

Dimensions (UK) Limited

Dimensions 30 Keepers Crescent

Inspection report

30 Keepers Crescent
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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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 21 August 2017 and was announced. The registered manager was given short notice of the inspection, because we needed to make sure they and the people who lived at the home were available to assist with the inspection.

30 Keepers Crescent provide care and accommodation for up to five people with a learning disability. There were five people living in the home on the day of the inspection and there was 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. At the time of our last inspection the service was providing a good quality of service. At this inspection they continue to do so.

Although safe staffing numbers were maintained the skills mix, due to staffing shortages, impacted upon people's current opportunities to receive a responsive service.

People were supported safely. Staff had a good understanding of potential abuse and knew how to protect people from the risk of harm. Risks were identified and well managed in order to keep people safe. Staff were confident they could safely manage behaviours of concern. Consistency and good routines helped people feel safe and secure. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People were protected by safe systems in place to enable them to receive their medicines safely.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received good training opportunities and training had been developed around the individual needs of the people who used the service. Staff felt very well supported by the registered manager and their colleagues.

Staff knew people well and communicated effectively with people. Staff worked well as a team to meet people's complex and changing needs.

People enjoyed a balanced and healthy diet. Staff were creative to offer variety and choices.

People's constantly changing health care needs were met and staff worked closely with healthcare professionals to ensure people's conditions were identified and managed.

People were supported by staff who were kind and caring. People were encouraged to express their individuality and be as independent as they were able. People were supported to develop and maintain friendships and personal relationships. People's privacy and dignity was respected and promoted and people knew how they should be treated.

People were at the heart of the service delivery and support was centred on people's individual needs and wishes. People had experienced a number of health challenges and staff had responded to these positively and proactively.

Support was very person centred and records detailed people's life histories, hopes and dreams as well as their support needs.

People were confident that their complaints would be listened to, taken seriously and acted on.

The service was well led. The provider, as an organisation, was looking at innovative ideas to improve the service. Staff felt consulted, involved and valued. People's relatives were regularly asked for their views about the quality of the service and reviews of care and support identified that people were receiving a good service. There were systems in place to monitor practices and processes. The environment required improvement in some areas and the registered manager was actively addressing this.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing numbers were maintained and staff provided safe support even though the service currently used a high number of agency staff.

People were safe because staff knew how to protect them from the risk of harm and potential abuse.

People were supported by staff who had the right values and attributes to deliver safe support.

The provider's recruitment process was robust.

People were supported to receive their medicines safely and as required.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver individualised care and support.

People's rights were protected under the Mental Capacity Act 2005.

People enjoyed a healthy and balanced diet that met their individual needs and preferences.

People were supported by staff and healthcare professionals to ensure their health care needs were identified and effectively managed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People's independence was promoted and people were

encouraged to express their choices and individuality.

People were supported to develop and maintain friendships.

People's privacy and dignity was respected and promoted

Is the service responsive?

The service was not always responsive.

People's opportunities to take part in activities were effected by their changing health needs and current staff skills mix. The team are actively improving this.

People received a responsive service that met their needs and wishes.

People received excellent care and support when their needs increased and staff were proactive in perusing interventions and medical advice.

People's relative and staff were confident that complaints would be listened to, taken seriously and acted on.

Requires Improvement 

Is the service well-led?

The service was well-led.

People were supported by staff who were well supported and felt listened to and involved.

People's experiences were reviewed regularly and relatives views were sought in relation to the quality of the service provided.

There were procedures in place to monitor and review the quality of the service.

Issues with the environment had been identified and plans were in place to make improvements.

The provider was innovative and forward thinking

Good 

Dimensions 30 Keepers Crescent

Detailed findings

Background to this inspection

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

This announced inspection took place on 21 August 2017. The inspection team consisted of one inspector.

Before our inspection we reviewed information we held about the service. We looked at our own records to see if we had received any concerns or compliments about the home. We analysed any information on statutory notifications we had received from the provider. A statutory notification is information about important events, which the provider is required to send us by law.

We also sought information and views from the local authority and the local Healthwatch about the quality of the service provided. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used this information as part of our planning for the inspection.

