

Karlyon Care Ltd

# Trenant House Care Home

## 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 1 and 3 June 2015 and was unannounced.

Trenant House provides care and accommodation for up to 24 people. On the day of the inspection 21 people were using the service. Trenant House provides care for adults who may live with mental health conditions which includes people living with dementia.

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

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.

People and staff were relaxed throughout our inspection. There was a very calm, friendly and homely atmosphere. People told us they enjoyed living in the home. Comments included, "I have a good laugh with staff, I couldn't be happier" and "I find it very friendly, I like it".

People spoke highly about the care and support they received, one person said, "Staff are deeply

# Summary of findings

compassionate". Another stated: "I receive good care". Care records were personalised and gave people control over all aspects of their lives. Staff responded quickly to people's change in needs. People or where appropriate those who mattered to them, were involved in regularly reviewing their needs and how they would like to be supported. People's preferences were identified and respected. A visitor commented, "I am updated on any issues since my last visit; I feel we are kept up to date".

Staff put people at the heart of their work; they exhibited a kind and compassionate attitude towards people. Strong relationships had been developed and practice was person focused and not task led. Staff were highly motivated, creative in finding ways to overcome obstacles that restricted people's independence, and had an in-depth appreciation of how to respect people's individual needs around their privacy and dignity.

People's risks were managed well and monitored. People were promoted to live full and active lives and were supported to be as independent as possible. Activities were meaningful and reflected people's interests and individual hobbies. A visitor commented that people were actively involved in activities and felt people really enjoyed it.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers, community psychiatric nurses and speech and language therapists.

People told us they felt safe. Comments included, "I feel safe" and "I feel safe, this place saved my life". All staff had undertaken training on safeguarding vulnerable 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.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

Relatives and friends were always made to feel welcome and people were supported to maintain relationships with those who mattered to them. People and those who mattered to them knew how to raise concerns and make complaints. Nobody told us of any concerns or complaints they had and no written complaints had been made to the service.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs. Comments included: "I love my job, if I didn't like it I wouldn't be here. It is a happy and friendly environment; I want to come to work" and "I love it here, I'm always happiest when I'm looking after people. I'm really happy here".

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. A staff member said: "Training is really good and regularly takes place".

Staff understood their role with regards the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards. Applications were made and advice was sought to help safeguard people and respect their human rights.

There were effective quality assurance systems in place. Incidents were appropriately recorded and analysed. Learning from incidents and concerns raised was used to help drive improvements and ensure positive progress was made in the delivery of care and support provided by the service.

# 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 promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

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.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

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. The registered manager had instilled clear values that were understood and put into practice.

Staff were motivated and inspired to develop and provide quality care.

Communication was encouraged. People and staff were involved in a meaningful way and enabled to make suggestions about what mattered to them.

Quality assurance systems drove improvements and raised standards of care.

Good



# Trenant House Care Home

## 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 1 and 3 June 2015 and was undertaken by three inspectors.

Before the inspection, we asked the provider to complete 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 improvements they plan to make.

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 five people who lived at Trenant House, one friend, the registered manager and five members of staff. We also spoke with a person who was gaining work experience at the service and one social care professional, a social worker who had supported a person within the service. We looked around the premises and observed how staff interacted with people throughout the two days.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four records related to people's individual care needs and ten people's records related to the administration of their 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

People told us they felt safe. Comments included; “I absolutely feel safe living here, I’m a vulnerable adult, but here I have no concerns at all” and “It’s all good I feel perfectly safe”. One visitor commented they felt their friend was, “Very much safe”, living in the home.

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. One member of staff commented, “The manager would just sort it out, you can go to [...] with any concern”. 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. For example, the local authority or the police.

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. Comments included, “I was asked for two references and had a DBS check” and “I came in for an interview and then was told pending all my checks, references, DBS, I would be offered the job”.

People told us they felt there were always enough competent staff on duty to meet their needs and keep them safe. One person said; “If we need them for anything, they are right there on your doorstep”. Another person told us, “My call bell is always answered promptly so there must be enough staff”. A friend commented, “There are enough staff; they are in abundance”. Staff were not rushed during our inspection and acted quickly to support people when requests were made.

