

Kisimul Group Limited

An Darach Care

Inspection report

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Date of inspection visit:
06 September 2017
07 September 2017

Date of publication:
13 February 2018

Ratings

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

Summary of findings

Overall summary

This announced inspection was carried out between 6 and 7 September 2017.

An Darach Care has its registered office head office located in the village of Swinderby in Lincolnshire. The service provides personal care support for adults who live in their own homes independently in the community. At the time of our inspection the service was providing care for 23 people who experienced needs related to learning disabilities and autism. Each person had a tenancy agreement in place and people lived in their own homes in six supported living houses located both in Lincolnshire and Cambridgeshire.

The last inspection took place between 24 and 25 August 2015. The result of this inspection was that the service was rated 'Good.' At this inspection we found the service was 'Outstanding.'

The registered person's employed two registered manager's to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In this report when we speak about both the company and the registered managers we sometimes refer to them as being, 'The registered persons'.

People were fully involved in making decisions about their lives and the care they received, how they wanted to be supported and how they spent their time. Care was given in ways which ensured their privacy and dignity was fully respected. The registered person's and staff were creative in overcoming any obstacles to achieving kind and compassionate care. People's personal information was maintained in ways which ensured it was kept confidential.

Staff found creative ways to enable people to live as full a life as possible. People were supported to access to a wide range of activities and educational opportunities to enable them to maximise their potential as individuals. People and their relatives were involved in regularly planning and reviewing their care. People and their relatives understood how to raise any complaints or issues they had and the registered persons took action to respond to and address any concerns raised with them.

Staff knew how to quickly recognise and report any concerns they had for people's safety in order to ensure

people were kept safe from harm. The registered persons had assessed potential risks to people. When any accidents or incidents had occurred they had reflected on these and put preventive measures in place. They had also developed further strategies to reduce the risk of them occurring again.

People who needed staff assistance to take their medicines were supported safely to do this. The registered persons had also ensured there were clear arrangements in place for ordering, storing, administering and disposing of medicines.

Staff were recruited safely and were well trained, developed and supported to undertake the roles they were employed to do. There were sufficient numbers of staff available who were deployed in the right way to meet people's care needs.

People had access to all of the healthcare support they needed. People also had access to a varied diet and were supported to eat and drink enough to promote their health and well-being.

The registered persons had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The registered persons promoted an open and inclusive culture within the service and people and their relatives were consulted with about the development of the service.

There was a range of audit systems and quality checks in place which ensured the service was continually monitored so that any changes or improvements needed could be identified quickly and acted upon. These systems enabled the registered persons to keep reflecting on and developing the service whilst keeping people at the centre of that process.

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 understood their role in relation to safeguarding procedures and knew how to act in order to keep people safe from harm.

There were sufficient staff employed by the service to enable them to care for people safely.

The registered persons approach to managing risk was consistent.

Good 

Is the service effective?

The service was very effective.

Staff had been supported to maintain and further develop the knowledge and skills required to meet people's individual needs and promote their well being in a way which was centred on the person.

People's healthcare needs were met and they were helped to have access to the food and drink they enjoyed to enable them to stay healthy and well.

Staff understood how to apply the Mental Capacity Act 2005 and decisions about people's care were made in line with the best interest decision making process.

Outstanding 

Is the service caring?

The service was caring.

People were treated as individuals and with respect by staff who were aware of people's choices and care needs and how these should be met.

Staff recognised people's right to privacy and promoted people's dignity.

The registered persons and staff maintained people's personal

Good 

information in a way which ensured it was kept confidential.

Is the service responsive?

The service was very responsive.

People received very personalised care which was based on staff gaining a full understanding of their needs views and wishes. This approach enabled staff to support people to become fully involved in their local and wider communities.

People's care plans reflected peoples assessed needs and staff had a good understanding of people's wishes and preferences. People and their families were involved in planning and reviewing their care.

People knew how to raise a concern or complaint if they needed to and the registered provider had arrangements in place to respond to these in the right way.

Outstanding 

Is the service well-led?

The service was well-led.

The registered persons provided clear leadership and had an approach to management which was based on good staff support, collaboration and good team work.

The registered persons sought people's opinions on the quality of the service and were committed to the continuous improvement of the service as a whole.

