The Disabilities Trust

The Willows

Inspection report

126 Beech Hill
Haywards Heath
West Sussex
RH16 3TT
Tel: 01444 455448
Website: www.thedtgroup.org

Date of inspection visit: 7 December 2015
Date of publication: 02/02/2016

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 Willows is registered to accommodate up to four people who require support with personal care. It specialises in supporting people who have autism. Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. At the time of our inspection, there were four people living at the service all of whom had autism and a learning disability.

The property is a modern, detached house on a residential housing estate on the outskirts of Lindfield. People have their own bedrooms and shared use of the communal areas and garden.

This inspection took place on 7 December 2015 and the provider was given three days' notice. This was to enable the provider to arrange for sufficient numbers of staff to be available to facilitate the inspection without disrupting the daily routines of the people who lived there.

At the time of the inspection the service did not have a registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission (CQC) 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. The day-to-day management of the service was overseen by a manager who is referred to as the acting manager throughout this report. Following our inspection the acting manager became the registered manager.

People were supported by kind, caring staff that knew them well and understood the importance of supporting people to follow their daily routines. A relative told us "The care here is very good, they (the staff team) know [the person] very well; they know his routine and understand him, they really get it."

People's independence was promoted and they participated in a range of activities of their choice. A relative told us "(Person's name) can make his own choices and they (the staff) encouragethis". Information was available to people in a format that was accessible to them and was illustrated with pictures and symbols.

People could choose and were supported to prepare their own meal and drinks. A staff member told us "(Person's name) likes to bake cakes and (person's name) likes to make chocolate muffins". They went on to say "We all sit down at the table to eat together".

People were supported to maintain relationships with people that mattered to them. Relatives were kept informed of their loved one's wellbeing and any changes in their needs. One relative told us "It's very much a team effort, they include us in everything, we have a good relationship and work very closely with them. We feel like members of the team".

People's needs had been assessed and planned for. Plans took into account people's preferences, likes and dislikes and were reviewed on a regular basis. Staff worked in accordance with the Mental Capacity Act (MCA) and associated legislation ensuring consent to care and treatment was obtained. People were supported to make their own decisions and where people lacked the capacity to do so, their relatives and relevant professionals were involved in making decisions in their best interest.

Medicines were ordered, administered, stored and disposed of safely by staff who were trained to do so. Referrals were made to relevant health care professionals when needed and each person had a health action plan in place.

Staff received the training and support they needed to undertake their role and were skilled in supporting people with autism. A relative told us "The staff team are very switched on. I don't have any concerns about their skills or competencies".

Staff had a good understanding of each person's communication needs and of how some people communicated their feelings through their actions. They were able to recognise when a person was feeling anxious and took appropriate action to minimise or where possible remove the source of these anxieties. A relative told us "(Person's name) is very settled at the moment, as settled as they've ever been. The staff team have a lot to do with that, they really understand what's important to (person's name) and go out of their way to make sure it happens".

Staff knew what action to take if they suspected abuse had taken place and felt confident in raising concerns. Risks to people were identified and managed appropriately and people had personal emergency evacuation plans in place in the event of an emergency.

The service followed safe recruitment practices and staffing levels were sufficient to meet people's assessed needs, including spending one to one time with people.

The management of the service were open and transparent and a culture of continuous learning and improvement was promoted. The acting manager told us "I'm always thinking about what else we can do to improve services and I want the staff team to get involved too." The provider had ensured there were robust processes in place for auditing and monitoring the quality of the service and complaints were responded to appropriately.

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.

Staff were trained to recognise abuse and knew what action to take if they suspected abuse had taken place.

Risks were assessed and there were robust plans in place to protect people, whilst promoting their independence and choice.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely.

Medicines were managed appropriately by trained staff.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the skills and experience needed to meet their needs.

People had sufficient to eat and drink and were involved in the planning and preparing their food and drinks.

Staff understood the requirements of the Mental Capacity Act 2005 and put this into practice when gaining people's consent. Where people had been deprived of their liberty, authorisation from the local authority had been requested.

