Westhope Limited

Westhope Mews

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

Summary of findings

Overall summary

We inspected Westhope Mews on 18 November 2016. We previously carried out a comprehensive inspection at Westhope Mews on 3 and 4 August 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the management of medicines, the assessment of risks, safeguarding practices, recruitment documentation and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 3 and 4 August 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. Improvements had been made and the overall rating for Westhope Mews has been revised to good.

Westhope Mews is registered to accommodate up to eight people. It specialises in providing support for people who have a learning or physical disability. At the time of our inspection there were seven people living in the service.

There was a manager in post, however they had not yet applied to become the registered manager of the service, and at the time of our inspection, they were not registered with the CQC. 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.

The staff we spoke with were aware of their role in safeguarding people from abuse and neglect and had received appropriate training. We saw risk assessments had been devised to help minimise and monitor risk, while encouraging people to be as independent as possible. Staff were very aware of the particular risks associated with each person's individual needs and behaviour.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The service asked people and other stakeholders to fill in surveys about the quality of the service and people's feedback was included in plans for future improvements. There were effective systems in place for monitoring the quality and safety of the service. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support

them. One person told us, "Yes I feel safe and I am happy here". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

People's needs had been identified, and from our observations, people's needs were met by staff. Staff used touch as well as words and tone to communicate with people in a positive way. There was positive interaction between people and the staff supporting them. Staff spoke to people with understanding, warmth and respect and gave people lots of opportunities to make choices. The staff we spoke with knew each person's needs and preferences in detail, and used this knowledge to provide tailored support to people.

We found the service to be meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good knowledge of this.

People were supported to eat and drink sufficient to maintain a balanced diet. One person told us, "I like the food, it's nice. We get what we want and have meetings about menu plans". People were supported to maintain good health, to have access to healthcare services. We looked at people's records and found they had received support from healthcare professionals when required.

People's individual care plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

There was a complaints procedure, and evidence that people were consulted about the service provided. We saw that 'house' meetings took place for people to comment on their experience of the service.

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

The staff members we spoke with said they liked working in the service and that it was a good team to work in. They told us staff meetings took place and they were confident to discuss ideas and raise issues with managers at any time.

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.

Care and support was planned and delivered in a way that ensured people were safe. We saw people's plans included all relevant areas of risk.

There were arrangements in place for recruiting staff safely and there were enough staff with the right skills, knowledge and experience to meet people's needs.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

The training records showed that staff received training necessary to fulfil their roles along with other, relevant training specific to people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet.

People were supported to maintain good health, and to have access to healthcare services that they needed.

Is the service caring?

Good

The service was caring.

There was positive interaction between people and the staff supporting them and staff used touch, as well as words and tone to communicate with people, to good effect.

People were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual

personal care.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care and support was planned and delivered in line with their individual plan.

People's individual plans included information about who was important to them, such as their family and friends and we saw that people took part in lots of activities in the service and in the community.

There was a complaints procedure and people knew how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Westhope Mews

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.

The inspection took place on 18 November 2016 and was unannounced, which meant the provider and staff did not know we were coming. We previously carried out a comprehensive inspection at Westhope Mews on 3 and 4 August 2015. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the management of medicines, the assessment of risks, safeguarding practices, recruitment documentation and quality monitoring. The service received an overall rating of 'requires improvement' from the comprehensive inspection on 3 and 4 August 2015. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the Local Authority and Clinical Commissioning Group (CCG), and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed care in the communal areas and saw some people's rooms. We spoke with people and staff, and observed how people were supported. Some people had complex ways of communicating and some had limited verbal communication. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including three people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

During our inspection, we spoke with four people living at the service, one member of care staff, the deputy

manager, the activities co-ordinator, the manager and the director of care.

Good

Is the service safe?

Our findings

At the last inspection on 3 and 4 August 2015, the provider was in breach of Regulations 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in respect to the management of medicines, the assessment of risks, safeguarding practices and recruitment documentation. After the inspection, the provider wrote to us to say what they would do to meet legal requirements. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12, 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we identified issues in relation to the way that medication was managed. At this inspection, we looked again at the management of medicines. Care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. All of the people in the service were assessed using a medicines need assessment and offered varying amounts of support with their medicines. The effectiveness of medicines were appropriately monitored, and personalised information was available for people prescribed PRN 'when required' medicines and topical creams to help take them correctly and consistently in response to their individual needs. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I get my medicine at 8:00am, it's all ok". Another person said, "I get my morning medication, that's important to me". Medicines were stored appropriately and securely and in line with legal requirements. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

The director of care told us that improvements had been made to the way the service identified and reported potential safeguarding incidents, and we saw that this was the case. We saw how incident forms had been amended to remind staff to check whether the incident should be reported and that safeguarding was regularly discussed at staff meetings. There were also a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "I've had training on abuse. If you see anything, then you report it".