The registered persons used a range of auditing and monitoring systems to ensure the care provided reflected people's needs and preferences.

Good 

An Darach Care

Detailed findings

Background to this inspection

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

This inspection took place on 6 and 7 September 2017 and was announced. The inspection team consisted of two inspectors.

The provider was given a short period of notice because the service provides a domiciliary care service for younger adults who are often out during the day; we therefore needed to be sure that someone would be in.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. In addition, we reviewed the information we held about the service. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team. We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

We visited the main administrative office of the service on 6 September 2017 in order to speak with the registered persons and also to review records held there. We also visited people who received personal care provision in their own supported living accommodation. This was provided in six separate houses.

During our inspection we spoke with eight people who used the service and we used observations of the way people were supported to help us understand the experience of those people who had different ways of communicating their views, for example through behaviour and body language. We also spoke with six

relatives of people who used the service.

Both registered managers, the registered person's assistant director and their 'positive behaviour support operational lead' were available during our inspection and we spoke with them about how the service was managed and being further developed. We also spoke with five senior staff and six members of the care staff team.

We looked at six records related to the care people received and a range of records relating to how the service was being run. This included the registered person's statement of purpose, policies and procedures related to how people were supported with their medicines, policies relating to staff and care staff rotas which showed how staff were being deployed. We also viewed six staff recruitment records, records related to the supervision and support arrangements in place for staff and the registered provider's staff training plan.

Our findings

People indicated they felt safe with the staff who supported them. This was through their behaviours and communication with us. We observed people were relaxed in the company of staff and that they were very open in telling us they were happy with their care. One person showed told us, "I am happy and safe."

Records showed and staff told us that they received regular training about how to keep people safe from harm. Staff knew how to report concerns for people's safety using the provider's policies and procedures. They also knew which external organisations they could report concerns to such as the local authority, the police and the Care Quality Commission. There was information available for staff to refer to if they had any safety concerns and this was presented in different formats so that everyone could access it.

The registered managers maintained records of any incidents which occurred and information we held confirmed incidents had been reported to us in a timely way. We saw the registered managers reviewed incidents to establish any trends, such as changes in behaviour for people, and used this analysis to develop preventative practices together with staff. We saw this had led to the introduction of more effective strategies and development of staff skills for example linked to behaviour support and intervention. The registered managers gave us an example of how one person had been supported through one to one support from staff and a range of other external professionals to reduce the need for staff to intervene in order to keep the person and other people safe. This work included the person spending supportive time with speech and language therapists and other healthcare professionals. This enabled the person to be able to better communicate their feelings so staff could respond in a way which helped ensure the person's needs were met safely.

During our inspection we found that there was sufficient staff in post to safely and effectively meet people's assessed and changing needs. Staff rotas also showed that the numbers of staff the registered person's had identified as being required to meet people's needs were consistently on duty. This included the fulfilment of individual support hours that some people received. People told us and indicated through their behaviours that they were well supported. Care staff told us people were cared for safely because they had the right amount of time to give each person. They also said they felt there were enough staff with the right level of skills across each working shift to support people safely.

The registered persons had a recruitment programme in place which showed they were actively working to maintain staffing levels without the need to use agency staff. We looked at the information related to the background checks that the registered persons had completed when appointing six new care staff. We

found that in relation to each new staff member the registered persons had completed the necessary checks to establish the applicants' previous good conduct and to confirm that they were suitable people to be employed by the service. These included obtaining a range of references and checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Medicines were administered and managed safely by trained staff who had been assessed and confirmed as competent to do this by the registered persons. Medicine administration records (MARs) were reviewed regularly by the registered manager's and any issues identified were followed up as required. We observed care records also included additional details so that staff were well informed of the medicines they were supporting people to take and any risks associated with these. For example, we noted staff understood which medicines people needed to take with them when they went out into the community or to stay with relatives so that they were safe.

Medicines were stored securely, safely disposed of and recorded in line with current guidance. This included medicines which required special control measures for storage and recording. In addition, guidance for the way certain medicines needed to be taken as and when required were in place and staff had adhered to these.