Good

Is the service caring?
The service was caring.

People were looked after by kind and caring staff who knew them well.

Staff took action to reduce people's anxiety levels.

People's preferences were accommodated and people were supported to express their views.

Good

Is the service responsive?
The service was responsive.

Care plans were centred on the person and provided comprehensive information to staff about people's care needs and how people wanted to be supported.

People knew how to make a complaint and complaints were dealt with in line with the provider's policy.

Good

Is the service well-led?
The service was well led.

People were involved in developing the service.

Good

Summary of findings

The management team looked for ways to drive improvement in the service by listening to, and seeking feedback.

The provider had robust quality assurance systems in place.

The Willows

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 inspection took place on 7 December 2015 and was announced. This was to enable the provider to arrange for sufficient numbers of staff to be available to facilitate the inspection without disrupting the daily routines of the people who lived at the service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

Due to the nature of people's autism and communication difficulties, we were not able to ask direct questions. We observed staff supporting and interacting with people and spoke with the acting manager, and three members of staff. We observed a staff hand over to listen to the information passed on by the staff who worked the early shift to the member of staff who was leading the late shift. Following the inspection we spoke with a relative of one of the people living at the service.

We looked at records including four care records, three staff recruitment records, medication administration record (MAR) sheets, staff rotas, staff training and supervision trackers, complaints and other records relating to the quality assurance processes and management of the service.

Following our inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. They also sent us some information relating to staff training and supervision, minutes of meetings which had been attended by people who use the service and minutes of staff meeting minutes. This information was considered in the writing of this report.

No concerns were identified at the last inspection of the service which took place on 13 May 2014.

Good

Is the service safe?

Our findings

People were protected against the risk of potential abuse. Staff was trained in safeguarding adults at risk and were aware of the different types of abuse they might encounter, such as verbal, physical or financial abuse. They knew who to report to and what action to take should they suspect abuse and followed the guidelines of West Sussex County Council's pan-Sussex multi-agency safeguarding policy, the latest copy of which was available to staff in the office. Information was available in an easy read format which was illustrated with symbols and pictures for staff to use when discussing with people the issue of keeping safe. Concerns raised were taken seriously and responded to by the provider. There was a 24 hour whistleblowing line for staff who also had access to safeguarding information via posters and leaflets in various formats to complement training. A relative told us they felt their family member was safe and would tell them if anything was wrong.

Risks to people had been identified, assessed and managed appropriately. There was a range of risk assessments within people's care records and areas such as personal care, nutritional needs and daily routines had been planned for. People had behaviour support plans in place which advised staff on what action to take in the event of people displaying negative or positive behaviour and how to support the person. Care records provided information for staff about what can trigger a certain behaviour, what to do if behaviour occurred, how to react when the behaviour first emerged and then advice on what to do subsequently. For example, one person could become very anxious and distressed if their daily routine was disrupted. Staff were aware of the impact disruption to this person's routine would have on the person and robust plans were in place to minimise the risk of this happening. Staff had received training in how to support people if they did becomedistressed. For example they had completed training in de-escalation and intervention techniques including physical intervention. Physical intervention techniques in place had been signed and agreed by a multidisciplinary team of professionals. A relative told us they felt staff took people's safety seriously and took the action needed to reduce the risk of people coming to any harm.

People were supported to take risks. Risks to people's health, safety and welfare had been assessed and planned for to ensure people remained safe whilst still promoting their independence. For example one person for whom noise and busy places could trigger anxiety had expressed a wish to eat at a fast food restaurant. Consideration to the time of day and how busy the restaurant was likely to be was included in the planning of this outing which had taken place without incident. A member of staff told us "(Person's name) doesn't like being around children or too many people. We explained to him before we went that there might be a lot of people there but he really wanted to go. He had a lovely time and he really enjoyed doing something new".

Accidents and incidents were recorded and analysed to help the staff team understand patterns or trends, and to enable them to think about anything they could do differently in the future. For example, one person's risk assessment for going out for walks in the local community had been reviewed and updated following an incident where the person had suddenly run out into the road. Staff explained they had informed the person's family of the incident, had contacted their psychology team for advice and were working with the person on the issue of road safety. Staff told us the person enjoyed going for walks which they were continuing to support them to do but were doing so in places where the risk of them running out into a road was reduced such as in rural areas and in the local area in the evening when roads were quiet.