The director of care told us that staff records were available and up to date, and we saw that this was the case. Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector. In respect to staffing levels and recruitment, the director of care added, "We are continually recruiting and using innovative ways to attract attention, such as social media adverts, leaflets and an adverts on a car. We look to ensure that any new candidates have the right qualities". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

The director of care told us that improvements had been made in relation to how the service recorded risks to people, and we saw that this was the case. There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We spoke with staff and the director of care about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The director of care said, "Risk assessments are up to date and we encourage positive risk taking". We were given example of people having risk assessments in place to access the community, go ice skating and visit the cinema and theatre.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

People told us they felt safe in the service and there were enough staff to meet their needs. One person told us, "Yes I feel safe and I am happy here". Another person said, "It's great, I'm safe". During the inspection we saw staff providing care and support to people and we observed that people were kept safe.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The director of care told us, "We have enough staff. It's all about deploying staff where they are needed. We increase staff as we need to, for example we have laid on two extra staff for the visit to the tank museum". We were told agency staff were used and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people and staff indicated they felt the service had enough staff and our own observations supported this. One person told us, "There are usually enough staff. They sometimes use agency staff, but I'm fine with that". Another person added, "There's always some staff here to help me". A member of staff said, "It's definitely improving with staff. We have stepped up and we have recruited and we use regular agency staff. It's busy, but generally we work together well". Another member of staff added, "I think there are enough staff and if not we call agency staff".

Good

Is the service effective?

Our findings

At the last inspection on 3 and 4 August 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to the recording and assessment of consent and the understanding of staff in relation to consideration of depriving somebody of their liberty. Additionally, we identified issues in relation to people being offered choices at mealtimes. We saw that the required improvements had been made.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Following the previous inspection, the director of care had implemented capacity assessments for all people that required them, which were stored in people's care plans. Furthermore, training had been made available for staff in relation to the MCA and DoLS. Staff we spoke with told us that they had received training and shared their knowledge of the principles of the MCA. They gave us examples of how they would follow appropriate procedures in practice. Staff told us they explained the person's care to them and gained consent before carrying out care. Throughout the inspection, we saw staff speaking clearly and gently and waiting for responses. Staff members recognised that people had the right to refuse consent. The manager and staff understood the principles of DoLS and how to keep people safe from being restricted unlawfully. The director of care added, "All staff have now done MCA and DoLS training and assessments are in place for people". They also knew how to make an application to deprive a person of their liberty, and we saw appropriate paperwork that supported this.

We observed lunch in the dining room. It was relaxed and people were considerately supported to move to the dining area, or could choose to eat in their room. The atmosphere was vibrant and chatty and it was clear people enjoyed each other's company. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or additional choices. People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu based on people's choices and people could eat at their preferred times and were offered alternative food choices depending on their preference. People were complimentary about the meals served. One person told us, "The food is good. I like pizza and spaghetti bolognese". Another person said, "I like the food, it's nice. We get what we want and have meetings about menu plans".

People told us they received effective care and their individual needs were met. One person told us, "The

staff are good. They are all good really. They all know me". Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example in stoma care (a stoma is an opening on the front of the abdomen (tummy), which is made using surgery. It diverts faeces or urine into a pouch (bag) on the outside of the body). One person told us, "The staff know what to do. I'd say they were trained". The director of care told us, "New staff have a twelve week induction programme which covers mandatory training. They shadow for the first week and are observed by senior staff. New staff are also put onto the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The director of care added, "We also access specific training from the Local Authority around end of life care, hydration and nutrition and safeguarding". Staff told us that training was encouraged and was of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as around autism, diabetes and end of life care. One member of staff told us, "They really push qualifications". They added, "Training is regularly updated, we get told by head office. People get involved in training, they enjoy it and it's engaging". A further member of staff added, "The induction was really helpful and I've had a lot of training since I started".