Our findings

When new staff started to work at the service they were supported to undertake a structured three month probationary period as part of their programme of induction training. This included the completion of the Care Certificate. This is a set of nationally recognised induction standards. This process meant that new staff had the opportunity to develop the appropriate skills and knowledge to meet people's needs and wishes in a structured and supervised way.

Records showed, and staff told us, that there was a structured refresher training programme in place which was kept updated to enable staff to maintain their skills and keep developing their knowledge. This programme included training that the provider had identified as essential such as equality and diversity, fire safety, food safety and infection control. In addition, staff were supported to undertake nationally recognised qualifications in social care.

We also found that the service had further developed innovative and creative ways to develop their training in ways which were of real benefit to the people who received support. This was based on staff having access to more specialised training based on the understanding and needs of each of the people who used the service. The training included effective listening and communication, understanding the individual needs of people and sign language. We saw how this learning had been put into practice through staff using different communication methods including the use of assisted technology and electronic communication devices to help support people to communicate in the way they chose to. This meant people could communicate their day to day wishes and feelings freely and openly with staff at any time.

Staff we spoke with told us they had received training to enable them to know how to safely support people through physical interventions. Staff also confirmed that the number of interventions they had needed to undertake had reduced significantly. This was because following our last inspection the registered person's had further developed their approach to interventions to support people when they became distressed. They described this as an approach based on 'Positive behaviour support (PBS).'

The registered person's 'positive behaviour support operational lead' told us one of the key focuses for training was the on-going development of skills to enable staff to support people who may become distressed and their behaviour might be challenging to other people. Staff we spoke with described how helpful this training had been. It was based on staff recognising any signs that people may be becoming distressed and intervening early to provide support without the need for physical interventions. One staff member said, "It's been great that we have had time to build up knowledge and understanding of the

people we support. This has helped us to be clear about how they would like to be cared for and respond accordingly if they need additional help and are getting upset for any reason."

An example of this involved one person and the changes staff had made in recognising and sensitively responding through recognition at a very early stage, if the person was getting distressed and needed additional support. Staff described how they had achieved this through the introduction of PBS. These strategies which had been fully established with the person meant that since March 2017, staff had not needed to intervene to physically protect the person from harm. This had removed the cycle of events which had previously occurred and led to the person leading a much more independent, happier and fulfilled life.

All of the staff we spoke with and records we looked at confirmed staff had regular time set aside with the registered manager or senior staff to discuss their work performance, training needs and any issues they may need support with. Records confirmed this and showed that individual meetings also included discussions about issues such as reflecting on their own practice, promoting dignity and respect for people.

Staff had detailed knowledge and a very good understanding of what was important to each person they supported. Staff told us and we observed they achieved this through the on-going training about those subjects which positively impacted upon people's lives. For example, we observed how staff helped those who had limited verbal skills to use their own unique ways of telling staff of their preferences and choices. The use of these highly effective communication strategies ensured staff fully respected the right for each person to make and communicate their own decisions and choices. This enabled people to fully consent to their care and how it was provided.

When it had been identified that people experienced any additional difficulties in expressing their views and needed additional help to make decisions care records showed the registered person's had assessed people's capacity to consent to their care and support. Following the assessment and if required systems were then introduced to fully support them to do this. The registered managers and staff understood what constituted a restriction to someone's freedom and staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In addition to being able to describe the five key principles of the MCA staff we spoke with were also able to tell us in detail about what these meant to each person. Staff gave examples based on access to the community with staff support to keep people safe and the safe storage of medicines to safeguard people.

Staff we spoke with described each person's likes, dislikes and day to day care preferences in detail. This included the foods people liked, how and where they preferred to eat them and any particular dietary needs they had. Staff were aware of and records showed any allergies people had so that these foods could be avoided. We saw one example where a person was allergic to honey and staff helped the person to avoid this. People were supported to prepare, cook and eat their own meals when they preferred and in a place of their choosing. People learned cooking and food hygiene skills and we saw they benefited from the development of this level of independence. One person showed us the bacon they were cooking for their favourite sandwich. Another person showed us their pictures of themselves helping to prepare a meal of their choice.

Everyone we communicated with, including people's relatives, told us they were supported by staff to ensure their daily and longer term health needs were met. Staff told us how they had developed and sustained good relationships with community health and social care professionals so people could access these when it was needed. Where people needed additional support to access health services, for example having information in formats they understood or more time at an appointment this was given in a consistent way so people were at the centre of the care process."