Staffing levels were assessed, monitored and sufficient to meet people's needs at all times. There were enough staff on duty to ensure people's needs were met and they were supported to do their planned activities. We observed throughout the inspection that staff were unhurried and relaxed with people. The acting manager showed us the staffing rota, which showed there were four or five staff members on duty most of the day and one member of staff who worked a waking night from 9.45pm to 8am. The service also had access to an on-call service to ensure management support could be accessed whenever it was required.

People's medicines were managed so that they received them safely. Medicines were ordered, stored, administered and disposed of in line with current legislation and the provider's medicines management policy. Staff had been

Good

Is the service safe?

trained to administer medicines and training records confirmed this. Medication administration record (MAR) sheets had been completed and signed by staff appropriately.

The provider followed safe recruitment practices and relevant employment checks, such as criminal records checks, proof of identity, right to work in the United Kingdom and appropriate references had been completed before staff began working at the service.

The provider had systems in place to make sure the premises were safe and to respond to foreseeable emergencies. There were personal emergency evacuation plans in place for people which provided advice to staff on their safe evacuation in the event of an emergency.

Good

Is the service effective?

Our findings

People had their assessed needs and preferences met by staff with the necessary skills and knowledge. A relative told us "The staff team are very switched on. I don't have any concerns about their skills or competencies". Staff received training in areas such as fire safety, mental capacity, diversity, food hygiene, safeguarding, infection control, management of hazardous substances, health and safety and medication. They had also completed training about autism to ensure they understood people's needs and knew how best to support them. Additional training was provided to staff to meet people's other specialist care needs for example epilepsy and Makaton. Makaton is a system that uses signs and symbols to aid communication.

Staff were supported to gain qualifications in care. One senior member of staff had completed a Level 5 qualification in Health and Social Care and other staff had started diplomas in subjects relevant to their role and of interest to them such as Autism, Mental Health and Equality and Diversity. New staff completed an induction programme to ensure they had the competencies they needed to undertake their role. This included the completion of essential training, and shadowing experienced staff whilst they got to know people's needs, preferences and choices. New staff were also required by the provider to complete the care certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It is designed to give confidence that workers have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff felt the training they had received had prepared them for their role and said they felt confident and competent to support people with autism. One commented, "The training is very good." Another staff member said the managers had been very supportive in helping them to develop their skills. A relative told us they felt staff were knowledgeable and skilled. They said, "The care here is very good, they know [the person] very well; they know his routine and understand him, they really get it."

Staff received the support they needed to undertake their role. They had one to one supervision meetings with their line manager at which they could discuss in private their personal and professional development and had an annual appraisal of their performance. The acting manager told us they found their line manager very supportive. Staff also attended team meetings at which information was shared and people's needs were discussed.

Communication was effective. There was a half hour overlap between shifts to allow for handover meetings to take place. At these meetings each member of staff from the earlier shift met with the shift leader for the oncoming shift to share information about how the person they had been supporting had spent their time and pass on any issues or concerns that needed to be highlighted to them. All the staff we spoke with were knowledgeable about the people they supported and had an in-depth understanding of how people communicated and what their likes and dislikes were. For example when we arrived at the service the team leader and registered manager explained to us that one person would become extremely anxious if we asked them any direct questions but would be happy to speak with us if we talked with them about general subjects. We observed that staff were skilled in using different approaches and ways of communicating with people appropriate to their needs and that some written information had been illustrated with symbols and pictures to aid people's understanding. People's physical, emotional and psychological needs and how these needs could be met were discussed at team meetings. Staff told us, and meeting minutes confirmed that they used staff meetings to discuss what was working well and to identify any lessons that could be learned from things that had not worked so well.

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 application 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.

Good

Is the service effective?