As part of the inspection we met four of the five people who lived at the home. We spoke with two people's relatives. We could not speak with the people who used the service as they had limited verbal communication skills. We did however sit with people and observe interactions with staff. We spoke with the registered manager, the assistant manager and three support staff who were working at the time of our visit. We also spoke with four healthcare professionals and received written feedback from another.

We looked at the care and support plans of two people who used the service and reviewed other records relating to people's care. We also looked at two staff files, health and safety audits and other records relating

to the running of the home and how he provider monitored the quality of the service provided.

Is the service safe?

Our findings

Staffing numbers were maintained to ensure people received safe support. The service currently used agency staff on a regular basis. Staff told us that agency staff used were usually regular ones, which meant they had got to know people's complex needs. They told us consistency was very important to people who used the service. We spoke with the registered manager who told us plans were in place in relation to the recruitment of new staff. They had also reassessed the needs of the person requiring two to one support and had made a request for additional funding/ support for that person. They were confident this would help the current situation.

People were protected from harm, because staff knew how to keep them safe and knew what to do if they had concerns about people's safety or wellbeing. People were unable to tell us that they felt safe, but people looked relaxed in the company of staff, and in each other's company. Interactions seen were positive. All of the staff who spoke with us, said that they would be confident to recognise the signs of abuse and report it if they suspected that it was happening. They told us that they knew people well and would investigate any changes to people's moods or behaviours to find out what was the cause. One staff member said, "I could tell if something wasn't right." Staff were confident that the registered manager would take swift action to protect any person at risk. The registered manager understood their responsibilities in relation to reporting concerns to external agencies. A visiting healthcare professional was confident that people received safe support from staff. They told us, "I have never had a concern, never ever."

We saw risks to individuals had been identified, assessed and recorded in people's care plans to support activities of daily life, including personal care. Assessments ensured people's independence was promoted while minimising risk. Action plans detailed how risks would be safely managed. Risks to eating and drinking were identified and included the risk of choking. Safeguards were then put in place to reduce the likelihood of this happening.

Some people needed support to manage behaviours that challenged. Staff were confident to manage behaviours of concern safely. They told us, and we saw, there were protocols for identified behaviours. The staff we spoke with told us that the training they received was effective at keeping people safe. Staff told us what they would do in certain situations reflecting a consistent approach that was in line with the protocols seen. There had been no recent physical incidents suggesting the approach was working. Staff said that good routines and knowledge of people was the key to supporting people safely. In discussions they demonstrated they knew people very well. Relatives reflected this. One relative told us, "[Person's name] has complex needs, you need to know them well to recognise them. They [staff] do this."

People were supported by staff who had been properly vetted to check they had the right values and attributes to support people and ensure their safety. We saw required information reflecting a safe recruitment process being stored electronically. The registered manager showed us how they monitored the recruitment process from application to appointment. Other senior managers who worked for the provider also oversaw the process adding additional safeguards. The registered manager confirmed that all required checks were carried out prior to a staff member working unsupported and staff we spoke with reflected this.

People who used the service were involved in the recruitment process. Staff told us that the second interview for a potential new staff member was a 'meet and greet'. The registered manager told us that they looked at people's reactions to the candidates and the candidate's interactions with the people who may be supporting them. The registered manager told us that interview questions had been developed to establish people's values. They gave us examples of questions they would ask to see if the candidate was empowering in their approach and promoted independence. The registered manager said, "Questions at interview are focused on values. I think that's why we get such good staff." Staff we spoke with very much reflected a positive and empowering approach to supporting people suggesting the process was effective.

People were protected against the risks associated with medicines, because the provider had arrangements in place to manage them safely. Everyone required staff support to take their medicines safely. Staff told us they received robust training to administer medicines. They said the training involved the completion of a workbook and then a series of observations by senior staff to assess and check their competence. Staff told us they felt they were well trained and supported to administer medicines safely. One staff member told us, "You can always re visit the online work books if you ever needed to refresh knowledge. And you can always ask if you are not sure about something."

We saw that some medicines were given in line with an agreed protocol. For example one medicine was given to a person covertly, i.e. it was hidden in some food. This arrangement had been agreed in consultation and involvement of healthcare professionals who had agreed (and documented) that the procedure was in the person's best interests and safe to be given that way.