Our findings

When we started our inspection it was clear that the registered persons had communicated to sensitively prepare people our visit so they were fully assured about who we were and that they could communicate openly and freely with us.

We also saw that staff understood what privacy and dignity meant to each person. For example, we observed staff knocked on the doors to people's homes and waited for an answer before they entered. When they communicated with us one person indicated they had a preference about the way they slept. We saw staff had listened to the person and made the changes they had requested. These included the use of thicker curtains and blinds for extra privacy. The measures supported the person in a dignified and private way.

Another person who had developed their own communication strategy and sign language had been supported to live the life they had chosen. Our observations confirmed that they gained significant benefit from being able to communicate in their own way. Examples of this included a folder the person had helped create which contained all their individual ways of telling staff what they wanted or wished to communicate. Details included how each letter of the alphabet was communicated to staff as well as certain words which were important to the person such as the avoidance of noise, what made them happy and which people in the person's life were important.

A further example was for one person who had achieved a goal they had aspired to for many months. Staff had enabled the person to go out and to places, which previously, they would not have been able to such as a large supermarket. To this person the time period would only appear to be measured in minutes. However, through staff's perseverance, the person was now very happy in being much more independent.

Another person who had limited capacity to understand decisions around the administration of medicines had been encouraged and supported in observing medicines' administration so they understood fully how medicines were administered. Staff told us how this had made such a difference to the person that they were now fully involved in preparations for taking their medicines and chose the foods they wanted to take their medicines with as prescribed. The person had also learned about what the consequences could be if they chose not to take them.

In taking this approach the registered person's had maximised people's rights using innovative techniques to help people communicate freely in their own ways. This this had led people to experience having much

greater choice and control over their lives.

We observed a lot of very positive communications being used between people and staff which promoted people's wellbeing. Throughout our inspection we observed that the registered person's and care staff were friendly, patient and discreet when they provided care for people. Staff took their time when they spoke with people and that any tasks they undertook were not rushed. For example, by giving people the privacy they needed with the support from staff whose gender the person preferred such as male or female.

We also saw, in recognition of people's anxieties the registered person had set up an arrangement for collection of the services waste disposal from the same person whenever the waste needed to be collected. People knew the person who visited and were observed to saying "hello" or giving a 'thumbs up' during the visit.

Care plans were written with the involvement of people in order to maximise choice, control and involvement in planning and determining their care and support needs. The registered person's had also developed creative ways to make sure people had accessible tailored and inclusive methods of communication. For example, social stories, picture communications, individual sign language as well as people speaking about their preferences with staff.

Staff were also mindful of the impact on people of any visitors and protecting their safety, privacy and choices. When we saw one person was a tearful, staff used their communication skills and knowledge of the person who communicated with their body language, facial expression and general demeanour to reassure them. This approach helped the person to be supported and continue to communicate their views. This showed us that each person's individual needs were considered and responded to in person centred way.

Information was available for people to access to further help them in communicating their views and wishes. We noted contact information about local lay advocacy services was on display and accessible to people. Lay advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes. The registered manager's told us how they had developed and maintained strong links with the local lay advocacy services who and that advocacy support would be given to any of the people should they need it.

The registered managers also showed us how they had considered and were implementing strategies to work with people and their circle of support to discuss any specific wishes people may want carrying out at the end of their lives.

The registered manager's and care staff told us their personal information was kept private when not in use but that people could see their personal care records and related plans, whenever they wanted to. Throughout our inspection we observed staff respected people's right to privacy and that their dignity was maintained. They communicated discreetly when discussing personal issues with people when they were in communal areas and the registered manager's also confirmed staff handover and care review meetings were held in private and only included those people who had needed to be involved in them.



Our findings

We found that the registered person's had been creative and innovative in suggesting additional ideas that people may not have considered which enhanced their sense of well being. For example, the registered persons described how one person had asked for a teddy bear (an item they had a fondness for) and had ordered this through support from staff in using the internet. Due to postal delays it had not arrived when expected and this had caused the person some anxiety. To prevent any further distress, staff worked closely with the person and involved them fully in exploring options for obtaining the same item locally. Through staff taking this approach the person was able to make their own informed decision to go to a local shop and to purchase an alternative. This helped fully involve and enable the person to make their own choices.