Staff confirmed they felt there were sufficient numbers of staff on duty to support people. Comments included; “Staffing is very good, if anything sometimes over staffed, the manager wouldn’t think twice about getting extra staff if needed” and “I feel we have enough staff, if for any reason we didn’t, the manager has their uniform hung up behind the door and they come and help if needed”. The registered manager confirmed the service was fully staffed, that they reviewed staffing numbers regularly based on people’s

needs and tried to avoid using agency staff so that people received consistency in care from staff they knew well. They commented, “I don’t like to use agency staff, I would much rather put my top on and support people myself”.

People were supported by staff who understood and managed risk effectively. People moved freely around the home and were enabled to take everyday risks. People made their own choices about how and where they spent their time. One person told us; “I like to go out quite regularly. Staff ask me if I can come back at certain times so they can co-ordinate my medicine. I need to have my medicine at certain times to keep me safe”. Risk assessments recorded concerns and noted actions required to address risk and maintain people’s independence. For example, one risk assessment noted a person’s wish to go out shopping on their own. This had been assessed as a high risk to the individual. The service managed this well and had put plans and strategies in place so they could respect the person’s choice and help minimise the risk to their safety and that of others. The person was out shopping during our inspection, on their return they commented, “I go out at least twice a week shopping, I enjoy going out on my own”.

Staff were knowledgeable about people who had behaviour that may challenge others. Care records where appropriate contained forms that 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 the action taken to defuse the situation was noted to allow learning to take place. Incidents were logged and discussed with staff during daily handovers. Staff told us they were encouraged to share detailed information to help keep people safe. We observed one person got distressed whilst sat in the lounge area. Staff reacted promptly; they recognised the early signs that the person had become anxious. Staff used diversion techniques and de-escalated the situation. Their quick action prevented the person from being at risk and ensured they remained calm and settled.

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. Medicines were locked away as appropriate and, where refrigeration was required, temperatures had been logged and fell within the guidelines that ensured quality of the

## Is the service safe?

medicines was maintained. Staff were knowledgeable with regards to people's individual needs related to medicines. For example, one staff member told us how their in-depth

knowledge of person who lived with dementia, enabled them to use the person's body language and levels of agitation, to know when to administer PRN medicine that would help meet their needs.

# Is the service effective?

## Our findings

People felt supported by knowledgeable, skilled staff who effectively met their needs. People's comments included, "The staff bend over backwards to please you. They are very good" and "They are all really really good, [...] in particular is a very special person, my needs are certainly met". A relative said "They are forever training staff and having courses".

New members of staff completed a thorough induction programme, which included being taken through all of the home's policies and procedures, and training to develop their knowledge and skills. Staff then shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence and helped enable them to follow best practice and effectively meet people's needs. On-going training was then planned to support staffs' continued learning and was updated when required. Staff commented, "I shadowed staff and completed selected training modules; When I finished my apprenticeship I felt confident" and "Training here is very good, always being updated, everything you need to do your job".

The registered manager informed us how they supported staff to achieve nationally recognised qualifications. They sourced support from and had established links with an external agency to obtain funding on behalf of their staff. This enabled staff to take part in training designed to help them better their knowledge and help provide a higher level of care to people. It also helped staff to develop a clear understanding of their specific role and responsibilities and have their achievements acknowledged. Staff confirmed they had been supported by the registered manager to increase their skills and obtain qualifications. Staff told us this gave them motivation to learn and continually improve. Comments included; "I have completed my NVQ level 3 and I am being encouraged to start my NVQ4", "I have just been signed up for my Lloyds pharmacy training. I have completed my level two diploma and now I'm doing my level three" and "I was supported to achieve my NVQ3, training is very good you can ask to do anything and if they can you are given the opportunity". The registered manager said, "training is something I am very passionate about".