We saw that audits were carried out of procedures and they were reviewed by the registered manager. We saw that the last error relating to medicines had been identified as a communication error and safeguards had been put in place to ensure a reoccurrence did not happen. A senior staff member told us that administration records were regularly checked to make sure people were receiving the correct medicines at the right times. The registered manager told us any issues were managed with the staff member as soon as they were identified.

Is the service effective?

Our findings

During this inspection we found that staff continued to offer people effective support, which reflected their assessed needs and wishes. People's relatives and healthcare professionals who visited the home told us that care and support met people's needs and that staff were well trained to offer appropriate support. A relative told us, "They look after people well. I'm very pleased [person's name] is here." Another relative told us, "Staff seem to know what to do." A healthcare professional told us, "They are effective. People are happy, well settled and well taken care of."

Staff felt well trained and considered they had the skills and experiences to meet people's needs. We observed staff meeting people's needs effectively and in line with the person's care plan. Staff told us that training opportunities were very good and said some training was bespoke to particular individuals and delivered by healthcare professionals who knew the people they supported. We spoke with one such professional who told us that training was a positive experience. They said they made it relevant to the people they were supporting and that staff were very 'responsive' to training. They said, "They take things on board and ask appropriate questions. They are interested in what I'm saying. They want to do the best they can."

Staff felt very well supported by senior staff and by colleagues. They had opportunities to meet on a one to one basis or as a team to discuss their personal and professional development. Staff told us the induction was very good and said that agency staff also received an induction to the home. Induction included the completion of the Care Certificate and reading and signing files and shadowing experienced staff.

Staff told us that good communication was the key to providing effective support. They shared various methods of doing this, which included written and verbal handovers. One of the relatives we spoke with also confirmed communication was good. They felt well informed and consulted when appropriate. People who used the service had very limited verbal communication so staff learnt to understand body language, behaviours and gestures. One person used their own sign language. We saw staff using people's preferred communication methods effectively to ensure they knew what people wanted and offer appropriate support.

We found that staff and the registered manager continued to have a good working knowledge of the Mental Capacity Act 2005 and associated legislation. Staff clearly understood that people had the right to make decisions as far as they were able. They were also confident that people were able to make choices using non-verbal cues. They told us they encouraged people to choose what they wore, what they ate, where they spent their time and even who supported them. Staff told us how they achieved this. When people were not able to make effective decisions, support was available to ensure decisions were only made that were in a person's best interests. For example, some people had required medical procedures to check their health or to get them treatment to make them better. Decisions were made in conjunction with people's family members and appropriate healthcare professionals. Observations made on the day of the inspection reflected that people's rights to make decisions was promoted and encouraged.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of DoLS, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had appropriately made referrals for authorisations when restrictions were identified. They reported there were significant delays in authorisations being approved, however they were offering safe support in the interim. We saw that restrictions were appropriate and proportionate. One restriction to access kitchen cupboards to maintain one person's safety had been reviewed to ensure it did not negatively impact on other people living at the home.

People enjoyed a healthy and balanced diet. Staff knew people's likes and preferences and encouraged people to try new flavours and foods. For example, staff told us, "One person was very sensory. They like strong foods." Staff told us how they included their preferences in the menu. The person's relative also confirmed that the person liked such foods and said that staff knew their family member's dietary preferences well. Because people were not able to express their wishes verbally staff had to think creatively to ensure people enjoyed a variety. Staff told us food was 'trial and error'. They regularly introduced new foods and evaluated their popularity. They told us that if a person did not like something that they could always have an alternative. We saw the home had a weekly menu and staff told us how one person liked to take part in developing this.

Staff talked sensitively about one person whose needs had changed and this had impacted upon the way they could receive food. Staff recognised that there was a social aspect to meal times and were trying to involve the person in a different way to avoid the person feeling like they had missed out.

When one person had recently been unwell staff had kept a food diary to establish if there was a link to what they were eating and their condition. Staff had also completed training in relation to an identified swallowing condition experienced by one person who used the service. Staff had found this training very informative and it had enabled them to review the person's support needs at meal time to give the person a better experience. One staff member told us, "It's given us more of an understanding. We know for example why a person cannot sense when their mouth was full."

People were supported to have their health needs met although over recent years people's conditions had deteriorated overall. People had access to healthcare services when they needed them. Records documented that routine health checks took place and when necessary healthcare professionals were called upon to investigate a person's increasing or changing support needs. One person required some medical intervention. Staff told us how the person had been supported by a healthcare professional and a family member to achieve this. We spoke with a healthcare professional who had been impressed with the way staff had supported the person and worked with them to meet the person's health care needs. They told us, "They implement advice and actively seek help."

