develop. We found the service had developed close links with the community and welcomed the involvement of relatives and local people. We were told the registered provider had contributed funds for a dementia garden to be developed in the local vicinity.

People who used the service and their relatives confirmed there were regular meetings they were invited to attend to raise issues or make suggestions to improve the service. Surveys were used to enable feedback of people's views to be obtained. We saw minutes of resident and relatives meetings, together with action plans developed to address issues that had been raised. The regular newsletter contained an article about this entitled 'You said, we did.' This meant that people were able to participate and influence the way the service was run as well as be updated on the progression of any initiatives or changes that had been suggested.

Administrative systems were organised well to support the smooth running of the service. We found governance systems were used to enable the registered manager to monitor the service, together with plans developed to resolve issues when this was required. We found the registered manager was well supported by other management staff from the registered provider, who made regular visits to the service.

Systems and procedures were in place to enable the quality of the service to be monitored and ensure it was well led. A range of audits of different aspects of the service such as incidents and accidents, staff training, complaints, medicines management, people's care records, the environment and safety issues had been carried out. This enabled trends and patterns to be identified and helped improvements to be implemented. The local authority advised they had no concerns about the service at the time of our inspection and the registered manager maintained close working relationships with them.

We found the registered manager had a range of knowledge and experience to manage the service and took their role very seriously. Notifications about incidents affecting the health and welfare of people who used the service had been submitted to the Care Quality Commission as required to enable the service to be monitored and action had been taken when this was needed.

The registered manager told us they undertook unannounced visits when off duty and daily walk rounds of the service and we saw evidence they knew people who used the service well. We saw the registered manager was visible throughout our inspection visits, providing support and guidance when needed. Staff told us that management listened to them and was supportive and fair. Staff comments included, "I have

full support from the management and I don't feel I need to go above their head, they support your ideas."

There was evidence in staff files of individual meetings with senior staff to enable staff attitudes and behaviours to be monitored and their skills to be appraised. We found the registered provider had a set of core values for staff, based around compassion, dignity, involvement, independence, respect, equality and safety. We were told these were used to assess staff competency during induction and on-going supervision. This ensured staff had a clear vision and understanding of what was expected of them and were accountable for their actions. Staff confirmed they were encouraged to question their values and behaviours and helped to develop their skills. Staff told us, "We have monthly supervision from management and receive feedback in a positive way."

Staff had confidence in the registered manager and were able to approach them with suggestions, issues or concerns about the service. There was evidence of regular staff meetings to enable clear direction and leadership to be provided. Minutes of staff meetings contained evidence of issues that were discussed to ensure people who used the service received appropriate support and treatment. Staff told us about key responsibilities they had to act as 'champions' for different aspects of the service, such as health and safety, dementia, nutrition, medication and infection control. A recognition scheme was in place to enable staff performance and contribution to be acknowledged.