Staff commented they felt well supported through supervision, daily handovers and team meetings that took

place. Staff told us they used this time to discuss issues of concern, learn from each other and follow best practice advice. Comments included; "Team meetings are very beneficial", "Supervision is good, I feel like [...] is really proud of me and wants me to progress" and "Handovers are really great for discussing any on-going issues, and gives us a chance to share concerns".

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 provides 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. The registered manager had a good knowledge of their responsibilities under the legislation. We saw documentation that demonstrated appropriate applications had been made for people and were awaiting authorisation.

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. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf. A staff member commented that everybody within the home could be encouraged and supported to make certain everyday decisions. For example, what they wanted to wear or eat for breakfast. They said, "The majority of people here can make some decisions, you encourage people, it's important not to take choices away from them". We saw documentation where staff had supported health and social care professionals to make a best interests decision to help meet a persons need. A social worker commented that staff offered good support throughout the process and helped achieve a positive outcome.

People were involved in decisions about what they would like to eat and drink. Care records identified what food people disliked or enjoyed and listed what the service could do to help each person maintain a healthy balanced diet. People were encouraged to say what foods they wished to have made available to them and when and

## Is the service effective?

where they would like to eat and drink. A recent residents meeting was used to discuss people's meal preferences so they could be incorporated within the menu. People confirmed their food choices were respected. Comments included; "I wasn't eating much before I came here, I do get choice over what I eat, and now I eat a lot more" and "I should say we get a choice, very nice food". We observed staff ask people for their preference of meal from the choices available on the daily menu. When people suggested alternatives that were not listed on the menu this was respected without hesitation.

We observed staff interaction with people during the lunch time period. People were relaxed and told us the meals were good, at the right temperature and of sufficient quantity. Comments included; "Very nice and very hot always plenty of salad" and "The food is top notch,

beautiful". Staff interacted with people in a very friendly way and sensitively supported people when they requested assistance. For example, one person asked if a staff member could cut their food up for them. The staff member promptly assisted them and asked exactly how they would like their food cut, before they helped to ensure their need was met.

Care records highlighted where risks with eating and drinking had been identified. For example, one person's record evidenced an assessment had identified a risk due to excessive coughing whilst eating. Staff sought advice and liaised with a speech and language therapist (SLT). Recommendations had been made to minimise the risk to the person, which staff confirmed had been followed in practice.



# Is the service caring?

## Our findings

People felt well cared for, they spoke highly of the staff and the quality of the care they received. Comments included; “It has saved my life being here, that is how good the care is”, “I like living here, the staff are very kind” and “The care is good, couldn’t be any better”. A visitor confirmed they felt their friend was very well cared for. They said, “It’s not the Ritz inside or outside, but the care is wonderful”. A social care professional commented that staff were all lovely and really engaged well with people.

People told us their privacy and dignity was respected. Comments included, “I feel staff very much respect my privacy” and “I see to my own personal care and staff respect that and only assist me when I ask”. Staff informed us of various ways people were supported to have the privacy they needed. For example, one staff member commented how they would place towels over laps, close curtains and doors, and do whatever they could to make the person feel comfortable. They said, “Respecting somebody’s privacy and dignity comes naturally to me, you only have to think how you would feel”.

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 with others in the lounge. A staff member promptly assisted the person. They spoke with the person in a kind manner, offered the person their hand, knelt down so they were at eye level with the person and comforted them until they were settled.

Staff knew the people they cared for. They were able to tell us about individuals likes and dislikes, which matched what people told us and what was recorded in individuals care records. Comments included; “It’s beneficial to know people well, I love to chat to people and it is important”, “It’s their home, if people want something they get it, how would you know what people want if you don’t spend time speaking with them” and “If you don’t know people properly, how can you provide them with care, you need to pay them respect and build up a good rapport”

People told us, staff listened to them and took appropriate action to respect their wishes. One person said; “We say

how we like to do things, we say when we want to go to bed and when we want to get up. I usually turn in by 9pm”. Arrangements were in place to make sure, where able, people were involved in making decisions about their own care. Care records contained guidance for staff to aid communication with people living with dementia. The plans were individualised, and contained detailed techniques that helped enable people to express their views. Staff gave us examples of how they used different forms of communication to encourage people to make decisions. This included the use of real objects to offer choice, touch, photo cards and people’s body language. A staff member said, “You find ways of talking to different people through spending time with people, you try things and note the response”. Staff told us communication was key to helping people feel they mattered and belonged. The registered manager told us, one of the important core values of the service was for people to feel the home was theirs. Staff all expressed that they recognised and shared those values, comments included, “This is their home, we are the intruders”, “If somebody wants three cups of coffee in a row, they have it. This is their home” and “We find ways so people can express what they want and they get it. This is their home”.