We saw people each had a 'grab file' to take with them should they go into hospital. Grab files contain essential information that a medical professional would need to offer safe support. Staff told us that if someone was admitted to hospital there would always be a staff member who stayed with them. They told us this was to help the person feel secure. For example, one person had recently been an inpatient and they had remained calm throughout their time in hospital because staff who knew them well stayed with them.

Is the service caring?

Our findings

People continued to be supported by staff who were kind and caring. People were unable to share their views with us, however we saw people interact positively with staff. One person regularly reached out and touched staff. Another person responded with smiles when staff spoke with them. Relatives told us staff were caring and as a result their family members were happy to live at the home. One relative told us, "[Person's name] is happy when I drop them off at home." Another relative said, "They [the staff] are very caring, very warm and helpful." A visiting healthcare professional told us, "Staff are very caring."

People's individuality was promoted and respected. Staff told us how one person's personal appearance was important to them. They said this person liked to have their hair blow dried each day and always chose their own clothes. One staff member told us that one person had three perfumes, which they chose from daily. They told us, "Their appearance is important and they always like to wear their perfume." Relatives picked up on the fact that their family members always looked clean and well dressed. One person told us, "[Person's name] is always nicely dressed."

We saw one person was unwell on the day of our inspection. Staff spoke with them quietly and kindly, asking how they were feeling. They offered the person the option of moving somewhere private to be supported, but they declined.

Staff knew people very well and shared numerous examples of things people liked to do and routines and preferences that they had. Staff could recognise body language and behaviours to identify how a person was feeling. They used this knowledge to offer reassurance and guidance when appropriate.

Staff told us, "People have control of their lives as far as possible. We maintain people's independence." People were supported to be as independent as they were able. People got up and went to bed when they chose and one person had chosen to sleep late on the day of our visit. One person had said they wanted a bath and then decided on a shower. Staff accommodated this without question. One person does not like to be rushed and liked to be independent. This was also accommodated.

Staff told us how some people had developed close bonds with people who supported them. They chose to be supported by their favoured staff. For example, one person liked one particular staff member who shared a mutual hobby of keeping fish. One person chose the person who took them on holiday. People were supported to maintain relationships with family and friends. A relative told us, "If I pop in I'm always made feel welcome." Another relative told us, "I'm always well informed." A healthcare professional who regularly visited the home also told us that staff were, "Always welcoming and well prepared."

We saw staff support people respectfully. One relative told us, "Staff are very polite." Another relative told us, "A lot of the staff are very nice and very friendly." Care plans detailed how people preferred to be supported. Records identified 'How to support me well' and said, "Always treat me with respect." Staff told us they treated people as they would like to be treated.

Relatives told us, and we saw, that people's privacy and dignity was respected and promoted by staff. Visiting professionals confirmed this without question. We saw that, when people needed personal support it was done in private or discreetly when a person did not want to move. A relative told us, "They always treat [name] with dignity and respect."

Is the service responsive?

Our findings

People who lived at 30 Keepers Crescent received a service that was responsive to meet people's personal and health care needs. However opportunities for people to enjoy social activities on a regular basis were currently restricted due to people's on-going health issues and current staffing challenges. For example, if there were no car drivers, working people could not go out. Agency staff were not permitted to do certain tasks, which placed additional pressures on regular staff. For example, they could not administer medicines and they could not be left alone with people. Staff told us they supported each other and helped out as they could. This demonstrated the positive morale of the staff team, but did not resolve the issue. Relatives were aware of the staffing situation. One relative told us, "They seem short staffed." They went on to identify the driver situation. Another relative said, "[Person's name] likes to go out in the car, but there's not always enough drivers. Not going out impacts on the quality of the person's life. They used to go out more." These issues meant that staff could not provide a responsive service in order to meet people's social care needs. Despite these challenges one person had enjoyed a holiday that staff had supported them on. Staff told us how they had carefully planned the holiday and had had the back up and support of staff and managers throughout. This meant that the person had been safely supported and enjoyed their holiday.

