

Royal Mencap Society







Farm Lane House

Inspection report

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Ratings

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

Overall summary

The inspection took place on 16 and 17 June 2015 and was unannounced. At our last inspection on 15 and 16 December 2014 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision and the management of medicines. The provider produced an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made.

Farm Lane House provides care and accommodation for up to 9 people. On the day of the inspection 8 people lived within the home. Farm Lane House provides care for people who have a learning disability and may also have physical disabilities.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

During the inspection people and staff were relaxed. There was a calm and pleasant atmosphere. People had the freedom to move around freely as they chose and had an abundance of opportunities to maintain social contact within the community.

People told us they felt safe. Advice was sought to help safeguard people and respect their human rights. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated. The manager had sought and acted on advice where they thought people's freedom was being restricted.

Care records were focused on giving people control. Staff responded quickly to people's change in needs. People and those who matter to them were involved in identifying their needs and how they would like to be supported. People's preferences were sought and respected. People's life histories, disabilities and abilities were taken into account, communicated and recorded. Staff provided consistent personalised care, treatment and support.

People's risks were managed well and monitored. There was a culture of learning from mistakes. Accidents and safeguarding concerns were managed promptly. Investigations were thorough and action was taken to address areas where improvements were needed. There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed.

People were promoted to live full and active lives and were supported to go out and use local services and facilities. Activities were meaningful and reflected people's interests and individual hobbies. One staff member commented, "We give people lots of choice and

have different activities to help people in different situations. For example, aromatherapy or use of our sensory bath can be used to help settle people if people feel distressed". Relative's told us their loved ones enjoyed the variety of activities the staff enabled them to take part in.

People were supported to maintain a healthy balanced diet. Dietary and nutritional specialists' advice was sought so that people with complex needs in their eating and drinking were supported effectively.

People had their medicines managed safely. People were supported to maintain good health through regular access to health and social care professionals, such as GPs, social workers and speech and language therapists.

People received consistent co-ordinated care when they moved between services. Staff ensured individual preferences were respected and care needs continued to be met.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by the service.

People knew how to raise concerns and make complaints. An easy read version of the complaints policy was made available. Relatives who had raised concerns confirmed they had been dealt with promptly and satisfactorily.

Staff received a comprehensive induction programme. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. The service followed safe recruitment practices to help ensure staff were suitable to carry out their role.

Staff described the management as very open, supportive and approachable. Staff talked positively about their jobs. Comments included: "It's a really nice place to work", "I enjoy my job and get a lot of support" and "I think my job is brilliant, there is always somebody to support you when needed".

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

Good



Is the service effective?

The service was effective. People received care and support that met their needs and reflected their individual choices and preferences.

Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet.

Good



Is the service caring?

The service was caring. People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion. Positive caring relationships had been formed between people and staff.

Staff knew people well and took prompt action to relieve people's distress.

Good



Is the service responsive?

The service was responsive. Care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Staff showed an awareness of the difficulties people faced when they moved between services. Transitions were carefully planned and strategies had been put in place to maintain continuity of care.

People were encouraged to maintain hobbies and interests. Staff understood the importance of companionship and social contact.

Good



Is the service well-led?

The service was well-led. There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Good



Summary of findings

The service had a clear vision and a set of values that were understood and implemented into practice.

Farm Lane House

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.

The unannounced inspection took place on 16 and 17 June 2015 and was undertaken by one inspector.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with one person who lived at Farm Lane House, four relatives, the registered manager, the deputy manager and seven members of staff. We also spoke with two health and social care professionals, a speech and language therapist and a social worker, who had supported people within the service.

The majority of people who lived at Farm Lane House had limited verbal communication and so were unable to tell us their views of the service. We spent time in the communal parts of the home observing how people spent their day as well as observing the care being provided by the staff team.

We looked at three records related to people's individual care needs and all records related to the administration of medicines. We viewed four staff recruitment files, training records for all staff and records associated with the management of the service including quality audits.

Is the service safe?

Our findings

At our last inspection on 15 and 16 December 2014 we found breaches of legal requirements related to the management of medicines. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

Medicines were managed, stored, given to people as prescribed and disposed of safely. Staff were appropriately trained and confirmed they understood the importance of safe administration and management of medicines. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, staff used their knowledge of individual's needs regarding the medicine and medical equipment a person may require, to plan and prepare for every eventuality when they supported people to go out into the community. A staff member confirmed being prepared for unforeseen events helped ensure a person's outing was not cut short due to a medicine need.