Staff received support and professional development to assist them to develop in their roles. Feedback from staff and the manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have. One member of staff told us, "We have supervision and reviews, but I speak my mind anyway".

Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. People had clear healthcare plans and staff told us that people had regular health checks. The manager described how people were observed in relation to their general wellbeing and health. Each person had a profile detailing how they communicated their needs. This included how they expressed pain, tiredness, anger or distress. This helped staff to know when to seek support from health care services, when people were unwell. A member of staff told us, "We recognise if people are ill. For example, [person] expresses illness through facial expressions. We would recognise this and contact the GP". Care records demonstrated that when there had been a need identified, referrals had been made to appropriate health professionals, such as dieticians and GP's.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I have a laugh with the staff". Another person said, "They [staff] are brilliant, they do so much for me. Of course I'm happy, I'm lucky to be here". A further person added, "The staff are great".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. For example, we observed a group residents meeting, where people who lived in several of the services in the group were discussing the activities they would like to do in the coming week. One person had complex ways of communicating and spent several minutes trying to explain what they wanted to do for an activity. Staff were patient and encouraging and would not move on to another person in the meeting until this person had stated what they wanted to do. This interaction pleased the person and it was clear that staff knew the best way to communicate with this person.

Staff demonstrated a strong commitment to providing compassionate care and staff appeared to enjoy delivering care to people. From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. We spoke with staff who gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what they liked to do, the activities they took part in and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. A member of staff told us, "This is their house. Everything is focussed on the residents. We get to know them and give them freedom to choose how to live their life".

People looked comfortable and they were supported to maintain their personal and physical appearance. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs. One person told us, "They are private, they look after my privacy". A member of staff told us, "I know to close doors and close blinds and protect people's dignity around personal care".

People's care plans included information that demonstrated how they were supported with making day to day decisions about their care. The people who lived at Westhope Mews had learning disabilities and complex needs. Some used complex communication to articulate their likes and dislikes. Staff told us they used their observational skills and the knowledge of the person to determine whether they were happy with the care provided. One person told us, "I can choose what I want and do what I like. I get asked for my choices of food and activities". Another person said, "I get to choose when I get up, I like to get up early". We saw staff were meeting people's needs and protected their rights to be involved. A member of staff told us, "Everybody expresses what they want to do and we help them to do it".

Staff supported people and encouraged them, where they were able, to be as independent as possible. The

director of care told us, "We promote independence. People help to clean their rooms and assist with preparing food and laying the tables. We encourage people to pay for things themselves in shops and to use public transport and get haircuts. These are all milestones for people". We saw examples of people assisting to devise the weekly menu and visit the shops to buy food for the service. Further examples included one person arranging their own appointments with a specialist nurse, and another person being supported to be part of a local advocacy group. One person told us, "I like it here, I help around the house". Another person said, "It's all down to independence, they encourage me". Care staff informed us that they always encouraged people to carry out tasks for themselves. One member of staff told us, "We encourage independence as much as possible. If you can do it, you should. It's important to keep your skills".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room. The director of care told us, "Visitors can come and go as they please, there are no restrictions".

Good

Is the service responsive?

Our findings

At the last inspection on 3 and 4 August 2015, we identified areas of practice that needed improvement. This was because we identified issues in respect to people's care plans being up to date and reflecting their current needs. We saw that the required improvements had been made.

The director of care told us that improvements to people's care plans had been made and that they now contained up to date and relevant information. We saw this was the case. An assessment of people's needs was carried out prior to them moving into the service to make sure their needs could be met. Individual care and support plans, risk assessments were then set up. The plans were person centred, in that they were tailored to meet the needs of the person. People's plans covered areas such as their communication, health care, personal care, mobility and activities. Each person had a key worker assigned to them. There was evidence that people had had been involved in their reviews as much as possible. One person told us, "My care plan is on the wall in my room. I've read it, I like to have a look". People who were important, such as members of their families, friends and advocates were invited to review meetings and we saw that people's wishes were at the centre of the review process.