The acting manager told us and records confirmed they had submitted DoLS applications for all of the people who lived at the service. Staff had additional guidance to help them understand what day to day decisions people were able to make, and where they might require additional support. Mental capacity assessments had identified where an individual lacked mental capacity to make a specific decisions and best interest decisions had been made in line with the Mental Capacity Act guidance. A relative confirmed they were always consulted in matters relating to decision making about their family member. Staff had a good understanding of the relevant requirements of the MCA and put this into practice.

People were supported to have sufficient to eat, drink and maintain a balanced diet. People took turns to choose the evening meal and to cook. Because people were out and about during the day, the main meal was eaten in the evening. Menus were discussed by people once a week and people's preferences were catered for. For example, one person did not eat a particular type of meat due to their religious beliefs. Staff explained that people enjoyed getting involved in preparing food and one staff member told us "(Person's name) likes to bake cakes and (person's name) likes to make chocolate muffins". They went on to say "We all sit down at the table to eat together". Drinks were readily available and people could help themselves to hot and cold drinks throughout the day or night.

People were supported to maintain good health and had access to healthcare services. The provider employed healthcare professionals who were part of a multi-disciplinary team (MDT), for example, psychologist, and speech and language therapist. People were assessed when needed by the MDT who were also available to give advice and care records confirmed this. In addition, people had access to a GP, chiropodist, optician and dentist. There were health action plans in place which included Makaton signs and symbols to aid communication. Health action plans provide information about people's health needs and the professionals involved to support them.

Good

Is the service caring?

Our findings

Staff had a caring, compassionate and fun approach to their work with people. They knew people well and demonstrated understanding of the preferences and personalities of the people they supported with whom caring relationships had been developed. We observed that staff communicated with people in a warm, friendly and sensitive manner that took account of their needs and understanding.

Staff used positive behaviour support which is a proactive approach for understanding the cause or 'triggers' of a person's anxiety and consequent behaviour and reducing the risk of them occurring. The primary aim of using this approach is to improve the quality of a person's life. Staff were skilled at recognising the signs people displayed when they were becoming anxious and took action to reduce or remove the source of the anxiety. One person was sensitive to noise and wore ear defenders to reduce the anxieties noise caused them. Staff explained that when this person becomes anxious they liked to leave the communal lounge and to go into a quieter area. We observed staff supporting this person to do this at one point in the day when there were a lot of people in the lounge. It was evident that staff had recognised this person was becoming anxious immediately and that their action to support them to go to the quiet area meant the person's anxiety levels dropped and they became calm.

Staff took care to maintain and promote people's well-being and happiness; for instance, one person became anxious about the location of items that were important to them and had to check these items throughout the day.. The acting manager explained to us the importance of this to the person and that if these items could not be found that this would cause the person great distress. The person came into the office several times throughout the day to check one of these items which was a telephone. The acting manager and senior member of staff present in the office responded calmly to the person and showed them the telephone and reassured them that it was there and that it was working. They explained the person also needed to check the presence of a cheese grater throughout the day. They told us that in order to avoid any distress that would be caused if anything happened to the cheese grater they had bought an identical one which they could replace it with. One relative told us "(Person's name) is very settled at the moment, as settled as they've ever been. The staff team have a lot to do with that, they really understand what's important to (person's name) and go out of their way to make sure it happens".

It was evident that staff were working to empower people to understand their choices and rights. Documentation and care plans included sections which were illustrated with symbols, pictures and photographs to aid the person's understanding and help support people to make their own choices. For example about what to eat or what activity to take part in. A relative commented, "(Person's name) can make his own choices and they (the staff) encourage this". People's records clearly guided staff on how to support somebody to ensure they were able to make choices and decisions about their everyday life. For example, each person had a wish list in place specifying things that would make them happy and that they would like to do in the future.

People were supported to maintain relationships with people that mattered to them. A relative told us they were welcome at the service at any time and visited on a regular basis. They told us they also telephoned their family member on set days and times which the staff accommodated. They confirmed they were included and involved in planning their family member's care. They said, "It's very much a team effort, they include us in everything, we have a good relationship and work very closely with them. We feel like members of the team".