People were given information and explanations about their treatment and support when they needed them so they could be involved in making decisions about their care. For example, one person who enjoyed spending long periods of time visiting friends in the community had the importance of taking his medicine at the right time explained to them. This meant they could make an informed decision on whether they chose to return to the home to take their medicine or not. The person commented, “It is advantageous for me to go out and meet my friends. It has been made clear the importance of coming back at the right times so my meds can be co-ordinated. So I make sure I do”.

Friends and relatives were able to visit without unnecessary restriction. Visitors told us they were always made to feel welcome and could visit at any time. They commented, “We feel welcomed and we don’t feel like we are imposing; we are always offered a cup of tea”.

# Is the service responsive?

## Our findings

Care records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. The registered manager told us this was an area that had seen strong development and emphasis had been made on making the records even more personalised. People and where appropriate, those who mattered to them, were being more actively involved in the process to help ensure their views and preferences were recorded, known and respected by all staff. Staff confirmed they had noted a significant improvement in care plans which had improved practice. Comments included, "The care plans are beneficial to both parties, they are easy to follow, help us know people well and ensure people get what they like" and "A lot of changes have been made for the better, the care plan changes have been really good, the manager went through them all with us, they are simple and easy to understand".

People were involved in planning their own care and making decisions about how their needs were met. For example, one person wrote in their care plan, they wished to eat breakfast when they decided to get up in the morning and not at any given time. The person confirmed this was respected. They said, "I say when I want to get up; I don't like to get up too early". Another person's care record specified the importance of a person having a choice of cups in which they drank from and asked their preference of where they would like to dine. A social care professional commented that staff were really good at meeting the person's needs, engaged with them really well and this helped the person settle within the home.

People told us they were able to maintain relationships with those who mattered to them. One person said, "I enjoy meeting with my friends, I find comfort in that". The registered manager understood the importance of visits from those who mattered to people and told us, staff helped people to have contact with their families and friends, including those who lived abroad or in other parts of the country. For example, one person's family wished to take their relative abroad with them to attend a special family occasion. The registered manager explained how they had thought ahead and had already arranged for the person's medicines to be delivered to see them through the

duration of the trip. The registered manager said, "I have been in constant communication with the family to help ensure nothing prevents [...] from being able to celebrate with their family".

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. Records showed one person liked to go shopping by themselves. Staff respected this choice and supported the person to maintain their interest. Staff assessed the person's abilities and skills, and plans had been put in place to ensure the person kept the level of independence they desired. The person told us, "I like to go shopping, I enjoy going out on my own". Another person wished to spend time at church without staff support. Staff arranged for the person's medicine to be co-ordinated to make this possible. The person said, "I go to church, I find comfort in that, I'm going to be baptised soon".

People were supported to follow their interests. Individual preferences and disabilities were taken into account to provide personalised, meaningful activities. The registered manager told us the service had employed an activities co-ordinator to help ensure people were given time to express their views about how they wished to spend their time and what could be done to provide them with a better quality of life. For example, to reflect one person's love for the stage and screen, staff had suggested putting on a show, performed by people to their relatives and those who mattered to them. It had been decided that 'A Midsummer Night's Dream' was the play of choice, and people who chose to take part, had been involved in making their own costumes. One person involved in the production, showed us their costume they had made and told us, "I am really looking forward to playing my part and performing to friends and people's families".