The support required for one person impacted on the support available for others. This was especially apparent in a morning when one person required two to one support and then there was only one other staff member to support the other four people. One person could not be left unattended. Staff were confident this situation didn't place people at risk of harm, but it did impact on staff's ability to provide responsive support.

People's needs, in particular their health care needs, had changed considerably over recent years and staff had continued to offer people a service that met those needs and they adapted support plans accordingly. People were unable to express what was wrong with them so staff had used their detailed knowledge of people to recognise that 'something' had changed. For example, one person was currently unwell. Staff told us how they had identified something was wrong with the person due to a change in their behaviour. They had monitored the person's condition and sought medical support appropriately. Throughout the time they encouraged the person to eat and drink, recognising the importance of this in relation to remaining hydrated and taking their medicine. Contingency plans had been considered if the person did not take essential medicines to aid their recovery. Staff support was totally responsive and the outcome was that the person started to recover.

The registered manager and the staff team told us how they had worked responsively over the last twelve months to meet that changing needs of another person who used the service. In order to meet the person's changing and deteriorating health needs they had to monitor and respond to changes constantly. For example, the person's mobility had to be reviewed and we saw how the person had now been provided with equipment and aids to assist with their comfort and mobility. They also had to respond to change the way they supported the person with their nutrition and medicines. For this they all received training from a healthcare professional. Training including information about the procedure required to support the person and practical guidance as to how to do it safely. The changes staff implemented directly improved the

person's health.

One person required an identified support intervention at night and as a result staff noticed the person's skin condition was starting to break down. They liaised with healthcare professionals and changed the way they carried out the intervention. As a result, they enabled the person to have fluids at different times and so they did not have to spend so long in their bed. Again this had a positive outcome for the person and their skin condition improved.

Staff were responsive on a daily basis. For example, they considered changes to the weather when supporting people to manage their fluid intake. They told us they changed the process for one person in the hot weather to ensure they remained hydrated. We saw staff encourage one person to drink after a period of not taking fluids. Staff thought creatively about alternatives. We saw staff give one person ice lollies, because they would not drink.

Another person had experienced a few health concerns recently. Staff told us how they pushed healthcare professionals to take action to explore the cause of the person's symptoms. They had recognised that the person was unwell due to changes in their behaviour. Staff continued to be vigilant to any changes in the person's health and were mindful also of the person's family history and reoccurring symptoms. We spoke with a healthcare professional who had been involved in supporting this person. They told us that, "They [the staff team] were very responsive and proactive in getting help for the person and to rule out everything they could. The person received all the right care." When we asked staff what they did well, everyone told us that responding to people's changing needs was a strength of the service as was knowing people really well. One staff member told us, "We understand the guys and try to make a difference."

Staff responded discreetly to people when they indicated they wanted to do something. For example, one person regularly pushed staff away from them and then went and got them back. Staff responded every time. Staff had time to sit with people and talk with them. On the day of our visit people were not too active due to illness and preferred to stay in their rooms. Staff knew what people wanted and responded quickly and quietly. The mood in the house was relaxed. We did see one person colouring a picture and later saw them sat in the garden. We also saw one person bringing their laundry downstairs.

The home had a cat and two people had fish. Staff told us that people enjoyed having pets. One person had grown their own tomatoes, sweet peppers and strawberries. Staff told us how the person had been very happy about this and had eaten their first tomatoes in a sandwich. Activities were an area where staff felt they could improve. They told us how they were taking action to address this by purchasing craft items and baking items. A relative told us they would like to hear more about the activities that their family member enjoyed as it would give them something to talk about during their visits.

People received a responsive service that reflected their assessed care and support needs. We looked at two people's health and personal care files. They were very detailed and person centred, i.e. the person was central to all care and support. People's preferences were identified and everyone had identified goals and hopes for the future. In addition, people's life histories were also documented. Staff told us this meant they could get to know the whole person. We saw that files contained information about 'What people like and admire about me.' Information reflected on the positive aspects of the person and reflected people were seen as valuable individuals. Relatives told us they had been involved in sharing information about their family members and we saw that reviews regularly looked to see if staff were continuing to meet people's needs. Where it was identified that changes were required these were clearly documented and staff signed

to say they had read the information. For example, one person's mobility needs had increased and so the risk assessment and care plan had been updated to reflect this. A healthcare professional told us information was very person centred and support reflected this.