People and their relatives told us they felt safe. Comments included; "I feel safe", "They are as safe as anyone could be" and "I feel they are safe, there is always somebody around and they go immediately to people when people need help".

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff comments included, "I would report anything right away" and "I am sure if I raised anything that was safeguarding it would be responded to straight away" Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. A social care professional confirmed staff had good knowledge of safeguarding, responded incredibly quickly to share any concerns they had, and followed the correct procedure to help protect people and keep them safe.

People were supported by suitable staff. Robust recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff

confirmed these checks had been applied for and obtained prior to commencing their employment with the service. One staff member said, "All my checks had been done before I was even allowed to start work".

The registered manager confirmed although the service had vacancies, they still had adequate staff to meet people's current needs. They reviewed staffing numbers regularly and tried to avoid using agency staff so people received care from staff they knew well. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person requested a DVD to be put on in their room; they were immediately supported by staff to have their need met. Relatives told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. Comments included, "They had been going through some changes, but there are plenty of staff now" and "It's the environment and the amount of staff around that makes her feel safe". A social care professional told us how the registered manager had recently employed an extra member of staff during the night, to reflect the fact a person's sleep pattern had changed. They confirmed this meant the person's needs were fully met and helped ensure they were safe.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. The service had a secure garden which people were free to use. People made their own choices about how and where they spent their time. One person told us, "I needed to go out to buy a present for my niece and I have just been out to get it". Risk assessments recorded concerns and noted actions required to address risk and maintain people's independence. For example, one person had a special backpack which enabled them to carry vital medical equipment they needed. This gave the person more freedom of movement and enhanced their independence. One relative said, "Staff do what they can so that [...] can keep what little independence they still have". A social care professional commented that one of the best things the service did was work alongside health and social care professionals to implement personalised risk assessments effectively to help enable people to have more freedom and control.

Risks associated with people's care and support were managed appropriately. Arrangements were in place to

Is the service safe?

continually review and monitor accidents and incidents. Up to date environmental risk assessments, fire safety records and maintenance certificates evidenced the premises was managed to a high standard to help maintain people's safety. People's needs were met in an emergency such as a fire, because they had personal emergency evacuation plans in place. These plans helped to ensure people's individual needs were known to staff and to the fire service, so they could be supported in the correct way.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records where

appropriate contained 'Positive Behavioural Support Plans'. These forms were used to record events before, during and after an incident where a person had become distressed. The information was then reviewed to consider if there were common triggers and noted positive action that had been successful in defusing the situation, to allow learning to take place. Each incident was also then logged on specially designed forms, recorded in a communication folder and discussed with staff during daily handovers. Staff told us they were encouraged to share detailed information to help keep people safe.

Is the service effective?

Our findings

People felt supported by well trained staff who effectively met their needs. One person told us, “Staff are all good at their job and they help me”. Relative comments included, “Staff are very good and well trained”, “I admire the staff, I was a nurse for many years and can tell they do a very good job” and “The staff always know exactly what to do, I have no concerns, they all seem very well trained”.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people’s needs. Newly appointed staff shadowed other experienced members of staff until they and the management felt they were competent in their role. Observations on staff performance took place and new staff were assigned a buddy to offer additional support. Staff comments included, “My induction was really very good, it was informative and kept me engaged. This is my first ever role within care, and it provided me with everything I needed to feel comfortable that I was ready to go” and “My induction was good, I still felt I wasn’t ready and needed extra support, [...] was brilliant and I got the support I needed”. The registered manager told us, staff could openly discuss and request additional training and would be supported to achieve their goals. The deputy manager confirmed that they were in the process of securing funding to enable eight members of staff to complete specialised diplomas in dementia care.

The registered manager told us and we saw evidence that they kept up to date with new developments and guidance to promote best practice. They confirmed, new staff, during their induction, would work towards gaining the new care certificate, recommended following the ‘Cavendish Review’. The outcome of the review was to improve consistency in the sector specific training health care assistants and support workers receive in social care settings.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest

decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had appropriately been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person’s legal status and helped protect their rights. The registered manager had a good knowledge of their responsibilities under the legislation.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Daily notes evidenced where consent had been sought and choice had been given. A staff member commented that everybody within the home could be encouraged to make simple everyday decisions and supported to have choice. For example, whether to take part in an activity, how to have their hair or what clothes to wear. However, when it came to more complex decisions they explained this would be done in a person’s best interests. One person told us, “I choose how I want my hair done and I choose my own stuff what to wear”. The registered manager informed us and showed us documentation where a best interests decision had been made to support people.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health care professional’s advice had been obtained regarding specific guidance about delivery of specialised care. For example, a GP had been contacted promptly when staff noted a person had developed a cough. Following an appointment the GP had diagnosed a chest infection and staff had collected the prescribed course of antibiotics. Documentation showed the person’s health had improved. Relatives told us, “Staff are very quick to call the doctor when needed” and “Any problems at all, staff let me know and then make sure [...] sees the right person, like a doctor or someone”.