Each person had their own room which had been personalised to reflect their personality. For example, one person's room had been decorated to reflect their love of a football team and their football memorabilia was displayed. One person had pictures of the items of clothing on the storage in their room as a prompt to support them to put their clothes away independently.

People were supported to express their views and were actively involved in making decisions about their care, treatment and support where possible. Everyone had their own keyworker which is a named member of staff that co-ordinated all aspects of their care. The keyworker met with their allocated person regularly to talk about their support and their goals for the future which they helped

Good

Is the service caring?

them to plan for. There was evidence within people's care plans to show that they had been involved and some people had also appended their signature to show this had happened.

People's privacy and dignity were respected and promoted. The guidance contained in people's care plans promoted their privacy and dignity. Staff told us about how they protected people's dignity such as when helping them with personal care or when out in the community. People's care records clearly guided staff in protecting people's privacy and dignity during aspects of their day such as enabling people to have private time, or when supporting them with intimate care. Staff communicated with people effectively and respectfully. For example, if an individual was sitting down staff would crouch down or sit with the person and focus solely on that conversation. Staff told us that they were trained to focus on the person and their needs. The acting manager told us that learning about respect and dignity started with induction training and was reinforced through team meetings.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us "They (the staff team) are very proactive in supporting (person's name) and anticipating his needs".

People's needs had been planned for. Each person's needs had been assessed before they came to live at the service. A relative confirmed they and their family member had been able to visit the service before their family member made a decision to move in and they had been involved in the assessment process. People's initial assessments and risk assessments had been used as a basis on which staff had developed detailed care and support plans to guide staff in how the person wanted and needed to be supported. These plans provided comprehensive, detailed information about people, their personal history, individual preferences, interests and aspirations. They were centred on the person and designed to help people plan their life and the support they needed. For example, they included a detailed breakdown of people's morning and evening routines. This meant staff were able to support people in exactly the way they wanted, or needed to be supported to maintain their health and well-being. One person's plan contained details informing staff the circumstances under which offering choice to the person could lead to negative behaviours. It also stressed the importance of not using the wor d 'worry' as this could trigger the person to feel anxious. Their plan stressed the importance of them following their routine and the need for a consistent approach from the staff team.

Plans also included people's health conditions, behaviours and their wider circle of support such as family and health or social care services. Records contained clear actions for staff to take so that people received the help and support they needed and were reviewed on a regular basis. Staff told us they were provided with enough time to read people's plans and were able to describe people's physical and emotional needs. They told us about the sort of things the people liked to do and people's care plans reflected what we had been told. Staff kept detailed daily records of people's support including their personal care, activities, meals, mood and steps towards their goals. This enabled staff to easily see what support or help the person had needed and what else they wanted to achieve.

People were actively involved in planning their days, choosing what they wanted to do in terms of hobbies and interests and how they would help around the house. A 'My autism profile' was in place for each person. This provided information for staff about people including social, communication, flexibility of thoughts, sensory needs, medicines, areas of strengths and specific skills. There was information about people's psychological wellbeing and health needs. When people met with their keyworkers, they discussed all elements of their care, including goals. Keyworkers completed monthly reports for people which showed people's involvement in the review of their care plan and a review of their goals.

People were supported to make their own decisions wherever possible. For example scrap books containing photographs of activities people had participated in had been maintained that staff could use to help a person decide what they wanted to do that day. There was detailed guidance for staff in how they should offer the choices to make sure the person understood their options. An extensive range of choices was on offer that included local activities such as going to the pub or a café for lunch, going to the cinema and going shopping. When we arrived at the service some people were out on a day trip to Brighton and others were going to a social club in the evening. Minutes of meetings held with the people who lived at the service contained their feedback on the activities they had participated in and specified they had enjoyed them.

There was a complaints policy in place. A relative told us they knew how to make a complaint and who to speak with but they had not had cause to raise one. They explained that they felt they would be listened to if they did need to complain and that they had a very good working relationship with the staff team. Staff told us that the people they supported would be able to make it known if they were unhappy with something and that they would act on this. We saw there was one active complaint and the complainant had been responded to appropriately.