People expressed dissatisfaction through their behaviours. Staff knew when people were not happy and acted promptly to address issues before they caused people upset or distress. People's relatives told us they would be confident to speak with staff or the registered manager if they had a concern or a complaint. They were also confident that it would be resolved satisfactorily. One person told us, "We have no complaints. There are lots of staff changes, but they [staff] keep people safe."

We saw that the registered manager had received one complaint from an external person. They told us how they had managed the complaint and resolved it satisfactorily. The complaint did not relate to people's care or support. The provider had a complaints procedure that was available in an easy to read format. The registered manager and staff were aware of this and staff felt confident that the registered manager would always listen to complaints and address them quickly to ensure people remained happy and satisfied with the service provided.

Is the service well-led?

Our findings

This service continues to be well led.

People were unable to share their views about the running of the service, but other people did. Relatives told us the service was well run. Visiting healthcare professionals were very complimentary about the management of the service both at provider level and at the home. One healthcare professional told us, "The service is well managed. I have no major concerns." Another told us, "It's very well led." Commissioners of the service told us how the management worked with them to explore and develop initiatives for improvement. They told us, "It's a good service. They [the managers and the provider] are proactive and forward thinking." Outside agencies told us that staff and managers worked well with them to implement changes and reassess support plans. They told us, "The provider worked proactively with us."

We were told by the registered manager how the provider was looking to roll out a new model of support based on outcomes for people. They told us that 30 Keepers Crescent would be one of the first to adopt the approach. They said that care and support plans would become computer based, but on tablets that people could take out with them to enable them to take pictures of activities to use as a visual prompt when planning or reviewing support. In addition, the registered manager told us how they were looking to develop person centred rotas. Rather than identifying staff for a shift they would see what people needed and then match the support to the person.

The environment at 30 Keepers Crescent was looking worn and the registered manager fully acknowledged this. A relative told us that the garden could be improved to make it more user friendly and an environmental health team from the local authority made recommendation to update and upgrade the kitchen. The registered manager told us they had received quotes for internal decoration of communal areas. These improvements would impact positively by creating a 'nicer' and safer environment for the people who used the service. The registered manager developed an improvement plan following the environmental health audit identifying how they would make the required improvements. They also told us how they were addressing the fire officer's recommendation after a recent fire safety inspection. Staff told us they all took responsibility for maintaining a safe environment. One staff member told us that one person liked to help with safety checks within the home. The staff member told us, "People are involved as far as possible in the running of the home."

Staff felt involved and consulted in the running of the home. They told us how they attended meetings where they were asked for their views and their feedback. Staff felt valued and the provider had a number of initiatives to promote this. For example, the provider offered financial support for driving lessons. There was a notice board at the home where staff were encouraged to 'shout out' and nominate a staff member who had done some particularly good work or had been especially supportive. The provider hosted awards ceremonies where outstanding care was recognised and rewarded. Although staff were very modest about their achievements they felt valued by the organisation.

Staff felt well supported and enjoyed working at the home. One staff member told us, "You have good

support from managers and colleagues. We help each other out." Staff described the managers as, "Brilliant" and said they felt very well supported. One staff member told us, "I would never hesitate to call them."

Staff told us that there was an open culture within the home and as a result they told us that they would be confident to raise concerns. Staff knew about the whistle blowing policy and said they would be confident to use it if necessary. The whistle blowing policy enabled staff to feel that they could share concerns formally without fear of reprisal.

People's relatives told us they were asked to share their views about the quality of the service provided. They felt that when they did so they were listened to. The registered manager told us that 'Family surveys' had just been sent out to relatives. People we spoke with had recalled receiving a questionnaire recently, which they had completed and returned. Relatives also told us they were always involved in reviews. These took place regularly so people, relatives and staff could check that people were receiving the support they required and discuss how they could improve the quality of that support.

We saw how internal audits were completed to drive improvement. Monthly audits were completed to ensure people received the support they required and that the environment was safe. Audits were always supported by action plans to document and monitor improvements. Accidents and incidents were documented and stored electronically. Information was sent to appropriate departments within the organisation for further review. The registered manager learnt from practice and used experiences to reflect upon practice and continually improve. For example, they reviewed accidents and incidents. They told us how they learnt from these as an organisation and made the service safer.