People experienced positive outcomes regarding their health. Staff knew people’s routine health needs and gave people choice and control over how they were met. For example, a relative talked us through how staff showed respect for their daughter’s preference regarding their annual health review with their GP. They said, “[...] refused

Is the service effective?

to attend the surgery to have their yearly check-up. Staff attended the surgery and explained the reasons [...] had for not attending. The GP agreed to visit the home instead, and [...] agreed to have their check up in the comfort of their own bedroom”.

People were protected from the risk of poor nutrition and dehydration by staff who regularly monitored and reviewed people’s needs. People were supported to have food wherever and whenever they chose. The cook commented, “People have choice, and can have what they want when they want it. Fresh fruit is always available and we cater for all choices”. Care records showed detailed dietary preferences. People were supported to be involved in the weekly food shopping and assisted staff to choose and purchase items. A Relative commented, “[...] has choice around the food she eats. Whatever she asks for, she gets; the staff spoil her”.

People were relaxed during lunch and told us the meals were good, served at the right temperature, and of sufficient quantity. One person commented, “Food is nice, I get what I like, it’s hot enough and I never want any more

put it that way”. People who needed assistance were given support. We saw staff gave people choice, checked people had everything they required and supported people to eat at their own pace and not feel rushed. One relative said, “Food is very good, smells lovely and looks nice. My son loves his food and if it wasn’t good he would certainly let them know”.

Care records highlighted where risks with eating and drinking had been identified. For example, one person’s record evidenced an assessment had identified a potential choking risk. Staff sought advice and liaised with a speech and language therapist (SLT). Staff had been advised to maintain the person’s independence with eating, but to help minimise the risk, the person was to be observed whilst eating in a quiet environment to help with their concentration. We observed staff adhered to this advice and the person in question, independently ate their meal whilst staff stood by. A SLT confirmed, staff followed guidelines, took on board advice given and people’s needs were regularly reviewed.

Is the service caring?

Our findings

People and those who matter to them felt positive about the caring nature of the staff. Relatives spoke highly of the quality of the care people received. Comments included; “Staff are absolutely marvellous, just fabulous”; “Cheerful, pleasant and caring” and “Staff love [...], they have a loving relationship with her”.

Staff showed concern for people’s wellbeing in a meaningful way. We saw staff interacted with people in a caring, supportive manner and took practical action to relieve people’s distress. For example, one person showed signs of distress whilst sat in the lounge. A staff member promptly assisted the person. They crouched down so they were at the person’s eye level, spoke with them in a kind manner, held their hand, and stayed with them until the person felt comforted. A relative commented on how well staff responded to people’s distress, they said, “Staff know [...] well and know what works well to calm [...], when he gets anxious over things”. The registered manager also confirmed how they used technology to help reduce signs of distress. For example, an I-pad had been purchased by the service and was used to enable one person to view pictures of trains and train journeys. This reflected a person’s known likes from their history, and had a positive effect on their behaviour.

Staff knew the people they cared for. They were able to tell us about individual likes and dislikes, which matched what we observed and what was recorded in people’s care records. For example, one person’s record noted the importance of them having their hair styled a particular way. Staff were able to tell us the exact styles the person preferred and the significance of this being respected. We saw the person and they confirmed their hair was always fashioned to their liking. A relative relayed how they felt staff demonstrated their caring nature and showed how well they knew people. They described how staff respected the fact that their son enjoyed the comfort of their own bed, and as a result would choose not to be taken on holiday. They said, “Staff set a week aside and offered an activity every day that [...] can take part in outside of the home. They made sure he returned to his own bed each night but treated each day as if he was on holiday; he really enjoyed that”.