Good

Is the service well-led?

Our findings

Management and staff described an open and transparent culture within the service and told us they felt able to raise concerns or make suggestions. One member of staff told us, “The managers are always there and are open, they make time to listen to you”. Another staff member told us the acting manager was, “Very helpful” and added, “It’s nice to have a fresh look at things”. Staff and relatives told us management had an open door policy and were available for advice or a chat whenever they needed to. A relative described the leadership of the service as being strong and told us they felt the management had improved in recent months.

The acting manager used a variety of methods to learn about good practice and new ideas. They attended regular meetings with registered managers within the organisation to share issues, new ideas and ways of working and learn about new legislation or guidance affecting their service. They told us they accessed a number of social care learning organisations and looked at CQC updates and national reports.

Staff were encouraged to improve quality and raise standards of the service delivered. The acting manager told us they and two members of the staff team had signed up to ‘The Social Care Commitment’. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. It is a Department of Health initiative that has been developed by the sector, so it is fit for purpose and makes a real difference to those who sign up. It is made up of seven statements, with associated 'I will' tasks that address the minimum standards required when working in care, the commitment aims to both increase public confidence in the care sector and raise workforce quality in adult social care. The acting manager stated on the PIR that one of the improvements they planned to make over the next 12 months was to encourage all staff to sign up to the commitment. This involves staff agreeing to the seven statements and selecting tasks to help put those statements into practice work.

Staff and other stakeholders were actively involved in developing the service and had been encouraged to help create a ‘service quality tree’ to support good practice and suggest new innovative ideas for the future. This involved putting feedback and ideas on leaves of a paper tree. The acting manager told us they would use the feedback and ideas on the ‘quality tree’ as a basis for discussions at team meetings which could then feed into next year’s business plan and lead to improvements to the service. They told us “I’m always thinking about what else we can do to improve services and I want the staff team to get involved too.” The acting manager told us in addition to the ‘quality tree’, satisfaction surveys would be sent out in January 2016. They explained the results of the surveys would be analysed and would feed into the service development plan.

Learning through reflective practice was encouraged. People attended meetings at the service which were held each month. A recent meeting that was held showed that people had shared with each other the things they had been doing and what they had enjoyed. Staff used a variety of methods to listen and gain feedback from people. For instance, looking at body language and facial expressions helped staff understand whether the person was happy with what was happening. There were detailed daily records in place for each person which were used to help establish what was working well and what areas of practice could be improved or approached differently. A relative told us their feedback was sought on an on-going and continual basis and that management and staff were open to receiving suggestions and feedback. Staff meetings were used to discuss areas of practice that were working well and things that had not worked as well. They reflected on accidents and incidents that had occurred and discussed how improvements could be made and what could be done differently to prevent them reoccurring. This was also a focus of staff supervision meetings and divisional meetings attended by registered managers and their autism spectrum partners. The acting manager told us they had also recently attended a two day meeting with representatives from each department of the organisation at which they were able to give their views on the organisation’s business plan and share ideas. They said they found this “Very useful”.

Staff meetings provided the team with an opportunity to discuss people’s specific needs and achievements, raise issues about the premises, put forward ideas, and consider new legislation, good practice and policy updates. The agenda was devised by both the acting manager and staff, which ensured everybody had an opportunity to highlight areas for discussion.

Good

Is the service well-led?

Staff were supported to question practice. The provider had a whistleblowing policy and there was a 24 hour whistleblowing helpline in place which staff were aware of and felt confident to use. Staff told us they felt that if they did raise a concern they would be listened to and they would be taken seriously.

The provider had systems in place to assess and monitor the quality of the service. For example care plans were reviewed on a monthly basis to ensure that they continued to reflect people's needs and health and safety audits were completed on a regular basis. There were robust quality assurance and governance systems in place to drive continuous improvement including monthly provider visits to the service. Where shortfalls were identified an action plan was devised specifying what action had to be taken, by whom and by when. The completion of the action plan was overseen by the acting manager and checked at the provider's next visit to the service.