Staff checked if people were comfortable to meet and speak in their preferred way with us so they could be fully involved in our visit. One person asked if we were tall and if we were nice. The answers staff gave help reassure the person. The information about our role was explained by staff in a way which maintained the person's calmness.

Since our last inspection the registered person's had produced an action plan based on creating more opportunities for people to access be involved with, and live their life as part of the local and wider community. This was achieved through supporting and enabling people to use public transport, join the local library, go swimming and visit local restaurants and leisure resources.

Activities had been developed in line with each person's specific interests. Staff told us this approach was promoted to enrich people's lives and gave examples including people being supported to go to church and being welcomed there. The registered manager's showed us feedback they had received from the minister of a local church after one person had attended as part of the arrangements being made for their baptism into the church. This was something the person had chosen and the minister had fed back how positive it was that they had been able to follow their wishes saying, "To me personally, and I think for all of us at the church, [name of the person] taught us again about community, and how we live in community."

Records we looked at showed how staff had empowered another person to develop independent travel skills. This had resulted in a very positive impact for the person who gained increased confidence to use public transport to go shopping and engage in the voluntary work they regularly undertook.

People also told us and we saw that staff provided the personal care support people needed to help motivate and enable people to regularly attend educational programmes. This approach helped people to

further develop their skills and interests. One person communicated with us in their preferred way saying that they had been to college on a bus and that 'The road had been bumpy' as well as what they had done that day in following their interest in gardening.

We noted that in July 2017 one person had expressed a wish to go sailing as their family member was a keen rower. Using a planned and structured approach to support the person staff helped to introduce the person to sailing lessons through a local club. The person successfully completed these and was now an active sailor. This had significantly improved their confidence and also boosted their ability to maximise their independence.

Another person who wanted to grow plants in a raised bed was supported by staff to develop their skills in stages for a few minutes for each session. Staff told us how they used this approach to ensure the person's confidence could grow steadily because they were doing the tasks themselves rather than staff doing it for them. Staff understood the value of taking this approach and that there was a risk of potentially de-skilling the person. Staff described how they had let the person choose when, how often and for what duration they wanted to follow this hobby. Pictures we saw of the results of the work the person had completed showed the pure delight in the person's face of their achievement. The person's relative fed back to us that they, "Could not believe that [My family member] would ever be able to do this." As a result, the relative had made changes to their own garden so the person would be able to access sensory stimulation such as the scent of flowers which the relative told us their family member had clearly benefitted from.

Records showed how staff had worked in creative ways to enable people to live as full a life as possible. For example, one person had been supported through their transition from receiving full time care to living independently with support in the community. Information showed how the person had developed a range of social and communication skills and that this had resulted in the person developing a high level of confidence in their own home setting. This meant the person had greater control over their own lives and the decisions they made.

Another person indicated to us through their communications that they were living their life to its full potential. During our inspection we saw they were making Halloween 'trick or treat' bags for other people, with items they had purchased and doing this whilst telling us, "[Name of inspector], it's happy Halloween." The pleasure they gained from this was clear and we saw how this and other activities we observed taking place contributed towards people's contentment, increased their skills and made a difference to the quality of their life.

Picture records we viewed showed us that people led active, fulfilling and meaningful lives. The registered persons were pro-active in encouraging people's healthy living and eating choices. Innovative approaches had been introduced to promote this approach. Staff had taken time to speak with people about their favourite meal choices and then consider options for having the meal in the same way but as a healthier alternative. One option was for people to have a 'fake away'. This was in all intents and purposes the same ingredients as a 'take away meal' but with the use of healthier ingredients. Staff described how they encouraged people to assist in the preparation and cooking of such meals as well as presenting them in the same ways a take away would be.

The registered person's had policies and procedures in place in order to respond to any concerns or complaints they received. The information was available in different formats so that people who had different communication needs could easily access it. Other formats used by the registered person's to communicate with relatives included; email, video format or telephone. The registered manager's maintained a log of any concern raised with them. Although there were no outstanding formal complaints

where people or people's relatives had expressed any concerns, these had been responded to or were in the process of being acted upon.