People were supported to express their views. Staff knew people’s individual communication needs, and were skilled

at responding to people appropriately no matter how complex the individuals needs were. We observed one staff member recognised one person who had very limited verbal communication required assistance. They approached the person and gave them their arm to feel. This enabled the person to know which member of staff had come to support them. They then spent time to ascertain exactly what the person wanted and met their need. A relative said, “Staff have tried various ways of communication such as Makaton, but [...] is unable to learn these new techniques. Staff have developed their own ways of understanding [...]. They know her really well and know exactly what she wants”. A staff member told us, “I attended an intensive interaction course; I am able to put what I learnt into practice. I gave the person my arm so they instantly knew it was me. I am developing this with other people and staff. We come up with ideas that might work for different people to help them communicate and try all sorts of things”. The registered manager talked us through various ways the service were looking into assisted technology to enhance ways people could communicate, and be supported to have their say. For example, they had secured funding for eye gaze technology, where staff would be trained to enable people to communicate through use of their eyes.

People and their relatives told us privacy and dignity needs were respected by staff who understood and responded to individual needs. Comments included, “When I want to come to my room and be on my own and listen to music, I do” and “Staff are very attentive with regards [...] dignity. She is always clean, dressed well, hair washed and her bedroom is pristine”. Staff informed us of various ways people were supported to maintain their dignity. For example, one staff member commented how when providing personal care, they always made sure they closed all doors and curtains, talked people through what they were doing and encouraged people to do what they could for themselves. Another staff member said, “If people need to be supported to use the toilet, it is important to give them as much privacy as you can, once they are safe, you can turn around or wait outside the room”.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. Comments included;

Is the service caring?

“No restrictions at all, you can go in any time you like. Out of courtesy I usually let staff know I’m coming, and they always make you feel welcome with a coffee waiting for us” and “Always made to feel very welcome”.

Is the service responsive?

Our findings

Care records contained detailed information about people's health and social care needs. They were written from the person's perspective and reflected how each person wished to receive their care and support. Records were organised, gave guidance to staff on how best to support people with personalised care and were reviewed to respond to people's change in needs. A staff member said; "We get lots of time to spend with people, we can read people's expressions to know what people like and dislike and adjust their care plans accordingly".

People and their families where appropriate were involved in planning their own care and making decisions about how their needs were met. Staff were skilled in supporting people to do this and assessing people's needs. Staff told us how they discussed ideas about what would make a positive difference in people's daily lives and support their needs. They confirmed they would where possible involve people or those who matter to them within the decision, and consult with health and social care professionals. For example, staff suggested one person may benefit from having a daily paper delivered that could provide additional stimuli. This had been discussed with the person's social worker and put in place. It had been reported by staff as a resounding success. It encouraged the person to discuss daily news stories and engage more with staff. It also encouraged social contact as the person was included in the process of paying their weekly bill, to maintain a level of independence and control. The registered manager talked us through the importance staff placed on ensuring ideas to improve people's lives were achievable for individuals. They commented, "Setting achievable goals creates less anxiety, and a much improved quality of life and wellbeing".

People were supported to maintain relationships with those who mattered to them. One person said, "I see my brother and my sister and my mum". Relatives often visited and people where possible, went out for the day with their families. One relative said, "Staff are very good at keeping me informed, they let me know about things like hospital appointments. They arrange to pick me up so I can attend them with staff. [...] likes me to be there with her". The registered manager understood the importance of visits from those who mattered to people and told us, one of the values of the service was to work closely alongside families.

Staff helped people to have contact with their families and friends, including those who lived in other parts of the country. For example, staff supported one person to use Skype to keep in touch with their loved ones.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated or restricted due to their disabilities. Care records highlighted the importance of maintaining a community presence and social inclusion. People confirmed and daily records evidenced where they had been supported to carry out personalised activities that reflected their hobbies and interests. This included holidays, disco's, shopping and the cinema. Staff confirmed people led really active social lives. One person told us, "I go to the disco on Friday's and I've just come back from a holiday, I do like going on holidays". Relative comments included, "[...] went on holiday for her birthday, she made friends, went to the arcade and had a fabulous time", "When he wants to go out he is always taken out, he enjoys going for nice meals, he enjoys his food" and "They all like different things, he goes out a lot. I have recently been asked where [...] would enjoy going for a holiday, it's just lovely".

People were supported to have their choice and preferences met when they faced moving between services. Staff displayed an awareness of the impact such transition could have on people's lives and wellbeing. Careful thought had been given when moves between services had taken place. Proper plans had been drawn up and delivered in practice and strategies had been put in place to maintain continuity of care. For example, one person recently moved to Farm Lane House from another of Mencap's services. This was done in the person's best interests and relevant professionals and family members had been involved in the decision. Staff came across from the other service so the person received consistency in care from staff they knew well. These staff passed on their knowledge of the person and provided in-depth information to Farm Lane House staff, so the person's individual needs and preferences could continue to be met. Their bedroom had been carefully decorated to replicate their previous room to minimise change for the person and offer stability. A social care professional commented, staff were very supportive towards the person's family member, gave consideration to the person's best interests and displayed well evidenced person centred practice.