People had detailed assessments and care plans, so there was good quality information to help staff to meet people's needs and to understand their preferences. The staff focussed on people's individual needs and it was evident that a lot of time and effort had been taken to get to know people's likes and dislikes and how they liked things to be done. For example, one person's care plan stated, 'I would like staff to help me open letters and read them to me, as I may struggle'. Another care plan stated, 'I like my food not too hot and not too hard". A member of staff told us, "The care plans are pretty good and the room charts are helpful. You can see what is needed". People commented they were well looked after by care staff and that staff listened to them, and responded to their needs and personal preferences. For example, one person enjoyed the company of a member of staff that worked in another service in the group. The director of care had made arrangements to ensure that this member of staff visited Westhope Mews once a week in order to spend one to one time with this person. Staff told us how they knew people well and gave examples of people's specific preferences, such as being aware of and following people's specific routines around showering and eating.

There was evidence that people engaged in activities, in the service and out in the community. People were regularly out in the community doing activities and attending day services. One person told us, "I think there are enough activities. I don't get involved though. They [staff] come and sit with me. I get to go out and I see my Mum at weekends". Another person said, "If I get bored I go and talk to [activities co-ordinator]". A further person added, "I like the activity club. I'm going to the tank museum and I get shopping and go to the pub". A member of staff said, "We have activities planned every day which are pitched at different levels for people. The activities are individual and tailored to what each resident wants to do". We saw evidence of people enjoying lots of trips and activities in photographs and detailed in people's care plans. The service also supported people to maintain their hobbies and interests and achieve specific goals. For example, we saw that with support from staff, one person from the service had taken a trip to Scotland. Another person told us how with assistance from staff they would be going on holiday next year. Further examples included

staff organising trips to an ice rink that specialised in assisting wheelchair users to ice skate.

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the management of the service. One person told us, "I'd talk to a member of staff if I wasn't happy". The complaints procedure was displayed and records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain. One member of staff told us, "I've helped people to complain. That's not a problem".

Good

Is the service well-led?

Our findings

At the last inspection on 3 and 4 August 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that effective systems and processes were in place to assess, monitor and improve the quality and safety of the service. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to premises and equipment. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director of care had introduced a range of quality assurance audits to help ensure a good level of quality was maintained. They showed us audit activity which included health and safety, medication and infection control. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to improve the quality of the care delivered. We were given several examples of improvements made since the previous inspection, such as improvements to the systems of managing medicines, the analysis of accidents and incidents, and improvements to care practice in light of people's feedback.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Satisfaction surveys were carried out, providing the management of the service with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was analysed and suggestions were acted upon.

People and staff were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that 'house' meetings regularly took place. We saw that people had been involved in choosing colour schemes and themes for their rooms and decoration. One person told us, "I'm getting my room decorated and choosing the paint". We also saw examples whereby from feedback from staff, changes were made around shift patterns and cleaning schedules.

People and staff spoke highly of the management and felt the service was well-led. Staff commented they felt supported and could approach the manager with any concerns or questions. One person told us, "I like [director of care] and [manager] they are really nice". Another person said, "[The director of care] is great, she's always asking me if I'm happy". We discussed the culture and ethos of the service with the director of care, the manager and staff. They told us, "We give people a high quality of life and we offer so much choice. As long as they are happy, then we are happy". The manager added, "Everyone is an individual and we provide high quality care even though people have complex needs". A member of staff said, "This home is a really close knit family home. It doesn't feel like a job, it's like having another family. The best thing is the atmosphere. We have a good time and people can do what they want. We are flexible".

Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "The management are really good. They are really friendly and supportive". Another said, "The managers are really nice, I can approach them". The director of care added, "Our doors are always open. We

are getting to know the staff well and morale has really improved". Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The director of care told us, "I love the staff team. They are willing to take on responsibility, they don't clock watch, they are very hard working and work well as a team". A member of staff added, "We are a good team and we communicate well". Staff told us that meetings took place regularly and they were confident to discuss ideas and raise issues, both with the manager individually and at staff meetings. One member of staff told us, "I've been to staff meetings and we can raise issues and speak freely".

Management was visible within the service and took a hands on approach. The director of care told us, "We are very hands on. To lead a team, you need to lead from the front and lead by example. We don't provide leadership from the office, we lead from the floor". There was a strong emphasis on team work and communication sharing. Information sharing was thorough and staff had time to discuss matters relating to the previous shift. One member of staff said, "It's a small unit, we communicate well. We are always talking". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We're a good bunch, it's a good team".

Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistleblowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

Mechanisms were in place for the manager to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the manager received updates from the British Institute of Learning Disabilities (BILD) and Mencap. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The manager was also aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.