Most of the relatives we spoke with told us the communications they received and had with the service were extremely positive. Describing this a relative told us, "We have been on a journey together and the managers have listened and learned about [my family member] from us through our full involvement."

Another relative said, "Communication is consistent and they send us photos of the activities our relative gets involved in. This helps because [my family member] can't tell us directly." One relative described how they felt that although they received regular communication from the registered person's about how their family member was being supported they thought it could be improved through the use of a clearer more structured approach. The relative gave us permission to share their feedback with the registered managers. They responded by further reviewing the approaches they had taken to communicate with relatives and explore how this could be further improved. After we completed our inspection visit the registered manager's told us how they had written to all involved relatives to arrange to meet with them individually to agree a communications strategy to suit each family.

Our findings

When we visited the services office we saw the registered persons were correctly displaying the quality rating we gave at our last inspection. We had also noted it was also being displayed on the registered person's website.

All of the staff we spoke with described the management structure and support system as one which they gained significant benefit from. They gave us examples such as having direct access to managers and senior support staff at all times and that the management approach was based on maintaining a very open and honest culture. Staff told us the culture was maintained through team meetings, individual one to one meetings and regular informal discussions either by telephone, email or face to face with managers. This communication had helped continually review and identify what had worked well, what could be done better and how they could learn together from any areas of their work which they felt could be further developed.

Following our last inspection the registered person's told us about how they had reviewed the way the service was being managed and had taken action to further strengthen the support available to lead the service and directly support staff in their roles. Two registered managers were now being employed, with one of the registered managers having responsibility for operational support and the other registered manager having a wider remit to support the development of the service alongside their operational role.

Staff told us how this development of the manager structure and support systems had further enable them to work as a team. This had also led to a more detailed review of how people were being supported when they got distressed and that the leadership in place had helped them to implement a new approaches centred around the person's needs. Describing how they had achieved this the registered manager's told us that they regarded any incident as an opportunity to reflect on and keep working to improve people's experience of care. They explained how following any incidents they had lead reflective discussions with staff and made any adjustments needed in order to sustain the levels of care and ensure any interventions from staff were kept to a minimum.

Staff we spoke with told us they felt able to raise any concerns they may have and were confident that these would be listened to and responded to quickly by the registered person's. Staff also said they were clear about and fully understood the registered person's whistle blowing procedure. They said if they felt any issues they had identified were not being addressed they would not hesitate to use it to escalate any concerns they might have to external agencies such as the Care Quality Commission (CQC). One staff

member told us how they were very confident about whistleblowing and that they would be "totally supported."

Staff told us and records we looked at confirmed that they were supported with a formal induction, regular and effective supervision, a planned training programme as well as individual mentoring, coaching and shadowing experienced staff members. Staff told us this had led to the staff culture being open. One staff member told us, "This [the service] is by far the best ever that I have worked with. It doesn't matter what time of day or night it is the manager's get back to you by e-mail, phone or arranges for some management support from It is simply that good." Another staff member said, "I can honestly say that the support I get has made me the person I am. I have been with [the service] for many years, been given promotion and recognised for my achievements."

Staff also confirmed regular planned support visits were carried out by senior staff and the registered manager's to review how staff were delivering care. This also included spot checks of staff performance, meetings for people and staff.

Audits and governance arrangements were very effective in driving improvements. For example, audits of care plans, records of incidents such as the frequency and impact of people's behaviours were regularly checked. The registered person's had ensured they used these systems to inform us about any significant events that had occurred in the service since our last inspection.

People and their circle of support were asked for their views about the development of the service so they could contribute to the process. In addition to maintaining direct contact with people and their relatives annual surveys were carried out to obtain feedback. Following the last survey completed in January 2017 the registered manager's wrote to people's relatives to confirm actions they had taken and were taking in response to questions about the support provided and ideas for further development of the service. The information showed how they were developing clearer communication strategies, providing information about how people were supported to manage their finances, how additional activities were being arranged at weekends and clarifying and strengthening the communication process for addressing concerns and more formal complaints.

The registered managers also confirmed that they were due to commence more regular surveys so that they could continue to keep reflecting on and undertaking timely actions to any suggestions people and their circle of support made.