Is the service responsive?

People had a choice over who provided their personal care. For example, one person's care record stated they wished for a female staff member to assist them with their personal care. We spoke to their relative who confirmed this was always respected. They said, "Even when [...] goes to the disco and is taken by a male member of staff, they have arrangements in place for somebody [...] knows well and trusts, who will take care of her toilet needs whilst there; it's unbelievable".

The service had a policy and procedure in place for dealing with any concerns or complaints. This was produced in an easy read format and kept in the entrance to the service.

People and those who matter to them knew who to contact if they needed to raise a concern or make a complaint. Relatives, who had raised concerns, had their issues dealt with straight away. Comments included; "I haven't had to make a complaint. I raised a concern, spoke with the manager and everything was quickly dealt with" and "I would be happy to make a complaint if I had one, but I don't". A social care professional commented they had never had any concerns or reason to complain but felt staff would act appropriately if they did. The registered manager confirmed they had received no written or verbal complaints.

Is the service well-led?

Our findings

At our last inspection on 16 and 17 June 2015 we found breaches of legal requirements related to the assessing and monitoring the quality of service provision. The provider drew up an action plan which explained how they would address the breaches of regulations. At this inspection we found these actions had been completed and improvements had been made. The provider now met the legal requirements.

The registered manager and the deputy manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at the Farm Lane House. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.

People, those who matter to them and staff all described the management of the home to be approachable, open and supportive. One person said, “[...] is nice and good at their job, they help me” Relatives told us, “You can go to [...] at any time, she is really nice and she listens; just brilliant” and “I see the manager a lot we are always having chats, she is very approachable”. Staff comments included; “The managers door is always open” and “I feel I can approach the management about anything, the door is always open.”

The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff told us they felt empowered to have a voice and share their opinions and ideas they had. Comments included, “We get a chance to voice our ideas, we all feed off each other and discuss thoughts we have” and “We get opportunity to make suggestions and I do feel listened too” The registered manager talked through changes to practice that had been implemented and ideas from staff that had been acted upon. For example, staff were invited to voice their ideas regarding a new on call staffing system that was to be implemented. Their ideas were fed back to the area operations manager for Mencap and used to develop the structure of the new system.

The registered manager told us the importance of having set core values that were understood by staff and put into practice. These included, working with families, caring,

trustworthiness and inclusivity. These values formed part of the induction process and were discussed at team meetings with existing staff members. The service had introduced a plan to reflect what Farm Lane House could do to incorporate their values into practice and achieve positive outcomes for people. This included, a drive to recruit volunteers, and use of the government apprenticeship scheme to provide supernumery staff. This would improve on the amount of meaningful personalised social activities that could be offered to people. The registered manager said, “Tapping into resources that we have never explored before will be of great value. I really feel it would be good for people to build relationships with people who don’t provide their personal care. This will increase the tailored social support we can offer people. For example, male befrienders that could give the men we support a chance to build companionship that is different to the relationship they have with a carer”.

The home worked in partnership with key organisations to support care provision. Health and social care professionals confirmed to us, that staff worked in partnership with them, followed advice and provided good support for people.

Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Comments included, “I love my job, I love supporting people and I’m very passionate that people’s needs are met”, “I’m so passionate about this place, just one smile from somebody I support, makes it all seem right, that’s what I work for” and “I do enjoy the work I do, my view is positive. It’s a nice environment and I have a very supportive team”.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered manager, and were confident they would act on them appropriately. One member of staff commented, “If I saw anything wrong I would go straight to the office. I certainly feel I would be listened to and supported”. The registered manager talked us through a recent investigation that had taken place following a staff member having raised concerns about the care that had

Is the service well-led?

been offered by a colleague. Comprehensive documentation evidenced that a thorough investigation had taken place and demonstrated the staff member had been given support throughout the entire process.

There was an effective quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that

quality of care was not compromised. For example, a quality audit had identified the lounge carpet was showing signs of wear that could potentially cause a trip hazard. Quotes were immediately obtained by the registered manager for a new carpet to be purchased and fitted. Whilst these were being sourced we noted the existing carpet had been made safe.