Staff told us how they used everyday conversations with people to arrange meaningful activities and combine this with providing social inclusion within the community. For example, one staff member whilst in discussion with a person got onto the subject of animals. The person expressed a liking for monkeys. The staff member suggested a visit to the zoo would be nice. Other people within the home were asked if they too wished to attend, and a day trip had taken place early in 2015. Another staff member told us about another person who enjoyed bingo.

## Is the service responsive?

The person was supported to play it with the home, and they had also been taken out to the local bingo hall to play. The member of staff said, "Each person tells us what they like and the things they used to do".

The service had a policy and procedure in place for dealing with any concerns or complaints. The policy was clearly displayed in areas of the home. People and those who mattered to them knew who to contact if they needed to raise a concern or make a complaint. One person said, "I have no complaints, it is very good here". A visitor told us, "I

would have no hesitation in raising a concern or making a complaint; if we saw something we did not like we would report it immediately, and it would be sorted". A social care professional commented they never had any concerns or reason to complain but felt staff would act appropriately if they did.

Staff confirmed any concerns made directly to them, were communicated to the registered manager and were dealt with and actioned without delay. There had been no written complaints received by the service.

# Is the service well-led?

## Our findings

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived at Trenant 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. The registered manager confirmed, the service measured their performance against recognised quality assurance schemes. The service had recently achieved the dementia quality mark, and was working towards achieving the six steps end of life care strategy programme.

People, visitors and staff all described the management of the home to be approachable, open and supportive. One person said, “[...] is very kind, I have no problems going to her about anything”. A visitor told us, “The manager is very approachable and very friendly. I can’t find a thing wrong”. Staff comments included, “[...] is very good, you can ask her anything at any time” and “Everyone has a clear role to play. You can go to [...] and say anything, she always wants the very best for everyone; staff and residents” A social care professional confirmed the management were open and called for advice whenever appropriate.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Meetings were conducted and questionnaires had been distributed that encouraged people to be involved and raise ideas that could be implemented into practice. For example, people suggested a bird feeder for the garden so they could look out and see the birds as they come to feed. We observed this had been installed in the garden outside of the dining room window to respect people’s wishes. One relative commented, “I have found the manager to be more understanding of my relative’s needs than any other nurse has over the past 40 years”.

The registered manager told us how people were involved when recruiting staff. People took part in the interview process, asked questions to the applicant and helped to decide who was successful. The registered manager explained people were included in a meaningful way. They said, “It is important people have choice in who supports them, it is their home”.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged and supported to question practice and action had been taken. For example, staff requested items were purchased to offer more variety behind the bar. These had been bought and were in place. If suggestions made could not be implemented, staff confirmed constructive feedback was provided as to why. Staff comments included, “I requested to be involved in handovers as it used to be for seniors only. Practice has changed and now all members of staff are involved” and “We asked for table mats for the dining room and these were purchased”.

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 all feel equal and able to make suggestions” and “The manager asks staff for their views”. The registered manager talked through changes that had been implemented and ideas from staff that had been acted upon with success. For example, staff suggested a shop be set up for people who were unable to go out. Staff felt this would enable people to purchase items for themselves and retain some independence. One staff member said, “[...] came to me with the idea for the shop and asked if I would run it, this made me feel really good”.

The home worked in partnership with key organisations to support care provision. Social care professionals who had involvement with the home confirmed to us, communication was good. They told us the service worked in partnership with them, followed advice and provided good support. A social worker commented that communication was always good and the home had been recommended by several of their colleagues.

The service inspired staff to provide a quality service. Staff told us they 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 like looking after people, I am passionate about my work, and it is very rewarding. The manager and staff are very supportive and this helps me to maintain my enthusiasm”, “The manager motivates me to do more, it feels good to be so appreciated” and “I love it here, I’m told by the manager that they are proud of me and want me to progress; I always want to learn new things”.

## Is the service well-led?

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, "The manager is easy to approach; friendly and you know if you have a problem you are not scared to tell her."

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 falls audit had highlighted that one person had suffered several falls over a short period of time. Action had been taken to monitor trip hazards closely by all staff. No reported falls had been recorded since this action had been taken.